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## The Relationship between Gay-Related Stress and Ethnicity for Homosexual and Bisexual Males

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Running Head: GAY-RELATED STRESS

The Relationship between Gay-Related Stress and Ethnicity  
for Homosexual and Bisexual Males

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## Abstract

This was a two-part study that aimed to explore the relations between ethnicity and internal and external gay-related stress for homosexual and bisexual males. In the first study, ethnic participants exhibited more internal and external gay-related stress than Caucasian participants. Ethnicity was found to be closely related to internal gay-related stress, and less related to external gay-related stress. In the second study, which was a secondary analysis of data from the Lighthouse Institute, ethnicity and/or sexual orientation did not seem to be closely related to substance abuse or mental/emotional health issues.

The term homosexual first appeared in the late nineteenth century, in a work by Krafft-Ebing, called *Psychopathia Sexualis* (Simpson & Welner, 1989). Even in its first textual appearance, the term “homosexual” bore a negative connotation as a psychological abnormality. Throughout much of the twentieth century many individuals who engaged in same-sex sexual activity chose to remain in the closet because of religious, legal, and cultural repression (Patterson, 1995). It was not until The Stonewall Rebellion of 1969, which marked the beginning of the modern lesbian and gay liberation movement that many lesbian women, gay men, and bisexual people emerged from the closet declaring their nonheterosexual identities (Eliason, 1996; Patterson, 1995; Parks, Hughes, & Matthews, 2004).

The emergence of this new class of sexual identity was met with some opposition. Just as in the nineteenth century, much of society viewed people who self-identified as homosexual as suffering from some sort of psychological abnormality. Until the 1970s, the American Psychological Association and the American Psychiatric Association regarded homosexuality as a diagnosable psychological disorder (Patterson, 1995; Walters & Simoni, 1993; Meyer, 2003). For much of the twentieth century the lesbian, gay, bisexual, and transgender (LGBT) population was virtually invisible in empirical research. When they were included in the literature of developmental psychology, they were typically discussed in the context of pathology (Patterson, 1995).

In recent years, however, empirical research regarding the LGBT population has significantly increased (Cass, 1984; Eliason, 1996; Greene, 1994). One reason for the growth in research on this subject is that the concept of homosexuality is as controversial as it is complex. There is even controversy regarding the conceptualization of sexual orientation. Many medical, legal, and theological disciplines define sexual orientation as an innate and essential aspect of an individual that is acquired at birth or during early childhood, and fixed throughout one's lifespan (Eliason, 1996; Patterson, 1995). Other scholars have argued that sexual orientation can change over time and circumstances (Byne & Parsons, 1993; Haslam, 1997; Patterson, 1995). In this study, in order to minimize ambiguity, sexual orientation was conceptualized as an innate characteristic that is acquired at birth. Sexual orientation contributes to the formation of sexual identity (Harper, Jernewall, & Zea, 2004; Consolacion, Russell, & Sue, 2004), which is socially categorized as heterosexual, bisexual, or homosexual.

Homosexual identity is classified as a typological identity, which is an organized set of self images and feelings that an individual holds with regard to some social category (Cass, 1984). This identity is a synthesis of the individual's own perceptions of self with the individual's views on how others perceive this aspect of self (Eliason, 1996; Troiden & Goode, 1980; Cass, 1984). Homosexual identity is an example of a typological identity because self images as a homosexual are processed together with images of homosexuality believed to be held by others. When both images are in agreement, homosexual identity is created (Cass, 1984; Icard, 1985; Rosario, Schrimshaw, & Hunter, 2004; Troiden & Goode, 1980; Loiacano, 1989). When these images are not in

agreement, an individual may still experience homosexual desires and may even engage in homosexual activity, but such an individual is reluctant to self identify as homosexual (Harper, Jernewall, & Zea, 2004; Miller, Serner, & Wagner, 2005). Society may label such an individual as homosexual, but this person is not likely to identify himself or herself as homosexual.

Over the years there has been a multitude of theories to explain the process by which one acquires a homosexual identity. This process has been labeled homosexual identity formation, sexual identity development, resocialization, identity acquisition, or coming-out (Cass, 1984; Eliason, 1996; Troiden, 1980; Rosario et al., 2004). Vivienne Cass (1984) developed a theory based on cognitive, behavioral, and affective dimensions to explain the process of homosexual identity formation. Her theory, supported by theoretical and empirical validity, is the most extensively studied model of homosexual identity formation in the psychological literature (Eliason, 1996; Patterson, 1995; Parks et al., 2004; Loiacano, 1989; Rosario et al., 2004; Icard, 1985; Dubé & Savin-Williams, 1999; Troiden, 1980; Rosario, Hunter, Maguen, Gwadz, & Smith, 2001; Meyer, 2003; Rostosky & Riggle, 2002; Walters & Simoni, 1993). The following is a description of each of the six stages of the process of homosexual identity development as defined by Cass (1984).

#### Stage 1: Identity Confusion

Individuals recognize that their behavior (actions, feelings, and thoughts) may be characterized as homosexual. This realization brings about confusion, since prior

identities relating to sexual orientation are under question. The possibility of a homosexual identity may also lower self-esteem (Cass, 1984; Loiacano, 1989; Rosario et al., 2004; Icard, 1985).

#### Stage 2: Identity Comparison

Individuals are faced with feeling of alienation as the differences between themselves and heterosexuals become more clearly defined. They may think about making contact with homosexuals in order to lessen their feelings of alienation. (Cass, 1984; Eliason, 1996; Patterson, 1995; Parks et al., 2004).

#### Stage 3: Identity Tolerance

Individuals become increasingly more committed to the homosexual self-image. There is a tolerance of the homosexual self-image, rather than an acceptance of it. The individuals begin to seek the company of homosexuals in order to fulfill social, sexual and emotional needs. There is maintenance of two separate images in this stage: a public heterosexual and a private homosexual. The latter of which is only presented in the company of other homosexuals. Disclosure to heterosexuals is very limited in this stage (Cass 1984; Dubé & Savin-Williams, 1999; Troiden, 1980; Rosario et al., 2001).

#### Stage 4: Identity Acceptance

There is increased contact with the homosexual culture in this stage. As a result, individuals acquire a more positive view of homosexuality. Disclosure is made to others, mostly family and close friends. The questions such as “Who am I?” and “Where do I belong?” are resolved during this stage (Cass, 1984; Meyer, 2003; Rostosky & Riggle, 2002; Walters & Simoni, 1993).

#### Stage 5: Identity Pride

During this stage individuals tend to have feelings of pride towards their homosexual identities and a sense of loyalty to homosexuals. Feelings of anger about society's stigmatization of homosexuality lead individuals to devalue and stereotype heterosexuals. The anger felt in this stage leads to disclosure and purposeful confrontations with heterosexuals (Cass 1984; Eliason, 1996; Patterson, 1995).

#### Stage 6: Identity Synthesis

Individuals no longer perceive society as divided into good homosexuals and bad heterosexuals, and the anger and pride associated with the previous stage diminishes. Individuals come to see themselves as having multiple identities, only one of which is homosexual. One's self-image and the views believed to be held by others are synthesized to create a holistic identity that unites both private and public aspects of self, thus completing the process of identity formation (Cass, 1984; Rosario et al., 2001; Meyer, 2003; Loiacano, 1989).

#### Gay –Related Stress

Not everyone reaches the stages of identity acceptance and synthesis in Cass's model (1984). Many LGBT individuals become fixated in earlier stages in homosexual identity development because of issues associated with gay-related stress (Rosario et al., 2004). Gay-related stress refers to stress that is a product of the stigmatization of being or being perceived as LGBT in a community in which homosexuality is viewed negatively (Rosario, Schrimshaw, Hunter, & Gwadz, 2002). There are two types of gay-related stress. The first is an external aspect which involves the experience of violence, verbal abuse, and rejection from others who dislike LGBT individuals. The other type of gay-related stress involves the internalization of society's stigmatization of homosexuality,



also known as internal homophobia (Rosario et al., 2002; Dubé & Savin-Williams, 1999; Rosario et al., 2004). Discomfort with homosexuality, which refers to an individual's discomfort with disclosing his or her sexual orientation, is an example of internal gay-related stress (Meyer, 2003; Parks et al., 2004). Gay-related stress can contribute to many psychosocial problems for LGBT individuals, namely suicide, and substance use (Meyer, 2003; Safren & Heimberg, 1999; Dubé & Savin-Williams, 1999; Savin-Williams, 1994; Winters, Remafedi, & Chan, 1996).

