The Social Psychology of Gay Men

Rusi Jaspal

The Social Psychology of Gay Men

Rusi Jaspal

The Social Psychology of Gay Men

palgrave
macmillan

Rusi Jaspal
De Montfort University
Leicester, UK

ACKNOWLEDGEMENTS

For several years, I taught the undergraduate optional module 'The Psychology of Sexuality' at De Montfort University Leicester, UK. Each year, I was greatly inspired by my students' enthusiasm, passion and, above all, challenging questions about human sexuality. There was never a dull moment. I soon realised that, although I was teaching the psychology of sexuality, much of the classroom discussion actually focused on the social psychology of gay men. Students began to critically evaluate taken-for-granted constructs, such as 'relationships' or 'identity', in the context of gay men's lives. They came to understand that the theories, constructs and empirical research on heterosexual populations might not be easily generalised to gay men. I thank the four cohorts of students who elected my third year module and who encouraged me to write this book. I am also very grateful to my colleagues who generously gave up their free time to read and comment on parts of the manuscript. I should like to acknowledge De Montfort University (UK) and Åbo Akademi University (Finland) for their unwavering support for my research. Finally, I thank Ramesh and Asha Jaspal and Babak Hessamian for their warmth, support and patience with me during the writing of this and other books.

Contents

List of Figures

Introduction

Why a Social Psychology of Gay Men?

Abstract Despite significant progress in enhancing the rights of sexual minority individuals, important social and psychological challenges remain. The case for a social psychology of gay men is outlined. First, two case studies are presented to illustrate some of these challenges among gay men. Second, the chapter provides a brief historical overview of the development of gay identity in Britain. It is argued that events in history have helped shape collective understandings of what it means to be gay both in the general population and among gay men themselves. Third, social representations theory is described since it can shed light on these collective understandings, and it is argued that the theory should contribute to a social psychology of gay men. Fourth, an overview of this volume is provided.

Keywords Gay history · Gay identity · Social representations theory

In most Western, industrialised countries, significant strides have been made in enhancing and promoting the rights of lesbian, gay, and bisexual (LGB) people. In the United Kingdom, sexual orientation constitutes one of nine protected characteristics under the Equality Act 2010, which prohibits discrimination on the basis of these characteristics and attempts to promote a fair and more equal society. LGB identities are much more visible than ever before. Many sexual minority individuals have opted for a civil partnership or gay marriage. Many have become parents.

More generally, the differing norms, values and practices associated with LGB identities are more socially accepted.

Yet, despite these important advances, social and psychological challenges remain. At a social level, many sexual minority individuals continue to face stigma, prejudice and discrimination on the basis of their sexual orientation. Some forms of stigma are overt, while others are subtle. At a psychological level, sexual minority individuals may themselves come to internalise the stigma that they encounter, leading to decreased self-esteem and problematic relationships with others. At an interpersonal level, some LGB people decide not to disclose their identity to others in order to avoid stigma and other negative outcomes. Moreover, both physical and mental health outcomes are known to be poorer in LGB people than in the general population. Much of the stigma associated with homosexuality stems from the perceptions that people in the general population and, in some cases, LGB people themselves hold about the 'origins' of homosexuality.

This volume focuses on the social psychology of gay men—a heterogeneous group within the LGB umbrella category. Several important social psychological themes—each with a long-standing tradition of theory, research and practice—are reconsidered in relation to gay men. These include the science of sexual orientation, identity, personal relationships, intergroup relations, sexual behaviour, and health. It is easy to see how gay men's experiences of these issues may differ from those of other LGB groups. For instance, gay men are disproportionately affected by HIV and poor sexual health outcomes compared to other LGB groups. Moreover, sexual behaviour between gay men has been more stigmatised, and even criminalised, than that between lesbian women, for instance. The experience of ageing among gay men often differs from that of lesbian women who, for instance, have greater parenting options than gay men.

Drawing on identity process theory (Jaspal & Breakwell, 2014) and social representations theory (Moscovici, 1988), this volume aims to develop an integrative theoretical framework within which the unique social and psychological aspects of gay men's lives can be collectively understood and examined. In this chapter, a case is presented for developing a social psychology of gay men. First, two case studies are presented to illustrate the diverse and complex social psychological factors that come into play when considering the lives of gay men. Second, a brief history of the construction, development and protection of gay

social identity in Britain is summarised. Third, social representations theory is described and its potential utility in a social psychology of gay men is outlined.

GAY MEN'S LIVES: TWO CASE STUDIES

To illustrate the central foci of this volume on the social psychology of gay men, two case studies of gay men are presented. It should be noted that the case studies describe actual real-life cases observed in empirical research conducted by the author over the last decade, although some details have been changed or omitted to prevent identification.

Case Study 1: James

James is a 33-year-old gay man from Leicester. He came out as gay at the age of 18 just before starting university in London. He did not have a positive relationship with his parents or siblings who were unsupportive when he came out as gay. James had always felt dissatisfied with his body and, consequently, had low self-esteem—he did not think that any man would be interested in him. After completing his degree, he remained in London where he found a job and decided to move in with some gay friends. There was not much of a gay scene in his hometown so he was pleased to be living in London. While most of his friends preferred casual sex, James had always dreamed of settling down with one person and possibly getting married. However, all of his friends were in open relationships, none believed in monogamy and most of them actually ridiculed him for being 'too straight' in his worldview. James met and fell in love with his boyfriend Jack last year. However, his poor body image and self-esteem resurfaced and he began to feel insecure—especially about his level of attractiveness to Jack. Though they initially planned to be monogamous, a few months ago James reluctantly agreed to Jack's suggestion that they open their relationship to other sexual partners. They now use Grindr[1] to find other men for sex and regularly attend gay sex parties and gay saunas. James sometimes feels jealous and would prefer to keep his relationship monogamous but he fears that he might lose Jack if he voices this desire. They have also recently started using 'chems'[2]

---

[1] Grindr is a geospatial social networking mobile application for gay and bisexual men.

[2] 'Chems' are psychoactive substances that are used in sexualised settings.

during sex with other people and, although he does not enjoy it much, James feels compelled to join in. One advantage that he perceives is that the chems do allow him to escape his feelings of insecurity about his body image. James is unhappy about his current situation but believes that none of his friends would understand his perspective.

Case Study 2: Sandeep

Sandeep, aged 23, is a British Indian Sikh gay man from Derby. Since early adolescence, he knew that he was attracted to men and could not imagine being with a woman. Sandeep believes that his parents would not accept his sexual orientation so he has always tried to conceal it from them. At school, Sandeep was bullied for 'acting gay' and rumours about his sexual orientation began to circulate. He did not tell his parents about the bullying because he was afraid that they would find out the reason for it. His elder sister confronted him about his sexual orientation but, given her hostility, he denied it. His cousins mocked him for being girly and disliking football, and joked that that must be gay. Sandeep felt exposed. Collectively, these childhood experiences left him feeling vulnerable, fearful and ashamed. When Sandeep went to university in Manchester, he told nobody about his sexual orientation but occasionally used Grindr and other mobile applications to meet other gay men. He met his Raj, also of Indian Sikh background, on Grindr. Although initially happy together, their relationship progressively faced significant pressure. Raj was more comfortable with his sexual identity than Sandeep, who continued to struggle with it. Raj wanted to be introduced to Sandeep's friends, while Sandeep preferred their relationship to remain a secret. Sandeep and Raj were expected to return to their respective family homes during the university holidays and their parents were not aware of their relationship. When Raj came out to his parents, they accepted his relationship and he expected Sandeep to follow suit. However, Sandeep did not feel ready to tell his parents who, by that point, were beginning to raise the topic of an arranged marriage. Their relationship broke down and Sandeep was devastated. Having concealed his relationship from others, he could not share his feelings with his family or friends, all of whom assumed he was straight. He has slipped into depression, become avoidant and has no reliable source of social or psychological support. Sandeep has started to drink alcohol excessively and to use drugs to try to escape the stress of his break-up. He is increasingly engaging in casual sex with strangers—often without condoms—because he does not really think, or even care, about the potential consequences of his actions.

These case studies evoke several important themes: body image dissatisfaction, poor self-esteem, coercive social norms on the gay scene, (internalised) homophobia, the formation and breakdown of romantic relationships, the family, mental health and many others. The antecedents and consequences of these men's experiences are complexly rooted in social and psychological factors, which are intertwined and interdependent. In other words, any given event will affect an individual's psychological wellbeing only under a specific set of social and psychological circumstances. An act of homophobia, for instance, will plausibly undermine the wellbeing of an individual who himself has internalised homophobia, while another gay man, proud of his gay identity and surrounded by a supportive network of gay friends, will probably resist and challenge the homophobia that he encounters.

The reciprocal relationship between the social and the psychological levels is clearly evidenced in the two case studies. James' desire to be in a monogamous relationship can probably be attributed to a personality trait that predisposes him to favour such a relationship style, while the social context in which he is embedded appears to stigmatise the prospect of a monogamous relationship. Sandeep has been socialised in a culture in which homosexuality is severely stigmatised which has led him to internalise this stigma and to experience negative emotions, such as shame, guilt and fear, in response to his sexual orientation. The resultant negative psychological state has in turn adversely impacted his interpersonal relationships.

The two case studies are not intended to cover all of the social psychological issues relevant to gay men's lives. The list of themes presented above is by no means exhaustive. In fact, they are many, many other scenarios that could have been presented in a volume on the social psychology of gay men. Yet, the case studies all share a common thread, namely that the social and psychological dimensions of gay men's lives should not be viewed in isolation but collectively as an entwined unit. Accordingly, in any discussion of the lives of gay men, it is firstly important to locate them within a social, political and historical context.

The Historical Development of Gay Identity

Men have always desired and had sex with other men, but they have not always identified as gay or viewed their sexual behaviours as indicative of a particular sexual identity. Over time, many different labels and categories have been applied to men with same-sex desires,

such as sodomites, inverts, homosexuals, gays and queer—each one inviting distinct connotations, understandings and evaluations of being same-sex attracted. It is important to acknowledge that, while male same-sex desire has been socially stigmatised, prohibited on religious grounds, and criminalised, the men affected did not necessarily perceive themselves to be an oppressed minority in the way that gay men have in the twentieth and twenty-first centuries in the era of gay rights.

It is useful to chart briefly the historical development of gay identity in Britain. In the Middle Ages, there was no concept of homosexuality but the act of sodomy had been within the jurisdiction of the ecclesiastical courts in England. The Buggery Act 1533, promulgated as an Act of Parliament of England, was the first sodomy law in England, which criminalised the practice with death by decapitation as the penalty. Sodomy was to remain a capital crime in the UK until 1861 when the punishment was reduced to life imprisonment under the Offences of the Person Act 1861. In the Medieval era, the accusation of sodomy appears to have been used principally as a political weapon to undermine and eliminate political opponents, rather than to police sexuality in the way that it was to be policed in the Victorian era.

During the Renaissance era, more references to homosexuality began to emerge. In his overview of homosexuality in Renaissance England, Trumbach (2007) identifies four categories of men who desired men, mainly by sexual role: the male who took on the penetrative sexual role, the sexually passive boy, the married male who secretly engaged in receptive sexual intercourse with active males, and the sexually passive transvestite male prostitute who became estranged from his family and society. Both married and unmarried affluent adult men had sexual relations with the male servants in their households, but only a tiny minority of men were ever prosecuted. This sexual system favouring the older, active male mirrors that found in some Middle Eastern societies (Maatouk & Jaspal, 2020).

It is difficult to ascertain the prevalence of homosexuality (as a sexual orientation) during from the Middle Ages to the Renaissance period as there are no systematic data and only anecdotal accounts of what may or may not have been same-sex *sexual* intimacy. There are documented prosecutions of homosexual men and speculative accounts of same-sex intimacy but little evidence that the men involved ever viewed their same-sex intimacy as an identity. During this period, a large number of men engaged in same-sex relations, mainly with adolescent males, but

the vast majority went on to get married. In the early eighteenth century, the term 'molly' was first used in relation to effeminate passive males. The term was originally used to describe female prostitutes and thus generalised this trait and the femininity associated with it to same-sex attracted men. 'Molly-houses' were informally established as spaces in which same-sex attracted men could socialise, find casual sexual partners, and buy or sell sex.

It was in the first decade of the nineteenth century that the notion of a 'homosexual' began to develop, although the term itself was not to be adopted until the late nineteenth century, with the Austrian Hungarian journalist Karl-Maria Kertbeny coining the term in 1869. In the early Victorian era, an unprecedented number of men were arrested, prosecuted and executed for homosexuality due to increased sexual policing. On 27 November 1835, James Pratt and John Smith were the last men to be executed for sodomy in Britain. Section 61 of the Offences of the Persons Act 1861 abolished capital punishment for buggery and reduced the sentence of those convicted of buggery to at least 10 years of penal servitude. The Victorian discourse concerning homosexuality as a moral flaw or sin was increasingly challenged during this period and scientific writings regarding the newly coined 'homosexuality' began to emerge. The writings of Karl Heinrich Ulrichs, which advocated the reconstrual of homosexuality from sexual perversion to biological orientation, began to gain traction in Britain. Yet, simultaneously, there was a silencing of homosexuality in Victorian Britain, and even print media reporting on criminal convictions often made reference to 'unnatural crimes' rather than explicitly mentioning homosexuality or sodomy.

From the beginning of the First World War, homosexuality continued to be perceived as 'foreign' to the nation and, in view of the acts of bravery enacted by young men on the frontline, as an unpatriotic act, detrimental to the war effort and as implicitly aiding and abetting the enemy. In contrast to the coercive discourses of sin and immorality of the Victorian era, during the Second World War homosexuality was positioned largely in terms of a foreign ploy to undermine the British war effort. Its negative societal construal persisted but now took on a new form.

By the end of 1954, over 1000 men were in prison for engaging in homosexual acts and it was after the prosecution of high-profile figures for the same crime that a radical shift in legal thinking became feasible. On 4 September 1957, the Wolfenden Report, which set out to

consider the legal construal of homosexuality and prosecution, was published. The report recommended that 'homosexual behaviour between consenting adults in private should no longer be a criminal offence' (Wolfenden, 1957, p. 115) and that the age of consent for homosexual men be 21 years. Following publication of the Wolfenden Report, the Homosexual Law Reform Society was established to lobby for the decriminalisation of homosexuality. It is noteworthy that this was not an LGB pressure group, given that many of its members were in fact heterosexual. In any case, the Wolfenden Report and the campaign launched by the Homosexual Law Reform Society paved the way for the Sexual Offences Act in 1967, which finally decriminalised sexual intercourse between consenting males over the age of 21 years. The age of consent was subsequently reduced to 18 years in the Criminal Justice and Public Order Act 1994, and to 16 years in 2000. Although homosexuality was decriminalised, various legal, social and psychological challenges lay ahead for gay men.

It was in the 1960s that the category 'gay' became more widespread as a self-descriptor among gay men who no longer favoured the category 'homosexual'. For many men, being gay represented more than just an individual trait to denote sexual orientation—it included a sense of group identity that bound together individuals by virtue of their shared gayness. It was in this context that the Gay Liberation Front emerged in the 1970s as a pressure group to advocate for LGB visibility, acceptance and rights. The pressure group organised the first Gay Pride event in London in July 1972. In many respects, Gay Pride marked the transition from same-sex desire to identity to political consciousness around this sexual identity. Moreover, during the 1970s, the Gay Liberation Front set a precedent for the emergence of smaller pressure groups focusing on particular aspects of LGB rights, such as the removal of homosexuality from the register of psychiatric illnesses (achieved in 1973). Amid the pursuit of LGB rights, there were radical changes on the commercial scene with the establishment of gay bars, clubs and saunas in London and other major cities in the 1970s. Gay pornography began to emerge. A greater sense of sexual freedom was perceived among gay men.

Yet, these social and psychological advances for gay men were to be severely undermined by the deadly AIDS epidemic, which began to unfold in the early 1980s. As outlined in Chapter 8, it soon became apparent that gay men were disproportionately affected by HIV, the virus that causes AIDS. Many young gay men were dying in

hospitals—often disowned by their families. Many gay men lost their partners. Fear of infection was widespread. The increased risk of infection in gay men, transmission routes and indeed treatment options were poorly understood. This led to considerable stigma—anti-gay activists began to substantiate their arguments about the dangers and moral turpitude of homosexuality with the 'empirical evidence' of AIDS.

On 24 May 1988, Section 28 of the Local Authority Act 1988, which stated that the local authority 'shall not intentionally promote homosexuality or publish material with the intention of promoting homosexuality' or 'promote the teaching in any maintained school of the acceptability of homosexuality as a pretended family relationship' was enacted in Britain. The law arose in the context of HIV/AIDS, which, given its disproportionate effect on gay men, came to be viewed as a 'gay disease'. Homosexuality was viewed by some as fuelling the AIDS epidemic. Public attitudinal surveys at the time also demonstrated negative attitudes towards homosexuality and low levels of support for gay people. Section 28 undoubtedly provided legal reinforcement to the negative public attitudes towards homosexuality observable at the time—after all, if the law prohibited the 'promotion' of homosexuality, surely this was because homosexuality was wrong.

The ripples of Section 28 were far-reaching. There was confusion across local authorities regarding the application of Section 28 in their school policy, which led most to disengage from LGB issues, and to fail to support LGB pupils, lest this somehow be construed as the 'promotion' of homosexuality. Such disengagement (from local authorities, schools and teachers themselves) essentially led to a silencing of LGB identities in schools—a key context in which gay people are most at risk of bullying and homophobia, to a lack of social support and counselling for LGB pupils, and to reinforcement of the already widespread public view that homosexuality was morally wrong. Similarly, public institutions, such as museums, began to shy away from LGB-related images, which led to decreased visibility of a community just beginning to be visible, proud and independent.

