

# Masculinity Matters: Perceptions of One's Own Gender Status and the Effects on Psychosocial Well Being Among Gay Men

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MASCULINITY MATTERS: PERCEPTIONS OF ONE'S OWN GENDER STATUS  
AND THE EFFECTS ON PSYCHOSOCIAL WELL BEING AMONG GAY MEN

by

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ABSTRACT  
MASCULINITY MATTERS: PERCEPTIONS OF ONE'S OWN GENDER STATUS  
AND THE EFFECTS ON PSYCHOSOCIAL WELL BEING AMONG GAY MEN

Dane R. Whicker, B.A., M.S.

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Gay men have a unique relationship with masculinity. The manner in which gay men view their gender in a heterosexist context (i.e., Perceptions of One's Own Gender Status, "POOGS") may explain individual differences found in psychological health among both feminine and masculine gay men. In this study, four factors that make up POOGS are 1) connection to the gay community, 2) perceived negative attitudes toward effeminacy, 3) exposure to heterosexist discrimination, and 4) one's own masculinity.

The purpose of this study is to investigate the hypotheses that 1) POOGS will predict symptoms of depression, anxiety, stress, and satisfaction with life, and 2) that these relationships will be moderated by internalized heterosexism. Participants were non-heterosexual men ( $N=179$ ), who were recruited from national LGBTQ organizations, a local festival, and using snowball sampling, followed a link to an anonymous online survey.

Four hierarchical linear regressions were conducted to test hypotheses. Exposure to heterosexist microaggressions was associated with elevated stress and anxiety. For masculine gay men, involvement with the gay community was related to increased stress and anxiety, while for less masculine gay men, involvement with the gay community decreased stress and anxiety. Internalized heterosexism was related to decreased satisfaction with life, and increased depression, anxiety, and stress.

Though many gay men are able to successfully manage the stigma that accompanies their sexual and gender role orientations, others are occluded by harmful beliefs and messages, which are often imparted by individuals who are respected and loved. These individuals need help in deciphering ways to neutralize these powerful messages.

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## RESULTS

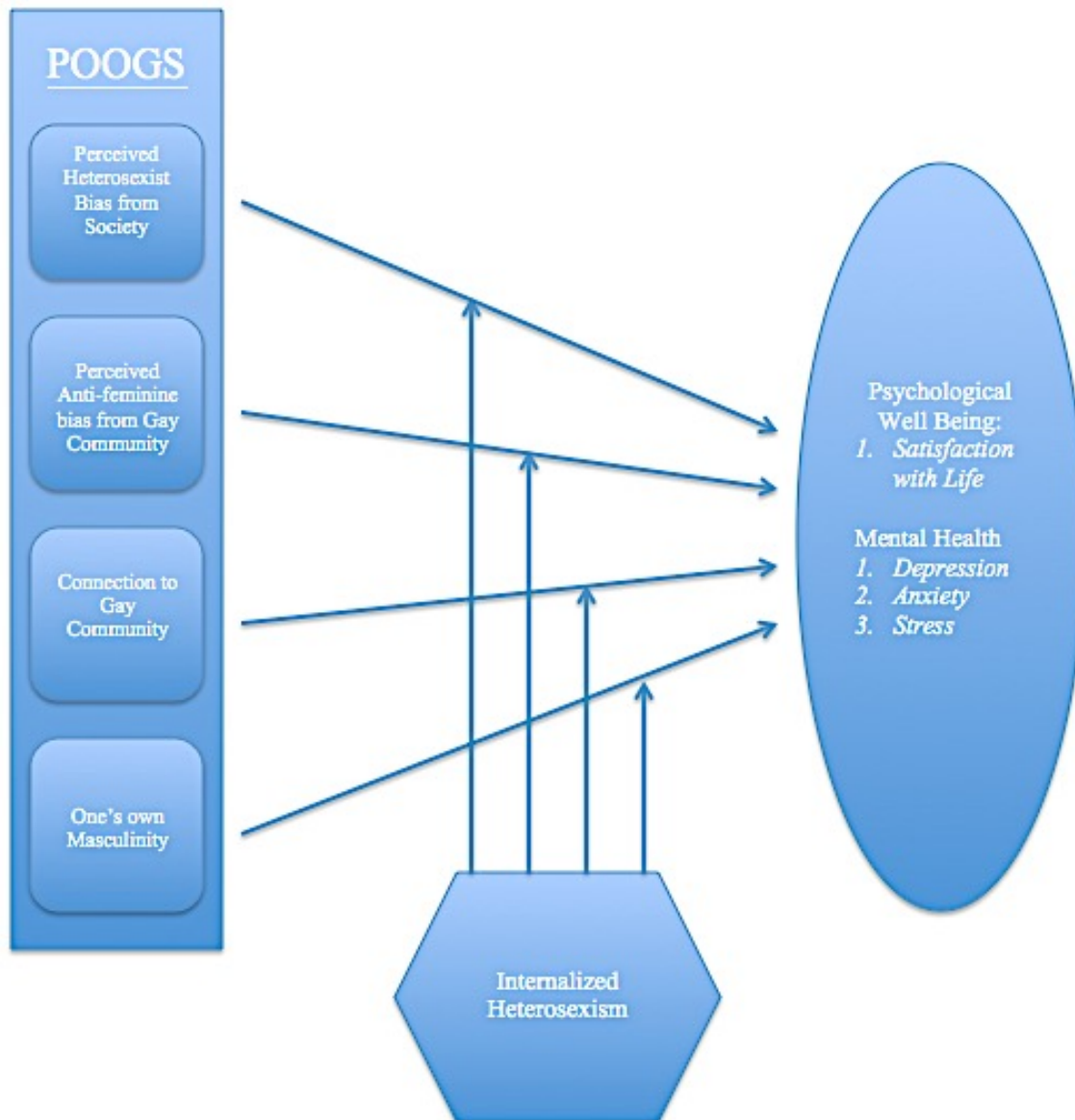
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## INTRODUCTION

In a society where masculinity is valued, men are pressured to behave in a way that outwardly expresses masculinity (Rummell & Levant, 2014). In doing so, they garner more status from their communities (Bosson, Vandello, & Caswell, 2013). Higher status leads to increased rewards, which in turn may increase psychosocial well being (Courtenay, 2000). Among gay men, this trajectory toward a position of power is interrupted. Being gay is seen as a violation of traditional masculine norms (Falomir-Pichastor & Mugny, 2009). Men who violate traditional gender role norms are perceived by others as having low social status, possessing different values, and more likely to be gay (Sirin, McCreary, & Mahalik, 2004). Some scholarship suggests that gay men may be less likely to conform to gender roles and are more likely to share stereotypically female interests and occupations than heterosexual men (Bailey & Zucker, 1995; Lippa, 2005). Many gay men are also connected to the gay community, which may have additional expectations surrounding masculinity than the broader heterosexual community (Sánchez, Greenberg, Liu, & Vilain, 2009). Because of these unique circumstances, when thinking about psychosocial health and well being in gay men, it is important to consider Perceptions of One's Own Gender Status (POOGS), which takes into account a particular conglomeration of factors that affect how a gay man sees himself within the context of his environment (see Figure 1).



*Figure 1. Perception of One's Own Gender Status: A Visual Model*

POOGS may also be related to internalized heterosexism, which is defined as the internalization of negative societal views toward gay people (Herek, Gillis, & Cogan, 2009). Internalized heterosexism may moderate the relationship between POOGS and mental health outcomes, where higher internalized heterosexism increases vulnerability to negative mental health outcomes (e.g., depression, anxiety, and stress). Those who are lower in internalized heterosexism may be relatively insulated from these harmful effects.

Extensive empirical evidence demonstrates the deleterious impact of high levels of internalized heterosexism on psychosocial health and well being [(e.g., Herek, Cogan, Gillis, & Glunt, 1997; Meyer, 2003; Szymanski & Carr, 2008; Frost & Meyer, 2009; Carter, Mollen, & Smith, 2014 etc.) see Newcomb & Mustanski, 2010, for a meta-analytic review].

Research also suggests that an anti-feminine bias exists in the gay male community, just as in broader society (Taywaditep, 2001; Sánchez, Greenberg, Liu, & Vilain, 2009; Sánchez & Vilain, 2012). A gay man's status in the gay community may have a greater impact on him than his status in the broader heterosexual community. Being discriminated by members of one's in-group can be a more hurtful, invalidating, and isolating experience than being discriminated by individuals outside of one's group (Elder, 2013). When gay men experience heterosexist discrimination not only from the heterosexual community, and anti-feminine discrimination from the gay community, they are facing what Taywaditep (2001) refers to as *double marginalization*. Possessing a dual minority status for being both gay and expressing gender-atypical traits may add another layer of marginalization, leaving an individual feeling particularly isolated, and at higher risk for victimization and poor mental health outcomes (D'Augelli, Grossman, & Starks, 2006; Detrie & Lease, 2007).

The following literature review provides the foundation for the POOGS model. This review includes descriptions of the four individual components of the POOGS model, internalized heterosexism, and positive and negative aspects of mental health and well being. After the review, the study's goals, hypotheses, methodology, results, and findings will be discussed.

## **Perceptions of One's Own Gender Status**

Prior to beginning an exploration into gender status, it is important to acknowledge what is meant by gender, particularly in terms of masculinity and femininity. In psychology, this discourse often centers on perceived differences in personality traits, behaviors, interests, abilities, or roles typically exhibited by men or women (Stewart & McDermott, 2004). In traditional gender modes, feminine women are considered expressive/communal, nurturing, passive, skilled in child rearing, and interested in people over things; while masculine men are instrumental/agentic, autonomous, powerful, skilled in mathematics, and interested in things over people (Hyde, 2014; Stake & Eisele, 2010). These ideas about gender are pervasive in our society and govern how individuals interact with one another.

Men are expected to embody and internalize masculine ideals that are sponsored by society (O'Neil, 2008). Failing to meet these expectations can have detrimental effects on one's mental health, and increase the likelihood that one will experience discrimination (Franklin, 2000; D'Augelli, Grossman, & Starks, 2006; O'Neil, 2008). Unfortunately for gay men, same-sex attraction is at odds with masculine ideals (Levant, 2011). The inability to meet strongly enforced ideals causes significant internal strain in gay men (Sánchez, Westfield, Liu, & Vilain, 2010). Like their heterosexual counterparts, gay men were socialized by society in a manner that encouraged adherence to masculine roles (Levant, 2011). Depending on the degree to which one's gender is oriented toward masculinity, he may have more or less difficulty meeting these expectations. In the POOGS model, heterosexist bias from society is accounted for in the

first square of the POOGS column in Figure 1, while one's own masculinity makes up the fourth square in the POOGS column.

Another important factor that may contribute to how a gay man perceives his own gender status is the perceived anti-feminine bias in the gay community (second square in POOGS column, see Figure 1). While biases found in society-at-large almost certainly include discrimination based on one's sexual orientation *and* one's gender role orientation, it is likely that bias from within the gay community is predominantly based on an anti-femininity bias (second square in POOGS column, see Figure 1) (Martell, 2014; Szymanski, Kashubeck-West, & Meyer, 2008). One hypothesis for this phenomenon is that anti-feminine views from broader society have permeated into the gay community (Szymanski, Kashubeck-West, & Meyer, 2008), in which case, again, feminine gay men would be at a disadvantage.

The final factor to consider in regard to a gay man's gender status is the degree to which he is socially connected to other gay individuals. Perceived social support, connectedness, and collective self-esteem have been shown to have a positive impact on mental health and well being among sexual minority men (Detrie & Lease, 2007; Hill & Gunderson, 2015; Goldbach & Gibbs, 2015; Breslow et al., 2015). Having a close gay friend is associated with lower psychological distress, even after accounting for the negative impact of internalized heterosexism (Mereish & Poteat, 2015).

Collectively, this special set of factors make up perceptions of one's own gender status (POOGS). The crux of POOGS lies in the intersectionality of gender role orientation and identifying as a gay man, and how that affects mental health and well being. POOGS encompasses the large rectangle on the left in Figure 1.

The following questions are important to better understanding these dynamics:

- 1.) What is the relationship between POOGS and mental health and well being?
- 2.) Does internalized heterosexism moderate the relationship between POOGS and mental health and well being?

Three foundational theories are instrumental in explaining the fundamental mechanics of POOGS: 1) Goffman's (1963) seminal theory on *stigma* and *stigma management* 2) Meyer's (2003) *minority stress theory*, and 3) Herek, Gillis, and Cogan's (2009) theory on *sexual stigma*. Though all these theories help to inform the POOGS model, none of them adequately capture the architecture of the unique experience of gay men.

**Foundations of Stigma.** The primary underpinnings of this study and any research on discriminated groups, including gay men, must include stigma. This section defines the construct of stigma, how it operates generally, and more specifically how it operates between and among gay men. The impact of stigma on mental health and well being will also be discussed, especially in regard to variability between masculine and feminine gay men.

Goffman (1963) defines stigma as an attribute that is "deeply discrediting" and that makes an individual different from others in a negative way where the stigmatized person is reduced from "a whole and usual person to a tainted, discounted one" (p.3). Like other stigmatized individuals, gay men, who are stigmatized because of their sexual orientation, are left to question whether they will be accepted or discriminated against by institutions and individuals that they encounter in their everyday lives. Because discrimination is often ambiguous, it colors the everyday experiences of gay men, leaving



them often wondering about what others' genuine thoughts are about them or whether they are being demarcated as "other" because of their sexual orientation (Crocker & Major, 1989).

Perhaps the most pertinent parts of Goffman's (1963) theories for gay men are his ideas regarding concealment and visibility. Goffman (1963) suggests that the experiences of those whose stigma is immediately discernible to others (e.g., a black man) are different from the experiences of those whose stigma is not readily apparent (e.g., a recovering alcoholic). The recovering alcoholic makes efforts to control (i.e., conceal) information that would lead others to recognize the stigmatized characteristic (i.e. his alcoholism). The black man cannot hide the color of his skin, so he makes efforts to mitigate any interpersonal strains that result from his stigma (the color of his skin) being known. Both of these individuals are engaging in forms of what Goffman (1963) calls *stigma management*. Their methods for managing stigma are dissimilar because they differ in their level of visibility. *Visibility* is the degree to which others can recognize one's markers of stigma. Stigmatizing characteristics that are low in visibility allow the individual to "pass" as a member of the majority group, while characteristics that are high in visibility prevent the individual from "passing" as a member of the non-stigmatized majority.

Visibility among gay men is variable; there is a fair amount of research on the ability of individuals to detect another's sexual orientation, which has informally been called "gaydar" (e.g., Rieger, Linsemeier, Gyax, Garcia, & Bailey, 2010; Rule & Ambady, 2008; Rule, Ambady, & Hallett, 2009; Rieger et al., 2010; Lübke, Hoenen, & Pause, 2012; Lyons, Lynch, Brewer, & Bruno, 2014). Because expressions of masculinity

and femininity are the primary factors that people use to identify someone as gay, one's own gender role orientation is particularly important among gay men (Rieger, Linsenmeier, Gygax, Garcia, & Bailey, 2010). Seen in the context of Goffman's (1963) theory, masculine gay men are less visible, will pass more easily as heterosexual, and are more motivated to hide their sexual orientation, just like the recovering alcoholic who hides his alcoholism. On the other hand, effeminate gay men are more visible to others, will have more difficulty passing as heterosexual, and like the black man, are more likely to mitigate interpersonal strains resulting from their sexual orientation being known.

These different methods of stigma management can have distinct effects on mental health and well being. Gay men who are more visible (i.e., effeminate gay men) are more likely to have positive gay identities but are also at elevated risk for low self-esteem, well being, and overall negative self-perception than those who are less visible (Frable, Wortman, & Joseph, 1997). Other research has found that those with concealable stigmas (e.g., masculine gay men) are lower in social confidence, have higher rates of anxiety and depression, and lower self-esteem than those with visible stigma or no stigmatizing characteristics (Bruce, Harper, & Bauermeister, 2015; Frable, Platt, & Hoey, 1998).

Masculine gay men may experience their stigma as concealable, while feminine gay men may experience their stigma as visible. Due to this difference in visibility gay men may have very different internal and external experiences, depending on their gender role orientation, which likely carries important clinical and social implications. While a masculine gay man's ability to conceal his sexual orientation might enable him to "pass" or "blend" as heterosexual, and avoid experiencing direct anti-gay discrimination, other

significant sources of distress from concealment collectively render any benefits of having a concealable stigma futile (Bruce, Harper, & Bauermeister, 2015; Pachankis, 2007). Those with concealable stigmas doubt that the feedback they receive from others in interpersonal interactions is genuine because responses from others do not necessarily reflect how that person would respond if the stigmatized characteristic was known (Pachankis, 2007). Additionally, those with concealable identities are less likely to receive the benefits that are received when one interacts with other stigmatized group members who normalize stigma-related difficulties and assist in attributing negative feedback to group membership rather than personal short-comings (Frable, Platt, & Hoey, 1998; Pachankis, 2007).

Pachankis (2007) also suggests that in addition to experiencing the consequences of possessing a stigma, those with concealable stigma also carry with them the fear that their stigmatizing characteristic will be discovered. For gay men, this may include increased worry that they have inadvertently divulged some information that might lead others to suspect that they are gay, increased vigilance in determining whether others suspect that they are gay, and increased suspicion that others have already discovered their sexual orientation. Such fears can be crippling and lead those with concealable stigma to avoid interacting with others altogether (Pachankis, 2007). Some researchers have labeled this experience as “concealment stress,” which has been shown to be positively related to depression and internalized heterosexism, and negatively related to positive identity development (Bruce, Harper, & Bauermeister, 2015). Negative self-evaluations among those with concealed stigma may also be more harmful because of the added effects of keeping aspects of one’s identity a secret (Pachankis, 2007).

Gay men fall into a category of individuals who may be raised thinking that they were members of the high-status male ingroup within our patriarchal society, only to find out later that they are actually members of a stigmatized minority group within that privileged majority group (Jones & Devos, 2013). Masculine gay men may be more likely to come to terms with their sexual orientation and stigmatized status at a later age than effeminate gay men, who are more likely to exhibit behaviors (e.g., body movements, voice tone etc.) that cue others to classify them as gay. Masculine gay men are less likely to exhibit feminine behaviors, and in turn, are less likely to be questioned about their sexual orientation, which may delay the necessity for identity renegotiation. In fact, gay men who were never effeminate disclose same-sex attractions at a later age than those who did not conform to traditional gender roles in childhood (Taywaditep, 2001).

Those who delay the “coming-out” process have a particularly poignant experience in that they have long understood what it means to be stigmatized, but have never placed themselves in that undesirable group. Goffman (1963) suggests that the outcome of this process is often a new identity that is characterized by self-disapproval. This self-disapproval may be exacerbated for masculine gay men who may be more likely to witness flagrant homophobic actions taken by those who are unaware that a gay man is present. This may be another way in which concealment is reinforced - the advantages of being “veiled” and “passing” as a high-status male are highlighted. More recent research with gay men confirms that the new gay identity is seen as a source of threat and guilt that results in seeing oneself as different and inferior, particularly for those who have internalized society’s anti-gay views (Moradi, van den Berg, & Epting, 2009). This taps into why “coming out” to oneself and to others can be such a difficult

and painful process for some individuals. There are additional factors that make the plight of gay men particularly challenging. The next step beyond stigma is to look at how stigma impacts those who are stigmatized.

**Minority Stress Theory.** The second significant theory that helps form the foundation for the POOGS model is Meyer's (2003) minority stress theory. Identifying as a member of a stigmatized group alters one's life experience. The stigma colors daily interactions with others -often in a negative way (Meyer, 2003). Minority stress theory postulates that a constant barrage of discriminatory events, which include small insults, accumulate and have significant effects on individuals' lives. Meyer (2003) states that stressors, from a psychological perspective, are those things that would require an individual to adapt to the vicissitudes of life. Though all people experience stress in their lives, members of stigmatized groups, including gay men, have *additional* stressors, namely, prejudice and discrimination, which lead to levels of stress above and beyond what an individual who is not a member of the stigmatized group would experience. This type of stress is called "minority stress." According to Meyer (2003), three characteristics of minority stress are that (1) it is unique to members of stigmatized groups, (2) it is chronic, because the source of the stigma is stable and supported by systems at a macro level, and (3), it is created by socially-guided operations and establishments, that are above the individual.

Meyer (2003) further delineates between minority stressors by viewing them on a continuum from distal to proximal. Distal stressors are objective and are not dependent on personally identifying as a minority (i.e., employment discrimination, hate crimes). Therefore, stressful events that are external and verifiable are considered distal stressors.

Proximal stressors are subjective and depend on how one perceives a given situation (i.e., anticipating rejection, hiding one's sexual orientation, internalized homophobia). These stressful events are more ambiguous and may include the expectation of discriminatory events and the accompanying vigilance, as well as the internalization of negative societal views. Meyer (2003) further suggests that minority *status*, which in gay men is linked to sexual orientation, triggers distal minority stress processes, while minority *identity*, where one identifies himself as "gay," triggers proximal minority stress processes.

**Microaggressions.** Others in this field have built on Meyer's (2003) model and emphasized the impact of brief interactions with one's environment that convey disparaging messages about one's stigmatized identity, which have been called "microaggressions" (Sue et al., 2007; Nadal, 2013). Microaggressions are subtle, indirect, and often unintentional (e.g., a gay man being asked "do you have a wife?") discriminatory events (Sue et al., 2007). They often provide insight into unconscious and ingrained heterosexist beliefs and attitudes (Nadal, 2013). If they were to be placed in the context of Meyer's (2003) theory of minority stress, they would be considered a form of a proximal stressor because of the subjective nature of perceiving and experiencing a microaggression.

**Sexual Stigma.** Herek, Gillis, and Cogan (2009) provide a framework for interpreting the stigma experienced by sexual minorities. Their framework coalesces much of Goffman's (1963) theory on stigma, as well as Meyer's (2003) work on minority stress, and makes up the third foundational theory that guides the POOGS model. Meyer (2003) discusses minority stress in the following three contexts: (1) Minority stress resulting from the internalization of negative societal views, (2) minority stress related to

external, objective events, and (3) the stigmatized individual's expectation that such events will occur, and the hypervigilance that accompanies such expectations. Herek et al.'s (2009) model refers to these three types of minority stress as "self-stigma," "enacted stigma," and "felt stigma," respectively. Though there are many parts of Herek et al.'s (2009) sexual stigma model that are shared with Meyer's (2003) minority stress model, Herek et al.'s (2009) model more explicitly takes into account societal factors that influence both sexual minorities and heterosexuals, and discusses stigma in terms of "cultural" vs. "individual" rather than "distal" vs. "proximal" (p. 34).

Herek et al. (2009) conceptualizes anti-gay stigma as being present and living within a culture, where it takes the form of heterosexism. The term "heterosexism" describes how a culture operates to negatively impact sexual minority groups on a macro level. Examples of heterosexism include religious messages denouncing homosexuality and unequal legal protections for sexual minority groups (e.g., same-sex marriage, LGBT anti-discrimination laws). Heterosexism also has a long history of pervading medical, psychological, and scientific institutions, including the pathologizing of homosexuality until the release of the revised third edition of the Diagnostic and Statistical Manual (DSM-III-R) in 1987. Since that time, a significant shift in psychology has helped to initiate new guidelines and policies that have helped to reverse the effects of anti-gay stigma (Herek et al., 2009).

In addition to the type of stigma that operates on a macro level, heterosexism, Herek et al. (2009) delineates three types of stigma that operate on a micro level. These types of stigma, can be exhibited or encountered by both sexual minorities and non-

sexual minorities: (1) enacted stigma, (2) felt stigma, and (3) internalized stigma. Each of these types of stigma will be described in further detail.