Suicidality among LGBT youth first came to national attention after the publication of Gibson's (1989) report to the Secretary's Task Force (Savin-Williams, 2001). After reviewing clinical and research literature, Gibson concluded that gay adolescents are three times more likely to attempt suicide than heterosexual adolescents (cited in Savin-Williams, 1994; Savin-Williams, 2001). Safren and Heimberg (1999) found a similar trend in that nearly 30% of lesbian, gay, and bisexual participants reported having attempted suicide at least once, compared with approximately 13% of the heterosexual participants. Savin-Williams (2001) found that sexual minority youth were twice as likely as heterosexual women and ten times more likely as heterosexual men to report a suicide attempt. Lesbian, gay, and bisexual youth were also more likely to report feelings of hopelessness and depression than heterosexual youth (Safren & Heimberg, 1999).

Since gay-related stress contributes to the hopelessness, depression, and subsequent suicide attempts of LGB youth, it is not surprising that gay-related stress also contributes to substance use in this population. The rate of substance use is higher among LGBT individuals than individuals of the general population (Winters et al., 1996; Savin-

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Williams, 1994; Rosario, Hunter, & Gwadz, 1997). Rosario et al. (1997) found that ninety-one percent of LGBT youth reported use of illegal substances, which was higher than the national average. Non-heterosexual females and males were respectively 6.4 and 4.4 times as likely to report substance abuse as their heterosexual counterparts (Rosario, Hunter, & Gwadz, 1997). In a study that compared gay and bisexual male adolescents' substance use to that of heterosexual male adolescents, twice as many gay and bisexual youth met criteria for substance abuse than heterosexual youth (Winters et al., 1994).

The high prevalence of suicide attempts and substance use among LGBT individuals suggests that there may be a direct relation between the stigma of homosexuality and the maladaptive behaviors (suicide attempts and substance use) of non-heterosexual individuals (Rosario et al., 1997; Savin-Williams, 1994; Savin-Williams, 2001; Safren & Heimberg, 1999; Meyer, 2003; Rosario et al., 2002). The harassment and discrimination (external gay-related stress) experienced by some homosexuals, along with the internalization of the negative stigma associated with homosexuality are likely contributors to the high rates of suicide and substance use in the homosexual community (Rosario et al., 2002; Savin-Williams, 2001; Safren & Heimberg, 1999; Rosario et al., 2002).

Some subgroups within the homosexual community may experience more discrimination and stigmatization than others. One subgroup may be persons of the ethnic minority population (Rosario et al., 2004; Loiacano, 1989; Parks, Hughes, & Matthews, 2004; Dubé & Savin-Williams, 1999; Greene, 1994; Harper, Jernewell, & Zea, 2004). In past years, the ethnic population has been virtually invisible in the research and study of homosexual identity. In an examination of empirical literature on LGBT ethnic minorities

over a 10-year period (1992-2002), 124 articles were published in APA journals about the LGBT community, and of those only .04% focused on ethnic LGBT individuals (Jernewall & Zea, 2004; Harper et al., 2004). LGBT ethnic minorities often have experiences that differ from those of the LGBT ethnic majority. Therefore it is important not to make generalizations about ethnic LGBT people from research that is solely based on the experiences of European American people. The diverse ethnic backgrounds of minority LGBT people should be considered when evaluating their coming-out experiences (Greene, 1994; Parks et al., 2004; Dubé & Savin-Williams, 1999; Consolacion, Russell, & Sue, 2004; Icard, 1985; Rosario et al., 2001; Stokes, Venable, & McKirnan, 1996; Crawford, Allison, Zamboni, & Soto, 2002; Harper et al., 2004).

Ethnicity is a social category that consists of various interactions between factors such as culture, religion, family, country of origin, and social experiences (Dubé & Williams, 1999). In many ethnicities, one's identity as a member of a specific ethnic group conflicts with one's LGBT identity. As a result, LGBT minorities may experience multiple levels of oppression, as they challenge society's negative reactions to their homosexuality, as well as racial prejudice and limited acceptance within their own cultural community (Harper et al., 2004; Greene, 1994; Loiacano, 1989; Dubé & Savin-Williams, 1999). The following are general descriptions of Asian American, Latin American, and African American ethnic groups, all of which encourage strict values in regards to gender roles, sexuality, and sexual orientation. It is important to keep in mind that there is diversity among as well as within ethnic groups, thus the following descriptions do not apply to all members of any ethnic group (Greene, 1994).

#### *Asian American*

Although Asian American is a term used to describe people from many different geographical regions and cultures, the term will be used in this work to refer to Japanese and Chinese Americans. The most important value in most Asian American families is obedience to one's parents and elders (Chan, 1992; Greene 1994). Obedience includes conforming to established gender roles. Men are generally expected to continue the family name by marrying and reproducing. Women are expected to conform to the role of dutiful daughter and later of wife and mother.

Sex is considered a taboo subject, never to be discussed openly. Same-gender sexual relationships may occur among women and men, but such relationships are not negatively stigmatized as long as one does not acknowledge a nonheterosexual identity (Chan 1992; Greene 1994). Open disclosure of a gay or lesbian identity would threaten the continuation of family lineage, thus disgracing the family and culture. This may also be true of European American families, but the threat of discontinuation of family lineage is more strongly emphasized in Asian American families (Chan, 1992; Greene, 1994). These negative attitudes towards homosexuality often cause gay and lesbian members of the Asian American community to feel pressure to choose between their sexual orientation and their culture (Greene, 1994).

### *Latin American*

The Latin American or Hispanic heritage includes Puerto Rican, Mexican American, Latin American, and other people from Spanish-origin Caribbean islands. For many Latin Americans, family is the primary source of support. Gender roles are often well-established in the family. Men are expected to be dominant, independent and provide for, protect, and defend the family; while women are expected to be dependent,

submissive, virtuous, and respectful of elders. Physical and emotional closeness among women is common, and this behavior is not presumed to be indicative of lesbianism. In fact, closeness among female friends during adolescence may diminish contact with men, thus protecting the virginity of young girls (Carrier, 1976; Greene, 1994).

For men, it is possible, and quite common to engage in same-gender sexual behavior and not acquire a homosexual identity. Rather than the behavior, it is the acknowledgement and disclosure of a homosexual identity that bears fervent disapproval in the Latino community (Greene, 1994). The masculine role as active inserter in homosexual encounters is less stigmatized than the passive recipient role. In his study involving the sexual behaviors of men in urban Mexico, Carrier (1976) found that men were expected to either play the role of inserter or recipient (not both) and obtain maximum sexual gratification through anal intercourse and avoid fellatio in order to avoid the stigmatization of being labeled as homosexual (Harper et al., 2004; Stokes, Miller, & Mundhenk, 1998).

Researchers suggest that heterosexism; a system that denies, degrades, and stigmatizes non-heterosexual behavior, identity, and relationships, plays a dominant role in Hispanic cultures (Harper et al., 2004; Patterson, 1995). Although heterosexism exists in the European American community, it is more common in the Latin American community. This heterosexist oppression leaves many gay and lesbian members of the Hispanic community feeling the need to remain in the closet about their true sexual identity. Thus they may engage in behavior that is generally identified as homosexual, but still try to maintain their heterosexual identity (Greene, 1994).

*African American*

There is also a strong presence of heterosexism among African Americans who have origins in Western Africa, and share lineage with Indian and European cultures. Some research suggests that African-Americans are believed to have less social tolerance of homosexuality than Caucasians (Ernst, Francis, Nevels, & Lemeh, 1991; Greene, 1994; Icard, 1985; Rosario et al., 2002). The black church is very influential in the negative attitudes held by the African American community regarding homosexuality. According to some black churches, homosexual behavior is an abomination in the eyes of God. It is sinful and unnatural, and people who engage in such behavior are often marginalized in the African American community (Icard, 1985; Greene, 1994; Ernst et al., 1991). The presence of heterosexism in the African American community discourages gay men, lesbian women, and bisexual people from disclosing their nonheterosexual identities.

When an African American LGBT person experiences negative reactions from his/her ethnic group, the LGBT community should be a safe haven, free from criticism and discrimination. However, black men are less involved in the gay community and less likely to belong to gay-oriented organizations than white men (Rosario et al., 2004; Stokes et al., 1998; Icard, 1985; Miller et al., 2005). A possible explanation for black men's lack of participation in the gay community is discrimination based on their ethnicity. This leaves them feeling alienated and rejected from both the African American and the LGBT communities (Icard, 1985; Stokes et al., 1998; Rosario et al., 2004).

The threat of heterosexism and the negative views of homosexuality in the African American community may explain why some black men resort to a life on the "down low." "Down low" is a colloquial term used to refer to secretive behavior.

Recently, however the term has taken on an additional meaning. "Down low" is now the term used to refer to men who self identify as heterosexual, but engage in homosexual behavior (Miller, Serner, & Wagner, 2005). Some research suggests that there are a disproportionate number of males in the African American community who self-identify as heterosexual, yet engage in sexual activity with men (Rosario et al., 2004; Stokes et al., 1998; Miller et al., 2005). In a recent study about men who have sex with men (MSM) Miller, Serner, and Wagner (2005) found that black MSM were reluctant to label themselves as homosexual. Even those men who were comfortable with their homosexual identity tended to have negative stereotypes about homosexuality and tried to conform to a masculine identity.