In response to the introduction of Section 28, political activists in the UK formed the pressure group Stonewall, which went on to become the largest LGB charity in Europe. As an influential lobbying charity, Stonewall campaigned effectively for the repeal of Section 28 in 2003, the inclusion of homophobic hate crime in the Criminal Justice Act 2003, and the promulgation of the Civil Partnership Act 2004 which

provided gay and lesbian couples with the equivalent of civil marriage. The Civil Partnership Act 2004 was perhaps the most significant development in LGB rights since the decriminalisation of homosexuality in 1967. Nine years later, the Marriage (Same Sex Couples) Act 2013 legalised same-sex marriage in England and Wales.

Amid these significant legislative developments, Gay Pride (initiated in 1972) remains an annual event in most major cities in Britain. Since 2005, LGBT History Month has been observed annually throughout Britain and some 150 events (e.g. exhibitions, study days, public lectures and film screenings) take place each year to raise awareness of, and to celebrate the development of, LGBT lives, identities and rights. The globalisation of gay identity in the form of Gay Pride, LGBT History Month, and the media has given rise to many social and psychological benefits for gay men worldwide. There is increasingly a convergence in gay men's understanding of their identity, a greater sense of global advocacy for gay rights, and a unified response to perceived injustice against gay men.

Yet, the global gay identity championed in Britain, the US and other Western industrialised societies may not easily map onto sexual identities that exist in Latin American and Middle Eastern societies, for instance (Maatouk & Jaspal, 2020). This global identity is not one with which all gay men—in Britain, let alone the rest of the world—can or even wish to identify. This global approach does not quite capture the intersecting identities of ethnicity, religion and social class, which also shape the experience of being gay and of constructing a gay identity. This does beg the question as to how we come to acquire self-awareness, that is, a sense of identity. The development of collective knowledge, or social representations, plays an important role.

Social Representations: What We Know and How We Know It

Social representations theory (Moscovici, 1988) provides a useful framework for exploring how members of any given group or community develop an understanding of, and are able to communicate about, their identities. Moreover, the theory provides insight into the broader social, political and ideological context in which people construct their identities, develop individual attitudes and relate to others. Indeed, the previous section of this chapter outlines the social, political and historical

context in which gay men have constructed, developed and maintained a gay social identity in Britain.

Social representations theory was originally designed to examine how esoteric topics become 'common sense' knowledge, that is, how they enter public consciousness and become topics that can be debated. At a basic level, a social representation can be defined as a collective 'elaboration' of a given social object which in turn enables individuals to think and talk about it. This elaboration consists of emerging beliefs, values, ideas, images and metaphors in relation to any given phenomenon. Social representations provide a cultural group with a shared social reality or 'common consciousness'. The category 'gay', for instance, can be considered a social representation. Being 'gay' evokes images of a sexual orientation to be celebrated and values of hedonism and openness, in contrast to the category 'homosexual', which conversely has a more clinical tone and evokes sexualising images.

Social representations emerge over time as people attempt to think and talk about novel topics. Two principal social psychological processes converge in the creation of social representations:

- *Anchoring* refers to the process whereby a novel, unfamiliar phenomenon is integrated into existing ways of thinking. For instance, as outlined in Chapter 2 of this volume, some gay men anchor their sexual orientation to earlier traumatic experiences in childhood, such as childhood sexual abuse perpetrated by a male family member or acquaintance (see also Jaspal & Williamson, 2017). Understandably, this particular type of anchoring can lead the individual to construe his sexual orientation in negative terms, generalising the trauma of his early experience to his sexual orientation.
- *Objectification* refers to the process whereby an abstract phenomenon is rendered concrete and tangible, often through the use of metaphors. For instance, in the era of HIV/AIDS, condom use has become normalised as an important prevention approach. Some gay men refer to condomless sex metaphorically as 'bareback', 'raw' or 'skin-to-skin' sex. These metaphors serve to objectify condomless sex in terms of an adventurous and risky (bareback), real and uninhibited (raw), or intimate and sensual (skin-to-skin) practice. These forms of objectification emphasise particular dimensions of the practice, over and above others (e.g. risk, danger).

Anchoring and objectification occur in a wide range of contexts, including the media, film and literature, political discourse, patient–practitioner interactions and in everyday conversation. Interactions in these contexts all contribute to the genesis and development of social representations. Although introduced in one context (e.g. the print media), the representation may subsequently be taken up, elaborated or challenged in other contexts (e.g. a conversation in the local pub). In short, they emerge and develop as a result of social interactions *between people* (Jaspal, Nerlich, & Cinnirella, 2014).

No social representation is static—events, politics and social change all contribute to the fate of a social representation. Each representation is constantly subject to debate, revision and, sometimes, extinction. Social representations also encourage particular patterns of action. For instance, the social representation that monogamy is a heteronormative practice, which curtails the rights of gay men can lead to the uncritical acceptance of non-monogamy as the 'appropriate' lifestyle for a gay man (as in Case Study 1). Furthermore, the anchoring of gay identity to femininity, as in Case Study 2, could lead the individual to denigrate his sexual orientation and to conceal it from significant others. Social representation can lead not only to the normalisation of particular behaviours but also to their uncritical acceptance.

Overview

The second part of this volume focuses on the distinction between sexual orientation and sexual identity. In Chapter 2, the origins of sexual orientation are discussed through the lens of social psychological and psychobiological theories of sexual orientation, respectively. The two paradigms are compared and contrasted, and their respective social psychological implications are discussed. Chapter 3 focuses on the construction, development and maintenance of sexual identity among gay men, exploring the intrapsychic process of 'coming out' to oneself and the formation of a social group membership in relation to one's sexual orientation.

The third part of this volume explores gay men in social context. Chapter 4 outlines the formation, management and dissolution of personal relationships in gay men, focusing on parental reactions to coming out, friendships and romantic relationships. Chapter 5 explores the social psychology of prejudice and intergroup relations in relation to gay men, including the psychosocial underpinnings of anti-gay prejudice

and intragroup prejudice within the gay community. In Chapter 6, the management of multiple identities is discussed with a focus on how potentially conflicting identities, such as religion and sexuality, are reconciled in the context of opposing social pressures.

The focus of Part VI is on aspects of gay men's health and wellbeing. Chapter 7 examines the social psychological underpinnings of non-mainstream sexual practices among gay men and the stigma that often surrounds them, precluding open discussion. In Chapter 8, the inequalities faced by gay men in relation to both mental health and sexual health are discussed.

The final part and chapter of this volume outlines an integrative social psychological framework, drawing on social representations theory and identity process theory. The framework outlines seven components, all of which are central to the study of these and other pressing social psychological topics among gay men.

References

Jaspal, R., & Breakwell, G. M. (Eds.). (2014). *Identity process theory: Identity, social action and social change*. Cambridge: Cambridge University Press.

Jaspal, R., & Williamson, I. (2017). Identity management strategies among HIV-positive Colombian gay men in London. *Culture, Health and Sexuality: An International Journal for Research, Intervention and Care, 19*(2), 1374–1388.

Jaspal, R., Nerlich, B., & Cinnirella, M. (2014). Human responses to climate change: Social representation, identity and socio-psychological action. *Environmental Communication: A Journal of Nature and Culture, 8*(1), 110–130.

Maatouk, I., & Jaspal, R. (2020). Religion, male bisexuality and sexual health in Lebanon. In A. K. T. Yip & A. Toft (Eds.), *Bisexuality, spirituality & identity: Critical perspectives*. London: Routledge.

Moscovici, S. (1988). Notes towards a description of social representations. *European Journal of Social Psychology, 18,* 211–250.

Trumbach, R. (2007). Modern sodomy: The origins of homosexuality, 1700–1800. In M. Cook, R. Mills, R. Trumbach, & H. G. Cocks (Eds.), *A gay history of Britain: Love and sex between men since the middle ages* (pp. 77–105). Oxford: Greenwood World Publishing.

Wolfenden, W. J. F. W. (1957). *Report of the Departmental Committee on Homosexual Offences and Prostitution*. https://discovery.nationalarchives.gov.uk/details/r/C1386377. Accessed on 7 September 2018.

Orientation or Identity?

The Origins of Sexual Orientation

Abstract In this chapter, the concept of sexual orientation is defined and methods of operationalising and measuring it are discussed. Empirical research into the origins of sexual orientation is outlined, beginning with the psychosocial paradigm, consisting of psychoanalysis and social learning theories, and then the psychobiological paradigm, which includes the theories of hormonal influences on the brain and of genetic underpinnings of sexual orientation. In the final section of this chapter, the social psychological implications of these distinct, opposing paradigms are discussed with a particular focus on the social representations of homosexuality and gay men that they may generate.

Sexual Orientation: Its Definition and Operationalisation

Sexual orientation can be conceptualised as a trait that predisposes an individual to experience sexual attraction to people of the same sex (gay), to people of the opposite sex (heterosexual), or to people of both sexes (bisexual). Over the years, many sexual orientation categories and terms have been used to describe sexual attraction among men, such as homosexual, gay, bisexual, heterosexual, straight and others. Undoubtedly,

many more will be created in order to capture the nuances of one's perceived sexual orientation. Each of these categories and future ones can also be thought of as social representations, evoking distinct meanings, images and values (see Chapter 1). Whether these categories represent sexual orientation or sexual identity is another matter, which will be discussed in the next chapter.

In attempting to determine sexual orientation, most researchers focus on sexual attraction rather than emotional attraction (which sometimes has nothing to do with the desire for sexual contact but rather to the desire for intimacy). Indeed, people may desire a sense of intimacy with others despite not feeling sexually attracted to them and intimacy can take many different forms. It is acknowledged that sexual orientation is actually a combination of both sexual and emotional factors but that emotional attraction alone is also not easily distinguishable from friendship. A third component of sexual orientation is actual sexual behaviour—indeed, reported sexual behaviour was the focus of Kinsley's pioneering work on sexual orientation in the 1940s and 1950s.

In general, there is a correlation between sexual orientation and sexual behaviour—men with a homosexual orientation do tend to have sexual relations with other men. However, this is by no means a perfect correlation—some men who are not gay and thus have never had sexual contact with other men do, when incarcerated in prison, resort to sexual relations with other male prisoners. Similarly, it is easy to understand why a same-sex attracted man might never act on this attraction in a society in which homosexuality is highly stigmatised. It may not be plausible to categorise as 'gay' the male prisoner who had sex with other men in prison but who, upon his release, no longer contemplates gay sex. Similarly, it may be misleading to consider as 'straight' the same-sex attracted man who gets married and fathers children with a female partner although he actually has (suppressed) sexual desires only for men. In short, social context is a key mediator of the relationship between sexual orientation and behaviour.

Most researchers attempt to gauge an individual's sexual orientation simply by asking him who he is attracted to. This is a fairly reliable method for extracting this information because, with the promise of anonymity in ethically sound survey research into sexual orientation, most participants appear to report their sexual attraction accurately. However, there are some methodological problems. First, some gay men are simply not *aware* of their sexual orientation. Although they do experience

sexual arousal in response to other men, they may not construe this cognitively as 'attraction' but rather they may attribute it to other factors. For instance, Jaspal and Cinnirella (2010) found that some of the Muslim gay men they interviewed attributed their homosexual behaviour to the 'liberal norms' of British society, rather than to an inherent same-sex attraction. Second, some men may reject their same-sex attraction due to internalised homophobia and thus fail to report this in survey research. Both of these limitations are discussed further in Chapter 3, which focuses on the construction of sexual identity in gay men.

In order to address the limitations of self-report data, some researchers have favoured physiological methods of data collection to ascertain sexual orientation. In such research, attraction has been deduced from physiological manifestations of sexual arousal in men. A plethysmography involves placing a transducer around the penis of the research participant and measuring the presence and degree of penile erection while he views erotic stimuli, such as images of men engaging in sexual behaviour. Although this approach enables the researcher to access information about sexual orientation, which the participant might be unable or unwilling to disclose in a survey, it is not without limitations of its own. First, the stimuli may trigger other thoughts and memories that do induce sexual arousal but that are unrelated to the original stimuli, undermining the reliability of this approach. Second, men habitually experience 'spontaneous erections' which can occur in the absence of sexual attraction or desire, but as a result of psychological and physiological factors unrelated to the erotic stimulus.

In ideal empirical research, both self-report and physiological data would be used—in combination—to triangulate sexual orientation. However, a mixed methods approach of this kind would probably not be practical, or acceptable, to participants in all empirical settings. After all, it may be possible to administer to an entire population a questionnaire regarding sexual orientation but only a small sample of participants would be able and willing to undergo a penile plethysmography, for instance.

Prevalence of Homosexuality

There are popular claims that up to 10% of the population is gay. However, in spite of their aforementioned methodological limitations, the available self-report data suggest that the prevalence of male

homosexuality in both the UK and US is 2.3% (Cohen, Blasey, Taylor, Weiss, & Newman, 2016; Office for National Statistics, 2019) and that cross-culturally it is unlikely to exceed 5% (Whitam, 1983). This suggests that gay men are actually a very small minority in the male population. Moreover, data suggest that sexual orientation is stable across the life course. Although there have been few longitudinal studies of sexual orientation, those that have been conducted suggest that sexual orientation undergoes little change over time, especially among men. In their 10-year longitudinal study of 2500 men and women in the US (Mock & Eibach, 2012), just 0.8% of men reported a different sexual orientation at follow-up. It is true that a minority of men 'come out' as gay in later life—sometimes after having been in a heterosexual marriage or even having fathered children—but this is frequently attributable to identity concerns, rather than to any actual change in sexual orientation (see Chapter 3).

Given the paucity of cross-cultural data, it is difficult to provide an unequivocal response to the question of whether sexual orientation is cross-culturally stable, that is, whether there is a similar distribution of heterosexual, gay and bisexual people in different cultures. In most cultures, research into sexual orientation has not been deemed appropriate and thus robust data have simply not been collected. Notwithstanding the distinct social representations of sexual orientation in different societies (Chapter 1), the prevalence of homosexuality in the Philippines and Guatemala, for instance, is said to be 5% which is consistent with estimates of homosexuality in Western, industrialised societies (Whitam, 1983). Furthermore, in the absence of empirical data, researchers have relied on literary and other cultural sources to ascertain the existence of homosexuality over time and space, such as in Ancient Greece and Rome (Hubbard, 2003). Thus, there is no reason to believe that there is a greater prevalence of homosexuality in any given cultural context than in another or that homosexuality is any more prevalent today than it was before. Whether or not people are able or willing to recognise their sexual orientation is another issue (Maatouk & Jaspal, 2020).

Although this book focuses on the social psychology of gay men, it is an opportune moment to discuss male bisexual orientation briefly. Research shows that the vast majority of men are heterosexual, that a small minority are gay, and that a much smaller minority report sexual attraction to both sexes (bisexual). The Integrated Household Survey in the UK revealed a 0.3% prevalence of bisexuality in men (Office for

National Statistics, 2015). Yet, even among those men who describe themselves as bisexual (bearing in mind that most studies of sexual orientation rely on self-reported sexual orientation), there are many who are in fact not attracted to both sexes but believe that they are or wish that they were. In many cases, this is a question of sexual identity because it concerns how people wish to view themselves and how they wish to be viewed by others. The desire to avoid being 'pigeonholed' as gay or stigmatised for being gay may be a contributing factor. In a psychophysiological study using plethysmography, Rieger, Chivers, and Bailey (2005) measured 101 male participants' genital arousal in response to erotic videos of males and females. Predictably, they found that heterosexual and gay men were aroused by videos of women and men, respectively. However, their more interesting finding was that the bisexual men who reported sexual attraction to both sexes actually responded much more strongly to videos of men than to those of women. This suggests that non-sexual reasons may underlie self-definition as bisexual in this cohort of men. However, it must be stressed that male bisexuality does exist and there is also empirical evidence that bisexual men do manifest sexual attraction to both sexes (Rosenthal, Sylva, Saffron, & Bailey, 2011).

Psychosocial Theories of Sexual Orientation

Psychosocial theories have been presented in order to explain the origins of sexual orientation—most commonly, *homosexual* orientation, which is often implicitly represented as the result of an abnormal psychosexual development. Heterosexuality is conversely taken for granted—its origins seldom explored. In this subsection, psychoanalysis and various hypotheses drawing on social learning theory are discussed. This research paradigm appears to suggest that there are social and psychological factors, often occurring in childhood, which can trigger a homosexual orientation in adolescence or adulthood. Crucially, the theories either explicitly or implicitly suggest that, given its social and psychological antecedents, homosexual orientation can be changed.

Psychoanalysis

Psychoanalysis provides a deterministic perspective on the origins of homosexuality. Its founder, Freud (1949) identified a series of stages of infant development believed to explain the establishment of sexual

orientation. Freud believed that the erotic instinct, which he called the *libido*, was already active in human beings from childbirth and periodically became fixated on distinct erogenous zones. In the oral stage, the libido of the newborn baby is initially focused on the mouth and is satisfied as the infant nurses. The libido subsequently becomes fixated on the child's anus where it is then satisfied through defecation. At the age of two years, the toddler's libido becomes focused on the phallus (the genital area) where it is satisfied through masturbation. According to Freud, this is the stage at which the libido is simultaneously directed towards other males who also possess a penis. Accordingly, this can be regarded as a homosexual phase which all males experience transiently but whose memory is repressed in adulthood. At the age of three years, the male toddler's libido is directed towards his mother upon whom he remains sexually fixated for several years. This is referred to as the Oedipal phase. Following this stage, the child's libido remains latent for several years until puberty at which point a 'normal' heterosexual orientation is manifested.

Freud regarded homosexuality in adult men as a disruption of this process and identified two distinct underpinnings. It was proposed that pre-Oedipal homosexuality might arise from continued occupancy of the phallic stage when the libido is directed at other males, and that Oedipal homosexuality was the product of continued occupancy of the Oedipal phase which results in erotic fixation on the mother. In the latter scenario, the male is so excessively identified with his mother that he seeks to take her place in her relationship with his father and thus his homosexual orientation is essentially a re-enactment of his desired sexual relationship with his father. Accordingly, the child's attachment to his mother increases and the mother too prevents her child from distancing himself from her, perpetuating the abnormal re-enactment of the mother–father relationship. The theory posits that the father consequently becomes distant from, and even hostile towards, his son, which in turn causes the mother–son relationship to strengthen further.