Enacted stigma is defined as “the overt behavioral expression of sexual stigma by individuals” (Herek et al., 2009, p.34). Another way of thinking about enacted stigma is that it is heterosexism operating on an individual (rather than societal) level. For example, while gay marriage bans are examples of heterosexism, a gay couple who is refused a marriage license by the county clerk as a result of such a ban is an example of enacted stigma. Enacted stigma occurs when discrete heterosexist events are personally experienced or witnessed by individuals. Other examples of enacted stigma include hate crimes, excluding sexual minorities from groups or organizations, refusing to provide goods or services (i.e., wedding cakes, photography) to sexual minorities, or the use of antigay epithets. The fear of enacted stigma may then lead to felt stigma.

Herek, Chopp, and Strohl, (2007) suggest that felt stigma occurs when an individual recognizes or is aware of how society views sexual minorities. Felt stigma is essentially the awareness of enacted stigma as it occurs, and the prediction of when stigma will be enacted in the future. For example, felt stigma occurs when a gay man is aware that the reason he was called “faggot” and physically assaulted while walking home is because of his sexual orientation. Felt stigma also occurs when a gay man chooses to alter his route on the way home because he is aware of the potential danger posed by the group of intoxicated men who are planted on his usual path home. Though an actual discriminatory event did not take place, the gay man still felt the potential for the enactment of stigma and made efforts to avoid it, thus “felt stigma” occurred. Felt stigma not only includes stigma awareness, but also the mechanisms by which



individuals protect themselves by predicting and avoiding experiencing enacted stigma (Herek et al., 2007). Further examples of felt stigma include the anticipation of enacted stigma in a particular scenario, such as asserting one's membership to the majority group by stating "I'm straight" in order to remove any ambiguity when in a public social situation where there are sexual minorities present. Other examples of felt stigma include purposefully not disclosing one's sexual orientation and attempting to present oneself as conforming to traditional gender roles through dress, mannerisms, or other behaviors. Though these strategies may help a gay individual to avoid enacted stigma, they are also subversive in that they "significantly disrupt the lives of the stigmatized, narrow their options, and increase their psychological distress" (Herek et al., 2007, p. 185). In efforts to manage felt stigma, many gay men may feel pressure to hide their status through discretion (not disclosing pertinent information to others), concealment (preventing others from finding out personal information), and fabrication (giving false information about the self to others) (Herek et al., 2007).

The final type of micro-level sexual stigma that Herek et al. (2009) presents is internalized stigma. Internalized stigma occurs when individuals consume the cultural and societal biases regarding sexual minorities and accept them as personal truths, which are reflected in their values and self-perceptions. When heterosexuals internalize these negative evaluations of sexual minorities, it manifests as "sexual prejudice," which may be defined as "negative attitudes toward homosexuality and sexual minorities" (Herek et al., 2009, p. 34). When negative evaluations of sexual minorities are internalized by gay individuals, they manifest as "self-stigma." This term is another synonym for what has been referred to as "internalized homophobia," "internalized heterosexism," and

“internalized homonegativity” (Herek et al., 2007, p.189). Internalizing negative views about the self and seeing them as merited leads to innumerable negative outcomes, not the least of which are high levels of shame and self-derogation.

Herek et al.’s (2009) model provides a solid framework for understanding stigma as gay men experience it. Many, if not all, parts of Herek et al.’s (2009) model correspond to those found in the POOGS model; however, POOGS diverges from the former in that it delineates the experience of stigma from different groups, particularly perceived bias in the broader heterosexual community and perceived bias in the gay community. Separating the sources of bias is important because for gay men, perceiving bias and subsequent invalidation from one’s ingroup (i.e., other gay men) has the potential to be experienced as more isolating and invalidating than perceiving bias from one’s outgroup (i.e., the broader heterosexual community) (Elder, 2013).

### **Sexual Orientation and Masculinity**

The relationship between stigma and sexual orientation for gay men is predicated on gender. The stereotype that gay men are less masculine than their heterosexual counterparts has long been held by society, and is not a new topic of study (Sandfort, 2005). Terman and Miles conducted what is considered to be the first empirical research on the subject in 1936. They were also the first to empirically establish a link between male homosexuality and femininity. This link has been perpetuated by researchers and is ubiquitous in stereotypes about gay men, serving as a source of conflict within the gay community, between society and gay men, and in the inner lives of gay men (Rees-

Turyn, Doyle, Holland, & Root, 2008). One way that this link has been empirically demonstrated is in research on “gaydar.”

**Gaydar.** Gaydar is relevant to POOGS because it is the mechanism by which gay men are classified as “gay” by others. In understanding how this process works, it is possible to identify those individuals who are at higher risk for experiencing discrimination. Gender plays a large part in how gay men are identified by others, heterosexual and homosexual alike (Rieger et al., 2010). Research has shown that gay men can be accurately identified, at a rate that higher than chance, just by viewing pictures of faces for only 50 milliseconds (Rule & Ambady, 2008). Another study found that a man’s hairstyle, mouth area, and eyes provided cues that allowed perceivers to accurately label a man’s sexual orientation, which suggests that people use both subtle cues (i.e., mouth area/eyes), and more explicit cues (i.e., hair style), to make these determinations (Rule, Ambady, Adams, & Macrae, 2008). Goffman (1959) referred to these types of cues as expressions “given off” and expressions “given,” respectively (p. 136). Rule and Ambady (2008) offer several explanations to delineate the adaptive value of this skill. They suggest gay men and heterosexual women may be motivated to identify sexual orientation in order to select a mate for romantic and sexual opportunities. Among heterosexual men, this skill may be used to evaluate competition for mates.

More recent research, conducted by Freeman, Johnson, Ambady, and Rule (2010), utilized technology in order to “morph” faces giving them increasingly masculine or increasingly feminine characteristics. They found that as masculine faces were increasingly “feminized,” they were more likely to be perceived as gay. This trend affected the accuracy rate of correctly identifying men as gay or straight. The accuracy

rate with which participants correctly classified gay men as gay was reduced as their faces became more masculinized. The accuracy rate for the most masculine 13.6% of gay male faces was only ~35%, while the accuracy rate for the most feminine 13.6% of gay male faces was over 80%. This provides further evidence that masculine gay men are much more likely to be able to “pass” as heterosexual than feminine gay men. This research suggests that perceivers utilize a gender-based representativeness heuristic, where men are more likely to be categorized as gay when their appearance is in-line with the archetypal gay man, who in this case, is the man who appears to be more feminine. When perceivers used this heuristic to categorize men as gay or straight, they were able to increase the accuracy of their attributions of feminine gay men, who are more similar to the gay male archetype, but were much less accurate in their attributions of masculine gay men, who are more similar to the heterosexual male archetype.

Aside from facial research, Munson (2007) explored the relationship between speech, masculinity/femininity, and sexual orientation. He found that though masculinity and sexual orientation were predicted using cues from *different* acoustic frequencies, they were nonetheless highly correlated. He concluded that listeners label a man as gay when they hear speech sounds that are typical of the opposite sex. So, when gay men are labeled as such via speech cues, it is likely that the listener to at least some degree, perceives him to be less masculine. Other research has found that when the gendered shape of the body (male or female) did not match the gendered motion of the body (swagger or sway), that the mismatch led participants to conclude that the person was either a gay man or a lesbian (Johnson, Gill, Reichman, & Tassinari, 2007). All of these studies have findings that would suggest that the representative heuristic is in operation.

There is also research to support for the reverse pattern, the stereotype heuristic, where once an individual is placed in a social category, characteristics are ascribed to them that are consistent with those that are generally associated with members of that social group. When a man is explicitly labeled as “gay,” he is automatically perceived as more feminine and less masculine than when he has not been labeled as “gay,” particularly when the perceiver is male (Mitchell & Ellis, 2011). The same study found some interesting patterns when participants rated two male targets on masculinity. One target was rated as high in masculinity and the other, average in masculinity. When the high masculinity target was explicitly labeled as gay and the average masculinity target was not, the unlabeled (but more feminine) target was rated as more masculine. His masculinity was essentially “boosted” by being in the presence of a masculine gay man. All of these findings support the notion that the stereotype heuristic is used when ascribing attributes to gay men. Another explanation for the findings could be that participant cognitive dissonance led them to artificially boost their ratings of straight men’s masculinity in order to maintain their belief that gay men are more feminine than straight men. If this is the case, these results are evidence of a cultural bias toward masculinity.

**Hegemonic Masculinity.** Gender is often understood as a binary concept that can be measured on a bipolar scale with masculine at one end and feminine at the other; however, among scholars, gender is seen as an orthogonal construct, where one can be both highly masculine and highly feminine simultaneously (Bem, 1974; Spence, Helmreich, & Stapp, 1975; Sandfort, 2005). Additionally, while gender has long been measured as a personality construct and later as an individual characteristic, the idea that

gender is something more, something that “one *does*, and does recurrently, in interaction with others” – thus “doing gender” – is an important addition to the understanding masculinity and femininity (West & Zimmerman, 1987, p. 140). At a cultural level, feminine characteristics are seen as less valuable than masculine characteristics, particularly for men, who are punished more harshly than women for exhibiting cross-sex characteristics (Sandfort, 2005). In Western cultures, the hegemonic ideal, which serves as the means of comparison for all individuals, is the white, middle-class, heterosexual man (Kimmel, 2008).

Schrock and Schwalbe (2009) suggest that “doing gender” is something that is particularly important for men to do, as it is the means by which men obtain and maintain membership to the culturally privileged, hegemonic group of men. Masculinity is particularly fragile because in order to access privileges, men must continually take part in manhood acts in order to maintain their membership in the dominant group. In Western cultures, masculinity involves the ability to exert control over others and the ability to keep from being controlled by others. Schrock and Schwalbe (2009) further explain that manhood acts can include restricting emotional expressions (i.e., not crying, expressing fear or pain), emphasizing heterosexual prowess by demeaning women or gay men, standing up to bullies, showing physical strength, and controlling finances. These manhood acts serve to differentiate men from women, which, in turn, allow them to access gender-based privilege. Since gay men are assumed to be feminine, homophobic epithets, which function as a means by which to distinguish oneself from stigmatized outgroups are used to enhance heterosexual or closeted gay men’s masculinity (Carnaghi, Maass, & Fasoli, 2011). Among gay men, those who adhere to hegemonic norms assume

this heterosexual masculine role and subordinate women and effeminate gay men in order to obtain and keep a higher position in the power hierarchy (Coston & Kimmel, 2012).

Since not all men are able to “measure up” to the hegemonic ideal, adaptations are made on an individual and group basis. Among gay men who do not meet the heterosexuality requirement of the hegemonic ideal, other means of upholding the hegemonic ideal are utilized, such as prizing muscularity, engaging in risky sexual behaviors, having multiple sexual partners, and even dressing in a masculine manner (Schrock & Schwalbe, 2009). In fact, men whose masculinity has been threatened report feeling less confident in their physical abilities and see themselves as less muscular than those who were not threatened (Hunt, Gonsalkorale, & Murray, 2013). Schrock and Schwalbe (2009) suggest that the purpose of engaging in these manhood acts is to communicate to others “despite conventional societal standards by which we would be judged unmanly, we are indeed men and thus deserving of manhood status” (p. 285). These overcompensation techniques are not unique to gay men. In fact, in a laboratory setting, men whose masculinity was threatened were more likely to support war, had more homophobic and prodominance attitudes, had a greater desire to purchase (and would pay more for) a sport-utility-vehicle, and were more likely to endorse and express desires to advance in dominance hierarchies (Willer, Rogalin, Conlon, Wojnowicz, 2013). Thinking back to Herek et al.’s (2009) model, those who overcompensate are more likely to have internalized stigma, which either takes the form of internalized heterosexism or sexual prejudice, depending on one’s sexual orientation. Though these preferences for masculinity may be described as something that is socially facilitated, an

alternative argument could also be made for biological influences on one's gender and sexual orientation.

**Biological Determinants.** Though the literature on biological bases for sexual orientation is in its nascent stages, currently, there is strong evidence supporting neuroendocrine influences on both sexual orientation and sex-typed behaviors (e.g., preferring to play with a doll or a truck) (Hines, 2010). An influx of testosterone to the undifferentiated fetus at 7-8 weeks, produces male genitalia, while the absence of testosterone (or minimal amount) produces female genitalia; however, the specific time point that sexual orientation and sex-typed behaviors are determined remains unclear (Balthazart, 2012). Though this specific time point is not definitive, research strongly suggests that it takes place at some point during the last half of the pregnancy (Bao & Swaab, 2011). Animal research provides evidence for a theoretical model of how in-utero testosterone actions on the fetus affect sexual orientation (Balthazart, 2012). In this model, there is a testosterone threshold that determines whether individuals are predisposed to be attracted to men or women. Individuals below the threshold have low testosterone action in utero, and are attracted to men. Individuals above the threshold have high testosterone action in utero, and are attracted to women. Balthazart (2012) suggests that sexual minority men fall below this threshold, while sexual minority women fall above it. Because it is not feasible to manipulate influxes of testosterone in human fetuses, only indirect support for this model has been obtained among human samples (Balthazart, 2012). Notably, testosterone only appears to affect sexual orientation in utero, as there are no significant differences in sex steroids between heterosexual and homosexual adult men and women (Meyer-Bahlburg, 1984).



While gay men share their attraction to other men, there is a high degree of variability among gay men in their levels of masculinity and femininity, which suggests that the critical points at which gender role orientation and sexual orientation are determined, may be different (Rahman & Wilson, 2003; Balthazart, 2012). Given the lack of direct evidence in this area, it would be impossible to rule out social contributions to sexual orientation and gender role orientation. Considering the plasticity of the brain, which is influenced by individual experiences, and strong societal pressures to adhere to traditional gender roles, particularly among men, post-natal influences are also likely to influence sex-typed behaviors and sexual orientation (Kurz & Donaghue, 2013; Balthazart, 2012). For those men who are born with more feminine toy interests, who are attracted to men, and exhibit more feminine mannerisms, there is likely a struggle given the pressures resulting from hegemonic masculinity in society.

**Gender Role Orientation and Gender Role Conflict.** One's gender role orientation is present at a young age. Childhood gender nonconformity is more likely to be found among gay men than heterosexual men (Rieger, Linsenmeier, Gygax, & Bailey, 2008). Additionally, adult gay men are less likely to conform to gender roles in adulthood; however, there is a large degree of variability in level of masculinity in gay men from very feminine to very masculine (Steensma, van der Ende, Verhulst, & Cohen-Kettenis, 2012; Rieger et al., 2008; Lippa, 2005). Gender role conflict may be defined as the psychological distress one experiences when he is negatively impacted by rigid and restrictive gender roles put forth and maintained by society (O'Neil, Good, & Holmes, 1995). As a result, gay men may be particularly prone to experiencing gender role conflict due to the decreased likelihood of conforming to traditional gender roles, and

because being attracted to men is seen as a violation of masculinity norms. Further instances of intersectionality arise among gay Black and Asian men, for whom this conflict is especially pronounced (McDermott & Schwartz, 2013). Society reinforces heterosexist norms: gay men are viewed more negatively because of their sexual orientation, particularly by other men, and are pressured to behave in a way that is consistent with traditional gender roles. The amount of gender role conflict a gay man experiences may depend on how closely he conforms to traditional gender roles.

Higher levels of gender role conflict, as measured by the Gender Role Conflict Scale (GRCS; O'Neil, Helms, Gable, David, & Wrightsman, 1986) are more commonly found among masculine gay men than feminine, androgynous, or undifferentiated gay men (Choi, Herdman, Fuqua, and Newman, 2011). These findings may be explained using self-concept theory, which purports that the aggregation of an individual's thoughts and feelings regarding him- or herself as an entity, including thoughts about one's own gender, make up the individual's self-concept (Bem, 1974; Snodgrass & Thompson, 1997; Spence, 1993). Presumably, masculinity is not as salient to a feminine gay man's self-concept as it is to a masculine gay man's self-concept. Therefore, it makes sense that masculine gay men, who identify more with the masculine ideal, would experience higher levels of gender role conflict than feminine gay men, who are not as strongly identified with the masculine ideal.

Eagly, Wood, and Diekmann (2000) also suggest that though everyone has some knowledge about cultural conceptions surrounding gender roles, there is individual variability in the degree to which people endorse and internalize these conceptions. Crocker and Major (1989) explain that stigmatized minority groups "selectively devalue"

those attributes about their group that yield negative feedback or comparisons with others in order to protect their self-esteem (p. 616). In line with this thinking, feminine gay men may protect themselves from the harm that would result from not meeting the masculine ideal by internalizing and endorsing social conceptions surrounding masculinity and femininity to a *lesser* extent than masculine gay men.

Another way of explaining Choi et al.'s (2011) findings is through the lens of identity centrality theory, which assumes that individuals have multiple group memberships based on personal characteristics (e.g., race, gender, sexual orientation, wealth) that vary in their personal importance or centrality to one's identity (Crocker & Major, 1989; Mohr & Kendra, 2011). Feminine gay men may be less likely to see masculinity as a central part of their identity than masculine gay men. This would make them less susceptible to gender role conflict than masculine gay men because they would be unlikely to compare themselves to the masculine ideal.

According to Choi et al.'s (2011) findings, the high degree of gender role conflict among masculine gay men is strongly related to a particular dimension of masculinity measured in the GRCS: "Success, Power, and Competition," which is characterized by an extreme desire to achieve, compete, and dominate interpersonally. Masculine gay men were also higher in the "Restrictive Emotion" dimension, which involves inhibiting emotions to avoid being vulnerable (e.g., "boys don't cry"). Feminine gay men are less likely to engage in aggressive or dominating behaviors and more likely to express emotions, which make them less likely to experience higher levels of gender role conflict compared to masculine gay men. However, given that within the gay male culture, masculinity is encouraged and femininity is discouraged, many gay men may continue to

miss out on some of the benefits associated with aspects of femininity, in efforts to achieve the higher status that comes with being masculine (Sánchez, Westefeld, Liu, & Vilain, 2010). In sum, when determining what factors impact a gay man's perception of his own gender status, the prevailing views of the larger, heterosexual society may be a logical starting point.

### **Perceived Bias in the Heterosexual Community**

What factors likely contribute to a gay man's perception of his gender status? One obvious arena is the perception of biases in the heterosexual community, which makes up the first square in the POOGS column in Figure 1. For instance, when one considers a masculine man and an effeminate man, the masculine man is more highly valued because his presentation is consistent with societal expectations. Gender roles, prescribed by any given society, guide the way that individuals live their lives. Men and women are socialized differently from the time that they are born (Lytton & Romney, 1991; Maccoby, 1998). People are provided with a gender-based script to follow by their parents, teachers, peers, and other societal authorities. This script is highly valued and serves as a standard with which many people may compare themselves in order to determine whether they have been successful at meeting the expectations of the dominant group in society (Eagly, Wood, & Diekmann, 2000).

Those who follow the general guidelines set forth by society are likely to be rewarded in many ways, which may include a higher level of status (O'Neil, 2008), increased attractiveness to potential romantic partners and friends (Felmlee,

Orzechowicz, & Fortes, 2010), relatively little discrimination (Gordon & Meyer, 2007), and fewer hindrances in reaching higher levels of psychosocial health (Szymanski & Carr, 2008). Therefore, a masculine man, regardless of sexual orientation, who follows traditional gender roles and meets society's expectations is likely to fare better than a feminine man, whose presentation is inconsistent with society's values, and is thereby, in many situations, punished for not meeting these expectations. Other individual factors such as self-concept and identity centrality may moderate the impact of societal expectations on psychosocial health in such a way that the degree to which men experience distress from not meeting their own expectations surrounding masculinity may vary depending on how important masculinity is to an individual's self-concept or how central masculinity is to one's identity (McCoy & Major, 2003; Schmitt, Branscombe, Postmes, & Garcia, 2014).

Considering gender status within this broader context is certainly important, especially given that ideas about what it means to be masculine and feminine are formed and reflected on during childhood, which is spent predominantly within the heterosexual community (Jones & Devos, 2013). A gay man's initial social networks are likely to be formed with members of the majority group, heterosexual boys and girls (Cass, 1979). As sexual orientation is realized; however, a gay man is more likely to seek out other members of his ingroup, who are likely to have a different set of expectations than the broader heterosexual collective (Bruce, Harper, & Bauermeister, 2015).

## Cross-orientation Friendships

Most children are cognizant of cultural biases against stigmatized groups by the age of 10 (McKown & Weinstein, 2003). Gay men may be aware of this at an earlier age, depending on when they realize their sexual identity. At that point, they would be more attuned to the negative stereotypes, especially during relevant social interactions, (McKown & Weinstein, 2003). One notorious arena where this socialization process occurs, in the United States is post-elementary school.

Ueno (2010) researched friendship patterns among high school students using friendship nomination data, focusing particularly on relationships between heterosexual and sexual minority students. He found that sexual minority students were more likely to be nominated as friends by heterosexual students when they shared background factors including race, grade level, and to a lesser degree, academic aptitude, parent education, and religiosity. These findings are congruent with the matching hypothesis, or the liking-similarity effect, which suggests that when comparing others to themselves, individuals are attracted to those who are perceived to share more personal characteristics, or have similar degrees of social desirability (Walster, Aronson, Abrahams, & Rottman, 1966; Selfhout, Denissen, Branje, & Meeus, 2009; Montoya, Horton, & Kirchner, 2008).

Ueno's (2010) findings are also consistent with Heider's (1958) balance theory, which suggests that interpersonally, liking those who are similar and disliking those who are dissimilar allows for cognitive consistency or "balance." Unbalanced states arise when an individual finds him- or herself *liking* someone who is dissimilar or *disliking* someone who is similar. In an unbalanced state, individuals are motivated to seek out

homeostasis by distorting the unbalanced other's similarity or dissimilarity to be congruent with how much they like or dislike the individual (Stephan, 1973). In Ueno's (2010) study, sexual minority students who shared more background factors, were already more balanced, requiring less distortion of similarity on the part of heterosexual students, and thus were more likely to be liked and nominated as friends.

In Ueno's (2010) study, White female students with high academic aptitude and college-educated parents were the most likely to nominate sexual minority friends. The reasons behind this finding are complex, and may include, but are not limited to racial differences in right-wing authoritarianism, which has been associated with anti-gay prejudice (Johnson et al., 2011) where (1) white individuals are lower in right-wing authoritarianism than black individuals (Whitley, Childs, & Collins, 2011), (2) gender differences where unlike heterosexual men, heterosexual women's self-image is *not* dependent on subscribing to anti-gay attitudes, (Herek, 2000), and (3) the increased likelihood that college-educated parents would hold positive attitudes toward gay people that may have been passed down to their children (Herek & Glunt, 1993).

In addition to demographic factors, acceptance of gender conformity plays a part in cross-orientation friendship formation. In a study among Dutch adolescents, Collier Bos, and Sandfort (2012) found that acceptance of gender non-conformity mediated the relationship between positive attitudes toward gay men and lesbians and having interpersonal contact with those groups. Among boys, higher acceptance of gender nonconformity predicted more positive attitudes toward gay men. Acceptance of gender nonconformity is likely a reflection of the internalization of a particular group's frame of reference. In their theory on reference groups, Sherif and Sherif (1964) argue that

reference groups have a set of norms, which individuals follow in order to identify as members of that group. In Collier, Bos, and Sandfort's (2012) study, reference group norms surrounding gender role conformity are likely at the root of their findings.

Participants whose reference groups accepted gender role non-conformity held positive attitudes toward gay men, while those whose reference group's norms indicated that not conforming to gender roles was unacceptable did not have more positive attitudes toward gay men, even if the two groups had equal amounts of exposure to gay men.