The sexual behavior of MSM has serious health implications for both their male and female sexual partners. According to the Centers for Disease Control and Prevention (CDC), in 2003 57% of men with AIDS contracted it through male-to-male contact, while 71% of women who contracted AIDS did so though heterosexual contact. It can be reasonably assumed that some women who contracted AIDS from heterosexual contact were infected by MSM who contracted the virus through homosexual contact. The threat of the spread of the AIDS virus to both males and females suggests that more research needs to be done regarding this subject. It is important to understand and possibly alleviate the stress related to the acquisition of a homosexual identity for both ethnic and Caucasian individuals, so that LGBT persons feel more comfortable disclosing their true sexual identity.

Previous research that has explored the relation between ethnicity and homosexuality has led to conflicting results. For example, Rosario et al. (2002) found that

black LGB youth reported more discomfort with homosexuality than Latino and white youths. In this study, ethnicity was related to the internal gay-related stress (discomfort with homosexuality) of the black participants. In contrast, there were no differences between the ethnic groups of LGB youths for self-esteem, ability to cope with psychological issues, and rate of substance use (Rosario et al., 1997). In other words, ethnicity was not related to the gay-related stress of the adolescents. The contradictory results of the two studies suggests that subsequent research needs to be done that explores the relationship between ethnicity and gay-related stress for LGB individuals.

### Current Study

The current study was done in two parts. The first study was intended to explore the relation between ethnicity and gay-related stress for homosexual and bisexual males through questionnaires. For the purposes of this study, homosexuality and bisexuality were combined. The focus of this study was how deviance from the majority sexual orientation (heterosexuality) is related to other variables such as gay-related stress and ethnicity. Also, in order to minimize the presence of confounding variables, only men were included in this study.

Another goal of this study was to examine how the coming out process of ethnic and Caucasian homosexual males compared to the stages of development of a homosexual identity as defined by Cass (1984). A description of each of the stages developed by Cass (1984) was used to assess which stages, if any, the participants were in during the time of the interview. For the purpose of accuracy when selecting the stages, participants were not asked to think retrospectively about stages they may have



experienced in the past; the researcher was only interested in the stage that the participant was experiencing at the time when they were completing the questionnaire.

Since many ethnic LGBT individuals experience heterosexism in their ethnic community, as well as racism within the homosexual community, it was hypothesized that the ethnic participants would rate higher on the measures of external and internal gay-related stress than the Caucasian American participants. Also given that most of the research involving the acquisition of a homosexual identity has excluded the ethnic population, it was hypothesized that more Caucasian American participants would fit the criteria for inclusion of one of the stages of Cass's (1984) model of homosexual identity development than would ethnic participants.

The second study was a secondary analysis of data. The goal of this study was to determine whether ethnicity and/or sexual orientation were related to the rate of substance abuse and mental/emotional health of participants. Based on the results of previous studies, it was hypothesized that homosexual participants would have higher rates of substance abuse and report more issues related to mental/emotional health than heterosexual participants. It was also hypothesized that ethnic homosexual participants would report more substance abuse and mental/emotional issues than Caucasian homosexual participants.

### Study 1

#### *Method*

*Participants.* The majority of participants were recruited from LGBT focused organizations at Illinois Wesleyan University and Illinois State University. Due to very low membership of ethnic minority homosexual/bisexual males in these organizations,

the majority of ethnic participants were recruited by a snow ball effect. Participants recruited their ethnic friends who were not present at the LGBT focused group meetings. There were seven male participants in the study (4 Caucasians, 2 African-Americans, 1 Hispanic). Due to the small sample size, participants were divided into two groups, Caucasian ( $N = 4$ ) and ethnic minority ( $N = 3$ ). The average age was 22 years old. When asked to rate themselves on the Kinsey-like scale of sexual identity (see Appendix A), the mean score was 5.71, indicating that participants considered themselves to be in between “heterosexual/homosexual equally” and “homosexual only.”

*Procedure.* The study took place at the meeting locations of the LGBT focused organizations at Illinois Wesleyan and Illinois State Universities, both located in central Illinois. Participants were first asked to sign an informed consent form. Next participants were asked to rate themselves on the Kinsey-like scale of sexual identity (see Appendix A). The scale contains endpoints of “heterosexual only” or “homosexual only.” Participants who rated themselves as 1 or 2 were considered heterosexual; 3, 4, or 5, as bisexual; and 6 or 7 as homosexual (Doll, Petersen, White, Johnson, & Ward, 1992). Those participants who rated themselves as a 1 or 2 on the scale (heterosexual) were excluded from the remainder of the study, as the aim of the study was to explore the coming out experience of nonheterosexual individuals. Participants who rated themselves higher than a 2 on the Kinsey-like scale of sexual identity were then asked to provide the principal investigator with background information such as age and ethnicity. Next participants were asked to complete several self-report questionnaires concerning their sexual identity (see Appendices B through G), and to notify the principle investigators upon their completion. After participants completed the questionnaires, they were given a

debriefing form which included the contact information of mental health professionals in case they were troubled by anything during the data collection process.

### *Measures.*

#### HOMOSEXUAL IDENTITY DEVELOPMENT QUESTIONNAIRE

Homosexual identity development was measured in two ways. Firstly, participants were asked to complete a questionnaire that included the following three questions to create a general timeline of their homosexual identity development: at what age did you first wonder whether you might be homosexual?; at what age did you first decide you were homosexual?; and at what age did you first tell someone that you were homosexual? These questions were developed by Parks et al. (2004) and yielded valid results when asked in interviews.

Secondly, participants were instructed to read descriptions that correspond to the six stages of sexual identity development, as perceived by Cass (1984), and to select the stage that best described them at the present moment. Participants were given the option of selecting “none of the above” if they felt that none of the descriptions applied to them (see Appendix B).

#### SELF DISCLOSURE QUESTIONNAIRE

This questionnaire was designed to assess the rate of participants’ self disclosure of their nonheterosexual identity (see Appendix C). Participants were asked to list the name and relation of the first person they revealed their homosexual identity to. The questionnaire also included a list of people (e.g. family, friends, co-workers) and participants were asked to indicate whether or not they had self-disclosed their homosexual identity to each of them. This measure was an adaptation of a measure used

by Parks et al. (2004). Of the people who are aware of the participants' homosexual identity, participants were asked to rate them on their level of acceptance, ranging from "very accepting" to "not at all accepting." This part of the questionnaire was developed from a combined method used in previous research (Stokes et al., 2001; Loiacano, 1989).

#### PERCEIVED ACCEPTANCE IN ETHNIC COMMUNITY QUESTIONNAIRE

Participants were asked to rate their perspective ethnic community's perceived acceptance of their nonheterosexual identity on a scale from "very accepting" to "not at all accepting." Participants were also asked two open-ended questions, proposed by Loiacano (1989) regarding their ethnic group's acceptance of their homosexuality/bisexuality (see Appendix D).

#### SELF ACCEPTANCE QUESTIONNAIRE

Participants were asked to rate their agreement, ranging from "strongly disagree" to "strongly agree" on four statements intended to assess their self-acceptance of their homosexual/bisexual behavior (Stokes, Vanable, & McKirnan, 2004). Based on their responses, participants were questioned further about their self acceptance regarding their homosexual/bisexual behavior (see Appendix E).

#### SELF ESTEEM QUESTIONNAIRE

LGBT individuals often experience a lowered self-esteem in the process of their development of a nonheterosexual identity. In this questionnaire, self-esteem was assessed by participants' self ratings on sixteen personality traits (see Appendix F). This measure is a modified version of the Beck Self-Concept Test (Beck, Steer, Epstein, & Brown, 1990). For the purpose of statistical analysis, the direction of the scale made it

more feasible to include only sixteen personality traits instead of the twenty-five items that were used in the original Beck Self-Concept Test.

#### EXTERNAL GAY-RELATED STRESS QUESTIONNAIRE

Participants were asked twelve questions in order to assess their level of external gay-related stress (see Appendix E). This twelve item checklist was developed by Rosario et al. (2002) to measure gay-related stressful events in the lives of homosexual individuals.

#### *Results*

*Homosexual Identity Development.* A series of t-tests were performed to determine whether the two groups (Caucasian and ethnic) differed on measures of homosexual identity development. Due to the small number of participants in the sample, none of the t-tests were statistically significant,  $p > .05$ . Effect size (Cohen's  $d$ ), which is not affected by sample size, revealed that with a larger sample a difference would have emerged between the means of the two groups for two items related to homosexual identity development.

For the question "at what age did you first tell someone you were homosexual," (Appendix B) an effect size of .69 was calculated for the Caucasian group ( $M = 17.25$ ,  $SD = 4.72$ ) and the ethnic group ( $M = 14.5$ ,  $SD = .71$ ). This is a large effect size, indicating that the Caucasian group was .69 standard deviations older than the ethnic group when they first told someone they were homosexual (see Table 1).