Empirical psychologists understandably take issue with psychoanalysis whose tenets appear to be impossible to falsify through empirical research. How does one empirically access the Unconscious which is where memories of these developmental stages are said to be located? Put simply, if psychoanalysis cannot be empirically tested, it cannot be falsified. One is expected simply to accept its veracity. In formulating psychoanalysis, Freud was reliant on the qualitative accounts of his male

patients who reported tense relations with their fathers and close relations with their mothers. Yet, there are many more plausible explanations for sexual orientation that are unrelated to erotic fixation on one's mother and irrational fear of castration by one's father. For instance, could the father's reported hostility towards his son not be more plausibly attributed to his son's gender nonconformist behaviour? Could the mother's protective relationship with her son not be attributed to her observation of others' hostility towards her son? Nevertheless, psychoanalysis has persisted as a theoretical perspective for explaining, and sometimes 'treating', homosexuality because it essentially posits that this sexual orientation has arisen as a result of a deviation from 'normal' libidinal drives.

Social Learning Theory

Social learning theories of sexual orientation have emerged from the paradigm of behaviourism, an approach to psychological science that emphasises the primacy of empirically *observable* behaviour over introspection and cognition. Championed by Watson (1930) and Skinner (1938) in the first half of the twentieth century, behaviourism differed significantly from psychoanalysis in that it regarded the minds of individuals as 'blank slates', which, through the life course, would come to be populated by associations created by experience.

Some social learning theorists might argue that sexual orientation is learned as a result of early sexual experiences. This can be attributed to the position in social learning theory that, as a 'blank slate', the individual has no primordial sexual preference but rather develops it through early sexual experience (Hoult, 1984). In other words, a gay man is believed to 'become gay' as a result of a first sexual experience with another, often older, man during childhood or adolescence. Much research designed to test this hypothesis is correlational and thus sheds no light on causation—it merely reveals an association between being gay and having had an early homosexual experience. It is of course equally possible that the gay adolescent himself initiated, or responded willingly, to the experience or that the older person picked up on social and behavioural cues indicative of the gay adolescent's sexual orientation.

Furthermore, there are actually examples of cultural contexts in which early homosexual experiences occur frequently without having a lasting impact on individuals' sexual orientation. For instance, the Sambia tribe

of New Guinea engage in 'ritualised homosexuality' and require young boys in their tribe to perform fellatio on older males, as a rite of passage, in order to acquire virility (Creed, 1984). This is the very first sexual experience that these young boys ever have. Yet, there is no evidence of a higher prevalence of homosexuality in Sambia males. There is no evidence that they 'become gay' in adulthood. As in other societies, the majority in fact develop a heterosexual orientation.

Social learning theories have also generated a related, though somewhat sinister, hypothesis regarding the origins of homosexual orientation. The 'seduction' hypothesis suggests that adolescent boys can be 'seduced' into homosexuality by older men. This hypothesis extends that of early sexual experiences as a predictor of future sexual orientation in that it posits that childhood sexual abuse, in particular, is a causal factor in homosexual orientation in adulthood. The higher prevalence of childhood sexual abuse empirically observed in gay males than in heterosexual males (e.g. Friedman et al., 2011) is often offered as 'evidence' of a causal relationship.

As indicated above, a more plausible explanation for this is that adult perpetrators of childhood sexual abuse probably pick up on social and behavioural cues that are indicative of the child's sexual orientation (e.g. their gender nonconformity), of their vulnerability (often on the basis of their sexual orientation), or of the decreased likelihood that they will disclose the abuse to other people (again, often on the basis of their sexual orientation). The child's desire to conceal their sexual orientation can create the conditions that enable the abuse to occur, to go unnoticed, and to be concealed from those who can intervene. Amid this discussion, it is important to emphasise that the vast majority of gay men have *not* experienced childhood sexual abuse and indeed that the majority of male victims of childhood sexual abuse do not go on to develop a homosexual orientation.

The social learning perspective also focuses on child-rearing effects as a causal factor in sexual orientation. It has been hypothesised that children who are raised by gay couples are more likely to develop a homosexual orientation themselves, due allegedly to parental influence. However, most research suggests that there is not a higher prevalence of homosexual orientation in children with gay parents than those raised by heterosexual parents (e.g. Patterson, 2000). Furthermore, it should be noted that the overwhelming majority of gay men have been raised by heterosexual, and *not* gay, parents, which further refutes this baseless

claim. However, it is likely that gay children feel more comfortable about disclosing their sexual orientation to gay parents than to heterosexual parents, due to the lack of heteronormativity and homophobia in gay-led families. This, however, has nothing to do with the *development* of sexual orientation.

It has similarly been claimed that males who grow up surrounded by females (that is, with female siblings, with a single female parent, estranged from their father) are more likely to become gay. In Bem's (1996) 'exotic becomes erotic' theory, it is argued that children come to identify more closely with those with whom they habitually associate— in this case, with female siblings and female friends. The theory posits that these males are deprived of contact with other males, which leads to a sense of difference and disidentification from them. They come to experience psychological arousal, initially in the form of apprehension or antipathy, when in the presence of other males. This psychological arousal is subsequently transformed into sexual attraction due to the 'exoticisation' of other males.

There is indeed evidence that gay men tend to report closer relationships with other females, including their mother, siblings, and friends, but none that demonstrates a causal relationship between this and their sexual orientation. A plausible explanation for this observation is that women are more likely to respond favourably to a male's disclosure of his sexual identity (see Chapter 4). Indeed, most gay men choose to disclose their sexual orientation to another female, such as their mother, sister or a female friend, potentially crystallising their relationship with these trusted others. Conversely, the disapproval frequently displayed by fathers (and indeed other men) in response to their son's homosexuality can lead to estrangement from the father, which leads to the problematic hypothesis that this estrangement is a causal factor in homosexual orientation. In short, it is unsurprising that gay men should feel more comfortable forming close relationships with other females who provide social support than with men.

One of the misleading aspects of psychosocial theories of sexual orientation is that causation is often assumed on the basis of correlational data. Another more fundamental problem is that there is simply a lack of empirical data, which has led to speculative hypotheses about the causes of homosexuality that have subsequently become social representations, that is, uncritically accepted in the general population.

A Biological Basis to Sexual Orientation

The problematic nature of psychosocial theories of sexual orientation has led researchers to develop and test psychobiological hypotheses concerning the origins of sexual orientation. There are two main paradigms that have emerged in the psychobiology of sexual orientation—pre- and perinatal hormonal influences on anatomical brain structure, and genetics. Both paradigms have received some empirical support, which is discussed in this section. Some of this research suggests that the same psychobiological processes govern the development of both gender and sexual orientation.

Gender and Sexual Orientation

Psychobiological approaches to sexual orientation tend to regard sexual orientation as a pre-determined, fixed and stable trait. A significant hypothesis in this paradigm is that gender nonconformist traits and behaviours are strongly associated with homosexuality, while gender conformist traits and behaviours are associated with heterosexuality. This is attributed to the theory—elaborated in the remainder of this subsection—that sex hormones can lead to sexual differentiation of the human brain and to the development of sexual orientation.

There is robust empirical evidence that boys and girls manifest fairly consistent differences in mental and behavioural traits—from the toys they prefer to play with, to the personality traits they manifest, to their performance on visuospatial and verbal fluency tasks (e.g. Barel & Tzischinsky, 2018; Schmitt et al., 2017). In short, boys and girls *are* different. While there is clearly an important impact of social and psychological factors, like parental and sibling influence, there is also strong cross-cultural evidence that biological factors, like prenatal hormones, contribute to gender development in children. Empirical research appears to show a correlation between higher prenatal levels of testosterone exposure and more masculine traits in children (Hine, 2010). Moreover, as outlined later in this chapter, there is some support for the hypothesis that prenatal hormonal exposure affects sexual orientation in later life, although the mixed findings in this field are far more conclusive.

Data from mixed methods, including retrospective self-report, studies conducted in cross-cultural settings converge in showing that gay men themselves generally report gender nonconformist traits and behaviours

in childhood and adolescence, even before they became aware that they were gay (e.g. Rieger, Linsenmeier, Gygax, & Bailey, 2008). Gay male children are less likely than heterosexual male children to participate in gender-typical activities. Crucially, gender nonconformism is a significant predictor of adult homosexuality. Partly because of the early onset of gender nonconformity in children, *before* exposure to social representations that could link gender conformity and sexual orientation in their minds, it has been suggested that this trend too could be attributed to prenatal hormonal exposure. In other words, scientists have explored the hypothesis that biology, rather than social psychology, underlies the development of sexual orientation.

Some longitudinal studies have revealed that male children who exhibit gender conformist traits and behaviours are more likely than those with gender conformist traits and behaviours to develop a homosexual orientation in later life (Li, Kung, & Hines, 2017). Incidentally, the high prevalence of gender nonconformity among male children who later develop a homosexual orientation may be one of the behavioural cues that sexual predators detect when they perpetrate acts of sexual abuse. This could explain the higher prevalence of reported childhood sexual abuse in gay men than in heterosexual men, as noted above. In any case, gender nonconformity does appear to continue into adulthood—self-report data suggest that gay men are more likely than heterosexual men to describe themselves as being more feminine (Rieger et al., 2008).

Psychobiological theorists of sexual orientation appear to be suggesting that prenatal hormonal exposure causes the foetus to undergo a sort of 'feminisation' and that the mind of the individual is shifted in a gender atypical direction. This leads to the development and manifestation of more feminine traits and behaviours in the child, of which one, from a biological perspective, is a homosexual orientation. Naturally, not *all* gay men possess feminine traits and behaviours and some may never have done so as children, but this observable trend in gay men has led to hypotheses concerning the innateness of both gender and sexual orientation and the common psychobiological underpinnings that they may share.

Hormonal Influences on the Brain

In 1969, German neuroendocrinologist Gunther Dörner presented a prenatal hormonal theory of sexual orientation, which was initially based on animal experiments. In an early animal experiment, Dörner castrated

rats shortly after birth, thereby depriving them of testosterone, and found that these rats displayed homosexual behaviour in adulthood. It has now been demonstrated that, although there are no significant differences in total testosterone between gay and heterosexual men, gay men do, on average, possess less 'free testosterone' (that is, testosterone that is not combined with other chemicals). It has thus been argued that foetuses that lack testosterone at the end of pregnancy are more likely to develop a homosexual orientation in later life.

This empirical observation has led to the search for potential reasons underpinning the lack of foetal exposure to testosterone. One hypothesis is that psychological stress can trigger increased activity in the mother's adrenal glands, thereby inhibiting foetal exposure to testosterone. In support of this hypothesis, Dörner et al. (1980) found a high prevalence of homosexuality in males born in the former East Germany between 1941 and 1947, a period characterised by psychological stress due to political turmoil.

The hypothesis that prenatal hormonal environment shapes sexual orientation has led to the search for causal relationships. The hypothamalus is an archaic small region at the base of the brain that develops early in life and contributes to the regulation of human sexual behaviour, including sex drive. In the hypothalamus region, there is a pie-sized collection of nerve cells known as the third interstitial nucleus of the anterior hypothalamus (INAH3), which is pivotal in the regulation of sexual behaviours typically shown in males, such as attraction to females. Moreover, Allen et al. (1989) found INAH3 to be larger in males than in females.

Driven by the hypothesis that there were anatomical differences between gay and heterosexual men, LeVay (1991) set out to examine and compare the anatomical structure of the hypothamalus in 19 gay men, 16 heterosexual men, and 6 heterosexual women. LeVay (1991) confirmed the gender difference in hypothalamic structure but also found that the hypothalamic nucleus of INAH3 was significantly smaller in gay male subjects than in heterosexual male subjects and that the gay male's INAH3 was approximately the same size as that of female subjects. This study was subsequently replicated (Byne et al., 2000, 2001). In conclusion, LeVay argued that decreased foetal exposure to testosterone (for whatever reason) might lead to 'de-masculisation' of the brain, that is, to a smaller INAH3, which in turn might lead males to develop a sexual attraction to other men.

Genetic Factors

A distinct paradigm of psychobiological research focuses on the role of genetics in determining sexual orientation. Researchers have set out to investigate whether a gene or genes which predispose to male homosexuality generally runs in families, rendering it hereditary. The hypothesis that sexual orientation is genetically determined has been tested principally in twin and family studies. In a study of 51 predominantly gay and 50 predominantly heterosexual men, Pillard and Weinrich (1986) found that heterosexual men reported as many gay brothers as would be predicted in view of existing prevalence data, while gay men had approximately four times as many gay brothers. These results suggest a familial component to male homosexuality. Furthermore, in a US national sample of twin and non-twin sibling pairs, Kendler et al. (2000) found that homosexuality was more prevalent in both monozygotic twins (derived from a single ovum and thus 'identical') than in both dizygotic twins (derived from two separate ova and thus 'fraternal'). Given that monozygotic twins have almost all of their genes in common and that dizygotic twins share only half of their genes, these findings do suggest a substantial genetic influence on sexual orientation.

In a later study of 38 pairs of twins, Whitam, Diamond, and Martin (1993) found a concordance rate of 65.8% for monozygotic twins and a 30.4% concordance rate for dizygotic twins, supporting the hypothesis of a genetic basis to sexual orientation. Family studies have also demonstrated a higher than average prevalence of homosexuality in maternally related males, while the prevalence of homosexuality in paternally-related males appears to reflect that in the general population. This has led to the hypothesis that a gene on the X chromosome (inherited from the mother) may play a causal role in sexual orientation. In a pedigree study of 114 families of gay men, Hamer, Hu, Magnuson, Hu, and Pattatucci (1993) found a high prevalence of homosexuality in maternal uncles and male cousins of the gay study participants.

In their DNA linkage analyses of 40 families in which there were two gay brothers, Hamer and his team examined 22 DNA markers along the X chromosome. They found a correlation between homosexuality and the inheritance of polymorphic markers on Xq28 (a region on the long arm of the X chromosome) in approximately 64% of the gay siblings who participated in the study. In other words, 64% of the gay siblings shared the same markers on Xq28 while none of the heterosexual brothers

shared these markers. This provides some evidence that the gene(s) predisposing to male homosexuality are situated in the Xq28 region of the X chromosome. More recently, a much larger genome-wide linkage study has replicated Xq28 involvement and found an additional site of linkage, namely the pericentromeric region on chromosome 8. While linkage studies do not enable us to identify specific genes involved in determining sexual orientation, they do narrow the search for the 'gay gene(s)' to two sites: Xq28 and chromosome 8. Further research using more sophisticated methods will be required in order to identify these genes—if indeed they exist.

Social Representations of Sexual Orientation

An important question for social psychology concerns the public implications of these theories of sexual orientation, which have become popularised. As highlighted in Chapter 1, social representations theory was initially developed in order to understand how science enters the public domain to become 'common sense'. The theory can shed light on how theories of sexual orientation come to be understood and reproduced in public debates on sexual orientation, and the potential impact they can have both on how people view and treat gay men and how gay men perceive themselves. In other words, the theories give rise to particular social representations of sexual orientation. On the whole, it is possible to identify two basic social representations—the psychosocial theories of sexual orientation encourage the representation that sexual orientation is socially conditioned and mutable, while the psychobiological theories reinforce the representation that sexual orientation is biologically determined and immutable.

Within the psychosocial paradigm, psychoanalysis suggests that homosexuality arises from a 'disruption' of 'normal' psychosexual development, thereby constructing it as an abnormality. More specifically, homosexual orientation is said to arise as a result of continued occupancy of the phallic stage or due to an abnormal fixation on the mother, both of which 'normal' boys experience but grow out of. Moreover, homosexuality appears to be sustained as a result of problematic relations with one's parents, that is, estrangement from the father and excessive proximity to the mother. In short, this theoretical approach to sexual orientation gives rise to the *social representation that homosexuality is an abnormal psychosexual development*.

Social learning theories of sexual orientation generally posit that human beings are born as a 'blank slate' devoid of a sexual orientation and that they develop a sexual orientation as a result of social and psychological processes. Some of the hypotheses that have been developed within this perspective imply that men 'become', or rather that they are *led* to become, gay due to negative, and often traumatic, experiences and events during childhood. When the development of a homosexual orientation is attributed to traumatic events, such as seduction by an older male, sexual abuse, or rape, the negativity and trauma of these events are in turn generalised to homosexuality. It is easy to see how this attribution style can give rise not only to homophobia in the general population but also to *internalised* homophobia at the level of the individual. In short, people come to associate being gay with trauma and negativity. Furthermore, the anchoring of homosexuality to negative child-rearing or parenting style amounts to a form of blame attribution (i.e. that the parents are to blame) and, thus, to the perception that homosexuality could have been avoided if the parenting style had been different. It can plausibly be argued that this perspective encourages the *social representation that homosexuality is the consequence of preventable negative experiences and events in a person's life.*

Crucially, the social learning perspective implies that, because homosexuality is 'learned' through social and psychological processes, it can be 'unlearned' through social and psychological conditioning. A troubling consequence of this hypothesis has been the pseudoscientific practice of 'conversion therapy' (also referred to as 'reparative therapy') which is intended to change the sexual orientation of gay, lesbian and bisexual people. Conversion therapy can include aversion conditioning techniques, such as electric shocks and the administering of nausea-inducing drugs, which are used to make the patient associate their homosexual arousal with adverse sensations. Psychoanalytic techniques typically involve some form of psychological therapy to resolve the unconscious childhood conflicts, such as those described above, that are deemed to cause homosexuality. Religious conversion therapy generally consists of prayer and counselling through the lens of a particular religious tradition, such as Christianity or Islam, and aims to correct the 'sin' of homosexuality. None of these approaches have been shown to be effective and the available evidence actually indicates that they can be psychologically harmful to the individual (Dehlin, Galliher, Bradshaw, Hyde, & Crowell, 2015). Given that conversion therapy is doomed to failure, it is easy to

see how the identity principles of self-esteem and self-efficacy could be threatened by the inability to 'shed' one's gay sexual orientation despite treatment. More generally, conversion therapy, which is founded on the premise that sexual orientation is learned, reinforces negative social representations of homosexuality both in the general population and in gay men themselves. Yet, the psychosocial theories all contribute to the *social representation that sexual orientation is mutable, that conversion therapy is effective and, in view of the stigma surrounding homosexuality, that it is desirable.*

The psychobiological paradigm, which has yielded more convincing hypotheses, has promoted quite different social representations of sexual orientation. The hypothesis of hormonal influences on the brain positions the development of gender and sexual orientation, respectively, as sharing the same biological bases, which can reinforce the *social representation that gay men are feminine and have more in common with women than men*. It is easy to see how this social representation can in turn accentuate stereotypes of gay men as effeminate, often used to denigrate and challenge the masculinity of gay men.