Neither of the above studies took into account the masculinity or femininity of sexual minorities. If such a study were conducted, one might expect the same pattern of findings found in balance theory and the matching hypothesis, where masculinity and femininity would be treated as another shared background factor that would increase the likelihood that a nonheterosexual student would receive a friend nomination from someone who shared that same background factor. For example, consider a masculine gay man who enjoys playing rugby. He would be more likely to be nominated as a friend by other masculine male students. On the other hand, a feminine gay man, who shares stereotypically feminine interests would be more likely to be nominated as a friend by feminine female students. When considering the degree to which others like someone, the appearance of being similar is more important than *actually* being similar (Wortman, Wood, Furr, Fanciullo, & Harms, 2014). Though all gay men are dissimilar from heterosexual men and women in their same-sex attractions, the way that they are treated by others may have more to do with their outward appearances, which include the trappings of being masculine and feminine.



Reeder (2003) found that feminine men were more likely to form friendships with women than those whose gender role orientation was masculine or androgynous. Conversely, masculine men were more likely to form friendships with men than those with feminine or androgynous gender role orientations. In the context of Heider's (1958) balance theory, cross-sex friendships may be desirable for feminine men because they would be beneficial, providing acceptance and support. On the other hand, same-sex friendships may be seen as risky for feminine men, who are more likely to be seen as dissimilar, and subsequently less likely to be liked and thus more apt to experience judgment and rejection. Subsequent research has shown that those who are higher in cross-gender role characteristics are driven to have more cross-sex friendships because of the benefits associated with them rather than as a result of being deterred by the costs of having same-sex friendships (Lenton and Webber, 2006).

Cohen, Hall, and Tuttle (2009) examined differences in how masculine and feminine gay men and heterosexual men and women evaluated lesbians. Feminine gay men and masculine lesbians were seen as more closely fitting the general gay and lesbian stereotypes than masculine gay men or feminine lesbians. Additionally, they found that heterosexual men liked the masculine gay man significantly more than the feminine gay man, while heterosexual women liked the feminine gay man (marginally) more than the masculine gay man. This finding would be consistent with the matching hypothesis and Heider's (1958) balance theory. However, both heterosexual men and women liked the feminine lesbian more than the masculine lesbian. Heterosexual men and women may differ in their motivations for liking the feminine lesbian more. While heterosexual women may still find the more feminine lesbian more likeable because she is perceived

as being more similar, heterosexual men may be engaging in hostile sexism, by expressing dislike for masculine women who are seen as trying to infringe on a man's position of power (Glick & Fiske, 2001). The researchers concluded that for heterosexual men, adherence to traditional gender roles was the primary determinant for how much the gay target was liked. For heterosexual women, it seems that homophily may play a more important role than either gender role adherence or stereotype maintenance.

Collectively, this research suggests that when considering the interaction between sexual orientation, gender role orientation, and perceived benefits of cross-sex friendships, there are differences between heterosexual men and women. Heterosexual men are more likely to value friendships with masculine gay men, who are more adherent to traditional gender roles, while heterosexual women are more likely to value friendships with feminine gay men, with whom they are more likely to share common interests and see as generally similar to themselves. Gay men develop their perceptions of the biases held by the heterosexual community through these personal or vicarious interactions with nonsexual minorities. These experiences, whether positive or negative, are certainly linked to how nonsexual minorities view gay men.

### **Sexual Prejudice**

Falomir-Pichastor and Mugny (2009) studied how masculinity is intertwined with gender self esteem and sexual prejudice among heterosexual men. The authors suggest that from the perspective of a heterosexual man, homosexuality is a threat to gender self-esteem because "the very definition of masculinity involves *not* being homosexual" (p. 1233). Therefore, heterosexual men are motivated to distinguish themselves from gay

men, in order to avoid being misclassified as a sexual minority. The authors found that men who were high in gender self esteem and highly motivated to set themselves apart from gay men expressed more negative attitudes toward homosexuality when compared with those who were low in gender self-esteem and not highly motivated to distinguish themselves from gay men. Sexual prejudice and the relationship between sexual prejudice and gender self-esteem was reduced when male participants were told that there were biological factors that determined one's sexual orientation, thus removing some of the "threat" to their masculinity. Katz's (1960) functional approach suggests that the degree to which individuals psychologically benefit from holding a particular attitude determines the extent to which that attitude is maintained and expressed. These findings indicate that expressing sexual prejudice may serve what Katz (1960) refers to as the *Ego Defense* function. In this context, heterosexual men express anti-gay attitudes when they experience anxiety or insecurity related to worries about appearing masculine in order to defend their egos (Herek, 1987). In Falomir-Pichastor and Mugny's (2009) study, individual characteristics of heterosexual men (i.e., gender self-esteem), or the degree to which they are compelled to defend their manhood, may predispose them to feel more or less threatened by homosexuality, and thus carry more positive or negative attitudes toward gay men.

There are also characteristics of gay men that may precipitate different reactions from heterosexual men. Glick, Gangl, Gibb, Klumpner, & Weinberg (2007) researched affective reactions toward effeminate and masculine gay men taking into account different degrees of masculinity threat. The researchers distinguish between two types of gender norm violations that could be potential sources of negative affect toward gay men.

The first is a “sexuality” norm, which gay men violate by being oriented to same-sex romantic partners. The second is a “personality” norm, which gay men (stereotypically) violate by being more effeminate and less masculine. Keeping these two norms in mind, masculine gay men, who only violate the “sexuality” norm, may elicit different reactions from heterosexual men than effeminate gay men, who violate both the “sexuality” norm and the “personality” norm.

In Glick et al.’s (2007) study, participants’ masculinity was either affirmed by getting a “masculine” score on a personality test or threatened by getting a “feminine” score on a personality test. Compared to the men whose masculinity was affirmed, those whose masculinity was threatened expressed more discomfort, fear, and hostility toward the effeminate gay man, but not the masculine gay man. Again, these findings are consistent with Katz’s (1960) functional approach, where the more anxiety one experiences related to his gender role orientation, the more he gains from defending that aspect of his identity. Overall, in Glick et al.’s (2007) study, there was more negative affect toward the feminine gay man than for the masculine gay man. This finding has important implications for understanding potential differences in the perceived bias of the heterosexual community between effeminate and masculine gay men. Depending on gay men’s gender role orientations, they may have been treated differently throughout their lives, with effeminate gay men being more likely to experience hostility, which could be manifested as physical or verbal abuse. Additionally, perceiving one’s self to be the cause of discomfort or fear, which could be manifested as social rejection, exclusion, or unfriendliness would also be highly detrimental.

**Unwanted Sexual Interest.** Pirlott and Neuberg (2014) propose the idea that sexual prejudice toward sexual minority groups results from a desire to avoid unwanted sexual interest. Among heterosexual women, they found more prejudice against the groups whose sexual advances they would not want: bisexual men and women, and lesbians. The findings were similar for heterosexual men, where more prejudice against gay and bisexual men was found than for any other group. They successfully compared the Unwanted Sexual Interest hypothesis with two other prominent hypotheses: the Ingroup—Outgroup Heterosexism Hypothesis, Gender-Role Violation Hypothesis, and the Sexual Identity Threat Hypothesis, determining that the nuanced findings could not be adequately explained by the other two hypotheses. Another theory of sexual prejudice that also lies on the affective response of fear and anxiety is the social contagion theory.

**Social Contagion.** Have you ever heard the phrase “no homo?” One way that gay men face stigma is by interacting with heterosexuals who so zealously try to avoid being identified as gay. The increasingly common usage of this phrase gives credence to social contagion theory, where individuals are concerned that they will be misclassified as a member of a stigmatized group. Goffman (1963) called this “guilty by association” phenomenon *courtesy stigma*, which he defines as the experience of being stigmatized or devalued as a result of associating with a stigmatized individual. He suggests that this is a primary reason why others avoid stigmatized individuals. The degree to which others are considered “contagious” may be related to the visibility of the stigmatizing characteristic. Some group characteristics are outwardly apparent, and thus, pose no social contagion threat. For example, a fair-complexioned white man would not worry that he would be misclassified as black. However, other group characteristics are not outwardly apparent,

such as religious affiliation or sexual orientation. Due to the ambiguity of sexual orientation, any man could be classified as gay, and would have to go to some lengths to prove otherwise. This aspect of sexual orientation is what makes it highly threatening to those who have high levels of social contagion concerns, and may lead those individuals to engage in anti-gay behaviors.

People avoid stigmatized groups including gay men, because they experience disgust due to some perceived moral violation or because they experience fear that they would be misclassified as a member of the stigmatized group if they were to associate with them (Buck, Plant, Ratcliff, Zielaskowski, & Boerner, 2013). Moral condemnation of homosexuality is associated with an affective response of disgust, while feelings of anxiety are associated with social contagion concerns (Buck, Plant, Ratcliff, Zielaskowski, & Boerner, 2013). Individuals with more previous contact have lower contagion concerns (Buck et al., 2013). Those with higher contagion concerns are more likely to avoid interacting with a same-sex lesbian or gay man than those who are low in social contagion – this avoidance is specifically related to anxiety about cross-orientation interactions, and interestingly, is unrelated to whether individuals hold positive or negative attitudes toward gay men and lesbians (Buck et al., 2013).

Buck et al. (2013) found that those with higher contagion concerns behaved differently toward a lesbian or gay male confederate in actual in-person interactions. These confederates rated participants as more avoidant and more interpersonally unpleasant than those who were lower in contagion concerns. This finding supports the idea that social contagion also has a negative impact on gay men and lesbians. Researchers compared participants' reactions in high versus low social contagion

scenarios and found that those in the high contagion condition felt more anxious and had greater urges to avoid interacting with a same-sex gay man or lesbian than in the low contagion condition. Those in the high contagion condition were also less likely to publicly support LGBT causes. No differences were found between conditions in the willingness to privately support LGBT causes. These findings imply that gay and lesbian individuals are likely to feel as though they are sources of contamination, which is certainly an invalidating experience. The finding that attitudes toward gays and lesbians did not predict social contagion levels also means that gay men and lesbians may find themselves surprised by feeling invalidated by those who otherwise have positive attitudes toward gay men and lesbians. This study also found support for Katz's (1960) idea of ego-defense, where those with higher contagion concerns were also more worried about unwanted sexual interest from the same-sex gay man or lesbian.

Though the above research focused on the social contagion that motivated heterosexuals to avoid interacting with sexual minorities, the same phenomena could occur in interactions between gay men. Given that much of the research that has been reviewed thus far has amply demonstrated that effeminate gay men evoke more negative reactions than masculine gay men, one might assume that those who are less adherent to traditional male gender roles would carry higher levels of contagion and thus be avoided more than those who adhere to traditional gender roles, even among gay men. If a gay man is sufficiently masculine that, barring other cues, he is considered "passable," he may be reluctant to give up this privilege. If those masculine gay men also have high levels of social contagion concerns, they may ostracize effeminate gay men in order to protect their own "invisibility." Consistent with Herek's (1986) *value-expressive*

function, gay men may be motivated to promote anti-feminine views in order to convey their gender-conforming values to themselves and others, including other gay men.

### **Gender Bias in Gay Community**

*“Ironically, some of the most visible attacks against effeminacy are expressed by those who are most likely to understand what it is like to be stigmatized: other gay men”*  
(Taywaditep, 2002).

A gay man’s gender status is also impacted by the biases of his in-group, the gay community, which is the second square in the POOGS column found in Figure 1. No differently from heterosexual men, gay men internalize the patriarchal culture’s value system advocating masculinity as an asset (O’Neil, 2008). However, once gay men recognize that their sexual orientation, by nature, divorces them from an integral requirement of masculinity, (i.e., being romantically involved with women), they may find that their perspective on gender changes. Given the long-standing association with gender nonconformity and the gay community established in drag and camp culture, one might suspect that gay men would have less rigid ideals in regard to masculinity. Perhaps, one might find that gender expectations are more or less neutral and that both effeminate and masculine gay men can achieve high levels of status. In some niches of the gay community, effeminate men may have particularly high status, perhaps within “queer” culture, which rejects standard heterosexist values and labels (Dyer, 2012). However, it could be the case that just as in the heterosexual community, masculine men are the hegemonic group (Coston & Kimmel, 2012). Despite the fact that gender non-conformity



is commonplace in the gay community, many gay men report disliking those who exhibit cross-sex characteristics (Skidmore, Linsenmeier, & Bailey, 2006). How a gay man perceives the biases of his own niche in the gay community is likely an important part of how he perceives his own gender status.

### **Collective Self-esteem**

One area of the literature that is helpful in understanding how one evaluates his or her own community is *collective self-esteem*. Crocker & Luhtanen (1990) outline the concept of collective self-esteem, which is grounded in social identity theory, and stems from the idea that individuals' identities are in some part formed through their membership to social groups. Each group membership may hold varying degrees of value or emotional significance to an individual. To the degree that the group membership is seen as reflective of one's own identity, an individual may be more or less invested in the status of the group. Presumably, individuals would be highly motivated to maintain a *positive* social identity in those groups that are viewed as especially important parts of who they are. For instance, gay men may value being members of the "gay" social group. Depending on the individual, a gay man may also align himself with groups that embrace femininity (e.g. drag queens) or masculinity (e.g. gay rugby league). In order to maintain a "positive" social identity within the context of those groups, an individual has to become an evaluator of the given group. Collective self-esteem is the degree to which one evaluates his or her group positively or negatively (Crocker & Luhtanen, 1990).

In situations where one's group is threatened, an individual might engage in behaviors that defend or augment his or her social identity in order to maintain positive

collective self-esteem (Crocker & Luhtanen, 1990). Often times, these behaviors include denigrating an outgroup so that one's ingroup is cast in a more favorable light (Crocker & Luhtanen, 1990). For example, masculine gay men may feel that their social identity as masculine gay men is threatened by the increasing visibility of feminine gay men, which may affirm the stereotype in society that gay men are feminine. As a result, the masculine gay men may ostracize feminine gay men from their social events or make disparaging remarks, such as calling the feminine gay men "sissies" or "queens," which serves to highlight their own masculinity. Crocker and Luhtanen (1990) found that this motivation to protect or enhance one's social identity was moderated by level of collective self-esteem, where those who were high in collective self-esteem protected their ingroup, while those who were low in collective self-esteem did not. This finding has important implications for gay men. For instance, how a gay man responds after hearing a colleague at work call someone a "fag" or using the phrase "that's so gay," would depend on whether he had high or low collective self-esteem. If the gay man was high in collective self-esteem he might confront the individual who made the heterosexist comments. If the gay man was low in collective self-esteem, he would likely not say anything at all. One could also easily make the argument that gay men who are higher in internalized heterosexism, would be more likely to have low collective self-esteem because they have internalized negative views toward gay men. Other research on ingroups and outgroups demonstrates this conflict further.

## **Ingroup vs. Outgroup Prejudice**

When considering ingroup vs. outgroup prejudice, two patterns are found: (1) Individuals are more likely to show preference for groups to which they belong in order to preserve positive views about their own status; (2) individuals are more likely to show preference for groups that are more highly valued in a given society (Dasgupta, 2004). For sexual minorities, these two patterns are conflicting. A gay man may be motivated to show preference for his ingroup, gay men, while also being motivated to show preference for a more highly valued group, heterosexual men. In comparing gay and heterosexual men's implicit ingroup preferences, gay men failed to show a definitive preference for their ingroup, indicating that gay men have equally positive attitudes toward heterosexuality as homosexuality, while heterosexual men were strongly biased toward their ingroup (Jellison, McConnell, and Gabriel, 2004).

One way that a gay man may mitigate the tension between ingroup bias and outgroup bias is by taking on stereotypical attributes of the culturally-favored outgroup (e.g., heterosexual men), while continuing to associate with members of his ingroup as his primary means of social interactions. If masculinity is a stereotypical attribute commonly associated with heterosexual men, then femininity is seen as a characteristic commonly associated with homosexual men. Therefore, in order to solve the ingroup vs. outgroup conflict, a gay man may make efforts to appear more outwardly masculine by his dress, muscularity, and behaviors, while still attending gay bars and interacting socially with other gay men.

Research on the expression and suppression of prejudice suggests that gay men may express or suppress prejudicial remarks against other gay men depending on the

social norms found in the immediate environment, with those who are high in suppression behaving in a manner that is particularly adherent to environmental norms (Crandall, Eshleman, & O'Brien, 2002). In the gay community, expressing or suppressing prejudice likely involves differentiating between the effeminate gay man and the masculine gay man. Depending on the immediate environment (i.e. college football game or gay cocktail party), an effeminate gay man may be treated very differently. At the gay cocktail party, one might be motivated to suppress prejudice against a feminine gay man because that is the norm. At a college football game, one might be motivated to express prejudice against a feminine gay man because that is the social norm in that environment.

Sánchez and Vilain (2012) found that overall, gay men value outwardly appearing masculine through their appearance and behavior. More negative feelings about being gay was associated with higher masculine consciousness, which describes the degree to which a gay man is concerned about publicly appearing masculine or “straight-acting,” and higher anti-effeminacy, which describes the degree to which a gay man expresses negative attitudes toward cross-sex behaviors in other gay men. Additionally, when comparing real versus ideal levels of masculinity and femininity, the majority of gay men reported wanting to be more masculine and less feminine, particularly in their behaviors, which included the way that they walked and talked, in addition to their preferred hobbies and sexual positions (i.e., “top” or “bottom”). Collectively, gay men value associating themselves with the high status heterosexual male majority group. Behaving in a masculine manner may provide gay men with the privilege of being “invisible” to others, so that their stigmatized identity remains hidden. Outwardly appearing as a member of the “ingroup” may be enticing to gay men for many reasons.

## **The Masculine Gay Man**

Gay men learn to identify situations where stigma is likely to be enacted through their own experiences with discrimination, as well as through vicarious experiences of prejudice such as witnessing another gay person being harassed or hearing someone be called a “faggot” on a television program. This type of stigma, felt stigma, has adaptive value for gay men (Herek et al., 2007). Being able to accurately anticipate people or scenarios where one might be particularly at risk for experiencing verbal, physical, or social aggression could help a gay man protect himself from threats. In these scenarios, the gay man has to be aware of the probable attitudes of the broader heterosexual community and what actions might stem from those attitudes, leading him to focus on how easily his sexual orientation would be to detect.

Masculine gay men may be motivated by a desire to challenge the mainstream culture that views gay men as effeminate (Coston & Kimmel, 2012). On the other hand, the gay culture that values masculine men may be attempting to assimilate itself into the heterosexual culture by implementing a system of patriarchy that mimics heterosexual gender hierarchies (Taywaditep, 2001). In the gay community, this involves differentiating between the effeminate gay man and the masculine gay man, where the effeminate gay man is positioned as “an abjected feminized Other” (Martino, 2006, p. 38). In this scenario, masculine gay men are given the position of power and privilege, while femininity is stigmatized. What gay men have internalized as valuable and desirable in other gay men is consistent with what is found in the broader patriarchal culture – being a masculine man.

The idea that being “masculine” is equated with being “normal” seems to be another pattern found among gay men, particularly those who wish to minimize any further personal digressions from what they perceive to be the cultural norm (Martino, 2006). For these men, identifying themselves as “normal” or “straight-acting,” likely “functions as a compensatory mechanism for displacing an already internalized sense of inferiority that is attributed on the basis of identifying as gay, constituted as failed masculinity” (Martino, 2006, p.43). In many cases, gay men evaluate masculinity in one another, and then self categorize themselves into dichotomized groups, where one is less masculine than the other. This process is not permanently fixed, rather it depends on the constant appraisal of oneself within the context of a given dyad or larger group.

**Sexual Relationships.** Masculinity also plays a part in gay men’s sexual roles. Three labels describing anal sex roles are commonly used among gay men: the penetrative partner is labeled as a “top,” the partner who receives penetration is labeled as a “bottom,” and a man who engages in both behaviors is labeled as “versatile” (Moskowitz, Rieger, & Roloff, 2008). In gay men’s personal advertisements, these labels are mentioned approximately 40% of the time to assist in determining sexual compatibility (Bartholome, Tewksbury, & Bruzzone, 2000). For many gay men, these labels are incorporated into one’s identity, and can be extended to other sexual acts beyond anal sex (Moskowitz et al., 2008). Higher levels of masculinity are associated with stereotypically masculine characteristics, including greater muscularity, hairiness, and larger penis size (Moskowitz & Hart, 2011). Additionally, masculinity and penis size can predict anal sex roles: Higher levels of masculinity and larger penis size increase the likelihood that a gay man will assume the insertive role (Moskowitz & Hart, 2011).

Interestingly, Moskowitz & Hart (2011) found that hairiness was the only distinguishing characteristic between those who ideally took on the top role and those who were ideally versatile, with tops being more hairy than versatiles. This suggests that masculinity in general and physical characteristics associated with masculinity play a part in gay men's sexual behaviors.

Though much of the research on this topic is based on a "snapshot" of gay men's current sexual behavioral patterns, a longitudinal mixed-methods study has shown that for about 50% of gay men, sexual position identity is not fixed (Pachankis, Bultmann, Bernstein, & Bayles, 2013). Over a period of two years, gay men became more likely to identify themselves as "mostly top" and to take on a sexual position identity, if they did not initially have one. Pachankis et al. (2013) explained these findings by suggesting that as gay men increase their connection to the gay community and internalize the community's norms, they are more likely to take on position identities standardly used by gay men and more specifically, to identify themselves as tops. The tendency for gay men to transition to a top identity may be related to the importance of hegemonic masculinity (and thus, anti-femininity) currently found in the gay community (Taywaditep, 2001), where gay men perceive tops as having higher status than bottoms (Wegesin & Meyer-Bahlburg, 2000). Supporting this research, Pachankis et al. (2013) found that some gay men switched from bottom to versatile or top identities in order to appear more masculine to themselves and others. Some participants reported that identifying as a bottom led to being stigmatized as feminine and submissive, even within the gay community.

It appears that the tendency to associate masculinity with the sexual roles in gay sexual relationships allows individuals to accurately identify their preferred position.

Tshkay and Rule (2013) found that naïve observers were able to label gay men as tops or bottoms with greater than chance accuracy, just by viewing a photo of the men's faces. It was then determined that perceived masculinity mediated the relationship between actual sexual position and perceived sexual position, where those who were perceived as being more masculine were more likely to be labeled as tops by observers. Together, these two findings suggest that individuals are able to accurately identify the sexual position of gay men, and that they do so through a mechanism that utilizes information about masculinity. It is interesting that this pattern is essentially the same as is found in the broader heterosexual community.

**Mate Selection.** Another way to enhance one's masculinity may be to have a masculine romantic partner. Contrary to the popular belief that same-sex relationships mirror stereotypical heterosexual relationships, with one partner assuming the feminine role and the other assuming the more masculine role, generally, gay men prefer masculine partners over feminine partners (Sánchez & Vilain, 2012; Bailey, Kim, Hills, & Linsenmeier, 1997). More specifically, self-rated highly masculine gay men held the strongest preferences for masculine partners, while self-rated highly feminine gay men, as the exception, had no significant preference for masculine or feminine partners (Bailey et al., 1997). One might surmise that those who are highest in masculine consciousness are most likely to be concerned with any outward signs that might cue someone to label them as gay, including being in a relationship with an effeminate man. However, for those who are low in masculine consciousness, or whose gender role orientation is such that being "passable" to others is not possible, they may not be motivated to seek a masculine partner. Alternatively, and perhaps more pessimistically, one who describes



himself as highly feminine, may perceive himself as having low status, which would make it unlikely that he would be able to obtain a high status partner.