The effect size was also calculated for Cass's six stage process of homosexual identity formation (Appendix B), in which larger numbers indicate a more developed homosexual identity, with stage 1 being the least developed and stage 6 being the most

developed. The effect size for this item was .88, indicating that the Caucasian group ( $M = 6.00$ ,  $SD = .00$ ) was .88 standard deviations higher than the ethnic group ( $M = 4.66$ ,  $SD = 2.31$ ). According to Cass's six stages of homosexual identity development, the Caucasian participants exhibited a more developed homosexual identity than the ethnic participants.

*Self Disclosure.* Although t-tests revealed no statistically significant differences between the two groups on measures of self disclosure  $p > .05$ , the effect sizes revealed that if more participants had been included in the study, there would have been differences on some self disclosure measures (see Table 1). For the items "does your father know about your homosexual identity," and "do your sisters know about your homosexual identity" a score of 0 indicated that the participant's father and sisters do not know about his homosexual identity, and a score of 1 indicated that the participant's father and sisters knows about his homosexual identity (Appendix C). More Caucasian participants ( $M = .75$ ,  $SD = .50$ ) than ethnic participants ( $M = .33$ ,  $SD = .58$ ) responded that their father knows about their homosexual identity ( $d = .78$ ). Similarly, when asked "do your sisters know about your homosexual identity," more Caucasian participants ( $M = .67$ ,  $SD = .56$ ) than ethnic participants ( $M = .33$ ,  $SD = .58$ ) responded that their sisters know about their homosexual identity ( $d = .61$ ).

The two groups did not always differ on the rate of self disclosure to their family members (see Table 1). For the question, "does your mother know about your homosexual identity," a score of 0 indicated the participant's mother does not know about his homosexual identity and a score of 1 indicated the participant's mother knows about his homosexual identity (Appendix C). The majority of both Caucasian ( $M = .67$ ,  $SD =$

.58) and ethnic ( $M = .67$ ,  $SD = .58$ ) participants responded that their mother knows about their homosexual identity ( $d = .00$ ).

Participants were also asked if their heterosexual friends, people at school, and neighbors know about their homosexual identity. For each of these three questions consistently more Caucasian participants ( $M = 1.00$ ,  $SD = .00$ ) than ethnic participants ( $M = .67$ ,  $SD = .56$ ) responded that their heterosexual friends, people at school, and neighbors know about their homosexual identity ( $d = .88$ ) (see Table 1).

*Perceived Acceptance in Ethnic Community.* T-tests revealed no statistically significant differences,  $p > .05$  between the two groups on items measuring the participants' perceived acceptance of their homosexual identity in their family or ethnic community (Appendix C and D). Effect sizes for some items on this measure were high (see Table 1).

When participants were asked to rate their mother's level of acceptance of their homosexual identity on a scale from "not at all accepting" (0 value) to "very accepting" (3 value), the mean score of Caucasian participants ( $M = 3.00$ ,  $SD = .00$ ) was higher than that of ethnic participants ( $M = 1.67$ ,  $SD = 1.53$ ),  $d = 1.02$ . Similarly, when participants were asked to rate their father's level of acceptance of their homosexual identity, the mean score of Caucasian participants ( $M = 2.33$ ,  $SD = .58$ ) was higher than that of ethnic participants ( $M = 1.00$ ,  $SD = 1.41$ ),  $d = 1.00$ .

When participants were asked to rate their ethnic community's level of acceptance of their homosexual identity on the same scale, the mean score of Caucasian participants ( $M = 2.25$ ,  $SD = .50$ ) was higher than that of ethnic participants ( $M = 1.00$ ,  $SD = 1.00$ ),  $d = 1.31$ . Mean scores for the two groups on this item approached statistical

significance,  $t(5) = -2.207, p = .078$ . These scores indicate that Caucasian participants perceived their ethnic community as more accepting of their homosexual identity than ethnic participants.

*Self Acceptance of Homosexual Identity.* Although there were no statistically significant differences,  $p > .05$ , between the two groups on items measuring self acceptance of homosexual identity (Appendix E), two items approached statistical significance. For the item, “homosexuality is unnatural” participants were asked to rate how much they agree or disagree with the statement. Responses ranged from “strongly agree” (0 value) to “strongly disagree” (3 value). The difference between the Caucasian group ( $M = 3.00, SD = .00$ ) and the ethnic group ( $M = 2.33, SD = .58$ ) approached statistical significance,  $t(5) = -2.390, p = .062$ . The effect size for this item was 1.37. Similarly for the item “I will be punished for my homosexual feelings and acts,” the difference between the Caucasian group ( $M = 3.00, SD = .00$ ) and the ethnic group ( $M = 2.33, SD = .58$ ) approached statistical significance,  $t(5) = -2.390, p = .062$ . The effect size for this item was 1.37 (see Table 1). The results from these items suggest that the Caucasian participants were more accepting of their homosexual identity than the ethnic participants.

*Self Concept.* On the self concept questionnaire (Appendix F) participants were asked to rate themselves on sixteen items ranging from “worse than nearly anyone I know” (0 value) to “better than nearly anyone I know” (4 value). The only item measuring self concept that was statistically significant was athletic ability. Ethnic participants rated themselves higher on athletic ability ( $M = 2.33, SD = .58$ ) than



Caucasian participants ( $M = 1.00$ ,  $SD = .82$ ),  $t(5) = 2.53$ ,  $p = .05$ . The effect size for this item was 1.37.

Although there were no other statistically significant differences between the two groups on items measuring self concept, the effect sizes for some of the items were large enough to suggest that differences between the two groups might emerge with a larger sample. Ethnic participants rated themselves higher ( $M = 2.67$ ,  $SD = .58$ ) than Caucasian participants ( $M = 2.00$ ,  $SD = .82$ ) on popularity ( $d = .88$ ). On the contrary, Caucasian participants rated themselves higher than ethnic participants on personality ( $d = .88$ ), learning ability ( $d = .88$ ), and appearance ( $d = .66$ ). Overall, the results suggest that Caucasian participants have a more positive self concept than ethnic participants (see Table 1).

*External Gay-related Stress.* Although t-tests revealed no statistically significant differences,  $p > .05$  between the two groups on items measuring external gay-related stress, the effect sizes for some of these items were large (see Table 1).

For the question, “have you experienced arguments with your parents about your homosexuality,” a score of 0 indicated that the participants had never experienced the event and a score of 1 indicated that the participants had experienced the event (Appendix G). More ethnic participants ( $M = .33$ ,  $SD = .58$ ) than Caucasian participants ( $M = .00$ ,  $SD = .00$ ) responded that they had experienced arguments with their parents about their homosexuality,  $d = .88$ .

Using the same scale for the question, “have you experienced arguments between your parents about your homosexuality,” more ethnic participants ( $M = .33$ ,  $SD = .58$ ) than Caucasian participants ( $M = .00$ ,  $SD = .00$ ) responded that their parents had

arguments amongst themselves about the participants' homosexuality ( $d = .88$ ).

Similarly, when asked if they had experienced trouble with classmates about their homosexuality, more ethnic participants ( $M = .67, SD = .58$ ) than Caucasian participants ( $M = .25, SD = .50$ ) responded that they had experienced this event.

Some of the items did not reveal a difference between the Caucasian and ethnic participant responses. For the question, "have you ever been physically assaulted in a gay-bashing incident," a score of 0 indicated that the participants had never experienced the event and a score of 1 indicated that the participants had experienced the event. The responses of both the ethnic ( $M = .33, SD = .58$ ) and the Caucasian participants ( $M = .25, SD = .50$ ) were similar ( $d = .17$ ), which suggests there was not much difference between the two groups on this item. Likewise, when participants were asked if they had experienced the loss of a close friend because of their homosexuality, the responses of ethnic ( $M = .33, SD = .58$ ) and Caucasian ( $M = .25, SD = .50$ ) participants were similar ( $d = .17$ ).

### *Discussion*

One of the major goals of this study was to determine the relationship between ethnicity and internal and external gay-related stress for homosexual males. Since many ethnic LGBT individuals experience heterosexism in their ethnic community, as well as racism within the homosexual community, it was hypothesized that the ethnic homosexual participants would exhibit more internal and external gay-related stress than the Caucasian homosexual participants. Internal gay-related stress was measured by participants' responses on questionnaires regarding homosexual identity development, rates of self disclosure, perceived acceptance of homosexuality in one's family and ethnic

community, self concept, and self acceptance of one's homosexuality. Although most of the measures for the current study did not reveal statistically significant differences between the two groups, the large effect sizes for some of the measures suggest that if a larger sample were used, differences would emerge. Overall, the results of the current study support the original hypothesis and the findings of previous literature that ethnic homosexual males seem to experience more internal gay-related stress than Caucasian homosexual males. However, for the measures of external gay-related stress, there was less difference between ethnic and Caucasian homosexual males. These results suggest that ethnicity might be more related to internal gay-related stress than external gay-related stress.