Furthermore, the hypothesis that a lack of foetal exposure to testosterone can increase the possibility that the individual will develop a gay sexual orientation in later life can serve to pathologise homosexuality as the result of a physical fault or flaw giving rise to an abnormal development due perhaps to the mother's behaviour or inability to control stress levels during pregnancy. This reiterates the social representation of homosexuality as a *physical* abnormality. Conversely, the hypothesis that sexual orientation has genetic underpinnings constructs the *social representation that homosexuality is a 'normal' aspect of human variation*. It is devoid of the gender stereotypes associated with the hypothesis of the 'gay brain'.

It is noteworthy that the social representations of sexual orientation as primordial and socially constructed, respectively, have distinct implications for the social acceptance of homosexuality. Research into prejudice and intergroup will be discussed more extensively in Chapter 5. However, suffice to say that the perception that homosexuality is primordial and immutable is generally associated with decreased prejudice against gay people (Jayaratne et al., 2006). Conversely, when homosexuality is attributed to social and psychological causes, it meets with a more prejudicial response (Hegarty, 2002). Yet, even the attribution of homosexuality to immutable causes can lead to the view that it is some form of (incurable) illness.

Overview

The first point to note is the erroneous social representation that homosexuality is both very widespread and that its prevalence is growing. Indeed, this irrational fear was part of the reason for the Section 28 legislation, which was mentioned briefly in Chapter 1. Yet, as noted above, the available evidence suggests that the prevalence of homosexuality is fairly low, highly stable and cross-culturally consistent. The social representation and scientific reality do not appear to be perfectly aligned.

In this chapter, it has been shown that competing theories of sexual orientation have been offered in order to explain its origins, causes and consequences. Although the psychosocial theories appear to be scientifically flawed, they are still routinely accepted, internalised and reproduced by people—both heterosexual and gay—yielding the negative social representations that homosexuality is an abnormality, the result of negative events and experiences and, crucially, that it can be changed. Conversely, the psychobiological theories have received some, though by no means conclusive, empirical support, which has led to a shift in debates about the origins and social value of homosexuality, in particular.

Although social representations emanating from the psychobiological theories appear to be more positive, constructing it as primordial, immutable and an aspect of human variation, the hypothesis of the 'gay brain', in particular, runs the risk of reinforcing feminising stereotypes of gay men and of mapping sexual orientation problematically onto gender norms. These social representations plausibly shape the social context within which sexual identity among gay men is constructed. This question constitutes the focus of the next chapter.

References

Allen, L. S., Hines, M., Shryne, J. E., & Gorski, R. A. (1989). Two sexually dimorphic cell groups in the human brain. *Journal of Neuroscience, 9*(2), 497–506.

Barel, E., & Tzischinsky, O. (2018). Age and sex differences in verbal and visuospatial abilities. *Advances in Cognitive Psychology, 14*(2), 51–61.

Bem, D. J. (1996). Exotic becomes erotic: Interpreting the biological correlates of sexual orientation. *Psychological Review, 103,* 320–335.

Byne, W., Lasco, M. S., Kemether, E., Shinwari, A., Edgar, M. A., Morgello, S., Jones, L. B., & Tobet, S. (2000). The interstitial nuclei of the human anterior hypothalamus: An investigation of sexual variation in volume and cell size, number and density. *Brain Research, 856*(1–2), 254–258.

Byne, W., Tobet, S. A., Mattiace, L. A., Lasco, M. S., Kemether, E., Edgar, M. A., Morgello, S., Buchsbaum, M. S., & Jones, L. B. (2001). The interstitial nuclei of the human anterior hypothalamus: An investigation of variation with sex, sexual orientation, and HIV status. *Hormones & Behavior, 40*, 86–92.

Cohen, J. M., Blasey, C., Taylor, C. B., Weiss, B. J., & Newman, M. G. (2016). Anxiety and related in disorders and concealment in sexual minority young adults. *Behavior Therapy, 47*(1), 91–101.

Creed, G. W. (1984). Sexual subordination: Institutionalized homosexuality and social control in Melanesia. *Ethnology, 23*(3), 157–176.

Dehlin, J. P., Galliher, R. V., Bradshaw, W. S., Hyde, D. C., & Crowell, K. A. (2015). Sexual orientation change efforts among current or former LDS church members. *Journal of Counseling Psychology, 62*(2), 95–105.

Dörner, G. (1969). Zur Frage einer neuroendokrinen Pathogenese, Prophylaxe und Therapie angeborenen Sexualdeviationen. *Deutsche Medizinische Wochenschrift, 94*, 390–396.

Dörner, G., Geier, T., Ahrens, L., Krell, L., Münx, G., Sieler, H., … Müller, H. (1980). Prenatal stress as possible aetiogenetic factor of homosexuality in human males. *Endokrinologie, 75*(3), 365–368.

Freud, S. (1949). *Three essays on the theory of sexuality*. London: Imago Publishing. (Original work published in 1905).

Friedman, M. S., Marshal, M. P., Guadamuz, T. E., Wei, C., Wong, C. F., Saewyc, E., & Stall, R. (2011). A meta-analysis of disparities in childhood sexual abuse, parental physical abuse, and peer victimization among sexual minority and sexual nonminority individuals. *American Journal of Public Health, 101*(8), 1481–1494.

Hamer, D. H., Hu, S., Magnuson, V. L., Hu, N., & Pattatucci, A. M. L. (1993). A linkage between DNA markers on the X chromosome and male sexual orientation. *Science, 261,* 321–327.

Hegarty, P. (2002). "It's not a choice, it's the way we're built": Symbolic beliefs about sexual orientation in the United States and in Britain. *Journal of Community and Applied Social Psychology, 12,* 153–166.

Hine, M. (2010). Sex-related variation in human behaviour and the train. *Trends in Cognitive Sciences, 14*(10), 448–456.

Hoult, T. F. (1984). Human sexuality in biological perspective: Theoretical and methodological considerations. *Journal of Homosexuality, 9*(2–3), 137–155.

Hubbard, T. K. (2003). *Homosexuality in Greece and Rome: A sourcebook of basic documents*. Los Angeles: University of California Press.

Jaspal, R., & Cinnirella, M. (2010). Media representations of British Muslims and hybridised threats to identity. *Contemporary Islam: Dynamics of Muslim Life, 4*(3), 289–310.

Jayaratne, T. E., Ybarra, O., Sheldon, J. P., Brown, T. N., Feldbaum, M., Pfeffer, C., & Petty, E. M. (2006). White Americans' genetic lay theories of race differences and sexual orientation: Their relationship with prejudice toward blacks, and gay men and lesbians. *Group Processes & Intergroup Relations, 9*(1), 77–94.

Kendler, K. S., Thornton, L. M., Gilman, S. E., & Kessler, R. C. (2000). Sexual orientation in a U.S. national sample of twin and nontwin sibling pairs. *American Journal of Psychiatry, 157*(11), 1843–1846.

LeVay, S. (1991). A difference in hypothalamic structure between heterosexual and homosexual men. *Science, 253*(5023), 1034–1037.

Li, G., Kung, K. T., & Hines, M. (2017). Childhood gender-typed behavior and adolescent sexual orientation: A longitudinal population-based study. *Developmental Psychology, 53,* 764–777.

Maatouk, I., & Jaspal, R. (2020). Religion, male bisexuality and sexual health in Lebanon. In A. K. T. Yip & A. Toft (Eds.), *Bisexuality, spirituality & identity: Critical perspectives.* London: Routledge.

Mock, S. E., & Eibach, R. P. (2012). Stability and change in sexual orientation identity over a 10-year period in adulthood. *Archies of Sexual Behavior, 41*(3), 641–648.

Office for National Statistics. (2015). *Integrated household survey (Experimental statistics): January to December 2014.* https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/integratedhouseholdsurvey/2015-10-01. Accessed on 24 March 2019.

Office for National Statistics. (2019). *Home people, population and community Cultural identity Sexual identity Sexual orientation, UK Sexual orientation, UK: 2017.* https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2017. Accessed on 24 March 2019.

Patterson, C. J. (2000). Family relationships of lesbians and gay men. *Journal of Marriage and the Family, 62,* 1052–1069.

Pillard, R. C., & Weinrich, J. D. (1986). Evidence of familial nature of male homosexuality. *Archives of General Psychiatry, 43*(8), 808–812.

Rieger, G., Chivers, M. L., & Bailey, M. (2005). Sexual arousal patterns of bisexual men. *Psychological Science, 16*(8), 579–584.

Rieger, G., Linsenmeier, J. A., Gygax, L., & Bailey, J. M. (2008). Sexual orientation and childhood gender nonconformity: Evidence from home videos. *Developmental Psychology, 44*(1), 46–58.

Rosenthal, A. M., Sylva, D., Saffron, A., & Bailey, J. M. (2011). Sexual arousal patterns of bisexual men revisited. *Biological Psychology, 88,* 112–115.

Schmitt, D. P., Long, A. E., McPhearson, A., O'Brien, K., Remmert, B., & Shah, S. H. (2017). Personality and gender differences in global perspective. *International Journal of Psychology, 52*(S1), 45–56.

Skinner, B. F. (1938). *The behavior of organisms: An experimental analysis.* Oxford, UK: Appleton-Century.

Watson, J. B. (1930). *Behaviorism* (Rev. ed.). Chicago, IL: University of Chicago Press.

Whitam, F. L. (1983). Culturally invariable properties of male homosexuality: Tentative conclusions from cross-cultural research. *Archives of Sexual Behavior, 12*(3), 207–226.

Whitam, F. L., Diamond, M., & Martin, J. (1993). Homosexual orientation in twins: A report on 61 pairs and three triplet sets. *Archives of Sexual Behavior, 22*(3), 187–206.

The Construction of Sexual Identity

Abstract This chapter focuses on the construction of gay identity. First, sexual identity is defined and the emergence of gay identity is discussed. Two significant theories of identity—social identity theory and identity process theory—from social psychology are outlined in relation to gay identity. The Cass identity model, which describes the processes underlying sexual identity development among gay men, is discussed from a social psychological perspective. Significant empirical research into the construction gay identity is summarised and it is argued that both social and psychological levels of analysis are key to understanding the construction of gay identity.

Keywords Coming out · Sexual identity · Gay identity · Identity process theory

What Is Sexual Identity?

Sexual identity can be defined in terms of the individual's subjective perception, appraisal and categorisation of his sexual orientation and consists of the cognitions, emotions and behaviours associated with his sexuality. More specifically, the individual derives a sexual identity from the recognition, evaluation and labelling of his sexual orientation, and this identity is populated by sexual thoughts, associated emotional

experiences, and sexual behaviours and practices. Sexual identity is essentially a 'compartment' within the broader identity structure. It is comprised of sexuality-relevant aspects, and is separate from other compartments (e.g. ethnicity, religion), but interacts with other compartments when determined by the social context.

Crucially, sexual identity refers not only to the recognition that one is gay, bisexual or something else, but also to broader consciousness and acceptance of how one thinks, feels and behaves as a sexual being. The two cases described in Chapter 1 highlight the complexity of sexual identity—while James engages in chemsex, this does not appear to be a part of his sexual identity; Sandeep's sexual identity is characterised by fear and shame in relation to his same-sex sexual practices. A key observation is that sexual identity is fluid and that it changes over the life course.

It is important to reiterate that sexual orientation and sexual identity are not interchangeable, despite the fact that some writers have used the terms synonymously. For instance, it is quite possible for a man with a homosexual orientation and to have sex with other men, but not to self-identify as gay, as has been observed in Middle Eastern societies, for instance (Maatouk & Jaspal, 2020). The individual may continue to perceive himself to be heterosexual, or perhaps bisexual, although, to the outside observer, this identity appears to be inconsistent with his behaviour.

Although the existing evidence suggests that sexual orientation is determined early on in life, sexual identity can form, crystallise and be manifested at any stage of the life course. Some gay men report 'always knowing' that they were gay, while others reportedly 'discover' they are gay in the middle age—sometimes after years of (heterosexual) marriage and having fathered children. Some people acknowledge their same-sex attraction but do not believe that the current binary labels that exist (e.g. gay, bisexual) adequately capture their sexual identity (Cohler & Hammack, 2007). The rejection of sexual identity labels may be attributed to the social representations of being 'gay', 'bisexual' and so on, that is, the images, ideas and emotions that these labels evoke. These labels may be inconsistent with the individual's 'desired self' or with the identity that they wish to project to others. In short, this is why *subjective* perception, appraisal and categorisation are key precursors to sexual identity.

The Emergence of Gay Identity

This book focuses on the social psychology of gay men, of which an important aspect is the construction of gay identity. In Chapter 1, historical aspects of gay identity development in Britain were discussed. It is similarly important to consider the social and economic context in which the label 'gay' has become available as an identity category. In his historical analysis of gay identity, D'Emilio (1983) has argued that, although same-sex sexual attraction and behaviour have long existed, the notion of a *gay identity* is the product of history, inextricably entwined with the emergence of capitalism and the free labour system in Western, industrialised societies. The free labour system shifted the status of the family as an independent and interdependent unit of production to that of an affective unit, producing 'not goods but emotional satisfaction and happiness' (p. 7). Same-sex attraction existed but the notion of developing an identity on the basis of this attraction was economically and, thus, socially impossible.

The advent of capitalism meant that the central objective of the family was no longer procreation (for economic survival) but rather the derivation of intimacy and happiness, which in turn enabled individuals to begin to organise their personal lives around same-sex intimacy and happiness. According to D'Emilio (1983), major historical events like World War II served to facilitate mobility, independence, and sexual exploration among same-sex attracted individuals, thereby laying the foundations for the emergence of a gay identity. Crucially, this identity was to be construed as a group membership—something shared with other people like oneself—rather than as an individual trait. As demonstrated in Chapter 1, same-sex sexual behaviour has occurred for centuries but it was actually in the late nineteenth century that same-sex attracted individuals began to construct a sexual *identity* around their attraction. In short, free labour led to a degree of economic and, thus, social independence.

The emergence of gay contexts, venues and meeting places facilitated a sense of community among same-sex attracted men who, by the 1960s, were beginning to refer to themselves as 'gay' and to advocate politically for their common identity, rights and interests (Cook, 2007). The category 'gay' reflected not only individual sexual orientation but also a broader culture in which particular norms, values and practices became discernible. Being gay became a social representation, a group

membership, and a cultural code for those who identified with it. It provided a sense of community, shared thinking and common practice. It led to the perception of 'us' versus 'them' and, as outlined in Chapter 5, to a distinction between gay and heterosexual norms, and a rejection of the latter among those adherent to 'gay culture'. For instance, some gay men reject monogamy and marriage as 'heteronormativity' and may favour other relationship styles perceived to be more consistent with their gay identity.

This historical overview of the emergence of gay identity enables us to understand why the notion of being gay remains difficult, or even impossible, in collectivist societies in which the social and economic future of the individual is contingent on that of the family. Although globalisation has increasingly facilitated a 'global' gay identity with many shared, cross-cultural aspects, same-sex attracted men in the Middle East do not unanimously identify as gay, many enter into heterosexual marriages, and live their lives as heterosexual men because gay culture and, thus, gay identity are simply unavailable to them (Maatouk & Jaspal, 2020).

Sexual identity is important to study. Far from being an 'objective' trait, it is the product of both culture and the individual's own subjective perception, appraisal and categorisation of his sexuality. Sexual identity will guide cognition, relationships and behaviour. Yet, the 'identity' projected to others may not always be that which resides within the individual's psychology. It is important to understand the social psychological aspects of sexual identity construction—as group and individual identities, and as public versus private identities.

The Social Psychology of Identity

Social psychological debates on identity tend to focus on the distinction between 'social identity' and 'individual identity' and, similarly, on the cognitive and social levels of analysis (Jaspal, 2014b). In this section, two significant social psychological theories of identity—social identity theory and identity process theory—are outlined in relation to the construction of gay identity. At a basic level, social identity theory is concerned with group membership as identity, while identity process theory focuses on individuality and attempts to analyse the total identity of the individual. Both are eminently relevant to the social psychology of gay men.

Social Identity Theory

As a key social psychological theory of identity, social identity theory has been elaborately discussed elsewhere (Pehrson & Reicher, 2014). Although widely considered a theory of identity, the originator of social identity theory Henri Tajfel never really intended it to be a theory of identity. According to his original formulation, social identity refers to 'an individual's self-concept which derives from his knowledge of his membership of a social group (or groups) together with the value and emotional significance attached to that membership' (Tajfel, 1978, p. 63). Thus, social identity theory seeks only to explain one dimension of identity, namely the individual's relationship with social groups and contexts in which the social group becomes a key focal point of the identity structure. In outlining the relevance of social identity theory to the construction of gay identity, it is useful to point to two key processes: *social categorisation* and *social comparison*.

Social categorisation is a cognitive process that enables the individual to simplify the social world by slotting stimuli (including oneself and others) into categories. The individual is, thus, able to order the social environment and anticipate patterns of thought and behaviour in relation to these stimuli. As indicated in the previous section, in Western societies at least, the category 'gay' came into existence as a social representation as a result of social and economic processes and was characterised by particular images, values, and norms. An individual may position himself and others in that category, thereby paving the way for a distinction between 'us' (gay men) and 'them' (everyone else).

This can be attributed to the fact that people attenuate differences between stimuli within the same category and that they accentuate differences between stimuli in different categories. Thus, the man who categorises himself as gay will perceive greater affinity and fewer differences between himself and other gay men, and less affinity and greater differences between himself and those who are not gay. Crucially, social categorisation can occur only if a category like 'gay' actually exists in one's cultural context, which, as demonstrated above, has not always been the case and is still not the case in some cultures.