Before Internet and smartphones were commonplace, men looked through personal advertisements in newspapers or LGBT-oriented publications, to find partners. Now, many gay men choose to utilize online (i.e., Manhunt, Craigslist) or mobile networking sites (i.e., Grindr, Scruff, Hornet etc.) in order to meet other gay men and potential romantic or sexual partners. In 2000, just under 20% of gay couples met online, by 2010, nearly 70% of gay couples met online, which given the steep rate of increase, does not appear to plateau (Rosenfeld & Thomas, 2012). In the same study, in 2000, 10% of heterosexual couples met online, by 2005, this rate peaked, where it has since plateaued at approximately 20%. As Internet-based networking has increased, other means of finding romantic or sexual partners have decreased. For instance, from 2005 to 2010, the number of gay couples who met in a bar or restaurant decreased by approximately 5%, and more notably, the number of gay couples who met through friends dropped from 30% to ~12% (Rosenfeld & Thomas, 2012). The main importance in these findings is in the sheer proportion of gay men that have developed their own and viewed others' online profiles (at least 70%). Not only do a significant proportion of gay men use internet-based mediums to find mates, they also spend a lot of time using them. One mobile-based gay dating app, Grindr, reports that users typically spend 90 minutes per day logged on to the app. Given their widespread use and typical daily duration of use, common themes and messages in these profiles are likely to have a significant impact on how gay men perceive biases in the gay community.

The prevalence of internet-capable mobile devices has removed many of the barriers to finding a mate. Many apps allow individuals to use GPS-tracking to locate potential partners who are nearby. Grindr, the first of these apps to gain wide acceptance, and which currently has over 6 million users, was developed for finding other gay men who were located nearby (Woo, 2013). These apps have received much fanfare in the media, including articles in major magazines including *GQ* (Sella, 2011) and *Vanity Fair* (Kapp, 2011), where Grindr is aptly described as “the World’s biggest, scariest gay bar.” Information typically presented in these online profiles include (at least) one photograph, age, race, height, weight, body type (“average,” “athletic,” “chubby” etc.), and perhaps less often, penis size, desired sex position, and a short message describing more about the person and who or what characteristics they would like to find in a potential mate. These messages can be highly exclusionary and invalidating, and are common enough to sustain the existence of a website entitled “douchebagsofgrindr.com,” where screenshots of profiles with negative messages are posted. One such posting on the website comes from a muscular, man who has cropped his head from the picture, and is looking for “masc musc HIV neg buds 18-35.” His headline reads: “masculine is not subjective. If people can tell you’re gay.... You’re not masculine.”

Though there is little peer-reviewed research on what kind of descriptors are posted via these online outlets, a desire for stereotypically masculine characteristics are seen in online advertisements for those seeking sex (Ward, 2008) and among masculine gay sex workers (Logan, 2010), which is consistent with the research utilizing non-internet based personalized advertisements (Bailey, Kim, Hills, & Linsenmeier, 1997), and research which explicitly asked participants what characteristics they found attractive

in a mate (Sánchez & Vilain, 2012). Reports from media outlets claim that requests or demands a “straight-acting” or a “masc masc” partner are ubiquitous (Brathwaite, 2014; Hildebrand, 2013; Rowlson, 2011). Other articles from the general media comment more generally on this phenomenon within the gay community, for masculine men (e.g., Tracy, 2013; Lyon, 2012; Rogers, 2010).

**Anti-Effeminacy.** Though femininity has long been associated with gay men, there has also been a long-standing history of gay men who tried to combat or dissociate themselves from this stereotype; albeit these men generally went unnoticed as gay men were for the most part, “closeted” until the 1970’s, following the Stonewall Riots in New York. Given that three factors that make a persuader more attractive to his audience are likability, similarity to the audience and physical attractiveness (Franzoi, 2012), it is not surprising that a subculture of hypermasculine gay men came into view during this time, as this would increase their attractiveness to the outside heterosexual community. Taywaditep (2001) suggests that as a result of this shift, masculine gay men were increasingly celebrated and valued within the gay community, while effeminate gay men became more and more alienated and devalued by their own community. Recent research supports this phenomenon, finding that among gay men, hypermasculinity is positively associated with negative attitudes toward drag queens, who perhaps represent the most feminine part of the gay community (Bishop, Kiss, Morrison, Rushe, & Specht, 2014).

Some gay men, who identify themselves as “masculine” or “straight-acting” have carved their own niches in the gay community. For instance, Meet-up.com has a conglomeration of groups specifically for masculine gay men boasting over 4,200

members across five countries. One such group, out of Philadelphia, states the following on their welcome page (Brian, 2012):

M1G2 is a group for masculine gay men that see there [sic] sexuality as only a part of who they are. Basically "GUYS" that just happen to be into other "GUYS," these members move comfortably between both the gay and straight worlds. They act, dress, speak, and relate to each other differently. Often called "straight acting" they are told they don't act "GAY" enough. They are not into drag queens, circuit parties, cliques, or appletinis and prefer to be in the company of the same type of men. To them masculinity is not a fetish. Bulging muscles doesn't make one masculine. Most of us can remember a date with a seemingly hunky guy only to be disappointed when he opens his mouth to speak. This is not discriminatory towards our more feminine brethren rather a simple preference for men who display more traditional male mannerisms... **M1G2** is a group for masculine men and **NOT** for their admirers. We understand that this will limit our group numbers but believe it is necessary to maintain true to our core principals and members.

Taywaditep (2001) suggests that gay men are motivated to publicly disapprove of feminine gay men in order to make themselves more appealing by "aligning themselves with the anti-effeminacy ethos they perceive to be popular" or to convey that they value gender typicality (p. 13). These public disapprovals could also be a response to stereotype threat, where gay men wish to avoid the risk of conforming to the stereotype that gay men are effeminate. In sum, biases that are present in heterosexist society have permeated at least some niches of the gay community. The beliefs and attitudes of the particular niche with which a gay man identified may significantly impact his perceived gender status.

### **Connection to Community**

As is seen in Figure 1, another important part of POOGS is how a gay man perceives his own gender status is the extent to which he is connected to the broader

heterosexual community compared to the gay community. Most gay men are connected to both communities (Weinstock, 1998). Relationships with heterosexual individuals are more commonly found in general social circles, while the more intimate social relationships are typically with other gay men and lesbians (Weinstock, 1998). Presumably, the degree to which a gay man is connected to each community would impact which biases were internalized, and how he perceives his own gender status. Though one might spend more time at work, which is likely to be a connection to the broader heterosexual community, he may consider himself to be more firmly connected to the gay community where he plays on a gay kickball league or socializes with a group of close gay male friends.

Alternatively, a gay man may form a personal community that blends individuals from both the heterosexual and gay community. His well being is probably dependent on the beliefs held by the more strongly attached community – the one that carries more value and salience for the individual. Though it may be tempting to consider connection to the gay community and heterosexual community orthogonally, gay men who are more connected to the heterosexual community have been found to be less connected to the gay community (Kelly, Carpiano, Easterbrook, & Parsons, 2014). Given this finding, it may be adequate to only measure one's connection to the gay community.

The majority of research conducted on gay men's connection to community seems to be within the context of how it affects their physical and mental health. Gay men report significant experiences with fearing rejection and discrimination due to their minority status (Fingerhut, Peplau, & Gable, 2010, p. 101). In Herek, Gillis, and Cogan's (2009) model of sexual stigma, this would be considered "felt stigma," which can occur

within both ingroup and outgroup settings. Since a stronger connection to the broader heterosexual community would likely be congruent with increased exposure to heterosexism, it is perhaps more informative to discuss the more nuanced aspects of being affiliated with the gay community. Especially for those who have felt rejected by the broader heterosexual community, the gay community may be an important source of acceptance and validation.

### **Positive Impact of Gay Community**

Having a sense of belonging to a community of like others can be a very fulfilling experience for gay men. Fingerhut et al. (2010) researched the impact of having a sense of belonging to the gay community, which they referred to as social identity, on minority stress and psychological well being. They found that those who were more connected to the gay community also had higher levels of psychological well being. This elevated sense of belonging was found to be both a protective and a risk factor, where those who were more connected reported lower levels of felt stigma, but experienced more discrimination than those who were less connected. Additionally, those who were more connected to the gay community were impervious to depression associated with high levels of felt stigma, relative to those who were less connected, whose felt stigma was positively associated with symptoms of depression.

One possible explanation for these differences might be found in the literature on microaggressions. Those who are more highly connected to the gay community may be primed to recognize discrimination as a result of discussions with ingroup members that call attention to the unfair treatment of gay men. Gay men who are not highly connected

to the gay community and thus have not been privy to these conversations may be less likely to see or notice that microaggressions are harmful. Another way of thinking about this is that the threshold required for a microaggression to be seen as discriminatory may differ depending on how connected a gay man is to a sexual minority community. For instance, a gay man who in his interactions with other sexual minorities, has observed gay men challenging those who say “that’s so gay,” would be more likely to see that phrase as harmful, discriminatory, and worthy of censure than someone who was less connected to the gay community, and thus, less likely to see such exchanges.

DiFulvio (2011) suggests that as gay men come of age, they struggle to find meaning or “make sense of” their identity as a member of a stigmatized group and the harmful life events that have likely accompanied it. She argues that social connectedness to like others is an invaluable asset for young gay men, as it helps them to put their own experiences in a broader context, which depersonalizes the stigma, highlighting the injustice of discrimination. Without connection to an ingroup, which can provide a source of empathy and camaraderie, gay men may find themselves negotiating their identity within an exclusionary cultural context, where heterosexuality and gender conformity are core cultural values in society. This may be a particularly invalidating experience for gay men, as they are essentially left alone and estranged.

In her qualitative research, DiFulvio (2011) found that during the process where sexual minority youth came to realize their own sexual orientation, they were negotiating the “self as different” when placed into a broader cultural context; by “coming out” to others, the participants found that they were repeatedly cementing their “other” status (p.1614). Three themes emerged among participants. The first theme described the

importance of making a social connection to an individual who helped sexual minority youth verify and conclude that they were a member of a stigmatized group, and not fully part of the dominant group in society. The second and third themes described the importance of making a social connection to a group. As previously discussed, the connection to the group allowed sexual minority youth to find like others, who were a source of empathy in their shared experiences and provided a sense of belonging. The connection to the group also provided youth a platform where they could engage in activism, and generally work to develop a more positive perspective on homosexuality and gender nonconformity. A more extreme connection to the gay community, living in a gay neighborhood, has been found to be protective in that those who live there are less likely to become dependent on substances, less likely to use cocaine, and less likely to become involved in prostitution (Buttram & Kurtz, 2013). Connection to the gay community is not entirely positive.

### **Negative Impact of Gay Community**

Though many gay men find being connected to the gay community a positive part of their lives, there are those who feel disenfranchised by this community due to conformity demands or pressure to engage in a hedonistic lifestyle (i.e., casual sex, heavy drinking, conspicuous consumption) (Fraser, 2008). Additionally, it should be noted that the gay community is by no means homogenous – in larger gay communities, one finds that there are myriad subgroups and subcultures under the larger umbrella of the gay community, that may compete with and exclude one another (Peacock, Eyre, Quinn, & Kegeles, 2001). Other sources of individual variability that may negatively affect gay



men is that when the stigmatized identity, in this case, sexual orientation, is a central part of a gay man's self-identity, he is more likely to see himself as a target of discrimination both personally, and as a member of the gay community (Major & O'Brien, 2005).

There are also additional negative aspects to being more strongly connected to the gay community related to the increased visibility that typically accompanies being connected to the gay community. Sexual minority men who are more open about their sexual orientation are 1.73 times more likely to experience discrimination and 1.45 times more likely to experience verbal harassment than those who are less open with their sexual orientation; however, both groups are equally likely to experience physical violence (Huebner, Rebchook, & Kegeles, 2004). Living in gay neighborhoods has been found to be related to higher rates of unprotected anal intercourse (receptive) and methamphetamine use, as well as less engagement in prosocial activities, such as playing sports, taking classes, or volunteering (Carpiano, Kelly, Easterbrook, & Parsons, 2011; Buttram & Kurtz, 2013).

### **Personal Communities**

For some gay men, particularly younger generations, the line between the heterosexual and gay communities may be less distinct. Due to a recent cultural shift toward acceptance of homosexuality in many Western cultures, there is a higher degree of ambivalence about the idea of a gay community among gay men; rather, forming a personal community (e.g., family of choice) that includes both heterosexual and nonheterosexual friends, family, and romantic partners is seen as ideal, and reflecting good health (Holt, 2011). When assessing the degree of connection to community, it may

be more effective, especially among younger gay men, to ask about the identities, affiliations, and perceived biases of their family of choice.

### **One's Own Masculinity**

Another component of POOGS is a gay man's gender role orientation. One's gender role orientation is determined by the degree to which he exhibits traits or behaviors that are typically associated with masculinity or femininity (Reeder, 2003). More specifically, gender role orientation may include beliefs, personality characteristics, physical attributes such as muscularity or body hair, behaviors such as the way that one walks (e.g., swagger vs. sway), mannerisms, or other factors such as occupations, hobbies, and interests that are culturally understood as more characteristic of men or women. Because of the long enduring stereotype that gay men are feminine, the intersection of gender role orientation and sexual orientation is the crux of the proposed project (Rees-Turyn et al., 2008). Though the association between sexual orientation and poor health outcomes is extensive (see King et al., 2008, for a review), several researchers have found that when considering the relationship between gender role nonconformity, sexual orientation, and mental health and well being, gender role nonconformity is actually a stronger predictor of poorer mental health outcomes, including suicidality (e.g. Savin-Williams & Ream, 2003; Rieger & Savin-Williams, 2012; Baams, Beek, Hille, Zevenbergen, & Bos, 2013). This suggests that in addition to attending to the experience of being a sexual minority, it is also especially important to take gender role orientation into account as a major factor when considering the mental health and well being of gay men. As is discussed throughout this proposal, there are

many differences in the experiences of gay men based on their gender role orientation, especially when considering the stigma that accompanies not adhering to society's traditional gender scripts.

### **Internalized Heterosexism**

Internalized heterosexism is the degree to which an individual has internalized the anti-gay stigma that permeates society. Those who are high in internalized heterosexism are markedly different from those who are low in internalized heterosexism (Worthington & Reynolds, 2009). Though they share similar identity development patterns, those who are high in internalized heterosexism are lower in LGB identity, know less about the LGB community, have more religious conflict, and carry more hate attitudes (Worthington & Reynolds, 2009). In the POOGS model, internalized heterosexism moderates the relationship between perceptions of one's own gender status and mental health. There is little research connecting internalized heterosexism to gender; however, the research on the relationship between internalized heterosexism and health is voluminous (Szymanski, Kashubeck-West, & Meyer, 2008; Newcomb & Mustanski, 2008; Herek, Gillis, & Cogan, 2009).

Research pertaining to the relationship between gender and internalized heterosexism has shown that gay men who are higher in internalized heterosexism have more traditional gender role attitudes, are less likely to support gender equality, have higher levels of gender role conflict, and are less likely to be "out" to others (Alexander, 1986; Ervin, 2004; Sánchez, 2005; Szymanski & Carr, 2008). Additionally, gay men who are high in internalized heterosexism express and conform to stereotypically masculine

norms including feeling disdain toward nonheterosexual men and women (Kimmel & Mahalik, 2004; Hamilton & Mahalik, 2009; Sánchez & Vilain, 2012).

When masculinity is taken into account with internalized heterosexism among gay men, gender status is likely to play an important role (Newcomb & Mustanski, 2010; Phelan, Lucas, Ridgeway, & Taylor, 2014). Those who are in high-status groups (i.e., masculine) express more bias when the gap in status between groups is small, and with characteristics that support their own group (Hewstone, Rubin, & Willis, 2002). Masculine gay men may believe that the status gap between themselves and straight men is narrower, and thus be more likely to express bias for masculinity, which would increase gender role conflict, lessen support for gender role equality, and motivate them to hide the characteristics that separate them from heterosexual men (i.e., femininity, same-sex attractions). Feminine men, on the other hand, perceiving a wide status gap, may be complicit in this scenario by expressing favoritism toward their out-group (masculine men), and by viewing femininity as legitimately and securely subordinate to masculinity (Hewstone, Rubin, & Willis, 2002). With masculinity seen as higher in status, it is not surprising that gay men wish to be more masculine than they are and desire more masculine partners, particularly when high social status is a strong criteria when selecting mates (Sánchez & Vilain, 2012; Ha, van den Berg, Engels, & Lichtwarck-Aschoff, 2012).

There is a well-documented relationship between internalized heterosexism and health. Higher levels of internalized heterosexism have been linked with several factors such as substance abuse, risky sexual behaviors, poorer romantic relationship quality, decreased likelihood of having children, and other factors that likely negatively impact

one's mental health (Szymanski, Kashubeck-West, & Meyer, 2008). Newcomb and Mustanski (2010) conducted a meta-analysis on the relationship between internalized heterosexism and mental health. They found that internalized heterosexism was significantly related to symptoms of depression and anxiety, with depression more strongly related than anxiety. Those with higher internalized heterosexism are also more likely to have lower self-esteem, which in turn negatively impacts satisfaction with social support and increases the likelihood that gay men will utilize unhealthy avoidant coping strategies (Szymanski & Carr, 2008). The likelihood of developing psychological symptoms, or of experiencing more severe symptoms after being the victim of a sexual assault or sexual orientation-based hate crime is significantly higher among those with high levels of internalized heterosexism (Gold, Marx, & Lexington, 2007; Kaysen, Lostutter, & Goines, 2005). There are many other risk factors associated with not just internalized heterosexism, but also with sexual orientation and gender role orientation.

### **Gender and Positive and Negative Health Outcomes Among Gay Men**

There are many factors that increase health risks among gay men. For instance, sexual minority youth are higher in depression, substance use, violence, victimization, and twice as likely to engage in sex while intoxicated as heterosexual youth (Marshal et al., 2011; Herrick, Marshal, Smith, Sucato, & Stall, 2011). Overall, gay men are more likely to be suicidal when compared to heterosexual men (Plöderl & Fartacek, 2009). More than 94% of LGB adults have been verbally harassed because of their sexual orientation (Herek, Cogan, & Gillis, 2002). In a very thorough review, Lick, Durso, and Johnson (2013) compiled previous physical and mental health findings among LGB

populations and proposed a conceptual path model that progresses from sociocultural stressors (e.g., discriminatory experiences), to appraisal and cognitive style (e.g., rejection sensitivity), to psychological (e.g., negative affect) and physiological stress (e.g., allostatic load), and finally to health behaviors (e.g., substance use) and health status (e.g., chronic health conditions). The POOGS model captures the first four constructs of Lick, Durso, and Johnson's (2013) model: *sociocultural stressors* are accounted for by heterosexist discrimination experiences; *appraisal and cognitive style* is accounted for by perceived negative attitudes toward effeminacy; *psychological and physiological stress responses* are accounted for through depression, anxiety, stress, and satisfaction with life. The following sections are focused on the interplay between these various components.

### **Structural Stigma and Gay Men's Health**

According to Herek et al.'s (2009) model of sexual stigma, heterosexism is described as a culturally based stigma that colors society's perception as a whole. Taken out of a gay-specific context, heterosexism is a form of structural stigma. Structural stigma might be defined as prejudice at a community level that is driven by societal structures (e.g. distribution of income, governance structures, prevalent political or religious ideologies) rather than by individuals (Berg, Ross, Weatherburn, & Schmidt, 2013; Hatzenbuehler et al., 2014). One aspect of structural stigma in gay men that has been able to be studied is the health of those who have lived in high structural stigma areas versus those who have lived in low structural stigma areas (Hatzenbuehler & McLaughlin, 2014; Hatzenbuehler et al., 2014). Their findings were alarming. In LGB

populations, living in areas with higher levels of structural stigma has been associated with higher levels of internalized heterosexism in 38 countries (Berg et al., 2013), increased likelihood of tobacco and alcohol use (Hatzenbuehler, Wieringa, & Keyes, 2011; Pachankis, Hatzenbuehler, & Starks, 2014), and higher rates of suicide (Hatzenbuehler, 2011). There is also evidence that structural stigma may impact gay men on a biological level. LGB young adults who lived in high-stigma environments during adolescence demonstrated a blunted cortisol response in response to stress, which is typically found in those who have experienced dire life conditions, such as childhood abuse or neglect, poverty, and those who have experienced severe trauma, and PTSD symptoms (Hatzenbuehler & McLaughlin, 2014).

Hatzenbuehler et al. (2014) found that in high-stigma areas, 6.25% of deaths were due to suicide and another 6.25% due to violence or murder vs. a much lower 2.94% of deaths due to suicide, and 1.96% of deaths due to violence or murder in low-stigma areas. Additionally, those who committed suicide in high-stigma areas did so at an age that was 18 years earlier than those who lived in low-stigma areas. Those who died from violence or murder, were killed an average of 4 years earlier in high-stigma areas. Differences were also found in death rates due to cardiovascular disease. Approximately 25% of sexual minorities in high-stigma areas died of cardiovascular disease compared to 18.63% of sexual minorities in low-stigma areas. Previous research has shown that cardiovascular disease is related to minority stress, and that gay men are more likely to have such difficulties than their heterosexual counterparts (Eisler, 1995; Wang, Häusermann, Vounatsou, Aggleton, & Weiss, 2007). Taken together, Hatzenbuehler et al. (2014) found that sexual minorities living in high-stigma areas died 12 years earlier than

sexual minorities in low-stigma areas, even when researchers controlled for individual factors (i.e., self-rated health, race, income, education, sex), and community factors (i.e., average community income, education level, number of politically conservative residents).

Aside from these shocking findings, other research has shown significant elevations between 2000 and 2005 in rates of mood disorders, generalized anxiety disorder, alcohol use disorders, and general psychiatric comorbidity in gay men living in states that banned gay marriage during this time period (Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010). Collectively, these findings provide evidence that gay men's health is significantly impacted by heterosexism in general, which while very difficult or impossible to measure, includes widely held cultural preferences of masculinity over femininity.

### **Gender Role Orientation and Mental Health**

Feminine men begin experiencing rejection at a young age (Rieger et al., 2010). Those boys who are highest in gender non-conformity have an elevated risk for childhood psychological, physical, and sexual abuse, as well as an elevated risk for PTSD during their lifetime (Roberts, Rosario, Corliss, Koenen, & Austin, 2012). Adolescent boys who are more gender-atypical in their behaviors (i.e., hobbies, sports, interests) have been shown to be lonelier, more likely to be the victims of bullying, including verbal and physical harassment, and have poorer overall mental health, even after controlling for sexual orientation (Young & Sweeting, 2004; Plöderl & Fartacek, 2009). Among gay men, those who did not conform to gender roles as children are more likely to experience



suicidality in adulthood (Plöderl & Fartacek, 2009). While growing up, these children's experiences as victims of bullying were likely not confined to the school playground or schoolyard bullies. According to Gordon and Meyer (2007), 19% of prejudicial events related to not conforming to traditional gender roles occurred in the LGB individual's home and was perpetrated by family members or acquaintances, indicating that there may be few safe places for young LGB individuals. As adults, feminine gay men are more likely to be at-risk for suicide, have lower self-esteem, depression, anxiety, and poorer psychological well being than masculine gay men (Harry, 1983b; Harry, 1983a; Skidmore et al., 2006; Rieger & Savin-Williams, 2012).

Given the commonly held stereotype that gay men are more feminine than heterosexual men, gender non-conformity is likely an important component of minority stress for sexual minorities (Gordon & Meyer, 2007). Though there is a kernel of truth in that stereotype, a high degree of variability exists among gay men in the degree to which they conform to gender roles (Rieger et al. 2008; Lippa, 2005). Understanding within-group differences may be more valuable than understanding the differences between gay and heterosexual men, as masculine gay men are also at risk for negative health consequences.

One possible explanation for these mixed findings is that masculine and feminine gay men have at least some different discriminatory experiences and sources of distress. When others perceive a man as feminine, it leads the perceiver to question or assume that he is gay (e.g., gaydar). Feminine gay men are therefore more likely to be vulnerable to verbal and physical assault, as well as other discriminatory experiences. Granted there are other contextual factors that influence one's vulnerability; however, not being able to

“pass” as a heterosexual man is certainly a significant one. On the other hand, masculine gay men who are less visible, and thus less vulnerable to some forms of discrimination than feminine gay men (e.g., being called a “fag” by a stranger on the street) are also more vulnerable to gender role conflict and may experience higher levels of internal distress such as anger, anxiety, depression, as a result of these increased pressures to conform to traditional masculine norms (Simonsen, Blazina, & Watkins, 2000).