*Internal Gay-Related Stress.* Using Cass's (1984) model of homosexual identity formation as a theoretical guide, the Caucasian participants exhibited a more developed homosexual identity than the ethnic participants. In Cass's model, there are six stages of homosexual identity development, with stage 6 being the stage of development in which confusion or doubts about identity have been well sorted out (Cass, 1984). The average stage of homosexual identity development for the ethnic group was Stage 4, identity acceptance. In this stage, there is increased contact with the homosexual culture. As a result, individuals acquire a more positive view of homosexuality. Disclosure is made to others, mostly family and close friends. The questions such as "Who am I?" and "Where do I belong?" are resolved during this stage (Cass, 1984; Meyer, 2003; Rostosky & Riggle, 2002; Walters & Simoni, 1993).

The average stage of homosexual identity development for the Caucasian group was Stage 6, the identity synthesis stage. In Stage 6, individuals no longer perceive

society as divided into good homosexuals and bad heterosexuals, and the anger and pride associated with the previous stage diminishes. Individuals come to see themselves as having multiple identities, only one of which is homosexual. One's self-image and the views believed to be held by others are synthesized to create a holistic identity that unites both private and public aspects of self, thus completing the process of identity formation (Cass, 1984; Rosario et al., 2001; Meyer, 2003; Loiacano, 1989).

Several factors may explain why ethnic participants were in Stage 4, while Caucasian participants had progressed to Stage 6. Heterosexism, and other difficulties experienced by ethnic individuals may cause them to become fixated in certain stages of homosexual identity formation process (Rosario et al., 2004). Another possible explanation for the fixation of ethnic minorities in some of the earlier stages of homosexual identity formation is that ethnic males are usually less involved in LGBT support organizations than Caucasian males (Rosario et al., 2004; Stokes et al., 1998; Icard, 1985; Miller et al., 2005). Their lack of involvement in these organizations means they have less of a LGBT support group, which may prevent them from developing a holistic identity that unites both private and public selves (as characterized by Stage 6). Future research in this area could explore the relationship between ethnic participants' involvement in LGBT support groups and their level of homosexual identity development. Specific variables to consider would gauge the participant's level of involvement in the support groups (e.g. time commitment, executive positions, and length of membership) and how those variables are related to the participant's current stage of homosexual identity development. A possible research study could examine whether ethnic homosexual males who have a high level of involvement in LGBT support groups

have a more holistic identity than ethnic homosexual males who have never attended a LGBT support group meeting.

Although ethnic and Caucasian participants seemed to be in two different stages of homosexual identity development, both groups of participants seemed to follow similar processes of homosexual identity formation as proposed by Cass (1984). It was hypothesized that since very little research involving the process of homosexual identity formation has included ethnic participants, the ethnic participants might choose the option “none of the descriptions above accurately describe me, ” suggesting that they did not fit into any of Cass’s stages. Contrarily, both Caucasian and ethnic participants selected one of Cass’s stages to describe themselves. Although both ethnic and Caucasian participants selected one of the six stages as accurately reflecting their current stage of homosexual identity development, it is not conclusive that ethnic and Caucasian homosexuals follow the same process of homosexual identity formation. Future research on this subject should require participants to answer questions particularly related to each stage of development. For example, statements could be created that characterize each stage of development (none of the statements would be labeled as pertaining to a certain stage). Ethnic and Caucasian participants could be asked to select the statements that they believe best describes their homosexual identity development. Also participants could be asked to demonstrate in which order they experienced the stages. Questions such as these would be aimed at determining whether ethnic and Caucasian homosexuals progress through the same exact sequence of homosexual identity development, as proposed by Cass (1984). If results of future studies were to conclude that ethnic LGBT individuals do not follow the same process of homosexual identity development as Caucasian

individuals, it would be important for ethnic LGBT individuals and their families to understand the specific stages they are going through or might expect to go through in their formation of a homosexual identity. Also, these potential results may be an incentive for researchers to develop a more inclusive theory of homosexual identity development that describes the process of homosexual identity formation for both Caucasian and ethnic individuals.

The less developed homosexual identity of the ethnic participants may explain why, in the present study on average, they scored lower on issues of self acceptance (e.g. “I do not accept my identity as homosexual” and “I feel stress or conflict within myself over being attracted to men”). In Stage 4 of homosexual identity development, the homosexual individual attempts to fit into society oftentimes by portraying a heterosexual façade, while retaining a homosexual lifestyle (Cass, 1984). In this stage, individuals are struggling to accept themselves and to be accepted by others. Ethnic participants’ fixation in Stage 4 of homosexual identity development and their low level of self-acceptance are both indicative of higher levels of internal gay-related stress as compared to their Caucasian homosexual counterparts.

An individual’s discomfort with disclosing his or her sexual identity is also a manifestation of internal gay-related stress (Meyer, 2003; Parks et al., 2004). In the current study, internal gay-related stress was manifested by ethnic participants’ discomfort with disclosing their homosexual identities. On 62.5% of the items measuring self disclosure, ethnic participants reported that they had disclosed to fewer people than Caucasian participants. More ethnic participants reported that their fathers, sisters, neighbors, classmates, and heterosexual friends did not know about their homosexual

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identity than Caucasian participants. However, it should be noted that ethnic and Caucasian participants did not differ on disclosure to their mothers, brothers, and co-workers. Since both groups differed on self disclosure for some people, but not others, subsequent research should try to determine why this trend may have occurred. A follow-up question was included in the current study that asked participants why they chose to self disclose to some people, but not to others. Unfortunately, no trends were found in the qualitative responses for this item. In the future, this question should be asked in an interview format instead of a written format. More information may be revealed in verbal responses than in written responses.

A possible explanation of why ethnic participants self disclosed their homosexual identity to fewer people overall than Caucasian participants is that ethnic participants perceive their communities as less accepting of homosexuality than Caucasian participants. Some ethnic participant responses when asked about the acceptance of homosexuality in their ethnic community included: “they [the African American community] are scared of change”; “Many African Americans feel that [homosexuality] is the AIDs out-let to getting to our ethnicity”; “In the Hispanic community being gay is not masculine. [It’s] something you just don’t do.”

These results support the original hypothesis, which states that as a consequence of strong values held by both the African American and Latino cultures, there would be less perceived acceptance in the ethnic communities than in the Caucasian community. The responses of the ethnic participants are reflected in the results of previous studies, which found that the acknowledgement and disclosure of a homosexual identity bears fervent disapproval in the Latino community (Greene, 1994) and African Americans have

less social tolerance of homosexuality than whites (Ernst, Francis, Nevels, & Lemeh, 1991; Greene, 1994; Icard, 1985; Rosario et al., 2002). The results of this study suggest that although society as a whole seems to be progressing towards a more positive attitude towards homosexuality (LGBT support groups, presence in the media, etc.), many negative attitudes towards homosexuality still persist today, especially in ethnic communities. Future research should not only measure the perceived acceptance of homosexuality within ethnic groups, but it should measure the acceptance of homosexuality by providing questionnaires to heterosexual individuals within those ethnic communities. It would be interesting to determine whether attitudes towards homosexuality differ depending on whether an ethnic heterosexual female or male were responding to the questionnaire. It would also be interesting to determine whether attitudes towards homosexuality differ if ethnic heterosexual participants are asked about their views on homosexuality among male homosexuals or among female lesbians.

Although ethnic participants disclosed their homosexual identity to fewer people than Caucasian participants, ethnic participants first disclosed their homosexual identity at a younger age than Caucasian participants. While the average age for ethnic participants to first disclose their homosexual identity was 14.5, the average age for Caucasian participants was 17.25. As a consequence of heterosexism within ethnic communities (Harper et al., 2004; Patterson, 1995, Ernst et al., 1991; Greene, 1994; Icard, 1985; Rosario et al., 2002), it was originally hypothesized that ethnic individuals may experience more internal gay-related stress, thus would be less likely to disclose their homosexual identity at an earlier age than Caucasian individuals.



A possible explanation for the finding in the current study may be that the internal gay-related stress experienced by ethnic individuals may lead them to disclose this information at an earlier age instead of suppress it. It may be a way of relieving some of the internal gay-related stress of the ethnic participants for them to disclose their homosexual identity. Since the Caucasian participants may not have experienced as much internal gay-related stress as the ethnic participants, early self disclosure may not have been as beneficial for them.

Another possible explanation for the current findings may be that since the ethnic participants responded that they were younger than the Caucasian participants on two of the other developmental questions (“at what age did you first wonder whether you might be homosexual” and “at what age did you first decide you were homosexual”), it seems reasonable that they also reported that they were younger than Caucasian participants when asked “at what age did your first tell someone you were homosexual.” Although the effect size was large only for the question, “at what age did your first tell someone you were homosexual” the mean ages for the other two questions were still smaller for ethnic participants than for Caucasian participants. Similar results were found in a previous study in which ethnic lesbian women reported homosexual developmental milestones approximately 1 to 3 years earlier than Caucasian lesbians (Park et al., 2004).