There are several factors that determine how we come to categorise social stimuli and indeed other people. Political rhetoric, individual motivation, and social representations are just some of the determinants of this social psychological process. For instance, in the Islamic Republic

of Iran, homosexuality is a capital crime and, even if globalisation has made a gay identity partially available in Iranian society, few identify with the category due to the political rhetoric surrounding this 'crime' (Jaspal, 2014a). Furthermore, Sandeep, whose story was recounted in Chapter 1, has been socialised in a cultural context in which being gay is a source of stigma and shame, which prevents him from categorising himself as gay. Conversely, James (Case Study 1) feels affiliated to a gay community and is consequently immersed in gay affirmative social representations, which enables him to categorise himself in these terms. This highlights the important role of social representations, consisting of norms, values, and ideologies, in determining whether or not the label 'gay' becomes a social identity and, if it does, the nature and value of this social identity.

Social comparison enables the individual to evaluate social categories by considering convergences and divergences between the ingroup and outgroups. Crucially, the knowledge that people derive concerning these categories is socially determined—it is contingent upon social representations. People are exposed to the images, values and norms (social representations) that are prevalent within their cultural context. For instance, in their study of British Muslim gay men, Jaspal and Cinnirella (2010) found that, although their participants identified as gay, some of them evaluated this group membership negatively, perceived themselves to be inferior to heterosexual men, and believed that they would face divine retribution as a result of their gay identity. This is not dissimilar from the social representations held by Sandeep (Case Study 2). As we begin to categorise ourselves primarily as group members, our own sense of self becomes entwined with, and dependent upon, the fate of our group as a whole. Put simply, when our ingroup excels, we feel good about ourselves. When it does badly, this has a negative effect on us personally. This is why stigmatising remarks about gay men (as a group) can be distressing to individuals who identify with this category.

As a group member, the individual is motivated to evaluate his ingroup more positively than outgroups as this provides feelings of self-esteem. The downward comparison principle, which is derived from social identity theory, suggests that individuals compare their ingroup with outgroups on dimensions on which they will perform favourably (Wills, 1981). In gay culture, a distinction between 'good gays' and 'bad gays' has been made—those gay men who conform to heteronormative norms, such as monogamy and marriage, may be perceived, and perceive

themselves, to be superior to those who favour non-monogamy and casual sex with multiple partners (see Chapter 4). Furthermore, it could be hypothesised that HIV-negative gay men manifest stigma towards those gay men who are living with HIV in order to derive self-esteem from the social comparison process. Men with a strong gay social identity are motivated to attenuate stigmatised aspects of their group identity (e.g. sex with multiple partners due to what has been called 'slut-shaming') and, conversely, to accentuate those aspects of their identity that promote feelings of pride and self-esteem. Yet, what it is 'good' and 'bad' depends on social representations.

The two processes interact to facilitate social identification and the social identity that arises from this process is said to dominate the identity structure and become salient in particular social contexts. This in turn leads to intergroup behaviour, which is discussed more extensively in Chapter 5. At a psychological level, social identity leads the individual to define himself *principally as a group member*. As a theory of intergroup behaviour, social identity theory does not capture the total identity of the individual, which, conversely, is the focus of identity process theory.

Identity Process Theory

In Chapter 1, it was shown that gay men are at high risk of particular social stressors, such as homophobia, coercive social norms on the gay scene. These events and stressors contribute to the social context in which gay men derive a sense of identity. As depicted in Fig. 3.1, identity process theory (Jaspal & Breakwell, 2014) provides an integrative model of how people construct their identities, what can plausibly 'threaten' their identities, and how they subsequently cope with these threats. The theory posits that individuals construct their identity by engaging in two social psychological processes: *assimilation-accommodation* and *evaluation*.

- *Assimilation-accommodation* refers to the absorption of new information (such as new identity characteristics or social representations) into identity and the creation of space for it within the identity structure. For instance, despite their same-sex attraction, many gay men do not initially identify as gay. However, they may eventually 'come out' by absorbing into the identity structure this new information about themselves, that is, their sexual orientation
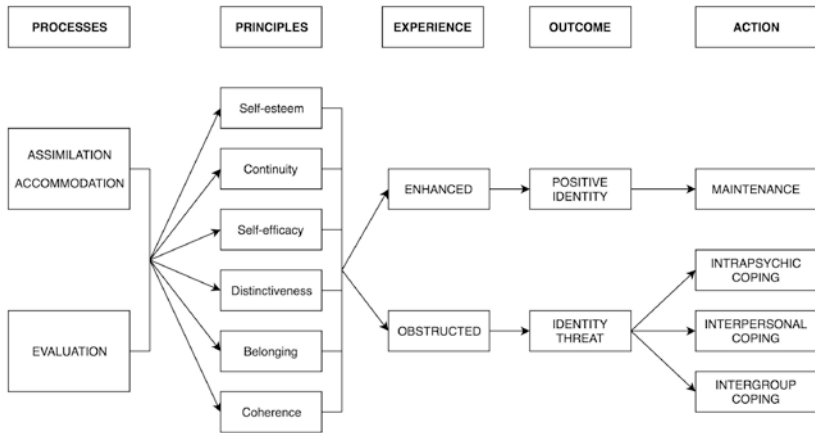
Fig. 3.1   Identity process theory (from Jaspal, 2018)

(assimilation). The assimilation of this novel information may lead some gay men to question the significance of their religious identity if it is inconsistent with their new sexual identity. This can lead to changes in the identity structure in order to make room for their gay identity (accommodation).

- *Evaluation* refers to the process of attributing meaning and value to the components of identity. For example, in homophobic societies, gay men may come to internalise the stigma appended to their gay identity and actually view this as a source of shame. They may elect to conceal their gay identity. Conversely, in societies in which LGB rights have advanced significantly, one's gay identity may constitute a source of pride and, thus, be more readily disclosed to others.

Clearly, social representations will in part determine which identity elements are assimilated and accommodated and how they are evaluated. The two identity processes do not function randomly, but rather they are guided by various motivational principles. These principles essentially specify the desirable end-states for identity:

- *Self-esteem* refers to personal and social worth.
- *Self-efficacy* can be defined as the belief in one's competence and control.

- *Distinctiveness* refers to feelings of uniqueness and differentiation from others.
- *Continuity* is essentially the psychological thread between past, present and future.
- *Coherence* refers to the perception that relevant aspects of identity are coherent and compatible.

When these principles are compromised, for instance by changes in one's social context, identity is said to be threatened. Identity threat is generally aversive for psychological wellbeing. However, the degree to which one's wellbeing is compromised is determined by the nature of the threat, the number of principles curtailed by the threat, and one's ability to cope effectively. Gay men who are socialised in contexts in which their gay identity is accepted and validated are unlikely to experience the threats to self-esteem, self-efficacy, and continuity faced by those raised in non-gay affirmative contexts. Indeed, social representations of gay men will be negative in non-gay affirmative contexts, increasing the risk of threats to the aforementioned principles. Furthermore, personality traits, such as optimism and resilience, and access to social support are likely to reduce the impact of an adverse event (e.g. homophobia, relationship breakdown) on the identity structure, leading to a decreased risk of identity threat (Jaspal, 2018).

Identity process theory posits that people attempt to cope in response to identity threat and describes coping strategies at three distinct levels of human interdependence: *intrapsychic, interpersonal* and *intergroup*.

- *Intrapsychic strategies* function at a psychological level. Some can be regarded as deflection strategies in that they enable the individual to deny or reconceptualise the threat or the reasons for occupying the threatening position. For instance, a gay man may initially deny that he is gay and perceive his same-sex attraction as a 'phase' which will eventually wane. As highlighted in Chapter 2, some individuals may attribute the reasons for their sexual orientation to traumatic events in childhood, as a means of *externalising* the causes. Conversely, there are acceptance strategies that facilitate some form of cognitive restructuring in anticipation of the threat. For instance, before coming out to other people, an individual may anticipate negative reactions from some people and pre-emptively distance himself from them to minimise the negative impact of the loss of these relationships.

- *Interpersonal strategies* aim to change the nature of relationships with others. Many are maladaptive. For instance, the threatened individual may isolate himself from others or feign membership of a group or network of which they are not really a member, in order to avoid exposure to stigma. Indeed, some gay men initially present themselves as heterosexual and may even express homophobia in public settings in order to deflect potential accusations of homosexuality. An example of an adaptive interpersonal strategy is that of self-disclosure, given that this can facilitate the acquisition of support from others, which both of the men in the case studies presented in Chapter 1 appear to lack.
- *Intergroup strategies* aim to change the nature of our relationships with groups. Most are adaptive. Individuals may join groups of like-minded others who share their predicament in order to derive social support. They may create a new social group to derive support or a pressure group to influence social representations. For instance, some gay men diagnosed with HIV report significant benefits of joining a support group in order to manage the psychosocial challenges of their diagnosis.

Jaspal (2018) has provided an extensive overview of the coping strategies that may be used by gay men who face identity threat. In that overview, it is argued that both personality traits and the availability of coping strategies in a given social context will determine the threatened individual's choice of coping strategy. Social representations also play a crucial role because they determine the availability and the individual's evaluation of particular coping strategies. Identity threat is by no means unusual but, given the minority status and stigma associated with gay men, threat may be more chronic and aversive for psychological wellbeing in this population. All of the available evidence shows that effective coping is central to psychological wellbeing.

Identity: Individual or Social?

Social identity theory describes how a category can become a group membership and, subsequently, the primary mode of self-definition. Identity process theory outlines how the total identity of the individual is constructed and regulated in the face of stressors, events and change (defined as 'threats'). Social identity theory and identity process theory

focus on identity at group and individual levels, respectively. It seems appropriate to describe both theories in relation to gay identity because being gay can be construed as a group membership, on the one hand, and as an individual trait, on the other.

Some gay men eschew a sense of solidarity with other gay men to resist the stigma associated with homosexuality. Some believe that they are alone in having same-sex attraction. The status of gay identity may change over time—with some gay men initially seeing their same-sex attraction as an individual aspect but later perceiving a sense of affinity with other gay men. Even when construed as a group membership, the category 'gay' comes to form part of the individual's unique tapestry of identity elements. Yet, for many people, being gay is a powerful *social* identity and there are social contexts in which this identity becomes salient vis-à-vis other identity aspects that also comprise the identity structure. Thus, the distinction between individual and social identity is a matter of perspective and social context. The distinction is an important one in the social psychology of gay men. It is most evident in models of sexual identity development.

The Cass Identity Model

In 1979, Vivienne Cass proposed the first major theory of 'homosexual identity development'. Though widely perceived as a model of coming out, its principal focus is the first stage of the coming out process, that is, the individual's own psychological appraisal and construction of his sexual identity. Cass' model was developed on the basis of several years of clinical psychotherapeutic work with gay men. It posits that gay men progress through the following six stages before successfully constructing a positive gay identity: identity confusion, identity comparison, identity tolerance, identity acceptance, identity pride, and identity synthesis.

Identity confusion (stage 1) arises from the gay person's inevitable socialisation in a heteronormative context, which assumes him to be heterosexual and leads to the person's own uncritical acceptance of this ascribed heterosexual identity. The context is characterised by social representations that construct heterosexuality as socially and morally desirable, on the one hand, and homosexuality as problematic, on the other hand. However, at this stage, the individual begins to construe his own preferences, feelings and behaviours as potentially homosexual, which challenge his ascribed heterosexual identity. This is analogous to the

process of social categorisation, which is described in social identity theory, given that the individual begins to categorise himself as potentially gay. The resulting conflict can in turn produce feelings of stress, anxiety and confusion.

Identity comparison (stage 2) refers to the subsequent process of comparing one's emerging gay identity with the sexual identity of heterosexual men. In his social context, the gay individual will be exposed to social representations of heterosexuality specifying 'appropriate' patterns of talk, thought and action. Yet, the gay person begins to realise that the norms, values, and practices associated with his emerging identity are inconsistent with those associated with heterosexuality. This is consistent with the process of social comparison in social identity theory, since the gay person compares his sexual identity with that of others. At this stage, the individual may face threats to his sense of belonging within the heterosexual majority and risks isolation because of the normativity of heterosexuality and stigma of homosexuality.

In response to the threats to identity that inevitably occur at the first two stages, the individual engages in identity tolerance (stage 3), which can be considered a coping phase of the individual developmental journey towards a gay identity. Having recognised his difference, faced isolation, and experienced identity threat, the individual now seeks other people who share his sexual identity. This stage has a more social and interpersonal focus than the preceding stages in that the individual seeks emotionally fulfilling forms of interpersonal contact with other gay men, which may take different forms. For some, this may constitute casual sexual encounters which, temporarily at least, provide emotional fulfilment, while, for others, a close friendship with another gay man could provide emotional respite from the stigma and isolation associated with the identity confusion and comparison stages of identity development (Kocet, 2014). Cass' model was of course developed before the advent of the Internet, but it is easy to see how online interactions on websites and geospatial social networking applications might also facilitate identity tolerance (Jaspal, 2017b). In the identity tolerance stage, the gay person has the opportunity to gain access to gay social networks, to meet romantic partners and to rethink the value and significance of his emerging gay identity. This is a developmental stage characterised by exploration and excitement, on the one hand, but also by risk to sexual health and psychological wellbeing, on the other hand.

Engagement in the exploration process can lead to identity acceptance (stage 4), that is, the individual's acceptance, rather than tolerance, of his gay identity. At this stage, he will express a preference for associating with other gay men, for frequenting gay-oriented contexts and venues, and for engaging in gay-related practices. This stage is remarkably more social than the preceding stages given that the individual now derives a sense of belonging in a gay community. He begins to derive acceptance and inclusion from other people in this social context, although, as outlined in the case studies in Chapter 1, there are various obstacles (e.g. prejudice, racism) to deriving a sense of belonging and social support in LGB contexts (see also Jaspal, 2017a). Despite the individual's own acceptance of his gay identity at this stage, he acknowledges the social constraints on public manifestation of this identity.

Identity pride (stage 5) results from the individual's positive appraisal of his gay identity given his immersion in gay culture. He not only accepts but also celebrates his gay identity, perceiving it to be superior to heterosexual identity. At this stage, the individual rejects the norms, values and social representations associated with heterosexuality, which may hitherto have been used to position his gay identity as being inferior. The gay person will begin to abandon the deflection strategies (e.g. denial, passing) previously employed to conceal his gay identity and manifest it proudly at a public level. He may proactively challenge the stigmatising social representations of being gay because he is proud of it. He may engage in group-based strategies, such as group mobilisation in relation to his sexuality. Identity pride in turn generates greater alignment between the private and public manifestations of gay identity, potentially enhancing identity authenticity.

Identity synthesis (stage 6) is the final stage of sexual identity development, which occurs when the individual receives positive responses to his gay identity from others in his social environment. This enables him to understand that his gay identity, though stigmatised by some, is accepted by significant others in the same way that it is accepted by him. At this final stage, the gay person is able to reconcile his gay identity with other identity aspects, which may ordinarily have presented challenges. For some people, this may include family, occupational, and religious group memberships. At this stage, the individual no longer perceives his gay identity as an impediment to these other identity aspects and, similarly, the other identity aspects sit comfortably alongside his gay identity. This process is analogous to the assimilation-accommodation process outlined

in identity process theory, since the individual essentially reconfigures the identity structure in a way that creates space for his sexuality.

Stage models of sexual identity development like the Cass model have received significant criticism over the years, largely because there is actually little evidence that individuals progress through these stages in a linear manner and because it is difficult to predict movement between these stages. Furthermore, the Cass model, like many others, presents the construction of gay identity (and its synthesis with other identity aspects) as normative. It therefore overlooks the many other sexual identity categories that individuals may adopt and the diverse ways in which these identity categories may be assimilated, accommodated and manifested in everyday life.

SOME EMPIRICAL RESEARCH INTO GAY IDENTITY

Much research, including Cass' own studies, has generally revealed that the vast majority of participants are in stages 4 or 6 of the Cass model (Brady & Busse, 1994; Halpin, 2008), thereby undermining the hypothesis that these stages are all relevant or that they are experienced progressively. The lack of empirical support for sexual identity models could be the lack of longitudinal data in relation to gay identity development. Furthermore, sample bias might lead to greater participation in the studies by gay men with a more developed gay identity. More generally, the data used to develop the models have generally been collected from Western, industrialised societies like the US and the UK and fail to capture the experiences of gay men from other cultures and contexts.

Much empirical research demonstrates the critical role of social representations in determining the nature of sexual identity construction among gay men. In a longitudinal study of 156 LGB young people (Rosario et al., 2006), it was found that 57% self-identified consistently as LGB and that 18% transitioned from bisexual to gay or lesbian. The authors noted that psychosocial stressors (such as homophobia from significant others, exposure to negative social representations) may delay the formation of a consistent sexual identity or lead to transient self-identification as bisexual. Moreover, it appears that family support is an especially important determinant of gay identity. Elizur and Ziv (2001) found that family support had an effect on gay identity formation and that this relationship was mediated by family acceptance.

Using identity process theory, Coyle (1991) conducted a study of 204 gay men in London and found that exposure to negative social representations of homosexuality was associated with challenges in constructing, and manifesting to others, a gay identity. Conversely, exposure to a gay subculture (that is, to gay affirmative social representations) facilitated identity construction and provided participants with the resources to challenge negative social representations known to impede the construction of gay identity. In their study of 86 behaviourally homosexual men, Rowen and Malcolm (2002) found that internalised homophobia (itself often the result of negative social representations in one's context) was associated with less developed gay identity and with higher levels of sexual guilt. Furthermore, internalised homophobia was negatively correlated with self-esteem, satisfaction with physical appearance, and emotional stability. However, in their attempt to understand the factors that might facilitate gay identity construction, Gomillion and Giuliano (2011) found a positive association between positive LGB media models and self-realisation, coming out and sexual identity among LGB people. This suggests that positive social representations of being gay provide more favourable conditions for the construction of a positive gay identity.