Though much of the research demonstrates the elevated risk for effeminate gay men, Fischgrund, Halkitis, and Carroll (2012) found that highly masculine, or “hypermasculine,” gay men have higher levels of anxiety, depression, and hostility than gay men who are not hypermasculine. The researchers suggest that hypermasculine gay men may feel that in order to gain acceptance, they must meet certain ideals, which are likely unattainable, thus creating higher levels of distress in these men. These findings are echoed by Hamilton and Mahalik (2009) who suggest that by attempting to adhere to masculine norms, gay men are inadvertently elevating their risk for alcohol and substance use disorders, tobacco use, and engaging in risky sexual behaviors.

Hamilton and Mahalik (2009) identified three contributing factors that have an impact on gay men’s health: 1) Minority stress as a result of identifying as gay, 2) Pressure to conform to traditional masculine gender roles, and 3) Perceived norms from salient reference groups (i.e., gay men). In looking at the interaction between 1 and 3 on health behaviors, they found that those who were high in minority stress were much more likely to engage in risky behaviors (i.e., substance abuse, unprotected sex), particularly when they perceived such behaviors as commonplace among other gay men. Given that gender non-conformity has a unique impact on minority stress (Gordon & Meyer, 2007),

it is likely that the pressure to conform to traditional masculine gender roles, which includes heterosexual attraction, increases minority stress, which in turn, makes gay men more susceptible to viewing potentially life-threatening behaviors as “normal.” The motivation to engage in substance abuse, and other problem-focused coping strategies, often comes from a desire to reduce the negative and uncomfortable emotions that accompany ingesting toxic anti-gay messages from society on a regular basis (Hill & Gunderson, 2015; Hamilton & Mahalik, 2009).

The period of time between when a man realizes that he has homosexual attractions and when he comes out to others is the time when he is most at-risk for suicide (Newcomb & Mustanski, 2010). Feminine gay men may have more experiences with their sexual orientation being questioned by others, which may prompt them to “come out” to others more often, and at an earlier age, thus abbreviating this high-risk period (McDermott & Schwartz, 2013). Sexual minority youth have been found to have lower social status, lower degrees of connection in social networks, and are more isolated than heterosexual youth (Hatzenbuehler, McLaughlin, & Xuan, 2012). For young men, these factors were associated with increased depression. Notably, social isolation was found to be a partial mediator between gay identity and depression, indicating that by gaining more relationships with peers, sexual minority men may experience less depression. Sometimes, gay men experience even more severe discrimination as a result of their gender role orientation.

## Gender Roles and Hate Crimes

In 2012 alone, the Federal Bureau of Investigation (FBI) reported 1,318 hate crime offenses based on sexual orientation, which accounts for almost 20% of all hate crimes, second only to the number of hate crime offenses related to race (FBI, 2013). Gay men bore the brunt of these attacks, and were victims of 54.6% of all sexual orientation-based hate crimes. As a comparison, lesbians were much less vulnerable to such attacks, accounting for 12.3% of sexual orientation-based hate crimes. Connecting these statistics to Hatzenbuehler et al.'s (2014) findings, at least some portion of the variability in the rate of those who died as a result of violence or murder found between the low-stigma areas and high-stigma areas would be due to the increased likelihood that anti-gay violence or hate crimes would occur in those areas. Research utilizing the same database revealed that, counter to what was hypothesized, hate crime rates were *not* different in areas where liberal gender role attitudes were common and areas where they were not (Alden & Parker, 2005). However, the researchers *did* find that in areas where there was a higher degree of gender inequality (where men are in a position of power relative to women) the occurrence of hate crimes was lower. The results of Glick et al.'s (2007) study on sexual prejudice at an individual level can help to understand the significant implications of these macro-level findings.

Glick et al. (2007) found that compared to situations where there was no threat to masculinity, in situations where masculinity was threatened, heterosexual men expressed more discomfort, fear, and hostility toward effeminate, but not masculine men. Therefore, Alden and Parker's (2005) and Glick et al.'s (2007) findings in this regard are consistent. If Glick et al.'s findings are extended further, one can surmise that effeminate gay men

who live in areas where there are high levels of gender equality are particularly at risk, because there is a higher level of masculinity threat in those areas. Glick et al. (2007) suggest that hostility in particular, which is in some part informed by experiencing disgust, leads to physical, anti-gay aggression. Buck et al. (2013) found that heterosexual men who believed that homosexuality was a moral condemnation, experienced disgust in response to homosexuality, while those who were concerned with being mislabeled as gay experienced anxiety. It is likely that Alden and Parker's (2005) measure of liberal gender role attitudes could not distinguish between those whose sexual prejudice resulted from moral condemnation and those whose sexual prejudice resulted from social contagion. If this were possible, one might find higher incidences of anti-gay hate crimes in areas where moral condemnation of homosexuality was more common. Sexual minority youth who live in areas where hate crimes are more common have an elevated rate of marijuana use, suggesting that minority stress resulting from anxiety about being the victim of a hate crime, leads to increased substance use, which likely serves as a maladaptive coping strategy (Duncan, & Hatzenbuehler, 2014). Factors such as religiosity and right-wing authoritarianism may be helpful in determining where moral condemnation of homosexuality was more likely to occur.

### **Positive Findings**

Gay men's sexual orientation is not universally a risk-factor in regard to health. Carpenter (2009) found that gay men had better experiences in college than heterosexual men. Gay men had higher grade-point averages, saw academic work as more important, participated in more extracurricular activities (except sports) and were more likely to

have formed a close relationship with a faculty member. There was also no difference in how much gay and heterosexual men were paid for work, or in their social connectedness with others. However, the vast majority of anecdotal and empirical research supports the idea that gay men have much more health risks than health benefits, relative to heterosexual men (see Lewis, 2009 for meta-analytic review).

### **Clinical Implications**

Understanding the relationship between how individuals perceive their own gender status, internalized heterosexism, and mental health and well being is highly valuable for clinicians who are working with gay men. Regardless of the reason for seeking mental health treatment, gay men are impacted by stigma from society that is based on heterosexist discrimination, strong and specific gender expectations, and often, a sense of failed masculinity (Coston & Kimmel, 2012). When conceptualizing the etiological factors that are contributing to a client's current distress, gaining a sense of how he conceptualizes his own gender status may be extremely helpful in developing a successful plan for treatment. Making efforts to gather information about how a client interprets the biases held by society at large, the gay community, and how connected he is to those communities, as well as how he sees himself in this context will yield valuable insight into the client's worldview.

In many cases, particularly in clinical populations, gay men may perceive themselves as having low gender status. Those who perceive themselves as having low gender status likely grew up in an environment that invalidated who they were – not only because of their sexual orientation but because they have, in some way, failed to be the

men they were expected to be. After being embedded within an environment that delivered invalidating messages through various forms of chronic discrimination – some overt, some subtle, from the mouths of family members, classmates, strangers on the street, or even fellow gay men – it is no wonder that some gay men eventually come to invalidate themselves. This feeling of being invalidated no longer requires external anti-gay and anti-feminine messages; it is self-perpetuated. This type of self-invalidation is equitable to internalized heterosexism, which greatly maligns one's mental health.

Having awareness of how this process functions in gay men will help clinicians identify opportunities for validation and impactful targets for change. For clinicians, recognizing and evaluating the special importance of masculinity and femininity in the lives of gay men may go a long way in successful treatment. Few existing measures provide insight into this. The Gender Role Conflict Scale (GRCS; O'Neil et al., 1986) offers a clinically oriented means by which to assess for Men's Gender Role Conflict, and even diagnostic schema to use as a guide for treatment (O'Neil, 2013). It recommends measuring gender role devaluations, restrictions, and violations at different levels: "internal," "caused by others," and "expressed toward others" (O'Neil, 2013, p. 494). However, it fails to delineate perceived biases from the gay community, which may provide important insight into indicators of gay men's health.

Though gender role conflict is highly related to internalized heterosexism (Szymanski & Carr, 2008), it is probably a less effective prognostic indicator than an explicit measure of internalized heterosexism, which has voluminous research backing its correlates with both mental and physical health. The POOGS model offers a more nuanced conceptualization, tailored to gay men, that would be more effective in

identifying places for clinicians to intervene. For instance, when a gay man seeks cognitive-behavioral treatment for depression, examining some of the client's cognitive distortions such as "My voice sounds feminine so I will never be able to find a boyfriend" may provide good opportunities for cognitive restructuring. If it is determined that client perceives either the gay community or the heterosexual community to be more biased, then behavioral activation to become more involved in the less biased community or find more accepting social support may be important improving the individual's mental health. Finally, providing validation to the client throughout the course of treatment will likely be incredibly important in thwarting the cycle of self-invalidation.

### **Importance of Study**

This study is important for several reasons. The first and foremost is that the particular conglomeration of factors that make up POOGS has not been tested before. This study provides an opportunity to better understand how perceived gender status relates to mental health outcomes through internalized heterosexism. Though there is a fair amount of research concerning the relationship between gender role orientation and sexual orientation, there are very few studies that look at their intersectionality as it relates to mental health. There are even fewer studies that acknowledge gender-based discrimination *within* the gay community. Finally, there are no studies that incorporate the impact of heterosexism on gay men from sources both within *and* outside the gay community. This study is the first that includes both of these important aspects into one study.



Another way that this research project adds to the current body of literature is in its focus on covert discrimination. The negative effects of overt discrimination on gay men have been well documented (see Meyer & Northridge, 2007, for a review); however, there has been little research conducted on the effects of more subtle, indirect forms of discrimination, such as microaggressions (Nadal, 2013; Woodford, Han, Craig, Lim, & Matney, 2014; Hoffarth & Hodson, 2014), which are increasingly becoming the norm in our society for all stigmatized minorities, including gay men (Walls, 2008; Nadal, 2013). The first quantitative instrument specifically created to measure covert discrimination experienced by LGB individuals did not arrive until 2012 with Wright and Wegner's (2012) Homonegative Microaggressions Scale. Thus, much of the research conducted on the effects of covert discrimination on gay men was primarily qualitative until that time (e.g. Nadal et al., 2011). Other research has used only very basic measures of covert discrimination, such as the frequency of hearing phrases such as "that's so gay" (e.g. Woodford, Howell, Kulick, & Silverschanz, 2013).

Finally, this study utilized quantitative measures that have demonstrated good psychometric properties, and newer measures that are specifically tailored to LGB populations.

### **Goal of Study**

The research reviewed so far has described the highly nuanced relationship between POOGS and the impact that internalized heterosexism has on gay men's mental health and well being. The purpose of this study was to improve the understanding of this relationship by exploring how the different facets of POOGS: Perceived heterosexist bias

in the broader community, perceived gender bias in the gay community, one's connection to the gay community, and one's own masculinity, and to examine how these components relate differentially to various aspects of mental satisfaction with life, depression, anxiety, and stress. The following hypotheses were developed to meet the goal of the study:

### **Hypotheses**

*Hypothesis 1a:* Satisfaction with life will be positively associated with connection to the gay community, and negatively associated with perceived heterosexist bias from society, perceived anti-feminine bias from the gay community, and lower masculinity.

*Hypothesis 1b:* Internalized heterosexism will moderate these relationships, where lower levels of internalized heterosexism will enhance satisfaction with life.

*Hypothesis 2a:* Symptoms of depression will be negatively associated with connection to the gay community, and positively associated with perceived heterosexist bias from society, perceived anti-feminine bias from the gay community, and lower masculinity.

*Hypothesis 2b:* Internalized heterosexism will moderate these relationships, where lower levels of internalized heterosexism will buffer any negative impact of POOGS on symptoms of depression.

*Hypothesis 3a:* Symptoms of anxiety will be negatively associated with connection to the gay community, and positively associated with perceived heterosexist bias from society, perceived anti-feminine bias from the gay community, and lower masculinity.

*Hypothesis 3b:* Internalized heterosexism will moderate these relationships where lower levels of internalized heterosexism will buffer any negative impact of POOGS on symptoms of anxiety.

*Hypothesis 4a:* Symptoms of stress will be negatively associated with connection to the gay community, and positively associated with perceived heterosexist bias from society, perceived anti-feminine bias from the gay community, and lower masculinity.

*Hypothesis 4b:* Internalized heterosexism will moderate these relationships where lower levels of internalized heterosexism will buffer any negative impact of POOGS on symptoms of stress.

## METHOD

### Participants

Study participants included 179 self-identified adult, non-heterosexual men, whose ages ranged from 18-81 ( $\mu=34.56$ ,  $SD=14.16$ ). In order to be included in the study, participants had to be above the age of 17, fluent in the English language, identify themselves as male, and indicate that they were sexually attracted to other men.

Of the 179 total participants, the majority described themselves as “gay” ( $n=156$ , 87.2%) or “bisexual” ( $n=14$ , 7.8%). The remaining participants identified as “pansexual,” “queer,” or did not use a label for their sexual orientation ( $n=9$ , 5%). Only 12 participants were not “out” to anyone. The vast majority of participants had disclosed their sexual orientation to others ( $n=167$ , 93.3%). The average age when individuals “came out” to others was 22-years-old.

Participants were predominantly White ( $n=159$ , 88.8%), had attended at least some college ( $n=170$ , 96%), and made less than \$100,000 annually ( $n=149$ , 83.2%). More than half of participants had received mental health treatment ( $n=99$ , 55.3%) during their lifetimes. Research on mental health treatment utilization in gay men over the past year found that among those who met criteria for psychological disorder, 52.2% sought treatment, and among those who did not meet criteria for a psychological disorder, 31.4% sought treatment (Grella, Cochran, Greenwell, & Mays, 2011).

## **Recruitment**

Event-based recruitment strategies were utilized when trained research assistants collected contact information from attendees at an annual gay pride festival in Milwaukee, Wisconsin in the Summer of 2013. A copy of the form that participants completed is in Appendix A. Individuals were told that by giving their information they were consenting to be contacted in the future in order to be asked whether or not they would like to participate in a research study. Individuals were offered rainbow-colored bead necklaces for giving their contact information. Additionally, snowball sampling was employed. Participants were asked to share the link via email with other acquaintances who would be eligible for completing the study or by posting on their own Facebook pages.

To diversify the sample, a nationwide search for LGBT organizations was conducted. The search yielded 198 organizations across the country, including university gender and sexuality resource centers, groups for LGBT seniors, LGBT religious organizations, and community-based special interest groups. All organizations were contacted via email to see if they would be willing to send a link on their listserv or post a link to our survey on their website. Due to the anonymity of the online survey and the inability to track the number of individuals contacted by the LGBT organizations using their own contact lists, an accurate record of how many individuals were recruited through these organizations was impossible to obtain. The sample was representative of all regions of the country and all community sizes.

## **Procedure**

An electronic invitation including a link to a survey on SurveyMonkey was sent to self-identified sexual minority men who provided their email addresses. In the invitation, participants were asked to complete a questionnaire, which in addition to demographic information (see Appendix B), included a battery of measures to test the POOGS model. After completing the questionnaire, participants were redirected to a new survey where they could choose to enter a lottery-style drawing for one of 10 \$50 Amazon.com gift cards. The data from the first survey was never connected to the data on the second survey. Participants who chose to enter into the lottery provided the email address or mailing address where they wanted their gift card to be sent. “Winning” participants, whose email addresses were drawn using a random number generator, received their gift card two weeks after data collection was closed.

## **Materials**

The online survey included an informed consent, demographic information, instructions for participating in the raffle, and measures for POOGS, internalized heterosexism, and positive and negative aspects of mental health and well being.

Prior to data collection, a sample of ( $N=36$ ) individuals from the general population volunteered to pilot the online survey. Changes to the survey were made based on their feedback. Overarching concerns were the length of the survey and that many pilot completers did not know the meaning of the word “effeminate.” If changes were made to a measure, the alterations are specified in the following measure descriptions.

## **POOGS Measures**

**Perceived bias of heterosexual community.** In order to measure the perceived bias of the broader heterosexual community, participants completed a version of the Homonegative Microaggressions Scale (HMS; Wright & Wegner, 2012). This scale was developed using Sue et al.'s (2007) taxonomy of racial microaggressions, and contained 44 questions, which ask about the frequency and impact of various experiences with covert anti-gay discrimination (i.e., anti-gay microaggressions). In our pilot, the original measure received a significant amount of negative feedback about its lengthiness. To address this concern and prevent attrition, I used a selection of items from the original scale that was produced by one of the authors of the original measure, through the course of an exploratory and confirmatory factor analysis (Wegner, 2014). Wegner's (2014) version reduced the total number of items from 45 to 27 with all items corresponding to a four-factor model (see Appendix C).

For each of the 27 questions, participants were asked to provide three responses: 1) how often the microaggression was experienced in the past 6 months, 2) how often the microaggression was experienced while growing up, and 3) the degree to which the microaggression "bothered" or impacted" the participant. Participants' responses were averaged for each question to yield three scores: "Current," "Past," and "Impact." These scores demonstrated excellent internal consistency reliability in their original version, with Cronbach's alphas of .94, .95, and .96, respectively (Wright & Wegner, 2012). In Wegner's (2014) abbreviated version, only the Current subscale was used. He obtained a Cronbach's alpha of .95, indicating that the abbreviated version continued to yield

excellent reliability. In the current sample, excellent reliability for each scale was obtained: Current = .90, Past = .92, Impact = .95. This measure has also demonstrated adequate convergent validity by being positively correlated with other perceived discrimination measures, as well as adequate criterion validity by being associated with measures of self-esteem and gay identity in the predicted directions (Wright & Wegner, 2012; Wegner, 2014).

Items on the abbreviated version of the HMS (Wright & Wegner, 2012) were answered using a 5-point scale with anchors at each point, ranging from 1 (“Hardly Ever/Never”) to 5 (“Constantly”) for the frequency questions, and 1 (“Not at All”) to 5 (“A Great Deal”) for the impact questions. Examples of items include “how often have people assumed you are straight?” and “how often have people conveyed that it is your choice to be gay?” To score each of the frequency scales, responses from each item were averaged to create a total “Past” score and a total “Current” score. Higher scores indicated higher degrees of exposure to microaggressions from larger society. The same procedure was implemented to score the impact scale where an average of all completed items became the total “impact” score. For these questions, participants had the option to say “not applicable” if they had not experienced the particular microaggression. Due to constraints caused by multicollinearity, only the “Current” score was used in our final analyses. There is precedence for using only the “Current” score from Wegner (2014), one of the authors of the original measure, and the scholar who revised the measure to the form used for this project.

**Perceived anti-feminine bias from the gay community.** In order to measure the perceived gender bias in the gay community, participants completed a modified version



of the Negative Attitudes Toward Effeminacy Scale (NATE; Taywaditep, 2001), which has been called the Perceived Negative Attitudes Toward Effeminacy Scale (P-NATE; adapted from Taywaditep, 2001). The P-NATE can be found in Appendix D. The NATE measures the degree to which an individual holds anti-feminine biases toward feminine gay men. I was interested in measuring how individuals perceived the attitudes of other gay men rather than the attitudes held by the individual. Because there are no published measures that quantify this construct, the items of the NATE were altered so that they assessed how one perceives discrimination rather than one's actual attitudes and beliefs. The same 17 items from the NATE were slightly modified to form the P-NATE. Modifications to the original items were limited to replacing "I" with "most gay men," and other minor alterations necessary for maintaining the semantic coherence of each item. For example, "It is embarrassing to be seen in public with a 'queenie' gay man" was changed to "Most gay men would find it embarrassing to be seen in public with a 'queenie' gay man."

The NATE includes 17 items, and was originally reported to have excellent internal consistency reliability with a Cronbach alpha coefficient of .92 (Taywaditep, 2001). Later research using the measure confirmed its reliability in samples of gay men, Cronbach alpha = .94 (Rivera, 2008), and Cronbach alpha = .96 (Sánchez et al., 2012). Taywaditep (2001) demonstrated concurrent validity through moderate correlations with the short version of the Internalized Homophobia Scale (IHP; Martin & Dean, 1987) and the Identification and Involvement with the Gay Community Scale (IGCS; Venable, McKirnan, & Stokes, 1998). Divergent validity testing confirmed that the measure

accurately reflects individuals' biases specifically toward effeminate gay men and not other groups of individuals such as heterosexual women (Taywaditep, 2001).

The P-NATE (adapted from Taywaditep, 2001) includes 17 items that measure perceptions of bias held by most gay men toward other feminine gay men. Examples of these items are "most gay men don't want to be associated with the stereotypical image of effeminate gays," and "most gay men would feel nervous being in a group of 'sissy' gay guys." Items are answered on a 7-point Likert-typed response scale. So that higher numbers would indicate higher levels of agreement, anchors were reversed from the original measure such that the anchors for the current study ranged from 1 ("Strongly Disagree") to 7 ("Strongly Agree"). Higher scores indicate higher degrees of perceived bias toward feminine gay men. Items 3, 8, 10, and 11 are reverse-scored. Post-hoc internal consistency reliability was excellent, Cronbach's alpha = .92.

There are no subscales in the NATE or P-NATE; however, later research on the NATE using structural equation modeling identified two factors which were labeled "avoid" and "image" that appeared to operate within the measure (Rivera, 2008, p. 40). These two factors could be explained by social contagion theory and collective self-esteem theory, respectively. Social contagion is operating when feminine men elicit discomfort or avoidance from others. When feminine men are blamed for a loss in gay men's group status within the broader community, collective self-esteem is operating.

**Connection to Community.** In considering ways to measure connection to one's community, theorists typically distinguish between *community connectedness* and *community participation* (Ashmore, Deaux, & McLaughlin-Volpe, 2004; Gamson, 1997). Frost and Meyer (2012) delineate between these two constructs by suggesting that

*community connectedness* involves one's thoughts and feelings toward his or her community, while *community participation* is less complicated, consisting of behavioral engagement with one's community. With this verbiage, behavioral participation in one's community is not considered part of community "connectedness." More recent research by Doyle and Molix (2014) highlighted the importance of behavioral participation among gay men in predicting self-esteem. They found that behavioral participation *is* part of being connected to one's community, and that making choices and acting in a manner that conveys one's group membership was positively related to self-esteem. In this study, connection to community included cognitive, affect-related, and behavioral connections to the community.

To account for all of these aspects of connectedness, I used the Identification and Involvement With the Gay Community Scale (IGCS; Venable, McKirnan, & Stokes, 1998), see Appendix E. Using an ethnically diverse sample of gay men, Venable, McKirnan, and Stokes (1998) demonstrated adequate reliability (Cronbach's alpha = .78), as well as concurrent validity, which was shown by demonstrating positive relationships between IGCS scores, outness, and same-sex activities. In the current sample, adequate reliability (Cronbach's alpha = .75) was obtained.

This measure contained 8 items. The first four items measured individuals' attitudes about identifying as gay and their attitudes toward the gay community. Responses to these items were given using a 5-point scale, ranging from 1 ("Do not agree at all") to 5 ("Strongly agree"). An example item was "Being gay makes me feel part of a community." The next three items asked participants to estimate the frequency with which they behaviorally connected to the gay community in the last six months. An

example item was “How often do you go to a gay bar?” Participants responded using multiple choice where A = “Never,” B = “Once a month or less,” C = “Several times a month,” D = “About once a week,” and E = “Several times a week or daily.” The final item measured the number of gay friends in the participant’s social network, “About how many gay men would you call personal friends (as opposed to casual acquaintances)?” Participants again responded using multiple choice where A = “None” B = “1 gay friend,” C = “2 gay friends,” D = “3 or 4 gay friends” and E = “5 or more gay friends.” In order to score the last four items, the researchers assigns an increasing numerical value to each letter, in alphabetical order (i.e. A=1, B=2 etc.). Total connection to community was obtained by computing a mean across all items, with higher scores indicating higher level of identification and involvement with the gay community.