One way to explain this trend for the developmental questions is that it may be possible that on average, ethnic individuals may develop a sexual identity at younger ages than Caucasian individuals. In other words, ethnic individuals may begin to question their sexuality and the sexuality of others at a very young age. This trend may also be true within the ethnic heterosexual population. Future research should compare ethnic

homosexual and heterosexual males on these three questions to Caucasian homosexual and heterosexual males, to find out if this trend is found in both homosexual and heterosexual populations.

Although the developmental differences between the ethnic and Caucasian participants may be a plausible explanation, it seems as if other factors influenced the trend found in the current study. For example, on average the ethnic participants reported that they first decided they were homosexual at 13.67 years old and they first told someone they were homosexual at 14.5 years old. This suggests that there was approximately a one year time gap between these two events. On average, Caucasian participants reported that they first decided they were homosexual at 14.75 years old, and they first told someone they were homosexual at 17.25 years old. This suggests that there was a 2.5 year time gap between these two events. There may have been a larger time gap for the Caucasian participants because they did not experience as much gay-related stress as ethnic participants. If developmental differences between the two groups were solely responsible for the age at first disclosure differences, the time gaps between participants first deciding they were homosexual and first telling someone they were homosexual would be expected to be equal for the two groups. Since the time gaps were not equal, it suggests that other factors such as gay-related stress may have been responsible for the differences.

Gay-related stress may also be related to self-esteem. Previous research has found that inner security and feelings of self-acceptance regarding one's homosexual identity were associated with high self-esteem, while less inner security and low levels of self-acceptance were associated with low self-esteem (Walters & Simoni, 1993; Rosario et al.,

2001). Based on the findings of previous research, it was hypothesized that ethnic participants would have a lower self-esteem than Caucasian participants. In the current study an adapted version of the Beck Self-Concept Test was used to measure self-esteem. There was a difference between the ethnic and the Caucasian participants' responses on 10 out of the 16 items on the self-concept questionnaire. On 80% of the items, Caucasian participants rated themselves higher than ethnic participants. This suggests that the Caucasian participants had a more positive self concept than the ethnic participants.

There are several possible reasons why the ethnic participants reported a less positive self concept than the Caucasian participants. The oppression and prejudice associated with being of double minority status (a racial minority and a minority in regards to sexual orientation) may lead the ethnic participants in this study to have a less positive self-concept than their Caucasian counter-parts who are of single minority status (minority in regards to sexual orientation). Ethnic homosexual males often experience discrimination and prejudice in both their ethnic community and the gay community. Historically, black homosexual men have received harsher treatment from society than Caucasian homosexual males (Icard, 1985). Also, ethnic homosexual individuals often report discrimination in gay bars, clubs, and other social gatherings based on their ethnicity. These individuals are also often marginalized in their ethnic communities based on their homosexuality (Crawford et al., 2002). As a consequence, ethnic homosexual individuals may feel alienated and rejected from both their ethnic community and the homosexual community. The discrimination, prejudices, and rejection experienced by ethnic homosexuals as a result of their double minority status may cause them to have a negative self concept.

Another possible explanation of why the ethnic participants in this study exhibited a less positive self-concept than Caucasian participants is that as a consequence of the system of oppression and racism experienced by ethnic individuals, they may have a less positive self-concept than Caucasians. In other words, the differences between the two groups on the measure of self-concept may be more related to ethnicity than to the sexual orientation of the participants. Future research on the self-concept among ethnic and Caucasian homosexual individuals might also include ethnic and Caucasian heterosexual participants. The inclusion of ethnic and Caucasian heterosexual participants would allow researchers to determine whether ethnicity or sexual preference is more related to self-concept. According to this explanation, if an ethnic heterosexual group, an ethnic homosexual group, a Caucasian heterosexual group, and a Caucasian homosexual group were tested on the modified version of the Beck Self-Concept, the two ethnic groups would have similar scores on the test, regardless of whether they are part of the homosexual or heterosexual group. Likewise, the two Caucasian groups would have similar scores on the tests, regardless of whether they are part of the homosexual or heterosexual group.

*External Gay-related Stress.* In the current study, external gay-related stress was measured by a 12-item checklist, in which participants were asked to indicate whether they had experienced each of the events as a result of their homosexual identity. There was a difference between the responses of ethnic and Caucasian participants on 3 of the 12 items. For those three items (arguments with your parents, arguments between your parents, and trouble with classmates about your homosexual identity) more ethnic participants reported that they had experienced these events than Caucasian participants.

Since there were only differences between the two on 3 of the 12 items, ethnicity may be more closely related to internal gay-related stress than to external gay-related stress. The ethnicity of the participant and the cultural values held by certain ethnic groups may be more related to the psychological functioning of the participants (such as self-esteem, self disclosure, and self acceptance) than to their social interactions (arguments, violence, verbal abuse).

Another possible reason why ethnicity did not seem to be related to the external gay-related stress of the participants in the current study is that there were confounding variables such as the hometowns of the participants were from. There were not any items on the questionnaire that asked about the hometown of the participant. Although all of the participants currently attend school in central Illinois, they may have been raised in much different areas and this may influence their level of external gay-related stress. For example, an ethnic homosexual individual who lives in Montana may encounter drastically different social interactions regarding their homosexuality than would an ethnic homosexual person who lives in New York. When assessing external gay-related stress, future research should include questions about the participant's hometown. Participants could also be asked if they experienced "coming out" in their hometown or in a different location.

*Limitations.* One limitation of the current study was the small sample size. If a larger sample size had been obtained, perhaps more statistically significant differences would have been revealed between the two groups. Although effect size helps to determine whether differences would exist between groups with a larger sample, it is not the same as statistical significance. Generally speaking, a larger sample size might have

increased the generalizability of the results, which might have also increased the reliability of the measures.

Another limitation was that the participants were not matched evenly on age and ethnicity. Most of the participants in the sample were college-aged however, one of the participants was 42 years old. His experiences may have been much different from those of college-aged participants. For example, the 42 year old participant reported that he first told someone that he was homosexual at the age of 24, while the college-aged participants reported that they first told someone they were homosexual during their teen years. Society in general may have been less accepting of homosexuality when the 42 year old participant was a teen, therefore he waited until he was older to disclose his homosexual identity. Also, since the sample size was so small, the data from this participant may have influenced the overall results for some measures. Likewise, participants were not matched evenly on ethnicity. There were 4 Caucasian and 3 ethnic participants. If the sample had included an equal number of Caucasian and ethnic participants, the results may have been different.

Another limitation of the study was that the participants were recruited from two very different universities. Illinois Wesleyan University is a small, private, liberal arts institution while Illinois State University is a relatively large, public institution. There may have been general differences between the students recruited from each institution such as socioeconomic status and educational background that may have acted as confounding variables in the current study. If the sample size had been large enough, it might have been possible to compare the responses of participants recruited from each of

the universities to determine if differences exist based on the kind of university the participant attends.

Selection bias may have also been a limitation of this study. Sixteen questionnaires were distributed, but only seven (44%) were returned. It is possible that the individuals who returned the questionnaires are more comfortable with their homosexuality than those who did not return the questionnaires. If this is true, the responses of the participants do not necessarily reflect those of the general population. The low response rate minimizes the generalizability of the results. A possible way to increase the response rate would be to use a larger sample. In the future, the current study should be conducted with a larger sample, to determine if the same trends in gay-related stress occur.

## Study 2

### *Method*

*Participants.* The data set for the secondary analysis included four groups: African American homosexual males; African American heterosexual males; Caucasian homosexual males; and Caucasian heterosexual males. The average age of the participants was 38 years old, and all participants were involved in drug and alcohol rehabilitation programs throughout Chicago, IL.

*Procedure.* Data was analyzed for the four groups on their self reported level of substance abuse and their responses to mental/emotional health related items.

### *Results*

*Substance Use.* A series of 2x2 ANOVAs were run to find out if there was an interaction or main effect for sexual orientation and ethnicity for items related to substance use.

A 2x2 ANOVA was used to determine if there was an interaction or main effect for sexual orientation and ethnicity for the age of first alcohol or drug use. A main effect emerged for sexual orientation,  $F(1, 34) = 6.80, p < .05$ . Homosexual participants reported they were younger ( $M = 13.11, SD = 4.64$ ) than heterosexual participants ( $M = 16.42, SD = 5.38$ ) the first time they used alcohol or drugs. There was no main effect of ethnicity  $F(1, 34) = .038, p = .846$ , as African American and Caucasian participants reported similar responses for this item. There was also no interaction effect between sexual orientation and ethnicity  $F(1, 34) = 2.78, p = .10$ .