It is important to acknowledge in empirical research the diversity that characterises the gay community. In their study of British South Asian gay men, Jaspal and Cinnirella (2010) have found that the principles of self-esteem, continuity and coherence guide the assimilation-accommodation and evaluation of gay identity. Exposure to gay affirmative social representations of being gay will enable gay identity to provide self-esteem, continuity and coherence. Conversely, negative social representations put these principles at risk. These studies suggest that identity elements that do not provide satisfactory levels of the identity principles will not be readily assimilated and accommodated and are more likely to be negatively evaluated (see also Vignoles, 2014). Thus, individuals will express greater 'identity confusion' and lower levels of 'outness' to other people. They themselves may deny that they are gay.

Besides the adverse impact that this can have for psychological well-being, a problematic sexual identity may also be associated with greater sexual risk-taking, as one negative health outcome. For instance, in a study of Grindr users, Chan (2017) found that the relationship between sex-seeking and number of sexual partners was stronger among gay men who were more confused about their sexual identity and less out to other

people. These studies demonstrate the importance of a positive sexual identity and the challenges that can arise when this identity is somehow compromised.

OVERVIEW

Sexual identity development among gay men is a complex process, not least due to the negative social representations that have historically surrounded homosexuality and the stigma that these representations have created. Yet, in recent years, social representations have improved significantly and have facilitated the *possibility* of a gay identity. Both social and economic factors have clearly played a significant role in generating this possibility.

Models of sexual identity development are fraught with problems, which limit their utility in social psychological studies of gay men. The models evoke many important, unanswered questions. How can we predict the stage at which an individual will begin his sexual identity development? How can we predict progression through the stages? How do we capture individual and social construals of gay identity? Why do some gay men not reach the 'final' stages outlined by the models despite living their lives as gay men?

Essentially, the Cass model seeks to explain and predict how being gay is assimilated and accommodated in the identity structure and how it comes to be evaluated positively. The empirical evidence reviewed in this chapter reiterates the importance of social representations in determining how gay men construct their sexual identity and the extent to which they manifest this identity to others. The sexual identity development models suggest that at different stages gay identity may be manifested as an individual or social identity. They indicate that being gay may be a private, concealed identity prior to becoming a publicly manifested identity. These are important observations for which much empirical evidence has been accrued.

Social psychological theories of identity can greatly enhance the descriptive and predictive value of the models of sexual identity development. Social identity theory outlines the processes that lead to the formation of a social (group) identity on the basis of sexuality. Identity process theory provides a holistic overview of the social and psychological processes that underlie the construction and protection of gay identity, as an individual construct. Its focus is on the total identity of the

individual, of which sexuality is one component. Identity process theory predicts that individuals attempt to derive satisfactory levels of the identity principles—they are *motivational* principles in that we are motivated to think and behave in ways that enhance the principles.

It can plausibly be hypothesised that the more the individual perceives a particular stage to be beneficial for identity, the more likely it is that he will progress to that stage. In other words, the more that identity tolerance is deemed to enhance self-esteem, self-efficacy and so on, the more likely it is that this stage will be entertained as an option. Conversely, those stages that are deemed to be threatening for identity (because they undermine self-esteem, continuity and so on) are likely to be resisted. Yet, significant theoretical challenges remain: how does one predict the starting-point of sexual identity development and the order in which the individual progresses through the various stages? These questions can be understood only by viewing gay men in context, the focus of the next section of this volume.

References

Brady, S., & Busse, W. J. (1994). The gay identity questionnaire: A brief measure of homosexual identity formation. *Journal of Homosexuality, 26*(4), 1–22.

Cass, V. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality, 4*(3), 219–235.

Chan, L. S. (2017). The role of gay identity confusion and outness in sex-seeking on mobile dating apps among men who have sex with men: A conditional process analysis. *Journal of Homosexuality, 64*(5), 622–637.

Cohler, B. J., & Hammack, P. L. (2007). The psychological world of the gay teenager: Social change, narrative, and 'normality'. *Journal of Youth and Adolescence, 36*(1), 47–59.

Cook, M. (2007). From gay reform to Gaydar. In M. Cook (Ed.), *A gay history of Britain: Love and sex between men since the middle ages* (pp. 179–214). Oxford: Greenwood World Publishing.

Coyle, A. G. (1991). *The construction of gay identity* (Unpublished PhD thesis). University of Surrey, Guildford, UK.

D'Emilio, J. (1983). Capitalism and gay identity. In A. Snitow, C. Stansell, & S. Thompson (Eds.), *Powers of desire: The politics of sexuality* (pp. 100–113). New York: Monthly Review Press.

Elizur, Y., & Ziv, M. (2001). Family support and acceptance, gay male identity formation, and psychological adjustment: A path model. *Family Process, 40*(2), 125–144.

Gomillion, S. C., & Giuliano, T. A. (2011). The influence of media role models on gay, lesbian, and bisexual identity. *Journal of Homosexuality, 58*(3), 330–354.

Halpin, S. A. (2008). *Psychological well-being and gay identity development* (Unpublished PhD thesis). University of Newcastle, Australia. https://trove.nla.gov.au/work/32001503?q&versionId=38859318. Accessed on 19 February 2019.

Jaspal, R. (2014a). Sexuality, migration and identity among gay Iranian migrants to the UK. In Y. Taylor & R. Snowdon (Eds.), *Queering religion, religious queers* (pp. 44–60). London: Routledge.

Jaspal, R. (2014b). Social psychological debates about identity. In R. Jaspal & G. M. Breakwell (Eds.), *Identity process theory: Identity, social action and social change* (pp. 3–19). Cambridge: Cambridge University Press.

Jaspal, R. (2017a). Coping with ethnic prejudice on the gay scene: British South Asian gay men. *Journal of LGBT Youth, 14*(2), 172–190.

Jaspal, R. (2017b). Gay men's construction and management of identity on Grindr. *Sexuality & Culture, 21*(1), 187–204.

Jaspal, R. (2018). *Enhancing sexual health, self-identity and wellbeing among men who have sex with men: A guide for practitioners.* London: Jessica Kingsley Publishers.

Jaspal, R., & Breakwell, G. M. (Eds.). (2014). *Identity process theory: Identity, social action and social change.* Cambridge: Cambridge University Press.

Jaspal, R., & Cinnirella, M. (2010). Media representations of British Muslims and hybridised threats to identity. *Contemporary Islam: Dynamics of Muslim Life, 4*(3), 289–310.

Kocet, M. M. (2014). The role of friendships in the lives of gay men, adolescents and boys. In M. M. Kocet (Ed.), *Counselling gay men, adolescents and boys: A strengths-based guide for helping professionals and educators* (pp. 24–34). London: Routledge.

Maatouk, I., & Jaspal, R. (2020). Religion, male bisexuality and sexual health in Lebanon. In A. K. T. Yip & A. Toft (Eds.), *Bisexuality, spirituality & identity: Critical perspectives.* London: Routledge.

Pehrson, S. D., & Reicher, S. D. (2014). On the meaning, validity and importance of the distinction between personal and social identity: A social identity perspective on identity process theory. In R. Jaspal & G. M. Breakwell (Eds.), *Identity process theory: identity, social action and social change* (pp. 97–117). Cambridge: Cambridge University Press.

Rosario, M., Schrimshaw, E. W., Hunter, J. & Braun, L. (2006). Sexual identity development among gay, lesbian, and bisexual youths: Consistency and change over time. *Journal of Sex Research, 43*(1), 46–58.

Rowen, C. J. & Malcolm, J. P. (2002). Correlates of internalized homophobia and homosexual identity formation in a sample of gay men. *Journal of Homosexuality, 43*(2), 77–92.

Tajfel, H. (Ed.). (1978). *Differentiation between social groups: Studies in the social psychology of intergroup relations*. London: Academic Press.

Vignoles, V. (2014). Quantitative approaches to researching identity processes and motivational principles. In R. Jaspal & G. M. Breakwell (Eds.), *Identity process theory: Identity, social action and social change* (pp. 65–94). Cambridge, UK: Cambridge University Press.

Wills, T. A. (1981). Downward comparison principles in social psychology. *Psychological Bulletin, 90,* 245–271.

Gay Men in Context

The Development
of Personal Relationships

Abstract This chapter focuses on the development of personal relationships in gay men. First, attachment theory—one of the most pre-eminent theories of interpersonal relationships—is outlined in relation to gay men. Second, parental reactions to 'coming out' and the impact of these reactions for identity processes are discussed. Third, the development of gay men's friendships with other gay men, heterosexual women and heterosexual men is outlined. Fourth, the development and maintenance of romantic relationships are discussed with a focus on the factors that can affect relationship satisfaction in gay men. Finally, the social psychological aspects of non-monogamous relationships are discussed. It is argued that attachment style in adulthood constitutes a strategy for protecting identity and that this shapes the development of personal relationships.

Keywords Attachment · Coming out · Friendships · Relationships · Non-monogamy

Attachment Style

Attachment style is an important determinant of the nature and quality of personal relationships. Initiated in childhood, attachment style has an impact on the development and maintenance of relationships in adulthood. Ainsworth, Blehar, Waters, and Wall (1978) showed that there are

individual differences in how children cope with separation from their attachment figure. Their work suggested that the social environment in which one is raised can decisively shape an individual's attachment style, which becomes an enduring personality trait in adulthood. It has subsequently been demonstrated that the attachment style formulated during childhood has important implications for the development of personal relationships in adulthood. Bartholomew and Horowitz (1991) propose a model of four distinct attachment styles in adults:

- Adults with a *secure* attachment style find it relatively easy to become emotionally close to others, feel that they can depend on others, and face relatively little anxiety about being alone or rejected. People with a secure attachment tend to have a positive view of themselves, others and their relationships. They are able to achieve a satisfactory balance between intimacy with others and independence. Adults with a secure attachment tend to have an attachment figure (e.g. their romantic partner) who is responsive to their emotional and psychological needs.
- Adults with an *insecure: anxious-preoccupied* attachment style express a desire to become emotionally intimate with others but are reluctant to do so. They are generally concerned about others' views about them and believe that they are undervalued. Individuals constantly seek intimacy, approval and attention from their attachment figure, and often become excessively dependent on them, which limits their ability to be independent. They tend to feel anxious when separated from their attachment figure. People with this attachment style have a less favourable view of themselves but a more positive view of others.
- Individuals with an *insecure: dismissive-avoidant* style dismiss and avoid close emotional relationships with others and value the ability to be independent and self-sufficient. They may deny the need to develop close intimate relationships, and the romantic relationships that they do develop tend to be less intimate and more physical in nature. Individuals with this attachment style do not readily exhibit their feelings to others. They defensively distance themselves from others whom they perceive to be rejecting of them. They generally have a more favourable view of themselves than of other people.
- The *insecure: fearful-avoidant* attachment style overlaps with that of the insecure resistant attachment style in childhood. Individuals feel

uncomfortable about developing intimate emotional relationships although they do desire such relationships. Recurrent impediments to emotional intimacy include an inability to trust others, an unwillingness to depend on others lest they be hurt or disappointed, and a belief that they are unworthy of others' attention. They tend to be distrustful and make sinister attributions to explain others' actions. Overall, adults with this attachment style have an unstable, fluctuating view of themselves and of others.

Attachment styles can be regarded as personality traits but they do appear to develop in response to the nature and quality of one's relationship with one's attachment figure during childhood. People attempt to adapt to their social environment and to predict responses from other people. Consistent with identity process theory (Chapter 3), attachment style in adulthood can be considered a strategy for protecting identity from threat. For instance, an individual with a dismissive-avoidant attachment style protects his identity from potential threats to self-esteem or to continuity because he does not allow himself to become emotionally dependent on anybody else. Crucially, this attachment style is based on prior experience and ensues from the belief that others cannot be relied upon for emotional intimacy and responsiveness.

Attachment style is particularly pertinent to the development and maintenance of romantic relationships among gay men. Like other sexual minority individuals, gay men are at greater risk of developing an insecure attachment style than heterosexual people (e.g. Shenkman, Bos, & Kogan, 2019). As indicated throughout this volume, gay men are exposed to multiple social psychological stressors, such as denigration due to gender nonconformity in childhood, homophobia, parental rejection, prejudice, which can undermine the quality of personal relationships with significant others. The desire for, but failure to obtain, social support from significant others in relation to their developing sexual identity may lead gay adolescents to believe that their significant others cannot be relied on. As a protective strategy, this belief may develop into an attachment style that is generalised to others, including (potential) romantic partners. In short, these early experiences of psychological stress may lead to the formation of an insecure attachment style in adulthood.

Attachment style has been associated with many distinct outcomes. At a basic level, a secure attachment is associated with more positive

attitudes towards one's gay identity (Jellison & McConnell, 2004), which means that gay men with this attachment style are at lower risk of internalised homophobia. Both internalised homophobia and fearful and avoidant attachment styles are significant predictors of shame in gay men (Brown & Trevethan, 2010). Gay men with an insecure attachment style are also more likely to exhibit depressive distress and less likely to exhibit life satisfaction than those with a more secure attachment style (Guzmán-González et al., 2016; Rosario et al., 2014).

Attachment style also appears to affect sexual behaviour. In their study of 344 gay male couples, Starks and Parsons (2014) found that gay men with a secure attachment style reported the highest levels of sexual communication, that is, the ability to talk about the type of sex that they want. Conversely, gay men with an avoidant attachment style were less communicative about sex and reported more condomless anal sex with their sexual partners. Gay men's sexual health is more extensively discussed in Chapter 8 but it is worth noting here that there is an association between anxious attachment and engagement in condomless anal sex, and that an anxious attachment style is a significant predictor of the belief that condoms interfere with intimacy (Starks et al., 2017).

Attachment theory is useful in understanding gay men's personal relationships, including those with their parents and friends to whom they come out as gay, and with romantic partners with whom they must negotiate notions of intimacy, sexuality and identity. Tenets of attachment theory guide the discussion of these personal relationships in the remainder of this chapter.

PARENTAL REACTIONS TO COMING OUT

In Chapter 3, the social psychology of coming out was discussed in relation to sexual identity development. Here it is considered in terms of an interpersonal process. Coming out to one's parents is usually construed as a psychologically significant event for gay men, since parents play an important role in one's identity development and socialisation. Many gay men seek support from their parents in relation to their sexual identity. As parents are deemed to be a source of emotional safety, gay men may hope and, in some cases, expect to be understood and supported. They may be disappointed and face identity threat if such support is not received.

Many gay men report challenging social psychological challenges in relation to coming out to their parents. D'Augelli, Grossman, and

Starks (2008) found that 71% of the youth who participated in their study regarded their parents' reaction to disclosure of their sexual orientation to be negative. Gay men tend to come out to female friends in the first instance and seek sources of support and empowerment from peers and friends before taking the significant step of coming out to their parents and family members. As outlined above, a negative parental reaction can have negative long-term effects for gay men—not least for their personal relationships.

Some parents believe that their child's homosexuality is the result of bad parenting and attribute it to an adverse event in their childhood. This can lead to self-blame. Some parents elect a strategy of 'loving denial' (see Livingston & Fourie, 2016), which refers to knowledge, but lack of acknowledgement, of their child's sexual identity, which silences the topic without resolving the issues that surround it. This strategy can superficially safeguard the parent–child relationship by downplaying a controversial topic but implicitly signals parental dismay at the child's sexual identity and their preference to avoid acknowledging it. It is easy to see how such attributional styles and coping strategies (from parents) can further stigmatise the child's sexual orientation and become a source of tension in interpersonal relations between parent and child. This may increase internalised homophobia in gay men, on the one hand, and challenge the quality of parent–child relations, on the other hand. Crucially, this may contribute to a fearful-avoidant attachment in gay men.

D'Amico, Julien, Tremblay and Chartrand (2015) found that parental support of their child's sexual orientation, parents' attempts to control (or change) their child's sexual orientation, and parental struggles to accept their child's sexual orientation all have distinct impacts for young gay men's identity development and psychological adjustment. It is noteworthy that not all parents are necessarily aware of, or understand, homosexuality. They may hold negative social representations of homosexuality and have little first-hand contact with gay people to enable them to react favourably to their own child's coming out.

There has been some research into parental reactions to coming out, which focuses explicitly on the development of attachment style in gay men. In their cross-sectional study of 309 sexual minority individuals, Carnelley, Hepper, Hicks, and Turner (2011) found that those individuals who perceived their mothers to be accepting of them as children were more likely to have disclosed their sexual identity to their mothers, and parents whom they regarded as accepting and

independence-encouraging were perceived as having reacted favourably to their coming out. They also found an effect of positive parental reaction (during childhood) on decreasing attachment anxiety in the context of romantic relationships (as adults). This further reiterates the important role of parent–child interactions in the development of attachment style in adulthood.

In their survey of 191 gay and bisexual men, Landolt et al. (2004) found that gender nonconformity was associated with parental and peer rejection, which in turn predicted attachment anxiety in adulthood. Their study also demonstrated the role of peer rejection in mediating the relationship between parental rejection and attachment avoidance in adulthood, that is, parental rejection was associated with peer rejection—possibly due to self-isolation—which in turn led to a general attachment style of avoidance in adulthood.

Gay men are at disproportionately high risk of suicidal ideation compared to their heterosexual counterparts, although it is acknowledged that there is a high incidence of suicidal ideation in men in general. D'Augelli et al. (2005) found that gay men who report greater parental psychological abuse in childhood (possibly as a result of sexual identity disclosure) were more likely to have attempted suicide than those who do not. Moreover, those who reported being considered by their parents to be gender atypical and those whose parents discouraged gender atypical behaviour in their children were more likely to have attempted suicide. Studies of this kind highlight the severity of early rejection in childhood and the enduring, potentially life-threatening effects in adulthood.