**One’s own masculinity.** In order to measure participant gender role orientation, participants completed several types of gender measures including trait-based measures, gender diagnosticity, and self-report. Though a combination of these measures would be ideal given the complexity of gender, for the purposes of this study, I wanted to select the measure with the highest empirical strength. Though some of these measures have been used in gay samples, they were created using heterosexual samples, and thus may fail to capture the unique gender experiences of gay men. Below, each measure is described and evaluated.

Four self-report items were taken from Storms (1979) to assess masculinity. Participants were asked to indicate their level of agreement to four statements on a 5-point scale from 1 (*Not at all true of me*) to 5 (*Strongly true of me*). The four statements were 1) “I am a masculine person,” 2) “I am a feminine person,” 3) “I act, appear, and

come across to others as being masculine,” 4) “I act, appear, and come across to others as being feminine.” Self-reported masculinity was calculated by averaging the score on the two masculine items and the two reverse-scored feminine items to produce a single score. Zheng, Hart, and Zheng (2012) found good reliability for this measure (Cronbach’s alpha = .84) in a sample of gay men. In our sample, internal consistency reliability was very good (Cronbach’s alpha = .86).

An orthogonal, trait-based gender scale was administered to participants using the 16-item, short form of the Personal Attributes Questionnaire (PAQ; Spence & Helmreich, 1978) see Appendix F. This scale has demonstrated adequate reliability and good validity through comparisons between various samples, including some gay men and lesbians, as well as through predicted correlations with tests of motivation and achievement (Spence & Helmreich, 1978; Helmreich, Spence, & Wilhelm, 1981; Smiler & Epstein, 2010). Research has found adequate internal consistency reliability coefficients for the M (Cronbach’s alpha = .71) and F (Cronbach’s alpha = .77) scales (Simonsen, Mezulis, & Davis, 2011) in a general sample. Each item is rated using a 5-point scale, ranging from 1 (“not at all true of me”) to 5 (“very true of me”). The PAQ was scored by summing the individual item scores for each scale. Higher scale scores indicated higher masculinity in the M scale, and higher femininity in the F scale. In the current sample, internal consistency reliability was good for the M (Cronbach’s alpha = .81) scale and acceptable for the F (Cronbach’s alpha = .79) scale. Even though, this measure demonstrated adequate psychometric properties, using only a trait-based measure would likely fail to capture important facets of one’s gender identity including self-image and gender labeling, both of which are important to the conceptualization of POOGS.

Additionally, participants completed gender diagnosticity measures including Lippa's (2005) Hobby scale see Appendix G, and Lippa's (2008) Occupation Scale, see Appendix H. In these measures, participants rated the degree to which they liked various female-typical and male-typical hobbies and occupations. The internal consistency reliabilities for these scales was poor (Hobby scale - Cronbach's alpha = .56; Occupation Scale - Cronbach's alpha = .59), and so they were not considered for use in subsequent analyses.

Though it is commonplace to view gender as an orthogonal or dimensional construct in the field of gender research, I found that our sample of sexual minority men tended to think of masculinity and femininity on a single continuum (i.e., those who were higher in femininity were lower in masculinity and vice-versa, appearance  $r=-.54$ ; identity  $r=-.57$ ). From a statistical standpoint, incorporating both femininity and masculinity into the model would require doubling the number of interaction terms and result in high multi-collinearity. Therefore, the theoretical benefit of using an orthogonal measure did not outweigh the statistical cost. Ultimately, I decided to use Storms' (1979) self-report measure in our final analyses because it had the best internal consistency reliability, and was the most face valid measure.

### **Internalized Heterosexism**

In order to measure the moderating variable for the current proposed study, internalized heterosexism, the Internalized Homonegativity Inventory (IHNI; Mayfield, 2001) was administered. This 23-item scale measures the degree to which anti-gay stigma has been internalized by gay men, and may be found in Appendix I. Relative to other

measures of internalized heterosexism, the INHI is the most extensively validated and administered measure available. The measure has been used in research related to anxiety, depression, social support, gay identity development, and with other measures of internalized heterosexism (Grey, Robinson, Coleman, & Bockting, 2013). The overall scale has also demonstrated excellent internal consistency reliability, reporting a preliminary Cronbach's alpha of .91, and even higher scores of .95 in later research (Mayfield, 2001; Kashubeck-West, Szymanski, & Meyer, 2008). In our sample, a Cronbach's alpha of .93 was obtained.

Additionally, this scale contains 3 subscales, which have also demonstrated good reliability in previous samples and our sample, respectively: 1) Personal Homonegativity (Cronbach's alpha = .89; .93), 2) Gay Affirmation (Cronbach's alpha = .82; .85), and 3) Morality of Homosexuality (Cronbach's alpha = .70; .85). Examples of items corresponding to each subscale, respectively are 1) "I feel ashamed of my homosexuality," 2) "I believe that gay men should be shown in more TV shows, movies, and commercials," and 3) "In my opinion, homosexuality is harmful to the order of society." Subscale sums are used to obtain the overall score for internalized heterosexism. Only the overall score was used in the final analyses.

### **Positive and Negative Mental health and Well Being**

The Depression, Anxiety, and Stress Scales – Short Form (DASS-21 – Short Form; Lovibond & Lovibond, 1995), is a 21-item measure that lists symptoms of depression, anxiety, and stress, see Appendix J. Responders are asked to rate the severity of each symptom on a 4-point Likert-type scale ranging from 0 (*did not apply to me at*

*all*) to 3 (*applied to me very much, or most of the time*). Three subscales are created that correspond to symptoms of depression, anxiety, and stress. Ratings on 7 items per subscale are summed to create three subscale scores. Previously found internal consistency reliability for the original scale scores range from good to excellent (.82-.97) in both clinical and non-clinical samples (Lovibond & Lovibond, 1995; Henry & Crawford, 2005; Osman et al., 2012). Osman et al., (2012) found good concurrent validity for all three subscales by comparing anxiety scores to the Beck Anxiety Inventory, (BAI; Beck & Steer, 1990) and Mood and Anxiety Symptom Questionnaire – 90 (MASQ-90; Watson, Clark et al., 1995) anxious arousal scale score; depression scores to the Beck Depression Inventory – II (BDI-II; Beck, Steer, & Brown, 1996) and the MASQ-90 anhedonic depression scale score; stress scores to the Perceived Stress Scale (PSS; Cohen Kamarck, & Mermelstein, 1983). Among gay male samples, excellent internal consistency reliability has been reported using the DASS depression subscale, Cronbach's alpha = .94-.97 (Zakalik & Wei, 2006; McLaren, Jude, & McLachlan, 2008). In our sample, DASS subscale reliability ranged from acceptable (Anxiety = .77), to good (Stress = .84), to excellent (Depression = .93).

### **Satisfaction with Life**

The Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) was used to measure overall well being, and can be found in Appendix K. This measure assessed general cognitions about how individuals evaluated their own lives. Because of the lack of specified well being domains (e.g., relationship satisfaction or finances), participants were able to create their own internal criteria for well being. In



initial testing development, the authors found good content validity and high internal consistency (Cronbach's alpha = .97). With an LGB sample, this measure demonstrated excellent reliability (Cronbach's alpha = .90) and validity with strong relationships in the expected direction with measures of self-esteem and distress (Balsam & Mohr, 2007). This scale contains 5 statements, to which participants indicate their level of agreement on a 7-point scale, ranging from 1 ("Strongly disagree") to 7 ("Strongly agree"). Example items are "In most ways my life is close to my ideal," and "If I could live my life over, I would change almost nothing." Excellent internal consistency reliability was found in the current sample (Cronbach's alpha = .90).

## RESULTS

### Power Analysis

An a priori power analysis using G\*Power (Erdfelder, Faul, & Buchner, 1996) was conducted in order to determine the sample size needed for the planned analyses. For a multiple linear regression with a medium effect size (Cohen's  $f^2=.15$ ), a probability level of .05, .95 power, and 8 predictor variables, the recommended sample size was 160. Efforts were made to recruit participants in excess of the recommended sample size to ameliorate the impact of attrition. Means, standard deviations, and ranges for major variables are presented in Table 1.

Table 1

*Means, Standard Deviations, and Ranges of Major Variables (Pre-transformation)*

Variable	<i>M (SD)</i>	<i>Range</i>
Masculinity	3.91 (.73)	2-5
Involvement with Gay Community	2.96 (.74)	1.13-4.63
Homonegative Microaggressions (Current)	1.89 (.55)	1-3.96
Perceived Negative Attitudes Toward Effeminacy	66.39 (17.80)	22-113
Internalized Homonegativity	42.69 (18.50)	23-123
Satisfaction with Life	22.96 (7.43)	5-35
Depression	11.19 (4.70)	7-27
Anxiety	10.00 (3.33)	7-23
Stress	12.57 (4.11)	7-25

### Attrition

A total of 334 individuals began the online survey. From this total, 53 individuals were excluded from analysis because they provided no data beyond agreeing to the informed consent page. A further 101 participants from the remaining 281 individuals

were excluded because they failed to complete more than one measure that was required for the analyses. An additional individual was excluded from analysis because she identified as a woman who was mostly attracted to women. After these exclusions, a total of 179 participants remained in the final analyses.

### **Preliminary Analyses**

Data was analyzed using SPSS Version 21 software with listwise deletion. Final sample sizes varied between 175-179, depending on the analysis conducted. Prior to conducting specific analyses to test the hypotheses, the data was screened to ensure that statistical assumptions were met. Bivariate correlations and colinearity diagnostics were conducted among all predictor variables in order to screen for multicollinearity (see Table 2).

Table 2

*Pearson Correlations of All Major Variables (Pre-Transformation/Post-transformation)*

	MASC	IGC	HMS-C	PNATE	IH	SWL	DEP	ANX
IGC	-.12/.12	—						
HM-C	-.13/.13	.08/.08	—					
PNATE	.04/-.04	-.06/-.06	.12/.10	—				
IH	.02/-.06	-.40***/-.45***	.10/.09	-.26***/.28***	—			
SWL	.05/-.05	.21**/.21**	-.09/-.09	-.10/-.10	-.37***/-.36***	—		
Depression	-.23**/.23**	-.07/-.06	.19**/.18*	.13/.12	.37***/.33***	-.68***/-.69***	—	
Anxiety	-.17*/-.19**	.01/.02	.45***/-.41***	.08/-.05	.29***/.26***	-.39***/.41***	-.62***/.59***	—
Stress	-.24***/.26***	-.06/-.06	.39***/.38***	.09/.07	.26***/.24***	-.41***/-.40***	.66***/-.65***	.67***/-.63***

*Note.* MASC=Masculinity; IGC=Involvement with Gay Community; HMS-C=Homonegative Microaggressions – Current; PNATE=Perceived Negative Attitudes Toward Effeminacy; IH=Internalized Heterosexism; SWL=Satisfaction with Life; DEP=Depression; ANX=Anxiety; \* $p < .05$ . \*\* $p \leq .01$ . \*\*\* $p \leq .001$ .

After examining variance inflation factors, and tolerance, no evidence of multicollinearity was found. Several of the predictor variables violated the assumption of normality. Transformations were conducted to normalize the distributions. Please refer to Table 3 for information on the variables transformed, transformation method used, and the skewness and kurtosis values before and after transformation.

Table 3

*Major Variables Transformations, Skewness, and Kurtosis*

Variable	Transformation	Skewness Before	Skewness After	Kurtosis Before	Kurtosis After
MASC	Reflect and Sq. Root	-.38	.02	-.36	-.64
IGC	-	.02	-	-.24	-
HM-C	Sq. Root	.77	.30	.70	-.10
PNATE	-	.03	-	-.68	-
IH	Log	1.73	.74	3.48	.07
SWL	-	-.62	-	-.41	-
Depression	Log	1.50	.84	1.78	-.18
Anxiety	Inverse	1.53	-.45	2.12	-.83
Stress	Log	.88	.16	.53	.53

*Note.* MASC=Masculinity; IGC=Involvement with Gay Community; HM-C=Homonegative Microaggressions – Current; PNATE=Perceived Negative Attitudes Toward Effeminacy; IH=Internalized Heterosexism; SWL=Satisfaction with Life; Standard Error for Skewness before and after = .18 for all variables; Standard Error for Kurtosis Before and After = .36 for all variables.

In addition to scatterplots, Mahalanobis distances were calculated to screen for outliers. Four outliers were identified, whose Mahalanobis distance scores exceeded the Chi Square critical value recommended by Tabachnick and Fidell (2007), ( $df=10, p<.001, \chi^2=29.59$ ). Each outlier was individually examined to specify which variables were the source of the distance from the other participants, and included self-reported gender role orientation, internalized heterosexism, recent exposure to microaggressions, and the

interaction terms. To determine the influence these outliers were having on the results of the model, Cook's distances were evaluated. Tabachnik and Fidell (2007, p. 75) recommend that cases with values larger than 1 would be problematic for analyses. Only one outlier produced a Cook's distance value of greater than 1 for any of the four regressions. This participant was removed from the regression analysis with anxiety as the outcome variable. The other outliers were not removed from the data pool because they did not have a significant impact on the results in any of the models.

### **Primary Analyses**

Four hierarchical regressions were conducted in order to test the 4 hypotheses concerning the relationship between the components of the POOGS model, internalized heterosexism, and positive and negative aspects of mental health and well being. Predictor variables correspond with each facet of the POOGS model: 1) *perceived bias of the heterosexual community*, 2) *gender bias in the gay community* (e.g. anti-effeminacy), 3) *connection to the gay community*, and 4) *one's own masculinity*. The primary moderating variable was *internalized heterosexism*. The four outcome variables were 1) *satisfaction with life*, 2) *depression*, 3) *anxiety*, and 4) *stress*. Because one's own masculinity may influence the degree to which one is exposed to heterosexist events, it is important to account not just for the main effects of masculinity, but also for any interactions between masculinity and the other three focal predictors. I am interested to know if internalized heterosexism moderates the effects of the focal predictors above and beyond the moderating effects of gender role orientation. Following Aiken and West's (1991) guidelines for moderation, all predictor variables and the moderating variables

were centered prior to analyses in order to avoid high multicollinearity between interaction terms. The four regressions shared the same predictor variables and moderating variable, but differed in the outcome variable measured.

In block one of each regression, the standardized moderator and focal predictor variables were entered. In block two of the regression, masculinity was accounted for by adding three interaction terms that were created by multiplying masculinity by the other three focal predictors, to the variables entered in block one. In the third block, the unique moderating effects of internalized heterosexism were accounted for by adding four interaction terms. Interaction terms were created by multiplying internalized heterosexism with the four focal predictors, which were then added to the variables entered in block 2. The same process was repeated for satisfaction with life, depression, anxiety, and stress.

Significant interaction effects were probed using Preacher, Curran, & Bauer's (2006) method for simple slope testing. Specifically, the strength of the relationship between predictor (e.g., connection to gay community) and outcome variables (e.g., anxiety) were tested at different intervals of the moderator (i.e., masculinity, internalized heterosexism). Because dichotomizing continuous variables through techniques such as median splits reduces statistical power, a prediction equation using unstandardized regression coefficients was created for each of the four regressions. Using this equation, the different intervals of the moderators were plotted at one standard deviation below and above the means, which, for example, was labeled as "low internalized heterosexism" and "high internalized heterosexism," respectively. To accurately depict the direction of the interactions graphically, transformations of variables were reversed. For instance,

anxiety scores, which had been inverted, were “uninverted” so that higher anxiety scores reflected higher levels of anxiety on the graph.

The results of these analyses are presented in the following order: satisfaction with life, depression, anxiety, and stress.

### **Satisfaction with Life**

In the first, second, and third steps of the regression predicting satisfaction with life, there was a significant main effect of internalized heterosexism ( $F(12,161) = 2.72, p < .01, R^2 = .17$ ). The relationship between internalized heterosexism and satisfaction with life was negative, where men who had higher levels of internalized heterosexism were less satisfied with their lives ( $\beta = -.35, p < .001$ ). Masculinity, involvement with the gay community, recent exposure to microaggressions, and perceived negative attitudes toward effeminacy did not significantly predict satisfaction with life. There were no significant interactions in any step. Full results can be seen in Table 4.



Table 4  
*Hierarchical Regression for Satisfaction with Life*

	<i>B</i>	<i>SE B</i>	$\beta$	<i>R</i> <sup>2</sup>	<i>F</i> Change for <i>R</i> <sup>2</sup>
Step 1				.16	***6.48
MASC	-0.59	0.53	-0.08		
IGC	0.65	0.60	0.09		
HMS-C	-0.48	0.55	-0.06		
P-NATE	0.03	0.55	0.00		
IH	-2.67	0.63	***-0.35		
Step 2				.16	.17
MASC	-0.61	0.54	-0.08		
IGC	0.68	0.60	0.09		
HMS-C	-0.50	0.56	-0.07		
P-NATE	0.01	0.56	0.00		
IH	-2.66	0.63	***-0.35		
MASC x HMS-C	-0.02	0.54	0.00		
MASC x IGC	0.33	0.49	0.05		
MASC x P-NATE	0.11	0.53	0.02		
Step 3				.17	.22
MASC	-0.64	0.56	-0.09		
IGC	0.71	0.64	0.09		
HMS-C	-0.58	0.58	-0.08		
P-NATE	0.00	0.58	0.00		
IH	-2.65	0.66	***-0.35		
MASC x HMS-C	-0.11	0.57	-0.02		
MASC x IGC	0.40	0.56	0.06		
MASC x P-NATE	0.11	0.55	0.02		
MASC x IH	0.14	0.62	0.02		
IH x HMS-C	0.33	0.59	0.04		
IH x IGC	0.29	0.65	0.04		
IH x P-NATE	-0.21	0.61	-0.03		

*Note.* MASC=Masculinity; IGC=Involvement with Gay Community; HM-C=Homonegative Microaggressions – Current; PNATE=Perceived Negative Attitudes Toward Effeminacy; IH=Internalized Heterosexism; SWL=Satisfaction with Life; \**p* < .05. \*\**p* ≤ .01. \*\*\**p* ≤ .001.

## Depression

In the first, second, and third steps of the regression predicting depression, there was a significant main effect of masculinity and internalized heterosexism ( $F(12,163) =$

5.88,  $p < .001$ ,  $R^2 = .23$ ). More specifically, lower levels of self-reported masculinity were associated with higher depression symptomology ( $\beta = .24$ ,  $p < .001$ ). Additionally, higher levels of internalized heterosexism were associated with higher levels of depression ( $\beta = .37$ ,  $p < .001$ ). Involvement with the gay community, recent exposure to microaggressions, and perceived negative attitudes toward effeminacy did not significantly predict depression symptomology in any step of the regression. There were no significant interactions in any step. Full results can be seen in Table 5.

Table 5

*Hierarchical Regression for Depression*

	<i>B</i>	<i>SE B</i>	$\beta$	<i>R</i> <sup>2</sup>	<i>F</i> Change for <i>R</i> <sup>2</sup>
Step 1				.21	***9.24
MASC	0.04	0.01	***0.24		
IGC	0.01	0.01	0.05		
HMS-C	0.02	0.01	0.11		
P-NATE	0.00	0.01	0.00		
IH	0.06	0.01	***0.39		
Step 2				.23	.97
MASC	0.04	0.01	***0.24		
IGC	0.01	0.01	0.04		
HMS-C	0.02	0.01	0.11		
P-NATE	0.00	0.01	0.01		
IH	0.06	0.01	***0.39		
MASC x HMS-C	0.01	0.01	0.06		
MASC x IGC	-0.01	0.01	-0.09		
MASC x P-NATE	0.01	0.01	0.05		
Step 3				.23	.22
MASC	0.04	0.01	***0.24		
IGC	0.00	0.01	0.02		
HMS-C	0.02	0.01	0.11		
P-NATE	0.00	0.01	0.02		
IH	0.06	0.01	***0.37		
MASC x HMS-C	0.01	0.01	0.04		
MASC x IGC	-0.01	0.01	-0.06		
MASC x P-NATE	0.01	0.01	0.04		
MASC x IH	0.01	0.01	0.07		
IH x HMS-C	0.01	0.01	0.03		
IH x IGC	-0.01	0.01	-0.03		
IH x P-NATE	0.00	0.01	-0.01		

*Note.* MASC=Masculinity; IGC=Involvement with Gay Community; HM-C=Homonegative Microaggressions – Current; PNATE=Perceived Negative Attitudes Toward Effeminacy; IH=Internalized Heterosexism; DEP=Depression; \**p* < .05. \*\**p* ≤ .01. \*\*\**p* ≤ .001.

## Anxiety

In step one of the hierarchical regression predicting anxiety, there were significant main effects for masculinity, recent exposure to microaggressions, and internalized heterosexism ( $F(5,170) = 11.32, p < .001, R^2 \text{ Change} = .25$ ). Higher levels of masculinity were associated with lower anxiety symptomology ( $\beta = -.15, p < .05$ ). Higher recent exposure to microaggressions was associated with higher anxiety symptomology ( $\beta = .37, p < .001$ ). Higher levels of internalized heterosexism were associated with higher anxiety symptomology ( $\beta = .28, p < .001$ ).

Similar findings were present in step 2 of this regression, where masculinity ( $\beta = -.15, p < .05$ ), recent exposure to heterosexist microaggressions ( $\beta = .38, p < .001$ ), and internalized heterosexism ( $\beta = .28, p < .001$ ) all significantly predicted anxiety ( $F(8,167) = 8.22, p < .001, R^2 \text{ Change} = .03$ ). The interaction between masculinity and involvement with the gay community was also a significant predictor of anxiety ( $\beta = .16, p < .05$ ). The interaction was probed at one standard deviation below and above the masculinity mean (i.e., low and high masculinity). For those who were low in masculinity, more interactions with the gay community led to significantly lower levels of anxiety ( $\beta = -.20, p = .05$ ). For those who were high in masculinity, a non-significant trend in the opposite direction appeared, where more interactions with the gay community were not associated with lower anxiety levels ( $\beta = .17, p > .05$ ), see Figure 2. No other interactions were significant.