A 2x2 ANOVA was performed to determine if there was an interaction or main effect for sexual orientation and ethnicity for whether participants kept using alcohol or drugs even though they knew it was causing them problems. There was no main effect of sexual orientation,  $F(1, 34) = .13, p = .72$  or ethnicity  $F(1, 34) = .06, p = .81$  for this item. Lastly, there was no interaction effect between sexual orientation and ethnicity for this item,  $F(1, 34) = .56, p = .46$ .

A 2x2 ANOVA was also performed to determine if there was an interaction or main effect for sexual orientation and ethnicity for whether participants used alcohol or drugs in unsafe situations. There was no main effect for sexual orientation,  $F(1, 34) = .25, p = .62$  or ethnicity  $F(1, 34) = .32, p = .58$  for this item, and lastly there was no interaction between sexual orientation and ethnicity for this item,  $F(1, 34) = .189, p = .18$ .



Although there were variations between the four groups for other items related to substance abuse, there were no more statistically significant interactions or main effects (see Table 2).

*Mental and Emotional Health.* A series of 2x2 ANOVAs were run to determine if there were interactions or main effects between sexual orientation and ethnicity for participants' reports concerning mental and emotional health. Although there were variations between the four groups, there were no statistically significant main effects or interactions (see Table 3).

A 2x2 ANOVA was performed to determine if there was an interaction or main effect for sexual orientation and ethnicity for participants feeling that they could not make it through life. There was no main effect for sexual orientation  $F(1, 33) = 1.30, p = .26$ , as homosexual and heterosexual participants reported similar responses for this item. There was also no main effect for ethnicity  $F(1, 33) = .67, p = .42$ . There was no interaction between sexual orientation and ethnicity for this item,  $F(1, 33) = .94, p = .34$ .

A 2x2 ANOVA was also used to determine if there was an interaction or main effect for sexual orientation and ethnicity for participants feeling that they were crazy. There was no main effect for sexual orientation,  $F(1, 33) = .68, p = .42$ . There was also no main effect for ethnicity for this item,  $F(1, 33) = .04, p = .85$ . There was no interaction effect between sexual orientation and ethnicity for this item,  $F(1, 33) = .08, p = .78$ .

A 2x2 ANOVA was used to determine if there was an interaction or main effect for sexual orientation and ethnicity for participants' reports that they had a hard time deciding what to do. There was no main effect for sexual orientation,  $F(1, 33) = .09, p = .77$ . There was also no main effect for ethnicity,  $F(1, 33) = 2.34, p = 1.35$ . Lastly, there

was no interaction effect between sexual orientation and ethnicity for this item,  $F(1, 33) = .09, p = .77$ .

### *Discussion*

As a consequence of the gay-related stress experienced by homosexual individuals, it was hypothesized that the homosexual participants in the secondary analysis would report more substance abuse and mental/emotional health related issues than the heterosexual participants. It was also hypothesized that the African American homosexual participants would report more substance abuse and mental/emotional health related issues than the Caucasian homosexual participants. The results of the secondary analysis revealed that the homosexual participants were younger than the Caucasian participants the first time they used alcohol or drugs. These results are supported by findings of previous studies (Winters et al., 1996; Savin-Williams, 1994; Rosario et al., 1997). Contrary to the original hypotheses, there were no differences between the African American homosexual and Caucasian homosexual participants on measures of substance abuse and mental and emotional health.

Although homosexual participants reported that they were older than heterosexual participants the first time they used alcohol or drugs, the homosexual and heterosexual groups did not differ on other measures of substance abuse. One explanation for these findings is that most of the previous studies that revealed that homosexual individuals had higher rates of substance abuse than heterosexual individuals used adolescent participants (Winters et al., 1996; Savin-Williams, 1994; Rosario et al., 1997). The average age of the participants in the secondary analysis was 38 years old. The results of the current study may suggest that gay-related stress is more prevalent during adolescent

years, therefore adolescent homosexual individuals are more likely to develop drug and alcohol abuse problems during this period of development. As homosexual individuals mature into adulthood, gay-related stress may be less prevalent than it is in adolescence, which means adults would be less likely to develop substance abuse problems as a result of their homosexual identity.

Another possible explanation for the results in the current study may be that the characteristics of addiction are more dominant than the characteristics of gay-related stress and ethnicity. All of the participants were already involved in substance abuse programs, and probably have all been diagnosed with a drug or alcohol addiction. This may explain why the participants have relatively equal levels of substance abuse, and mental/emotional health related issues regardless of ethnicity or sexual orientation. If none of the participants had been involved in substance abuse programs, or had not been diagnosed with a substance abuse problem, the results of the current study might have supported findings in previous research.

*Limitations.* One limitation of this study was the small sample size. There were only 38 participants included in the secondary analysis. If a larger sample size had been used, there may have been more statistically significant differences between the four groups. Also, the participants were not matched evenly on ethnicity. There were 28 African American participants, but there were only 10 Caucasian participants. Since participants were recruited from the Chicago inner city area, most of the participants were African American. If the participants had been recruited from a different location, it may have been easier to match them evenly on ethnicity, and the results may have been different.

Another limitation of this part of the study was that since it was a secondary analysis, the questionnaires were already formulated. Therefore, the researcher was not able to create questions that specifically pertained to sexual orientation. Instead the researcher had to determine whether participant responses on general questions differed based on their sexual orientation. If the questions pertained more to sexual orientation issues, the results may have been more similar to what was expected.

### General Discussion

In the first study, ethnicity was found to be closely related to internal gay-related stress, and less related to external gay-related stress. As predicted, ethnic participants exhibited more internal and external gay-related stress than Caucasian participants. In the secondary analysis, ethnicity and sexual orientation did not seem to be closely related to substance abuse or mental/emotional health issues.

A limitation that should be addressed in both studies was that socioeconomic status was not controlled. Socioeconomic status may have influenced the responses of participants in both the gay-related stress questionnaires and the secondary analysis. People of different social classes may have different perceptions of homosexuality, which may be related to gay-related stress and subsequent substance abuse. In the future, research should determine how socioeconomic status is related to gay-related stress. Future research should also explore the relationship between ethnicity and gay-related stress among other ethnic groups and in different locations.

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## Appendix A

Please rate yourself on the following scale:

1	2	3	4	5	6	7
<b>Heterosexual Homosexual Only</b>	<b>Heterosexual/Homosexual Equally</b>			<b>Only</b>		

## Appendix B

At what age did you first...	Age
wonder whether you might be homosexual	
decide you were homosexual	
tell someone you were homosexual	

**Please read the following descriptions and circle the one that best presently describes you.**

- Stage 1**      You are not sure who you are. You are confused about what sort of person you are and where your life is going. You ask yourself the questions "Who am I?," "Am I a homosexual?," "Am I really a heterosexual?" You sometimes feel, think, or act in a homosexual way, but would rarely, if ever, tell anyone about this. You're fairly sure that homosexuality has something to do with you personally.
- Stage 2**      You feel that you probably are a homosexual, although you're not definitely sure. You realize that this makes you different from other people and you feel distant or cut off from them. You may like being different or you may dislike it and feel very alone. You feel you would like to talk to someone about "feeling different." You are beginning to think that it might help to meet other homosexuals but you're not sure rather you want to or not. You don't want to tell anyone about the fact that you might be a homosexual, and prefer to put on a front of being completely heterosexual.
- Stage 3**      You feel sure you're a homosexual and you put up with, or tolerate this. You see yourself as a homosexual for now but are not sure about how you will be in the future. You are not happy with other people knowing about your homosexuality and usually take care to put across a heterosexual image. You worry about other people's reactions to you. You sometimes mix socially with homosexuals, or would like to do this. You feel a need to meet others like yourself.
- Stage 4**      You are quite sure you are a homosexual and you accept this fairly happily. You are prepared to tell a few people about being a homosexual (such as friends, family members, etc.) but you carefully select whom you will tell. You feel that other people can be influential in making trouble for homosexuals and so you try to adopt an attitude of getting on with your life like anyone else, and fitting in where you live and work. You can't see any point in confronting people with your homosexuality if it's going to embarrass all concerned. A lot of the time you mix socially with homosexuals.

- Stage 5      You feel proud to be a homosexual and enjoy living as one. You like reading books and magazines about homosexuals, particularly if they portray them in a good light. You are prepared to tell many people about being a homosexual and make no attempt to hide this fact. You prefer not to mix socially with heterosexuals because they usually hold anti-homosexual attitudes. You get angry at the way heterosexuals talk about and treat homosexuals and often openly stand up for homosexuals. You are happy to wear badges that bear slogans such as "How dare you presume I'm heterosexual?" You believe it is more important to listen to the opinions of homosexuals than heterosexuals.
- Stage 6      You are prepared to tell anyone that you are homosexual. You are happy about the way you are but feel that being a homosexual is not the most important part of you. You mix socially with fairly equal numbers of homosexuals and heterosexuals and with all of these you are open about your homosexuality. You still get angry at the way homosexuals are treated, but not as much as you once did. You believe there are many heterosexuals who happily accept homosexuals and whose opinions are worth listening to. There are some things about a heterosexual way of life that seem worthwhile.
- None          "None of the descriptions above accurately describe me."