Given that parental acceptance of their child's sexual identity is associated with several positive psychological and interpersonal outcomes in gay men, such as higher self-compassion and lower internalised homophobia (Gertler, 2014), it is important to identify the factors that might increase the likelihood of parental acceptance. In their study of 72 gay men, Willoughby, Malik, and Lindahl (2006) found that gay men who described their families as cohesive, adaptive and authoritative perceived their parents' reaction to their coming out as less negative than those whose families were disconnected, rigid and authoritarian. These results suggest that a positive family structure and, thus, availability of effective coping responses leads to a better coming out experience and, thus, better interpersonal relations in adulthood. In addition to parent–child relations, friendships constitute an important source of social support for gay men.

Gay Men's Friendships

The formation of strong friendships is important for gay men, just as they are for any other group in society. Yet, strong friendships—a source of social support—may be especially valuable in view of the social psychological stressors that are known to be prevalent in gay men. In their review of 32 empirical studies on homophobic bullying victimisation, Espelage et al. (2019) have found that youth who are victimised by bullies experience fewer negative psychological outcomes if they have supportive friends who essentially buffer these negative effects and provide more effective coping resources. Friends can provide emotional and practical support in the face of psychological stress. Moreover, social support from friends is a significant predictor of subjective wellbeing in gay men (Hostetler, 2012).

Most gay men have been raised in a heteronormative and some in a homophobic context which exposes them to negative social representations of their sexual orientation. Conversely, friendships with other gay men enable them to challenge these representations. It is easy to see why friendship groups can become more psychologically significant than families of origin (Power et al., 2015), especially if the parental/familial reaction has been negative. Friendships can provide respite from the negative social representations of a valued aspect of identity—their sexual orientation—espoused and promoted by the family. Gay men may be able to enhance and protect identity processes by involving themselves in supportive friendship networks, especially with other gay men who may have a more developed gay identity. In addition to challenging the stigma of homosexuality, gay friends can provide exposure to more positive and affirming social representations of homosexuality, which may come to replace the negative representations potentially held by the individual.

In his study of gay friendship, Kocet (2002) notes that gay friendships provide companionship, a surrogate family (potentially replacing a biological family hostile to one's sexual identity), a shared identity and experience, and shared ways of coping effectively with social psychological stressors, such as homophobia. As demonstrated in Case Study 1 (Chapter 1), James was pleased to move to London because of his ability to form a gay friendship network which was impossible in his hometown. Yet, James' case does also exemplify some of the negative aspects of his gay friendships—most notably, the coercive social norms of casual sex with multiple partners and of 'chemsex', which appear to be in conflict

with his personal desire for a monogamous relationship. Friendships with other gay men may provide feelings of acceptance and inclusion, restoring the sense of belonging that is challenged by homophobia and the stigmatising silence that often surrounds gay identity in heteronormative contexts. However, such friendships may also expose gay men to a particular set of social norms that may be inconsistent with personal values.

In addition to befriending other gay men, many gay men have a preference for forming close friendships with heterosexual women. Friendships with heterosexual women appear to have protective effects for psychological wellbeing in relation to sexuality. For instance, in one study, 52% of gay males reported close friendships with heterosexual women, which was associated with less internalised homophobia in these men (Baiocco, Di Pomponio, Nigito, & Laghi, 2012). Gay men may prefer to befriend heterosexual women because they are perceived to be more accepting of their sexual orientation than heterosexual men who, conversely, may be perceived to be hostile. Furthermore, many gay men report coming out to heterosexual female friends in the first instance, which can empower them to proceed to disclose their identity to significant others. In short, heterosexual women may be perceived as a 'safe' and supportive outgroup and, thus, good candidates for close friendships.

From the perspective of heterosexual women, gay men may also be perceived to be 'safe'. In two experimental studies (Russell, Ickes, & Ta, 2018), it was found that heterosexual women who engaged in imagined or actual interactions with men anticipated greater comfort when their male interlocutor's gay identity was revealed. Moreover, after discovering that their male interlocutor's gay identity, the women exhibited more intimate behaviours with him. Crucially, the relationship between perceived sexual identity in the male interlocutor and anticipated comfort was mediated by reduced worry about the male interlocutor's sexual intentions. This study suggests that heterosexual women also perceive gay men to be 'safe'.

Although friendships between gay and heterosexual men do exist, close friendships appear to be relatively uncommon. Some heterosexual men assume that they will have little in common with gay men, while others fear that they may be mistaken for being gay or less masculine if they are friends, or that they will be propositioned by gay men whom they befriend. Incidentally, the fear of being mistaken as gay or less

masculine, or of being propositioned may be more attributable to the heterosexual man's own insecurities in relation to their masculinity or sexual identity than to gay men.

Conversely, gay men may feel wary of befriending heterosexual men because they too believe that they will have little in common with them or for fear of being stigmatised or rejected by them due to homophobia. Gay men may feel compelled to behave in inauthentic ways in order to assuage heterosexual men's perceived or actual fears (of being propositioned, mistaken for being gay etc.) and to conform to heteronormative, traditionally masculine forms of friendship with other men, which preclude expressions of sexual desire (with other men) and physical contact. There does appear to be a 'softening' of masculinity which enables closer friendships between gay and heterosexual men, but much of the empirical research in this area has focused largely on particular socio-demographic groups, such White British middle-class pupils at sixth form colleges in the South of England. (e.g. McCormack & Anderson, 2010).

As social representations of homosexuality improve and there is greater acknowledgement of sexual identity as a continuum rather than as fixed dichotomous (gay vs straight) categories, there is increased potential for closer friendships between gay and heterosexual men. This would have favourable outcomes at an intergroup level (see Chapter 5), since research has shown that the formation of friendships between heterosexual and gay people can result in a reduction in homophobic prejudice and in the adoption of more affirming behaviours towards gay people, principally by reducing intergroup anxiety, that is, anxiety experienced when thinking about or being in contact with outgroups (Mereish & Poteat, 2015). Many gay men come out to heterosexual friends after a significant period of friendship, which in turn can strengthen the friendship by increasing trust and commitment—indeed, disclosure of sensitive self-relevant information can, and often does, strengthen the interpersonal bond between two individuals.

Attachment style is likely to underlie the ways in which gay men select and sustain friendships with other people. Gay men with an avoidant attachment style are less likely to trust others, especially those from whom they may have experienced, or anticipate, rejection or homophobia, such as heterosexual men. They will experience difficulties in relying on others sufficiently in order to derive the psychological benefits of

friendship, such as self-disclosure and social support. Conversely, those gay men with a secure attachment will fear rejection and deceit less, and will more readily disclose aspects of their personal lives to others in order to form strong friendships—with other gay men, heterosexual women and heterosexual men. While attachment theory can shed light on the formation of friendships, it has undoubtedly been more central to the study of romantic relationships.

Romantic Relationships

Given the pervasiveness of heteronormativity, social representations of gay relationships are generally negative and construct gay men as incapable of forming and maintaining 'normal', 'stable' relationships and their relationships as being characterised by loneliness, and as facilitating sex with multiple partners. It is certainly true that gay men report several distinct relationship types, which include, but are not limited to, monogamous relationships, triad relationships, open relationships, dating, hookups, 'friends-with-benefits'. Each of these relationship types includes significant diversity. They are discussed in more detail in this section.

The Psychology of Relationships

Gay men who are single are at higher risk of poor mental health than those who are in a relationship. There is evidence that being in a relationship enhances both psychological and physical health and that it can buffer the negative effects of adverse events and experiences among gay men (Parsons et al., 2013). However, in that study, it was found that this depends largely on the relationship type—while gay men in monogamous relationships exhibit better psychological and physical health outcomes than those who are single or in open relationships, those in 'monogamish' relationships (those relationships that permit extradyadic sexual behaviour only when both partners are present) manifested similar benefits to those in a monogamous relationship. Insecure attachment style, which is prevalent in gay men, can hinder both the initiation and maintenance of satisfying romantic relationships in gay men.

The quality of the relationship is an important consideration. For instance, in their survey of 370 self-identified gay men, Riley and McLaren (2019) found that unpartnered gay men were at higher risk of suicidal behaviour but that this relationship was mediated by thwarted

belongingness, which can be defined as feelings of isolation resulting from an unmet need to be accepted by a significant other. This suggests that relationship status that results in decreased belongingness, which itself may result from an insecure attachment style, is related to increased suicidal behaviour in gay men.

It has been hypothesised that poor relations with one's parents may impact on relationship satisfaction among gay men. Reczek (2016) conducted a qualitative study of 60 gay men and lesbian women in relationships and found that parental disapproval could increase the experience of relationship strain in couples, but that it also promotes greater relationship resilience and that many individuals chose to distance themselves from their parents in order to improve their relationship quality. These studies also provide support for the hypothesis that attachment in childhood has implications for attachment style in adulthood in the context of gay men.

Although a survey of 142 gay men in romantic relationships (Kamen, Burns, & Beach, 2011) revealed no *direct* relationship between minority stress and relationship satisfaction, specific stressors known to cause minority stress did appear to mediate the relationship between trust in their partner and relationship satisfaction. More specifically, trust in one's partner was positively related to relationship satisfaction for those gay men who had experienced frequent discrimination due to their sexual orientation. This suggests that trust in one's partner becomes more important in the presence of social stressors that can undermine wellbeing. Furthermore, trust itself is the product of attachment style—a person with a fearful attachment style is less trusting of others than a person with a secure attachment style.

It has been found that cohabiting gay couples are more likely than non-cohabiting gay couples to report greater relationship commitment, investment and satisfaction (Rodrigues, Lopes, & Prada, 2019). It is noteworthy that cohabitation is more likely among gay men who are open about, and comfortable with, their gay identity. Outness appears to play an important role in relationship quality. In their study of 60 same-sex couples (including 30 gay male couples), Clausell and Roisman (2009) analysed differences in relationship satisfaction between 'out' and 'relatively closeted' couples. It was revealed that those who were out reported higher relationship satisfaction and exhibited more positive affect during interactions with their partners, independent of personality.

Various empirical studies show that gay men tend to meet romantic and sexual partners online. In their study of 4215 Australian gay and bisexual men, Prestage et al. (2015) found that the percentage of gay men who had met their primary regular partner online increased from 14% in 2001 to 79.9% in 2013/2014 and observed that, for gay men of all ages, seeking partners online has now replaced other methods. In his study of use of geospatial social networking mobile applications in gay men, Jaspal (2017) found that gay men valued the ability to construct and reconstruct their identities online and that use of applications bolstered self-efficacy in relation to their sexuality in that they felt empowered to discuss and to seek the sort of sex that they desired. However, interviewees acknowledged the challenges in reconciling their online and offline identities. Most interviewees perceived the applications to be heavily sexualised, which inhibited the formation of emotionally enduring relationships, and some described an addiction to the applications in that they perceived it to be aversive for wellbeing but difficult to relinquish.

An important dimension of relationships is the individual's response to its dissolution. Relationship dissolution is often experienced as a stressful and sometimes psychologically traumatic event. At a basic level, the social and psychological transition to singledom requires adjustment to a new, or at least altered, identity, which is most obviously threatening for one's sense of continuity. Relationship dissolution is associated with emotional experiences such as hurt, frustration, grief and depression. There is some evidence that, in the immediate aftermath of relationship dissolution, individuals may experience depressive symptoms (Rhoades et al., 2011). Clearly, relationship breakdown is often complex and how it is experienced is dependent on a number of factors, such as the intensity of the relationship, its insularity, the level of available social support, and who it was that decided to dissolve the relationship. Indeed, the leaver may construe the dissolution as a positive and necessary step in their lives, while the individual who is left can experience negative psychological outcomes, such as anxiety, stress and depression, particularly when they feel that they have invested greatly in the relationship and when the break up is non-volitional from their perspective.

In response to a break-up, people tend to fall back on their social circles, particularly close friends and family, in order to refocus their attention from the relationship to significant others who can provide positive feedback. Yet, gay men tend to perceive that they have less social support than their heterosexual counterparts, which can mean that they cope less

well in times of difficulty in their relationship, as well as with relationship dissolution (Kurdek, 2004). Social support is only possible if one is willing to disclose one's sexual identity to others. In his qualitative study of British Asian gay men, Jaspal (2015) found that individuals expressed a tendency to cope with threats to identity related to relationship breakdown 'in silence', that is, by isolating themselves from others, rather than seeking social support. This was attributed to the tendency for British Asian gay men to conceal their sexual identity and, by extension, their romantic relationships from significant others. A consequence of this approach may be decreased relationship quality and increased risk of identity threat following relationship dissolution, as highlighted in Case Study 2 (Chapter 1).

Monogamy vs Non-monogamy

There is a diversity of relationship types in gay men—one particular focus of research into gay relationships has been the social psychological aspects of monogamy and non-monogamy. It is important to note that a non-monogamous relationship can take distinct forms and that gay men tend to develop rules and agreements to guide their extradyadic sexual behaviour. The rules may determine whether extradyadic sex should take place when both partners are present; when and where extradyadic sex is permissible; and the degree of emotional involvement that is allowed.

Some gay couples engage in sex with a third partner only as a couple (i.e. as a 'threesome') or in group settings. This has been referred to as a 'monogamish' relationship style, given that sex with extradyadic partners occurs only when both primary partners are participants. Others engage in extradyadic sex without the express knowledge of the partner, which may be intended to preserve emotional monogamy and relationship quality with the primary partner. Conversely, gay couples may agree to recount details of their extradyadic sexual encounters, since some derive sexual pleasure from hearing these details and, in some cases, this is perceived to increase transparency in the relationship. In a survey of 819 gay and bisexual men recruited at various community events in the US (Parsons et al., 2013), it was found that 42.2% of men were in either open or 'monogamish' relationships, suggesting that a substantial proportion of those surveyed have relational arrangements outside of the traditional convention of monogamy. Yet, the study also revealed significant differences in psychological health and sexual health outcomes

between those in open and 'monogamish' relationships, with 'monoga-mish' gay men enjoying better outcomes on the whole. This finding suggests that the dichotomy of monogamous vs non-monogamous may be limiting.

Some gay men differentiate between emotional and sexual forms of monogamy and indicate that, while they may have sexual partners outside of their primary relationship, they do not have partners with whom they are emotionally involved. This enables them to safeguard *emotional* fidelity while satisfying the desire to engage in extradyadic sexual encounters. This differentiation between emotional and sexual monogamy can enable gay men to maintain psychological coherence between their sexual behaviour with extradyadic partners and their stated desire to be monogamous.

As highlighted in Case Study 1 (Chapter 1), many gay men regard monogamy as a heterosexual norm which should be resisted by gay men and, perhaps as a consequence of this perception, gay men who decide to be monogamous may be stigmatised in the gay community for being 'too heterosexual'. Some gay men find non-monogamy to be inconsistent with dominant norms on the gay scene and report difficulties in finding partners who value monogamy. Similarly, Philpot et al. (2018) note that, given the social representation of the monogamous ideal, many gay men aspire to have a monogamous relationship at the beginning of their relationship but find this difficult to sustain in the long term. In their qualitative study of 61 gay Australians, Duncan, Prestage, and Grierson (2015) found that monogamy was understood as a symbolic expression of commitment, security and trust between the partners, while non-monogamy was positioned as privileging the 'selfish sexual desires' of individuals over the wellbeing of the couple (p. 351). Even those gay men who had experienced non-monogamy in their relationship tended to describe monogamy as their relational ideal. Conversely, non-monogamy was perceived as a weak relational style which reflected superficiality—viewed by some to be prevalent on the gay scene.

Anderson (2012), a long-standing proponent of non-monogamy across all sexual orientation groups, has argued that human beings, and especially men, are not biologically programmed to be monogamous and that it is social, and especially religious, convention that has led to the *social desirability* of monogamy. In contrast to the speculative theory that humans were never intended to be non-monogamous, there is empirical evidence that personality predicts the acceptability of non-monogamous

relationships in gay men—Moors, Conley, and Selterman (2017) found that openness to experience predicted positive attitudes towards and greater desire to have a non-monogamous arrangement, while conscientiousness was associated with negative attitudes and less desire to do so. Gay men in non-monogamous relationships report that this relational style enables them to remain sexually stimulated and to satisfy their sexual needs, while maintaining a strong emotional connection with their primary partner.

In any case, given his thesis that monogamy is contrary to human biology, Anderson (2012) argues that the attempt to be monogamous causes psychological stress, relational dysfunction and is doomed to failure. He notes that, rather than being open about their desires, people tend to resort to clandestine sexual relations with extradyadic partners in what may be presented as a monogamous relationship. Indeed, infidelity rates among gay men appear to be high—some studies indicate that over 50% of gay men in a monogamous relationship report infidelity (Gotta et al., 2011). In other words, the stigma of non-monogamy and the shame that this stigma engenders do not remove the human desire to have extradyadic sexual partners but rather they create silence around it, leading to dishonesty, distress and, in some cases, risks to sexual health.

The stigma appended to non-monogamy has been demonstrated empirically. In a survey of heterosexual young adults, it was found that those in consensual non-monogamous relationships were more dehumanised, that is, attributed fewer human characteristics than those in monogamous relationships (Rodrigues et al., 2018). Furthermore, even people in non-monogamous relationships appeared to favour monogamous people, suggesting that the social representation of the monogamous ideal is a powerful and coercive one (Balzarini, Shumlich, Kohut, & Campbell, 2018). Anderson (2012) argues that if there were greater social acceptance of non-monogamy, people would be more willing to discuss this as a possible relationship style and there would be less silence, dishonesty and distress in relationships.

The stigma and silence surrounding non-monogamy can lead some gay men to violate the rules and agreements set, or assumed to exist, in the relationship, which in turn may engender relational tensions or even dissolution. In three clinical case examples, LaSala (2001) describes the difficulties that can arise in initiating, sustaining and negotiating non-monogamous relationships, such as the perception that one's partner's desire for non-monogamy reflects a lack of commitment to the

relationship, the discomfort associated with one partner's extradyadic sexual encounters within the couple's home, and suspicions about one's partner's extradyadic sexual interests. LaSala makes the important point that non-monogamy is not problematic per se but rather that the stigma and silence that often precludes open and honest discussion about it can engender difficulties for the relationship.