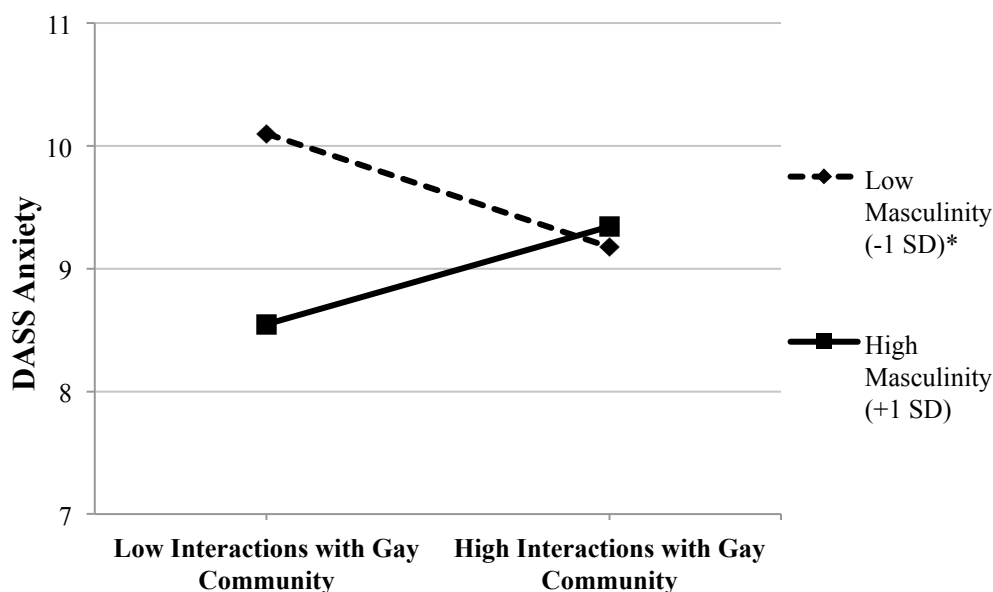


Figure 2. Anxiety by Masculinity and Involvement With the Gay Community. Note. \*Simple slope is significant at  $p < .05$

In the third step of the regression predicting anxiety, all previous findings remained significant: masculinity ( $\beta = -.13, p < .05$ ), recent exposure to heterosexist microaggressions ( $\beta = -.37, p < .001$ ), internalized heterosexism ( $\beta = -.29, p < .001$ ), and the interaction between masculinity and involvement with the gay community ( $\beta = .20, p < .01$ ) all significantly predicted stress ( $F(12, 163) = 5.94, p < .001, R^2 \text{ Change} = .02$ ). The interaction of internalized heterosexism and recent exposure to heterosexist microaggressions was also a significant predictor of anxiety ( $\beta = -.14, p < .05$ ). The interaction was probed at one standard deviation below and above the mean of internalized heterosexism (i.e., low and high internalized heterosexism). For those who were low in internalized heterosexism, high exposure to microaggressions was associated with higher levels of anxiety ( $\beta = .22, p < .05$ ). For those who were high in internalized heterosexism, high exposure to microaggressions was associated with even higher levels

of anxiety ( $\beta = .51, p < .001$ ), see Figure 3. No other interactions were significant. Full results can be seen in Table 6.

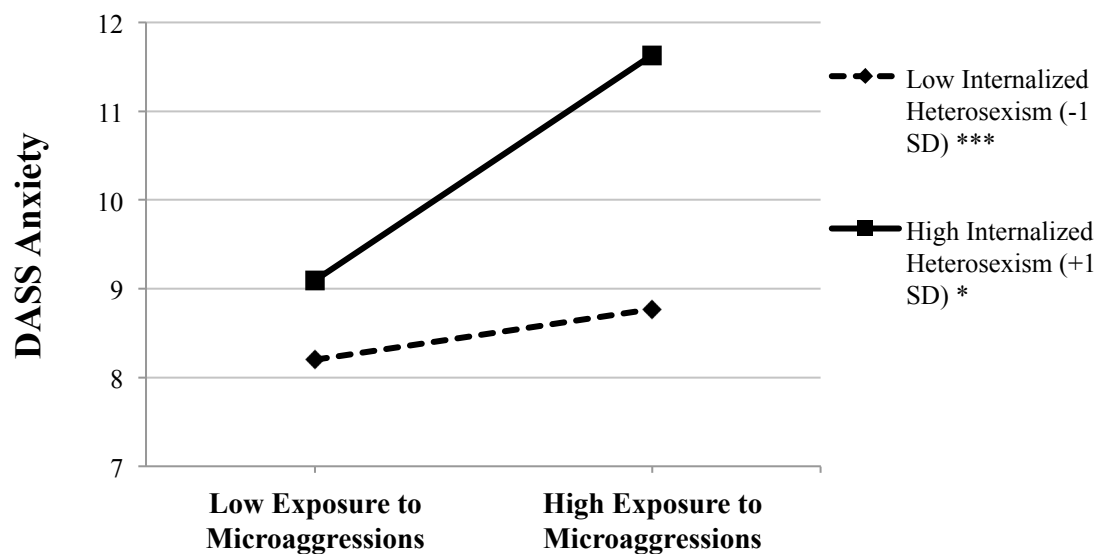


Figure 3. Anxiety by Exposure to Microaggressions and Internalized Heterosexism. *Note.*

\*Simple slope is significant at  $p < .05$ ; \*\*\* Simple slope is significant at  $p < .001$

Table 6

*Hierarchical Regression for Anxiety*

	<i>B</i>	<i>SE B</i>	$\beta$	<i>R</i> <sup>2</sup>	<i>F</i> Change for <i>R</i> <sup>2</sup>
Step 1				.25	***11.32
MASC	0.00	0.00	*-0.15		
IGC	0.00	0.00	-0.04		
HMS-C	-0.01	0.00	***-0.37		
P-NATE	0.00	0.00	0.06		
IH	-0.01	0.00	***-0.28		
Step 2				.28	2.56
MASC	0.00	0.00	*-0.15		
IGC	0.00	0.00	-0.02		
HMS-C	-0.01	0.00	***-0.38		
P-NATE	0.00	0.00	0.05		
IH	-0.01	0.00	***-0.28		
MASC x HMS-C	0.00	0.00	-0.09		
MASC x IGC	0.00	0.00	*0.16		
MASC x P-NATE	0.00	0.00	-0.04		
Step 3				.30	1.27
MASC	0.00	0.00	*-0.13		
IGC	0.00	0.00	-0.01		
HMS-C	-0.01	0.00	***-0.37		
P-NATE	0.00	0.00	0.07		
IH	-0.01	0.00	***-0.29		
MASC x HMS-C	0.00	0.00	-0.10		
MASC x IGC	0.01	0.00	**0.20		
MASC x P-NATE	0.00	0.00	-0.06		
MASC x IH	0.00	0.00	0.08		
IH x HMS-C	0.00	0.00	*-0.14		
IH x IGC	0.00	0.00	0.00		
IH x P-NATE	0.00	0.00	0.06		

*Note.* MASC=Masculinity; IGC=Involvement with Gay Community; HM-C=Homonegative Microaggressions – Current; PNATE=Perceived Negative Attitudes Toward Effeminacy; IH=Internalized Heterosexism; ANX=Anxiety.  
\**p*<.05. \*\**p*<.01. \*\*\**p*<.001.

## Stress

In step one of the first hierarchical regression, there were main effects for masculinity ( $\beta = .23, p = .001$ ), recent exposure to heterosexist microaggressions ( $\beta = .33, p < .001$ ), and internalized heterosexism ( $\beta = .23, p < .01$ ) on symptoms of stress, ( $F(5,170) = 10.67, p < .001, R^2 \text{ Change} = .24$ ). Involvement with the gay community, and perceived negative attitudes toward effeminacy did not significantly predict levels of stress in any step of the regression.

Similar findings were present in step 2 of this regression, where masculinity ( $\beta = .24, p = .001$ ), recent exposure to heterosexist microaggressions ( $\beta = .33, p < .001$ ), and internalized heterosexism ( $\beta = .23, p < .01$ ) all continued to have main effects on symptoms of stress ( $F(8,167) = 7.38, p < .001, R^2 \text{ Change} = .02$ ). The interaction between masculinity and involvement with the gay community was also a significant predictor of stress ( $\beta = -.15, p < .05$ ). The interaction was probed at one standard deviation below and above the mean of masculinity (i.e., low and high masculinity). For those who were low in masculinity, more interactions with the gay community led to a non-significant trend toward lower levels of stress ( $\beta = -.17, p > .05$ ). For those who were high in masculinity, a non-significant trend in the opposite direction appeared, where more interactions with the gay community led to a non-significant trend toward higher levels of stress ( $\beta = .01, p > .05$ ), see Figure 4. No other interactions were significant.



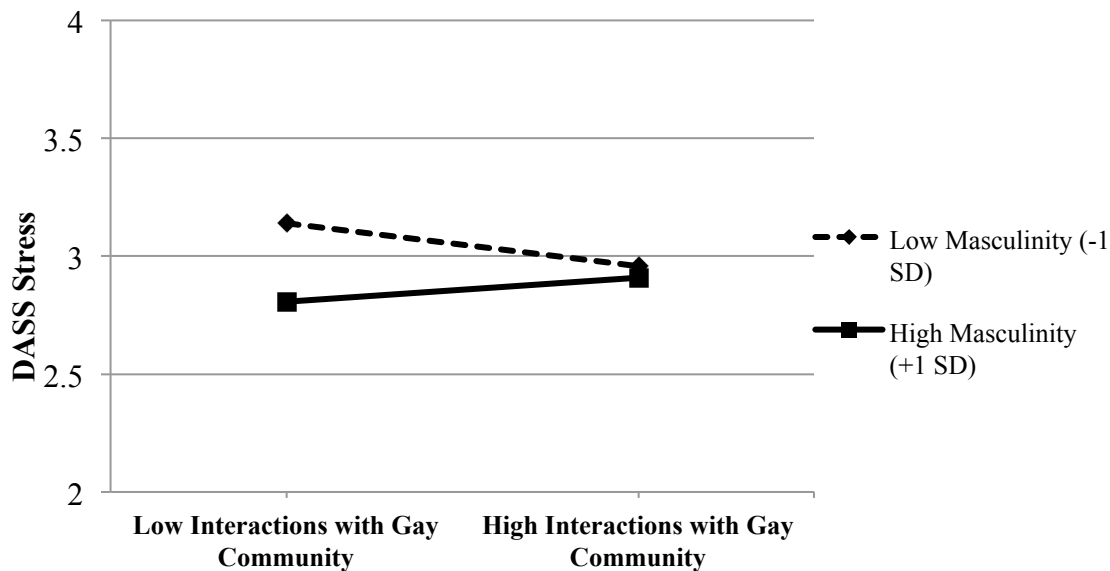


Figure 4. Stress by Masculinity and Involvement With the Gay Community.

In step three of the hierarchical regression, the main effects of masculinity ( $\beta = .23, p = .001$ ), exposure to heterosexist microaggressions ( $\beta = .32, p < .001$ ), and internalized heterosexism ( $\beta = .23, p = .005$ ) remained significant as predictors of stress, ( $F(12,163) = 4.90, p < .001, R^2 \text{ Change} = .004$ ); however, the interaction between masculinity and involvement with gay community was no longer significant, after internalized heterosexism was fully accounted for as a moderator. Full results can be seen in Table 7.

Table 7

	<i>B</i>	<i>SE B</i>	$\beta$	<i>R</i> <sup>2</sup>	<i>F</i> Change for <i>R</i> <sup>2</sup>
Step 1				.24	***10.67
MASC	0.03	0.01	***0.23		
IGC	0.00	0.01	-0.02		
HMS-C	0.05	0.01	***0.33		
P-NATE	-0.01	0.01	-0.03		
IH	0.03	0.01	***0.23		
Step 2				.26	1.68
MASC	0.03	0.01	***0.24		
IGC	-0.01	0.01	-0.04		
HMS-C	0.05	0.01	***0.33		
P-NATE	0.00	0.01	-0.02		
IH	0.03	0.01	***0.23		
MASC x HMS-C	0.00	0.01	0.03		
MASC x IGC	-0.02	0.01	*-0.15		
MASC x P-NATE	0.01	0.01	0.04		
Step 3				.27	.22
MASC	0.03	0.01	***0.23		
IGC	-0.01	0.01	-0.04		
HMS-C	0.05	0.01	***0.32		
P-NATE	0.00	0.01	-0.03		
IH	0.03	0.01	***0.23		
MASC x HMS-C	0.00	0.01	0.02		
MASC x IGC	-0.02	0.01	-0.14		
MASC x P-NATE	0.01	0.01	0.04		
MASC x IH	0.00	0.01	0.01		
IH x HMS-C	0.01	0.01	0.04		
IH x IGC	0.00	0.01	0.01		
IH x P-NATE	-0.01	0.01	-0.05		

*Hierarchical Regression for Stress*

*Note.* MASC=Masculinity; IGC=Involvement with Gay Community; HM-C=Homonegative Microaggressions – Current; PNATE=Perceived Negative Attitudes Toward Effeminacy; IH=Internalized Heterosexism; \**p* < .05. \*\**p* ≤ .01. \*\*\**p* ≤ .001.

## DISCUSSION

Four hypotheses were proposed regarding the relationship between POOGS and satisfaction with life, depression, anxiety, and stress, with internalized heterosexism as a moderating variable. The discussion will follow in the order of the hypotheses, which are repeated here (in italics) for the reader's convenience. Because there were no significant findings with the perceived negative attitudes toward effeminacy article in any of the four regression models, this component of POOGS will be discussed separately, following the discussions on each hypothesis.

### **Satisfaction with Life**

*Hypothesis 1a: Satisfaction with life will be positively associated with connection to the gay community, and negatively associated with perceived heterosexist bias from society, perceived anti-feminine bias from the gay community, and lower masculinity.*

*Hypothesis 1b: Internalized heterosexism will moderate these relationships, where lower levels of internalized heterosexism will enhance satisfaction with life.*

Hypothesis 1a was entirely unsupported. Contrary to what was hypothesized, masculinity, involvement with the gay community, exposure to microaggressions, and perceived negative attitudes toward femininity did not predict satisfaction with life.

Hypothesis 1b was partially supported. Though internalized heterosexism did not moderate the relationship between POOGS and satisfaction with life, it was the only variable found to be a significant predictor of satisfaction with life. As predicted, men with lower levels of internalized heterosexism had higher satisfaction with life. This

echoes previous research findings, which have provided ample evidence that internalized heterosexism is negatively associated with satisfaction with life, both directly and indirectly (Szymanski, Kashubeck-West, & Meyer, 2008; Newcomb & Mustanski, 2010). Ultimately, this finding indicates that the degree to which one has internalized heterosexist stigma from society influences satisfaction with life regardless of the nature of one's own masculinity, the degree to which he is involved with the gay community, or how often he is exposed to heterosexist microaggressions. The most notable finding from this analysis is the absence of significant predictors of life satisfaction.

The nonsignificant relationship between masculinity and satisfaction with life is inconsistent with previous research on gender conformity, which has shown that gender non-conforming LGB youth are less satisfied with their lives than those who are gender conforming (Rieger & Savin-Williams, 2012). There may be a scarcity of unique variance for masculinity and exposure to microaggressions because they operate in tandem, where less masculine men are more likely to experience discrimination due to violations around gender non-conformity.

In a bivariate correlation, increased involvement with the gay community was significantly associated with higher satisfaction with life in this sample ( $r=.21, p<.01$ ); however, involvement with the gay community accounted for a minimal unique portion of the variance within the regression predicting satisfaction with life. This indicates that involvement with the gay community shares a portion of variance with the other predictor variables taken into account. All things being equal, being involved with the gay community is associated with higher satisfaction with life. Yet individual differences in

masculinity, internalized heterosexism, and exposure to discrimination may detract from the positive influence of being involved with the gay community.

## **Depression**

*Hypothesis 2a: Symptoms of depression will be negatively associated with connection to the gay community, and positively associated with perceived heterosexist bias from society, perceived anti-feminine bias from the gay community, and lower masculinity.*

*Hypothesis 2b: Internalized heterosexism will moderate these relationships, where lower levels of internalized heterosexism will buffer any negative impact of POOGS on symptoms of depression.*

Hypothesis 2a was partially supported. Contrary to our hypothesis, involvement with the gay community, exposure to microaggressions, and perceived negative attitudes toward effeminacy did not predict depression symptoms. It was particularly surprising that exposure to microaggressions did not predict depressive symptoms in this regression model because bivariate correlational analysis in this sample revealed a significant positive correlation between depression and exposure to microaggressions ( $r=.18, p<.05$ ). Earlier research using mediation analyses found support for an indirect relationship between heterosexist discrimination and depression through internalized heterosexism, but like this study, found no direct effect of discrimination on depression symptoms (Szymanski & Ikizler, 2013). More variability in exposure to microaggressions may have been needed in order to detect any interactions with internalized heterosexism and depression symptoms.

Consistent with expected findings, masculinity predicted depression symptoms. This finding emphasizes the importance of considering gender role conformity as part of an individual's context. Regardless of sexual orientation, gender nonconformity puts men at elevated risk for depression (Roberts, Rosario, Slopen, Calzo, & Austin, 2013). Among gay men, gender nonconformity has also been linked to depression and suicidality (Fredriksen-Goldsen et al., 2014; Friedman, Koeski, Silvestre, Korr, & Sites, 2006). Gender nonconformity is often overlooked and underestimated as a source of minority stress, despite ample evidence that gender nonconformity in childhood and adulthood leads to negative health outcomes (Gordon & Meyer, 2007). Given such findings, gender nonconformity should be added to characteristics like race ethnicity, socioeconomic status, and sexual orientation as important characteristics to consider when determining an individual's sources of minority stress. It is hardly surprising that masculinity is related to depression when one considers gender nonconforming men's chronic experiences of being punished or criticized for not meeting masculine ideals.

Hypothesis 2b was also partially supported. Internalized heterosexism did not moderate the relationship between POOGS and symptoms of depression; however, it emerged as one of only two variables that significantly predicted depressive symptoms. Men with higher levels of internalized heterosexism were more likely to endorse depression symptoms. The degree to which one has internalized heterosexist stigma from society directly influences depression, regardless of the nature of one's own masculinity, the degree to which he is involved with the gay community, or how often he is exposed to heterosexist microaggressions.

Important clinical implications from these findings regarding depression symptoms in gay men include the provision of important clues about factors that could be pertinent to the etiology and maintenance of the depressive symptoms. When working with a gay man who is suffering from depression, it would be important to assess both how his gender has affected his life experience and the degree to which he endorses heterosexist messages from society. Feminine gay men may be especially vulnerable because of the accumulated minority stress that comes from a lifetime of being marginalized both for not conforming to gender expectations and for being gay in a heterosexist society. In addition to asking a client to complete a brief measure about sexual orientation, clinicians may also learn to look for cognitions (e.g., “I hate it when people can tell I’m gay”) and behaviors (e.g., avoiding situations where other gay people would be around) that would indicate higher levels of internalized heterosexism.

### **Anxiety**

*Hypothesis 3a: Symptoms of anxiety will be negatively associated with connection to the gay community, and positively associated with perceived heterosexist bias from society, perceived anti-feminine bias from the gay community, and lower masculinity.*

*Hypothesis 3b: Internalized heterosexism will moderate these relationships where lower levels of internalized heterosexism will buffer any negative impact of POOGS on symptoms of anxiety.*

Hypothesis 3a was partially supported. Contrary to what was anticipated, involvement with the gay community and perceived negative attitudes toward femininity did not predict anxiety symptoms. However, masculinity, recent exposure to heterosexist

microaggressions, and internalized heterosexism were significant predictors of anxiety symptoms. Broadly, more masculine men reported more anxiety symptoms than less masculine men. Overall, masculine gay men may have elevated anxiety due to concerns about their sexual orientation being known to others. Gay men who were exposed to more heterosexist microaggressions were more likely to endorse anxiety symptoms than those with less exposure to microaggressions. This is unsurprising, given that the more frequently an individual is exposed to a threat, the more likely the threat is to be anticipated. Felt stigma is more likely to occur, as a result. Additionally there were two significant interactions in step 3 of the model: 1) masculinity and involvement with the gay community, and 2) internalized heterosexism and exposure to microaggressions.

An interesting interaction between masculinity and involvement with the gay community revealed that among more masculine gay men, increased involvement with the gay community was associated with higher levels of anxiety. Among less masculine gay men, involvement with the gay community was associated with lower levels of anxiety. This interaction is likely explained by differences in the way that individuals cope with concealable vs. visible stigma. Those with more visible stigma are concerned with managing the effects of stigma, while those with concealable stigmas, are more concerned with preventing disclosure (Goffman, 1963). Masculinity increases the likelihood that a gay man will be able to conceal his sexual orientation from others (Rieger, Linsenmeier, Gygax, Garcia, & Bailey, 2010).

Much like the recovering alcoholic who experiences anxiety about being seen entering an alcoholic's anonymous meeting, a masculine gay man may feel anxious about going to a gay bar or joining a gay kickball league. A masculine gay man's elevated



anxiety around community may center on a fear of losing gender status. Given that they are able to access the same privileges as their heterosexual counterparts by not disclosing their sexual orientation, they may perceive engaging in LGBT community-based activities than someone who is less masculine and viewed their stigma as visible. A feminine gay man, whose primary goal in managing his stigma is to mitigate the negative impact that it has on his life, would benefit from connection to the gay community because this would provide him an opportunity to receive and contribute social support to other gay men and to normalize the experience of being gay (DiFulvio, 2011).

This interpretation of the current findings is consistent with previous research findings comparing social support between those with more visible stigmatized characteristics and those with less visible stigmatized characteristics: Hatzenbuehler, Nolen-Hoeksema, and Dovidio (2009) found that African American respondents reported greater social support following a stigma-related stressor than lesbian, gay, bisexual respondents, who reported less social support and increased isolation. They concluded that concealment moderated the relationship between stigma-related stress and psychological distress.

Though in the short-term, masculine gay men may be able to reduce risk of discrimination by concealing their identities, in the long-term this may become a barrier to coping with discrimination successfully. Effective coping strategies that promote resiliency in LGB individuals include social support, connection to community, interest in seeking social support, positive expectations about the future, emotional openness, and forming a positive view on LGB identity (Hill & Gunderson, 2015). Concealment is incompatible with those effective strategies because it reinforces shame and anxiety.

Shame-based behavior (i.e., hiding) removes the opportunity to experience acceptance from supportive friends, family and coworkers, decreases the likelihood of connecting with community by leaving fears of social contagion unchecked, prevents exposure to other important emotions (e.g., sadness, anger, happiness, love), and ultimately leaves a person without self-acceptance or a positive identity.

Hypothesis 3b was partially supported. Internalized heterosexism moderated the relationship between exposure to microaggressions and anxiety. Exposure to microaggressions was much more likely to impact the anxiety symptoms of those who were high in internalized heterosexism than those who were low in internalized heterosexism. Though exposure to microaggressions led to significant increases in anxiety symptoms in both those who were low and high in internalized heterosexism, the increase was more pronounced among those with high levels of internalized heterosexism, see Figure 3. It may be concluded from these findings that low internalized heterosexism protects gay men from anxiety associated with being exposed to discriminatory events.

## **Stress**

*Hypothesis 4a: Symptoms of stress will be negatively associated with connection to the gay community, and positively associated with perceived heterosexist bias from society, perceived anti-feminine bias from the gay community, and lower masculinity.*

*Hypothesis 4b: Internalized heterosexism will moderate these relationships where lower levels of internalized heterosexism will buffer any negative impact of POOGS on symptoms of stress.*

Hypothesis 4a was partially supported. Contrary to hypotheses, involvement with the gay community and perceived negative attitudes toward femininity did not predict stress symptoms. Consistent with hypotheses, masculinity, recent exposure to heterosexual microaggressions, and internalized heterosexism predicted symptoms of stress. More masculine men reported fewer symptoms of stress. More frequent exposure to heterosexual microaggressions and higher levels of internalized heterosexism were related to increased stress symptomology. Given that less masculine men are at greater risk for experiencing overt anti-gay discrimination than more masculine men, it is unsurprising that masculinity is related to stress. Likewise, the more often a threatening event occurs, the more likely it is to be anticipated. This anticipation is likely to cause stress.

Additionally, there was one significant interaction between masculinity, involvement with the gay community, and stress in Step 2. For men who were low in masculinity, more involvement with the gay community was associated with lower stress symptomology. The opposite pattern was true for men who were high in masculinity, where increased involvement with the gay community was associated with elevations in stress symptomology. Again, this finding may be explained by differential coping styles (e.g., concealment or mitigating harm) depending on the visibility of the stigmatizing characteristic. However, after taking into account internalized heterosexism in Step 3, this interaction was no longer significant, indicating that internalized heterosexism plays an essential part in predicting the stress of gay men above and beyond masculinity and involvement with the gay community.

Hypothesis 4b was partially supported. Internalized heterosexism did not moderate the relationship between POOGS and symptoms of stress; however, it emerged as one of three variables that significantly predicted stress symptoms. Men with higher levels of internalized heterosexism were more likely to endorse stress symptoms. These findings demonstrate that the degree to which a gay man has internalized heterosexist stigma from society directly influences his symptoms of stress, regardless of the nature of his own masculinity, perceived anti-femininity, the degree to which he is involved with the gay community, or how often he is exposed to heterosexist microaggressions.