## Appendix C

Of this list of people, who was the first person you told about your sexual orientation?

- |           |                          |                  |
|-----------|--------------------------|------------------|
| A) Mother | D) Brother               | G) Female friend |
| B) Father | E) Other female relative | H) Male Friend   |
| C) Sister | F) Other male relative   | I) Other _____   |

**Follow-up Question: Why did you choose to disclose your sexual identity to the person indicated above?**

Do the following people know about your sexual orientation? For those who do, please indicate whether **all**, **some**, or **a few** know about it.

	YES	NO	All, Some, A Few
Mother			
Father			
Brothers			
Sisters			
Heterosexual Friends			
Coworkers			
People at work			
People at school			
Neighbors			

**Follow-up Question: For those people listed above who are not aware of your sexual orientation, why haven't you told them about it?**

Of the people listed above who know about your sexual orientation, please rate their level of acceptance

	Very Accepting	Accepting	Not Accepting	Not At All Accepting
Mother				
Father				
Brothers				
Sisters				
Heterosexual Friends				
Coworkers				
People at work				
People at school				
Neighbors				

Appendix D

1. Please rate your ethnic community's level of acceptance of your homosexual identity.

- |                   |                         |
|-------------------|-------------------------|
| A) Very Accepting | C) Not Accepting        |
| B) Accepting      | D) Not at all Accepting |

**Follow-up Question: If your ethnic community is not accepting of your homosexual identity, do you know some reasons why?**

2. Did your "coming out" experience and identity as a gay man change your sense of acceptance in your ethnic community?

**Follow-up Question: If so, why?**

3. Did your "coming out" experience and identity as a gay man change your level of involvement in this community?

**Follow-up Question: If so, in what ways?**

## Appendix E

Please rate each of the following statements:

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
I feel stress or conflict within myself over being attracted to men.				
Homosexuality is unnatural.				
I will be punished for my homosexual feelings and acts.				
I do not accept my identity as a homosexual				

**Follow-up question: Why do you agree or disagree with each of the above statements?**

## Appendix F

Please rate yourself on the following items by placing an “X” in the box that most describes your ability

	“Better than nearly anyone I know”	“Better than most people I know”	“About the same as most people I know”	“Worst than most people I know”	“Worse than nearly anyone I know”
Looks					
Telling Jokes					
Intelligence					
Popularity					
Personality					
Athletic Ability					
Reading Ability					
Good Natured					
Knowledge					
Kind					
Memory					
Appearance					
Independence					
Learning Things					
Working Hard					
Finishing Things					



## Appendix G

Please tell me whether each event happened to you after your disclosure of your homosexual identity. Answer yes or no for each.

	YES	NO
Arguments between your parents about your homosexuality		
Trouble with brother or sister about your homosexuality		
Arguments with parents about your homosexuality		
Arguments with other family members about your homosexuality		
Trouble with your teacher over your homosexuality		
Trouble with classmates over your homosexuality		
Lost of a close friend because of your homosexuality		
Arguments with a close friend over your homosexuality		
Trouble with your boss or supervisor over your homosexuality		
Trouble with your coworker over your homosexuality		
Gotten into trouble with the police over your homosexuality		
Been physically assaulted in a gay-bashing incident		

Table 1

*Effect Size and Group Means for Items*

Item	<i>d</i>	Group Means	
		Caucasian	Ethnic
Homosexual Identity Development			
Cass's stages of homosexual identity development	.88*	6.00	4.66
At what age did you first wonder whether you might be homosexual	.28	11.00	10.00
At what age did you first decide you were homosexual	.34	14.75	13.67
At what age did you first tell someone you were homosexual	.69*	17.25	14.5
Self Disclosure			
Does your mother know about your homosexual identity	0	.67	.67
Does your father know about your homosexual identity	.78*	.75	.33
Do your brothers know about your homosexual identity	0	.67	.67
Do your sisters know about your homosexual identity	.61*	.67	.33
Do your heterosexual friends know about your homosexual identity	.88*	1.00	.67

Do your co-workers know about your homosexual identity	.17	.75	.67
Do your people at school know about your homosexual identity	.88*	1.00	.67
Do your neighbors know about your homosexual identity	.88*	1.00	.67

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Perceived Acceptance in Ethnic Community

How accepting is your mother about your homosexual identity	1.02*	3.00	1.67
How accepting is your father of your homosexual identity	1.21*	2.33	1.00
How accepting are your brothers of your homosexual identity	1.00*	2.00	3.00
How accepting are your sisters of your homosexual identity	1.00*	3.00	1.50
How accepting is your ethnic community of your homosexual identity	1.31*	2.25	1.00

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Perceived Acceptance among Peers

How accepting are your heterosexual friends of your homosexual identity	.66*	2.75	2.00
How accepting are your co-workers of your homosexual identity	.83*	3.00	2.00
How accepting are people at school of your homosexual identity	.78*	2.50	1.67
How accepting are your neighbors of your homosexual identity	.58	2.25	1.67

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	Self Concept		
looks	0	2.00	2.00
telling jokes	1.27*	3.00	2.00
intelligence	.43	2.75	2.33
popularity	.88*	3.00	2.33
athletic ability	1.37*	1.00	2.33
reading ability	1.02*	3.25	2.33
good natured	1.21*	3.50	2.67
knowledge	.48	3.00	2.67
kind	1.21*	3.50	2.67
memory	.37	2.25	2.67
appearance	.66*	2.25	2.00
independence	.88*	3.00	2.33
working hard	1.21*	3.50	2.67
finishing things	.31	2.50	2.67

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#### Self Acceptance of Homosexual Identity

I feel stress or conflict within myself over being attracted to men	.93*	2.5	1.67
I will be punished for my homosexual feelings and acts	1.37*	3.00	2.33
I do not accept my identity as homosexual	1.27*	3.00	2.00
Homosexuality is unnatural	1.37*	3.00	2.33

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	External Gay-related Stress		
Have you experienced arguments with your parents about your homosexuality	.88*	.00	.33
Have you experienced arguments between your parents about your homosexuality	.88*	.00	.33
Have you experienced trouble with your brother or sister about your homosexuality	.17	.25	.33
Have you experienced arguments with other family members about your homosexuality	.00	.00	.00
Have you experienced trouble with your teacher about your homosexuality	.00	.00	.00
Have you experienced trouble with your classmates about your homosexuality	.78*	.25	.67
Have you lost a close friend because of your homosexuality	.17	.25	.00
Have you experienced arguments with a close friend about your homosexuality	.17	.25	.33
Have you experienced trouble with your boss or supervisor about your homosexuality	.00	.00	.00
Have you experienced trouble with your co-worker about your homosexuality	.00	.00	.00

Have you gotten into trouble with the police over your homosexuality	.00	.00	.00
Have you ever been physically assaulted in a gay-bashing incident	.17	.25	.33

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Note. \* = high effect size

Table 2

*Sexual orientation and Racial Differences on the Measures of Substance Use*

Variable	Group Percentages			
	HoAA (n=14)	HeAA (n=14)	HoCA (n=5)	HeCA (n=5)
Used AOD in unsafe situations				
Never	14.3	35.7	40	20
1+ Years Ago	7.1	7.1	20	20
2-12 months Ago	14.3	35.7	0	20
Past Month	64.3	21.4	40	40
AOD use made you depressed				
Never	7.1	7.1	0	0
1+ Years Ago	7.1	14.3	0	0
2-12 months Ago	7.1	14.3	20	20
Past Month	78.6	64.3	80	80
Kept using AOD despite problems				
Never	7.1	7.1	0	20
1+ Years Ago	14.3	7.1	20	0
2-12 months Ago	28.6	28.6	20	40
Past Month	50	57.1	60	40

*Note.* HoAA = Homosexual/African American; HeAA = Heterosexual/African American; HoCA = Homosexual/Caucasian; HeCA = Heterosexual/Caucasian.

Table 3

*Sexual orientation and Racial Differences on Measures of Mental Health*

Variable	Group Percentages			
	HoAA	HeAA	HoCA	HeCA
	(n=13)	(n=14)	(n=5)	(n=5)
Afraid you were crazy				
No	61.5	71.4	60	80
Yes	38.5	28.6	40	20
Acted before thinking				
No	30.8	28.6	20	20
Yes	69.2	71.4	80	80
Did not like being told what to do				
No	31	50	20	40
Yes	69	50	80	60
Felt like you could not make it through life				
No	54	57	20	60
Yes	46	43	80	40
Had a hard time deciding what to do				
No	54	43	20	20
Yes	46	57	80	80

*Note.* HoAA = Homosexual/African American; HeAA = Heterosexual/African American; HoCA = Homosexual/Caucasian; HeCA = Heterosexual/Caucasian.