Confirming previous research findings, this study demonstrated that internalized stigma from society is related to significant stress in sexual minority populations (Meyer, 2003; Woodford, Pachelely, Kulick, & Hong, 2015). In their research on stigma, Major and O'Brien (2005) suggest that identifying more closely with one's stigmatized group may help reduce minority stress and increase self-esteem. Previous research confirmed this assertion with a sexual minority sample (Halpin & Allen, 2004). In line with this thinking, strategies aimed at increasing identification with the gay community, and at improving collective self-esteem would be really important tools for reducing stress symptoms in gay men.

### **Perceived Negative Attitudes Toward Effeminacy**

Surprisingly, perceived negative attitudes toward effeminacy did not predict any of the tested health outcomes. One explanation for the absence of significant findings with this construct may be related to the increasing diversification of social groups with whom gay men socialize (DiFulvio, 2011). Because gay men's social milieus are now

more likely to include non-LGBT identified individuals and groups (Holt, 2011; Zablotska, Holt, & Prestage, 2012), gay men may be less influenced by the attitudes of the LGBT community. Rather, attitudes toward effeminacy of family and friends, or personal communities, may be more important to measure.

In many ways, this could indicate positive changes for the broader LGBT community. One might conclude that increased societal acceptance of non-heterosexual orientations (Public Religion Research Institute, 2014) has made sexual minorities feel safer in disclosing their sexual orientation to others because they are less likely to experience rejection following disclosure. Therefore, many gay men, who previously may have chosen to live “dual lives” (i.e., one in the gay community and the other in the broader heterosexual community) or avoided family and heterosexual friends altogether, may now maintain existing relationships or seek out find family and friends who are accepting.

Alternatively, the function of the gay community may have changed over recent history. Significant events that increased the marginalization of the community as a whole (e.g., the AIDS crisis) caused the gay community to convene into a more tightly-knit group in order to offer protection from discrimination and stigma, the fear of AIDS, and for information and support (Kippax, S., & Kinder, P., 2002). I would argue that the gay community served similar functions with the issue of marriage inequality; however, the rapid increase in support from broader heterosexual society may have decreased the need for in-group cohesion, while simultaneously fostering trust in heterosexual individuals and groups. Given that the data for this project was collected on the cusp of marriage equality in the United States, the sample may be a product of a snapshot in time

when LGBT individuals were hopeful or optimistic about their rights being supported by society and the government.

### **Study Limitations**

Though this study was methodologically strong in many ways (e.g., use of internet-based survey to collect data from a national sample), there were certainly some limitations. First, a few of our variables (e.g., exposure to microaggressions) had restricted ranges, suggesting that our sample may have been biased due to the convenience sampling methods employed. Much of the recruitment occurred through LGBT-affirmative organizations or events, and through online LGBTQ networks. Therefore, sampling efforts may have missed gay men who were not “out” or were less connected to the gay community or other gay individuals. Over 93% of our sample ( $n=167$ ) was out to others. Due to concealment concerns, gay men who were still closeted may have been less likely to participate in the study regardless of whether or not it was online and anonymous. Despite attempts to include gay men from diverse ethnic and racial backgrounds by contacting organizations geared toward gay men of color, the current sample was almost 89% Caucasian. As a result, the generalizability of these findings may be limited. Because of the difficulties in obtaining a large enough sample size when conducting research on minority populations, few studies on sexual minorities have used probability sampling, which would be ideal to address these issues in sampling bias (Herek, 2008).

Other study limitations were related to the questionnaire battery. First of all, completing all measures took participants a substantial amount of time. Though the

battery was piloted and edited to reduce response effort, some participants still reported the questionnaires taking well over an hour to complete. This may have contributed to the 36% attrition rate. Additionally, the measure chosen to capture one's own gender role orientation for these analyses was a 4-item self-report measure. Though its reliability and face validity made it a sound choice, a single, longer measure, incorporating other ways of measuring gender (e.g, interests, traits, and self-identification) would be ideal.

A final limitation of the current study is its cross-sectional design. The cross-sectional design does not allow for causal inferences, nor does it allow us to capture how participants changed over time. Given that this study's data was collected at the cusp of American marriage equality, it would have been very interesting to see how the data would have changed following the Supreme Court's ruling to uphold marriage equality.

### **Future Directions**

In considering the next steps for this line of research, it will be important to develop sampling methodologies that are better able to recruit individuals who are not "out" and those from diverse ethnic and racial backgrounds. POOGS may be particularly relevant to both of these groups. Those who are not out may be concealing because they perceive themselves as having low gender status. More research with individuals from ethnically and racially diverse backgrounds will also be an important future research direction in order to better understand intersecting minority statuses, and how they are impacted by cultural views on gender and sexuality.

Given that perceived negative attitudes toward effeminacy in the gay community was not a significant predictor of any mental health outcome, a closer examination of the

individuals who make up gay men's personal communities may be helpful in understanding how POOGS is constructed. It may be that perceiving one's parents or friend group to be more anti-feminine is more important than the perception of views held by the gay community.

Future research should also take into account the increasing variety in gender identities. Many individuals in our sample identified as pansexual or gender queer, indicating a distancing from the gender binary. Increased flexibility around gender and gender expectations could have a significant impact on the way that the gay community functions. Those who do not fit neatly towards one end of the gender spectrum may have additional concerns and considerations for functioning in a gender binary world.

While the factors considered in the POOGS model remain important, findings from this study suggest that there may be other influential variables that contribute to how one perceives his own gender status. These variables may include factors such as rejection sensitivity, gay identity, and degree of outness. Future research including these variables may be helpful in pinpointing how POOGS is related to psychological health outcomes.

Finally, future research should address clinical interventions that may be effective in reducing internalized heterosexism and increasing resilience among sexual minorities. Despite having a unique set of circumstances around gender and sexuality, only a couple clinical researchers are working to establish treatments that are tailored to address these issues (e.g., Pachankis, 2014; Pachankis, Hatzenbuehler, Rendina, Safren, & Parsons, 2015; Lin & Israel, 2012). Members of this population who are unable to transcend these issues or have difficulty coping with gender or sexual orientation-based prejudice and



discrimination need effective treatments. Findings from this study will be helpful in guiding clinical researchers toward effective intervention points with this population.

## **Conclusion**

The POOGS model may be viewed through a lens of risk and resiliency. Perceived negative attitudes toward effeminacy and exposure to heterosexist microaggressions would be considered risk factors. Contrary to what was hypothesized, perceived negative attitudes toward effeminacy in the gay community were not related to any health outcome. Further exploration in this area will be important so that the factors that contribute to maintaining anti-feminine biases are identified. Measuring the attitudes of one's personal community, including parents, may be a promising next step. Exposure to heterosexist microaggressions was found to be associated with elevated stress and anxiety, which is consistent with the rationale for minority stress models that address the accumulative effects that prejudice and discrimination have on individuals (Meyer, 2003).

Through this lens, involvement with the gay community would be seen a resiliency factor. Some of the most interesting findings from this project are related to the interactions between involvement with the gay community, masculinity, stress, and anxiety. For masculine gay men, involvement with the gay community was related to increased stress and anxiety, while for less masculine gay men, involvement with the gay community decreased stress and anxiety. This interaction suggests that masculinity may be a barrier to resilient coping in gay men. Clinical interventions that first address issues

with negative collective self-esteem may be helpful in promoting resiliency for masculine gay men.

One's own masculinity could be a risk or resiliency factor, depending on the context. Overall, higher masculinity was associated with decreased depression, anxiety, and stress. However, in particular contexts where one's stigmatized characteristic is more likely to be apparent, masculinity can become a risk factor, likely due to fears of social contagion and losing privileged status.

Internalized heterosexism was a negative force in gay men's lives across the board, related to decreased satisfaction with life, increased depression, anxiety, and stress. Internalized heterosexism moderated only one interaction between exposure to microaggressions and anxiety. Those who were high in internalized heterosexism were especially vulnerable to anxiety with more frequent exposure to microaggressions. Internalized heterosexism has deleterious effects on gay men regardless of any other contributing factor measured here.

Clinical implications from these findings are that assessment and treatment of internalized heterosexism is extremely important when working with gay clients. The clinical implications from these findings are that internalized heterosexism is something that may be beneficial to target directly, as it can hamper the positive effects of being involved with the gay community. Meyer's (2015) recent work on minority stress and LGBT resiliency strongly advocates for community resilience over and above the resilience of the individual. Though one of the functions of connection to community is to reduce the degree to which one internalizes stigma, it may be that some gay men have internalized such negative opinions of the gay community, that this is not a feasible

intervention route. Connecting to community helps to normalize gay identity, and assists with shifting the ascription of the cause discriminatory experiences from the self to society (DiFulvio, 2011).

In regarding to improving life satisfaction and reducing symptoms of depression, anxiety, and stress, these research findings suggest that internalized heterosexism may impede the effectiveness of community resilience strategies. The mechanism by which this impediment operates is likely related to collective self-esteem. For example, if a gay man regrets that he is a member of the gay community (i.e., low collective self-esteem), he would likely respond negatively to being involved in the community until after the judgments about the gay community are addressed. One way to do this would be to work on removing judgments on an individual basis with a mental healthcare provider. Third-wave cognitive behavioral techniques, which incorporate mindfulness and acceptance techniques, may be useful here. For example, Linehan (1993) and Fruzzetti (2006) suggest that mindfulness techniques involving observing and describing one's experience is a highly effective means to reduce judgment.

Other techniques that would be useful given these findings are cognitive restructuring to reduce maladaptive thinking which contributes to internalized heterosexism and minority stress, emotion regulation strategies to counteract avoidant coping styles, particularly with substance use and risky sexual behavior, and psychoeducation about the biological and environmental factors that create one's sexual orientation and gender identity. Finally, assertiveness skills training would be highly beneficial in building one's self-respect and eventually collective self-esteem around one's membership to the gay community.

In sum, this project has investigated POOGS, internalized heterosexism and several psychological health outcomes. Though many gay men are able to successfully manage the stigma that accompanies their sexual and gender role orientations, others are occluded by harmful beliefs and messages, which are often imparted by people and figures whom they love and respect. These individuals need help to decipher ways to neutralize these powerful messages. This research project aimed to translate another part of that code.

*“You may not control all of the events that happen to you,  
but you can decide not to be reduced by them” (Maya Angelou, 2009)*

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## Appendix A

## Pridefest Contact Information Questionnaire

**Yes, please do contact me in the future to see whether I am willing to participate in research**

Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_

Best way to contact you \_\_\_\_\_

**Sexual Orientation:** Lesbian \_\_\_ Gay \_\_\_  
 Bisexual \_\_\_ Straight \_\_\_ Other \_\_\_\_\_

**Gender Identity:** How would you describe your current gender identity? (Check all that apply) (These are just some possible answers – feel free to self-identify in any way you choose on the “identify as” line)

\_\_\_ Non-transgender male                      \_\_\_ Non-transgender female  
 \_\_\_ Transgender                                      \_\_\_ Gender questioning  
 \_\_\_ Female-to-male (FTM)                      \_\_\_ Male-to-female (MTF)  
 \_\_\_ I identify as \_\_\_\_\_

**Race/Ethnicity:** Please mark all that apply

African-American \_\_\_\_\_ Asian \_\_\_\_\_  
 Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_ I identify as \_\_\_\_\_

Please mark your responses for the two following questions.

**I am...**

1	2	3	4	5
Not at all <b>Masculine</b>		Neutral		Highly <b>Masculine</b>

**I am...**

1	2	3	4	5
Not at all <b>Feminine</b>		Neutral		Highly <b>Feminine</b>

## Appendix B

## Demographic Questionnaire

Please provide some basic information about yourself.

1. What is your current age? \_\_\_\_\_ years old.
2. Which description best matches your racial or ethnic background?

A. White/European American	C. Asian/Pacific Islander	E. Native American
B. Black/African-American	D. Latino/Hispanic	F. I identify as _____

3. What is your highest level of formal education?

A. Did not graduate High School	C. Some College (No degree)	E. Bachelor's Degree (4-year degree)	G. Doctoral Degree
B. High school diploma or equivalent (e.g. GED)	D. Associate's Degree (2-year degree)	F. Master's Degree	

4. Please estimate your annual household income:
  - A. \$20,000 or less
  - \$21,000-40,000
  - \$41,00-60,000
  - \$61,000-80,000
  - \$81,000-100,000
  - \$100,000 or more
5. Please select the United States Geographic Region where you grew up.
  - Midwest
  - Southeast
  - Northeast
  - Southwest
  - Northwest
6. Please select the United States Geographic Region where you currently reside.
  - Midwest
  - Southeast
  - Northeast
  - Southwest
  - Northwest

7. I would describe the size of the community where I grew up as:
- Rural
  - Small Town
  - Medium Town/Suburb
  - Small City
  - City
8. I would describe my current community's size as:
- Rural
  - Small Town
  - Medium Town/Suburb
  - Small City
  - City
9. How many years has it been since you realized your own sexual orientation? \_\_\_\_\_ years.
10. How many years has it been since you "came out" or publicly told others about your sexual orientation? (If you are not "out," please enter 0) \_\_\_\_\_ years.
11. Are you currently in a romantic relationship?
- Yes
  - No
12. Are you currently cohabitating with a romantic partner and/or married?
- Yes
  - No
13. In my sexual relationships with other men, I identify as (a):
- Top (penetrative role)
  - Mostly top or "versatile/top"
  - Versatile
  - Mostly bottom or "versatile/bottom"
  - Bottom (receptive role)
14. My current religious affiliation is: \_\_\_\_\_

## Appendix C

## Revised HMS Scale Based on Wegner's (2014) Study

1. How often have people conveyed that it is your choice to be gay?
2. How often have people assumed you were more sensitive than you are?
3. How often have people assumed you were skilled in stereotypically gay tasks (like interior design)?
4. How often have people assumed you knew a lot about stereotypical gay interests like wine?
5. How often have people assumed you were knowledgeable about women's clothing?
6. How often have people of the same sex assumed you were attracted to them simply because of your sexual orientation?
7. How often have people said blanket statements about how society is full of diversity, minimizing your experience of being different?
8. How often have people changed the subject/topic when reference to your sexual orientation comes up?
9. How often have people assumed you were a pervert or deviant?
10. How often have people assumed you were a pedophile?
11. How often have people assumed you have HIV/AIDS because of your sexual orientation?
12. How often have people physically shielded their child/children from you?
13. How often have people avoided proximity, like crossing the street to walk or waiting for the next elevator?
14. How often have people said things like "I watched Will & Grace" to show they know about gay culture?
15. How often have people equated themselves and their experience to yours as a minority?
16. How often have people showed surprise at how not effeminate you are?
17. How often have people made statements that you are "more normal" than they expected?
18. How often have people told you to "calm down" or be less "dramatic"?
19. How often have people either told you to be especially careful regarding safe sex because of your sexual orientation or told you that you don't have to worry about safe sex because of your sexual orientation?
20. How often have people made statements about gay individuals using phrases like "you people" or "you know how gay people are"?
21. How often have people made statements about why gay marriage should not be allowed?
22. How often have people made statements against gay individuals adopting?
23. How often have people told you to act differently at work or school in order to hide your sexual orientation?
24. How often have people used the phrase "that's so gay" in your presence?
25. How often have people told you it's wrong to be gay or said you were going to hell because of your sexual orientation?
26. How often have people told you to dress differently at work or school in order



- to hide your sexual orientation?
27. How often have people told you not to disclose your sexual orientation in some context (like work or school)?

## Appendix D

**Perceived Negative Attitudes Toward Effeminacy Scale****(P-NATE; adapted from Taywaditep, 2001)**

Items are administered with a 7-point Likert scale, ranging from *strongly agree* (1) to *strongly disagree* (7).

1. When running a personal ad looking for a date, most gay men would include “no fems” in the requirements.
2. Most gay men don’t want to be associated with the stereotypical image of effeminate gays.
3. Most gay men would enjoy going to a party where many gay guys “camp it up” and act in a feminine manner.
4. It bothers most gay men to see another gay guy acting like a woman.
5. A gay man’s effeminate behavior would probably get in the way of most gay men developing a comfortable relationship with him.
6. Most gay men don’t mind letting people see that some of their gay friends are quite effeminate.
7. Generally, most gay men try to avoid gay men who are overtly feminine.
8. Most gay men are comfortable hanging out with gay guys who are considered feminine by most people’s standards.
9. When meeting a gay man for the first time, most gay men would be turned off immediately if he acted effeminate.
10. It is all right with most gay men to see other gay men talk, walk, and do things in a feminine way.
11. Most gay men believe that effeminate gay men help contribute to the good diversity within the gay community.
12. When in public, most gay men try to maintain some distance from gay guys who are apparently “sissy queens.”
13. Most gay men believe “Femme” gay men are ruining the respectability of gay men overall.
14. Most gay men would find it embarrassing to be seen in public with a “queenie” gay man.
15. Most gay men believe that the effeminacy of some gay men is detrimental to the public image of gay people in general.
16. Most gay men would feel nervous being in a group of “sissy” gay guys.
17. Most gay men believe the gay community would be a much more comfortable place if some of its members tried to keep their flamboyant behavior down.

## Appendix E

Identification and Involvement with the Gay Community Scale  
(IGCS; Vanable, McKirnan, & Stokes, 1998)

Directions: This questionnaire concerns some of your general attitudes and experiences. For each question, circle the response that is most accurate for you personally. Answer the questions quickly, giving your first “gut reaction.”

For the following four statements, indicate your level of agreement on a scale ranging from 1-5.

1	2	3	4	5
Do not agree at all				Strongly agree

- 1.) It is very important to me that at least some of my friends are bisexual or gay.
- 2.) Being gay makes me feel part of a community.
- 3.) Being attracted to men is important to my sense of who I am.
- 4.) I feel very distant from the gay community.

For questions 5-7, please think in terms of the last six months or so.

5. How often do you read a gay or lesbian oriented paper or magazine, such as the *Advocate* or other local gay/bisexual papers?
  - A. Never
  - B. Once a month or less
  - C. Several times a month
  - D. About once a week
  - E. Several times a week or daily
6. How often do you attend any gay or lesbian organizational activities, such as meetings, fund-raisers, political activities etc.?
  - A. Never
  - B. Once a month or less
  - C. Several times a month
  - D. About once a week
  - E. Several times a week or daily
7. How often do you go to a gay bar?
  - A. Never
  - B. Once a month or less
  - C. Several times a month
  - D. About once a week
  - E. Several times a week or daily
8. About how many gay men would you call personal friends (as opposed to casual acquaintances)?
  - A. None
  - B. 1 gay friend
  - C. 2 gay friends
  - D. 3-4 gay friends
  - E. 5 or more gay friend



## Appendix G

**MF-Hobby Scale - Lipka (2005)**

1 – (“I strongly dislike this hobby”) to 5 – (“I strongly like this hobby”)

1. Computers
2. Aerobics
3. Fishing
4. Clothes shopping
5. Going to car shows
6. Collecting stuffed animals
7. Home electronics
8. Cooking
9. Playing basketball
10. Dancing
11. Playing poker
12. Interior decoration
13. Video games
14. Keeping up with new fashions
15. Watching sports on TV
16. Reading romance novels
17. Watching thriller and action movies
18. Singing
19. Weight lifting
20. Taking and collecting photos of family and friends
21. Working on cars
22. Watching romance movies

## Appendix H

**MF-Occupation Scale (Lippa, 2008)**

Scoring: Calculate average of masculine items and reversed feminine items (Odd-numbered items tend to be preferred more by men than women, whereas even-numbered items tend to be preferred more by women than by men).

In order to correct for “elevation response set” – the general tendency for respondents to prefer many or few occupations – by computing ipsatized items (e.g., subtracting from each item the individual’s mean rating on all items).

1 – (“strongly dislike”) to 7 – (“strongly like”)

1. Car mechanic
2. Costume Designer
3. Builder
4. Dance Teacher
5. Carpenter
6. School Teacher
7. Electrical Engineer
8. Florist
9. Inventor
10. Social Worker

## Appendix I

**Internalized Homonegativity Inventory (IHNI; Mayfield, 2001)**

*Note:* Items in **bold** are reverse scored.

*Instructions:* For each of the following statements, indicate your level of agreement on a scale of 1 (“Strongly disagree”) to 6 (“Strongly agree”).

1. **I believe being gay is an important part of me.**
2. I believe it is OK for men to be attracted to other men in an emotional way, but it’s not OK for them to have sex with each other.
3. When I think of my homosexuality, I feel depressed.
4. I believe that it is morally wrong for men to have sex with other men.
5. I feel ashamed of my homosexuality.
6. **I am thankful for my sexual orientation.**
7. When I think about my attraction towards men, I feel unhappy.
8. **I believe that more gay men should be shown in TV shows, movies, and commercials.**
9. **I see my homosexuality as a gift.**
10. When people around me talk about homosexuality, I get nervous.
11. I wish I could control my feelings of attraction toward other men.
12. **In general, I believe that homosexuality is as fulfilling as heterosexuality.**
13. I am disturbed when people can tell I’m gay.
14. In general, I believe that gay men are more immoral than straight men.
15. Sometimes I get upset when I think about being attracted to men.
16. In my opinion, homosexuality is harmful to the order of society.
17. Sometimes I feel that I might be better off dead than gay.
18. I sometimes resent my sexual orientation.
19. I believe it is morally wrong for men to be attracted to each other.
20. I sometimes feel that my homosexuality is embarrassing.
21. **I am proud to be gay.**
22. **I believe that public schools should teach that homosexuality is normal.**
23. I believe it is unfair that I am attracted to men instead of women.

## Appendix J

**DASS-21**

Please read each statement and circle a number 0, 1, 2 or 3, which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement. *The rating scale is as follows:*

0 Did not apply to me at all - NEVER

1 Applied to me to some degree, or some of the time - SOMETIMES

2 Applied to me to a considerable degree, or a good part of time - OFTEN

3 Applied to me very much, or most of the time - ALMOST ALWAYS

I found it hard to wind down	0	1	2	3
I was aware of dryness of my mouth	0	1	2	3
I couldn't seem to experience any positive feeling at all	0	1	2	3
I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
I found it difficult to work up the initiative to do things	0	1	2	3
I tended to over-react to situations	0	1	2	3
I experienced trembling (eg, in the hands)	0	1	2	3
I felt that I was using a lot of nervous energy	0	1	2	3
I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
I felt that I had nothing to look forward to	0	1	2	3
I found myself getting agitated	0	1	2	3
I found it difficult to relax	0	1	2	3
I felt down-hearted and blue	0	1	2	3
I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
I felt I was close to panic	0	1	2	3
I was unable to become enthusiastic about anything	0	1	2	3
I felt I wasn't worth much as a person	0	1	2	3
I felt that I was rather touchy	0	1	2	3



I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
I felt scared without any good reason	0	1	2	3
I felt that life was meaningless	0	1	2	3

## Appendix K

Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985)

**SWLS**

Below are 5 statements that you may agree or disagree with. Using the 7-point scale below, indicate your agreement with each item by placing the appropriate number in the space preceding the item. Please be open and honest in your responding.

7 = Strongly agree

6 = Agree

5 = Slightly agree

4 = Neither agree nor disagree

3 = Slightly disagree

2 = Disagree

1 = Strongly disagree

\_\_\_\_\_ In most ways my life is close to my ideal.

\_\_\_\_\_ I am satisfied with the current state of affairs in my life.

\_\_\_\_\_ If I could live my life over, I would change almost nothing.

\_\_\_\_\_ My life does not live up to the standards I have for a good life.

\_\_\_\_\_ I am satisfied with my life.