Gay men with an avoidant attachment style tend to express more positive attitudes towards non-monogamy and greater willingness to engage in it, while those with an anxious attachment style express less positive attitudes and less willingness to engage in it (Moors et al., 2017). This may be attributed to the general desire to keep an element of emotional distance from partners among those with an avoidant attachment, on the one hand, and to the feelings of jealousy and insecurity that preclude a successful monogamous relationship in those with an anxious attachment, on the other hand. The same study suggests that gay men with a secure attachment appear to be more able to manage a non-monogamous relationship than those with an insecure attachment. This can be attributed to the anxiety and fear, or complete disengagement, that characterises the anxious, fearful and dismissive attachment styles, respectively. Gay men with an insecure attachment may feel less able to manage the complex emotions which are associated with a non-monogamous relationship, such as jealousy, which may render it difficult to sustain such a relationship. They may be at greater risk of relational dysfunction or dissolution than those with a secure attachment.

Overview

Complex social and psychological processes underpin the development of personal relationships in gay men. It is useful to take into consideration the role of parent–child relations during childhood and adolescence, as these early relational experiences impact the development of attachment style in adulthood. A key focus of this volume is the stigma—both implicit and explicit—appended to gay identity, which can problematise both the process of coming out to one's partners and subsequent parent–child relations. Gay males may encounter stigma, rejection and ostracisation from their parents and significant other when coming out, all of which will contribute to the formation of insecure attachment styles. In this chapter, it is argued that the individual's attachment style is best understood in terms of a strategy for protecting identity from threat and

for predicting responses from other people. Attachment style—rooted in individual experience but crystallised in the form of an enduring personality trait—in turn appears to shape the development of friendships with other gay men, heterosexual women and heterosexual men, as well as romantic relationships in gay men. Multiple social psychological factors predict both the type and quality of romantic relationship among gay men—not least attachment style. Given the centrality of attachment style, is essential that interventions for promoting satisfying relationships among gay men began early in the lifespan.

References

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation.* Hove: Psychology Press.

Anderson, E. (2012). *The monogamy gap: Men, love and the reality of cheating.* Oxford: Oxford University Press.

Baiocco, R., Di Pomponio, I., Nigito, C. S., & Laghi, F. (2012). Self-disclosure to the best friend: Friendship quality, internalized sexual stigma in Italian lesbian and gay adolescents. *Journal of Adolescence, 35,* 381–387.

Balzarini, R. N., Shumlich, E. J., Kohut, T., & Campbell, L. (2018). Dimming the 'halo' around monogamy: Re-assessing stigma surrounding consensually non-monogamous romantic relationships as a function of personal relationship orientation. *Frontiers in Psychology.* https://doi.org/10.3389/fpsyg.2018.00894.

Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology, 61*(2), 226–244.

Brown, J., & Trevethan, R. (2010). Shame, internalized homophobia, identity formation, attachment style, and the connection to relationship status in gay men. *American Journal of Men's Health, 4*(3), 267–276.

Carnelley, K. B., Hepper, E. G., Hicks, C., & Turner, W. (2011). Perceived parental reactions to coming out, attachment, and romantic relationship views. *Attachment & Human Development, 13*(3), 217–236.

Clausell, E., & Roisman, G. I. (2009). Outness, Big Five personality traits, and same-sex relationship quality. *Journal of Social and Personal Relationships, 26*(2–3), 211–226.

D'amico, E., Julien, D., Tremblay, N., & Chartrand, E. (2015). Gay, lesbian, and bisexual youths coming out to their parents: Parental reactions and youths' outcomes. *Journal of GLBT Family Studies, 11*(5), 411–437.

D'Augelli, A. R., Grossman, A. H., Salter, N. P., Vaseyt, J. J., Starks, M. T., & Sinclair, K. O. (2005). Predicting the suicide attempts of lesbian, gay and bisexual youth. *Suicide and Life-Threatening Behavior, 35*(6), 646–660.

D'Augelli, A. R., Grossman, A. H., & Starks, M. T. (2008). Families of gay, lesbian, and bisexual youth: What do parents and siblings know and how do they react? *Journal of GLBT Family Studies, 4*, 95–115.

Duncan, D., Prestage, G., & Grierson, J. (2015). Trust, commitment, love and sex: HIV, monogamy, and gay men. *Journal of Sex & Marital Therapy, 41*(4), 345–360.

Espelage, D. L., Valido, A., Hatchel, T., Ingram, K. M., Huang, Y., & Torgal, C. (2019). A literature review of protective factors associated with homophobic bullying and its consequences among children and adolescents. *Aggression and Violent Behavior, 45*, 98–110.

Gertler, L. M. (2014). *The coming out experience, internalized homophobia and self-compassion in LGBQ young adults* (Unpublished PsycD thesis). The Wright Institute, Berkeley, CA, USA.

Gotta, G., Green, R. J., Rothblum, E., Solomon, S., Balsam, K., & Schwartz, P. (2011). Heterosexual, lesbian, and gay male relationships: A comparison of couples in 1975 and 2000. *Family Process, 50*(3), 353–376.

Grossman, A. H., & Starks, M. T. (2008). Families of gay, lesbian, and bisexual youth: What do parents and siblings know and how do they react? *Journal of GLBT Family Studies, 4*, 95–115.

Guzmán-González, M., Barrientos, J., Cárdenas, M., Espinoza, M. F., Quijada, P., Rivera C., & Tapia, P. (2016). Romantic attachment and life satisfaction in a sample of gay men and lesbians in Chile. *International Journal of Sexual Health, 28*(2), 141–150.

Hostetler, A. J. (2012). Singlehood and subjective well-being among mature gay men: The impact of family, friends, and of being "single by choice". *Journal of GLBT Family Studies, 8*(4), 361–384.

Jaspal, R. (2015). The experience of relationship dissolution among British Asian gay men: Identity threat and protection. *Sexuality Research & Social Policy, 12*(1), 34–46.

Jaspal, R. (2017). Gay men's construction and management of identity on Grindr. *Sexuality & Culture, 21*(1), 187–204.

Jellison, W. A., & McConnell, A. R. (2004). The mediating effects of attitudes toward homosexuality between secure attachment and disclosure outcomes among gay men. *Journal of Homosexuality, 46*(1–2), 159–177.

Kamen, C., Burns, M., & Beach, S. R. H. (2011). Minority stress in same-sex male relationships: When does it impact relationship satisfaction? *Journal of Homosexuality, 58*(10), 1372–1390.

Kocet, M. M. (2002). *An examination of friendship between gay men and its impact on psychological well-being and identity disclosure: A case study* (Unpublished PhD Dissertation). University of Arkansas, USA.

Kurdek, L. A. (2004). Are gay and lesbian cohabiting couples *really* different from heterosexual married couples? *Journal of Marriage and Family, 66*(4), 880–900.

Landolt, M. A., Bartholomew, K., Saffrey, C., Oram, D., & Perlman, D. (2004). Gender nonconformity, childhood rejection, and adult attachment: A study of gay men. *Archives of Sexual Behavior, 33*(2), 117–128.

LaSala, M. C. (2001). Monogamous or not: Understanding and counseling gay male couples. *Families in Society, 82*(6), 605–611.

Livingston, J., & Fourie, E. (2016). The experiences and meanings that shape heterosexual fathers' relationships with their gay sons in South Africa. *Journal of Homosexuality, 63*(12), 1630–1659.

McCormack, M., & Anderson, E. (2010). 'It's Just Not Acceptable Any More': The erosion of homophobia and the softening of masculinity at an English Sixth Form. *Sociology, 44*(5), 843–859.

Mereish, E., & Poteat, V. P. (2015). Effects of heterosexuals' direct and extended friendships with sexual minorities on their attitudes and behaviors: Intergroup anxiety and attitude strength as mediators and moderators. *Journal of Applied Social Psychology, 45*, 147–157.

Moors, A. C., Conley, T. D., & Selterman, D. (2017). Personality correlates of attitudes and desire to engage in consensual non-monogamy among lesbian, gay, and bisexual individuals. *Journal of Bisexuality, 17*(4), 418–434.

Parsons, J. T., Starks, T. J., Dubois, S., Grov, C., & Golub, S. A. (2013). Alternatives to monogamy among gay male couples in a community survey: Implications for mental health and sexual risk. *Archives of Sexual Behavior, 42*(2), 303–312.

Power, J., Schofield, M. J., Farchione, D., Perlesz, A., McNair, R., Brown, R., … Bickerdike, A. (2015). Psychological wellbeing among same-sex attracted and heterosexual parents: Role of connectedness to family and friendship networks. *Australian and New Zealand Journal of Family Therapy, 36*(3), 380–394.

Prestage, G., Bavinton, B., Grierson, J., Down, I., Keen, P., Bradley, J., & Duncan, D. (2015). Online dating among Australian gay and bisexual men: Romance or hooking up? *AIDS and Behavior, 19*, 1905–1913.

Reczek, C. (2016). Parental disapproval and gay and lesbian relationship quality. *Psychological Science, 37*(15), 593–599.

Rhoades, G. K., Dush, C. M. K., Atkins, D. C., Stanley, S. M., & Markman, H. J. (2011). Breaking up is hard to do: the impact of unmarried relationship dissolution on mental health and life satisfaction. *Journal of Family Psychology, 25*(3), 366–374.

Riley, K., & McLaren, S. (2019). Relationship status and suicidal behavior in gay men: The role of thwarted belongingness and hope. *Suicide and Life-Threatening Behavior*. https://doi.org/10.1111/sltb.12532.

Rodrigues, D., Fasoli, F., Huic, A., & Lopes, D. (2018). Which partners are more human? Monogamy matters more than sexual orientation for dehumanization in three European countries. *Sexuality Research and Social Policy, 15*(4), 504–515.

Rodrigues, D. L., Lopes, D., & Prada, M. (2019). Cohabitation and romantic relationship quality among Portuguese lesbian, gay, and heterosexual individuals. *Sexuality Research and Social Policy, 16*(1), 100–111.

Rosario, M., Reisner, S. L., Corliss, H. L., Wypij, D., Frazier, A. L., & Austin, S. B. (2014). Disparities in depressive distress by sexual orientation in emerging adults: The roles of attachment and stress paradigms. *Archives of Sexual Behavior, 43*(5), 901–916.

Russell, E. M., Ickes, W., & Ta, V. P. (2018). Women interact more comfortably and intimately with gay men—But not straight men—After learning their sexual orientation. *Psychological Science, 29*(2), 288–303.

Shenkman, G., Bos, H., & Kogan, S. (2019). Attachment avoidance and parenthood desires in gay men and lesbians and their heterosexual counterparts. *Journal of Reproductive and Infant Psychology*. https://doi.org/10.1080/026 46838.2019.1578872.

Starks, T. J., & Parsons, J. T. (2014). Modeling interpersonal correlates of condomless anal sex among gay and bisexual men: An application of attachment theory. *Archives of Sexual Behavior 43*, 107–117.

Starks, T. J., Castro, M. A., Miller, B. M., & Castiblanco, J. P. (2017). Modeling interpersonal correlates of condomless anal sex among gay and bisexual men: An application of attachment theory. *Archives of Sexual Behavior, 46*(4), 1089–1099.

Willoughby, B. L. B., Malik, N. M., & Lindahl, K. M. (2006). Parental reactions to their sons' sexual orientation disclosures: The roles of family cohesion, adaptability, and parenting style. *Psychology of Men & Masculinity, 7*(1), 14–26.

Prejudice and Intergroup Relations

Abstract Identity can be categorised at both individual and group levels. It is possible to emphasise one's individuality in some contexts and one's group membership in others. The very existence of social groups creates the risk of prejudice. First, the term 'homophobia' is defined. Second, the causal mechanisms of prejudice are discussed through the lens of significant theories from social psychology. Third, key themes from social psychological research into anti-gay prejudice are outlined. Fourth, intergroup prejudice *within* the gay community is explored. In this chapter, it is argued that prejudice takes multiple forms, is pervasive, and must be challenged.

Keywords Social identity · Prejudice · Homophobia

Homophobia: A Key Concern for the Social Psychology of Gay Men

Much research into the social psychology of gay men has focused on understanding the development of homophobia and, crucially, how it can be reduced. It is useful to begin with an overview of the term 'homophobia', which is common in both academic research and everyday language. The psychologist George Weinberg originally coined the term 'homophobia' in the early 1970s to refer to heterosexual people's 'dread

of being in close quarters with homosexuals' (Weinberg, 1972, p. 4). This publication represented a significant milestone at the time, since it constructed hostility towards gay men as an irrational *fear*, rather than as a rational response to moral turpitude, which of course was a pervasive social representation at the time (see Chapter 1). The term 'homophobia' served to shift the focus from gay people (as alleged perpetrators of immorality) to homophobes who harbour an irrational fear of gay people and, thus, express prejudice against them.

Although the term facilitated a shift in social representations of homosexuality, its accuracy in capturing the nature of prejudice against gay men has been the subject of debate. It must be noted that not everyone who manifests hostility towards gay men is necessarily fearful of gay men or of being 'in close quarters' with them. Several studies indicate that other negative affective responses, such as anger and disgust, rather than fear, characterise responses to gay men (e.g. Kiebel, McFadden, & Herbstrith, 2017).

Furthermore, the term 'homophobia' evokes connotations of psychopathology in the individual who is hostile towards gay men. In some cases, this is warranted—some perpetrators of brutality and hate crimes against gay men suffer from psychopathologies, such as psychopathy and paranoia. However, this is not true of all anti-gay people. Many express hostility towards gay men because of social identity processes and the psychological differentiation between 'us' (heterosexual people) and 'them' (gay people)—accordingly, they may perceive gay men as a threatening outgroup which challenges their group's norms, values or even existence.

The term also locates the roots of the problem in the individual, rather than acknowledging the broader social context (comprising distinct social group memberships) in which the hostile individual resides. Indeed, an individual socialised in a context characterised by anti-gay social representations that construct gay men as immoral, diseased or pathological is likely to accept, internalise and reproduce these social representations in both thought and action. The individual does not necessarily experience fear, disgust or anger in relation to gay men but believes that homosexuality is wrong and views this belief as 'common sense' due to coercive social representations. In this chapter, the psychological term 'prejudice' is used to refer to negative attitudes towards gay men.

Causal Mechanisms of Prejudice

Social psychologists have a long-standing interest in the causal mechanisms of prejudice and several theories have been proposed to explain why, and under which conditions, people manifest prejudice against outgroups. In this section, the authoritarian personality, social identity theory and intergroup threat theory are considered in relation to prejudice towards gay men.

Authoritarian Personality Theory

Adorno, Frenkel-Brunswik, Levinson, and Sanford (1950) postulated that particular personality traits predispose individuals to endorse totalitarian, authoritarian ideas, which in turn increase the risk of manifesting prejudice towards others. The F-scale (F for fascism) was developed in order to identify the authoritarian personality type, which predisposes the individual to prejudice. Using case studies of prejudice, psychometric testing and clinical interviews exploring the backgrounds and experiences of people expressing prejudice towards others, they concluded that individuals with an authoritarian personality tend to be steadfast in their beliefs, opinions and worldview; to endorse conventional, conservative and traditional values instilled in them since childhood; and to express hostility towards other people perceived to be of lower social status but obedience towards those of higher status.

Adorno and his colleagues indicated that people with an authoritarian personality were more likely to have had a strict upbringing by critical and coercive parents who instilled traditional and conservative values in them, often chastising any deviation from these values. Children unable to reason with their parents proceed to harbour hostility towards them but feel unable to express the resulting anger and hostility towards them due to their coercive upbringing and social disapproval of challenging one's parents. Therefore, they are likely to displace this internalised aggression onto 'safer', or simply weaker, targets, such as individuals from minority groups. As a less powerful, socially stigmatised group, gay men may face the internalised aggression of those with an authoritarian personality type.

It is easy to see why people with an authoritarian personality are more likely to manifest prejudice towards gay men (Smith, 1971).

They are inclined to safeguard conventional values which are perceived to be undermined by gay men who disengage from heteronormativity. Gay men may be perceived as possessing lower social status to heterosexual people. Those in authority (e.g. religious leaders, right-wing politicians) may advocate anti-gay social representations, which are then uncritically accepted by individuals with an authoritarian personality. Indeed, right-wing authoritarianism and social dominance orientation have proven to be two of the strongest predictors of prejudice towards gay people (Whitley & Lee, 2000). This theory shows how personality traits (at an individual level) have implications for intergroup behaviour.

Social Identity Theory

In attempting to elucidate the origins and mechanisms of discrimination and ingroup favouritism, Tajfel developed social identity theory, which was outlined in Chapter 3. Social identity theory has since become one of the most important theories of intergroup relations in social psychology. In Chapter 3, the processes of social categorisation and social comparison were outlined. First, the individual positions himself in relation to particular social categories (e.g. gay vs straight) and then comparisons are made between the categories, which essentially imbue it with meaning and value. The consequences of these key processes in social identity may be ingroup favouritism and outgroup derogation.

Ingroup favouritism occurs as a result of the psychological motivation to derive positive distinctiveness from outgroups and self-esteem from membership in one's social group. Given that social identity arises when the individual's sense of identity is derived principally on the basis of membership in a particular group, that group membership becomes the principal source of distinctiveness and self-esteem. In other words, it is important that one's own group is sufficiently different from other groups, that it possesses high social status, and that individuals can feel good about themselves on the basis of membership in that group. One may favour one's own group by evaluating the ingroup positively and outgroups negatively, and by allocating resources in a way that is beneficial to the ingroup and less so to outgroups. Ingroup favouritism becomes more pronounced in the presence of a threat to self-esteem—that is, group members may express prejudice in a protective manner (Crocker, Thompson, McGraw, & Ingerman, 1987).

The downward comparison principle in social identity theory is an important means of deriving self-esteem through intergroup behaviour. The principle posits that group members may compare their ingroup with outgroups perceived to worse off than their own group. For instance, some gay men compare themselves with other gay men of a larger build, which correlates positively with both 'anti-fat' attitudes and better self-appearance evaluation (O'Brien et al., 2009). Conversely, upward comparisons—that is, with groups that are perceived to be better off than one's own—is associated with lower self-esteem, although this process can sometimes spur the ingroup to undertake proactive steps to improve its position. In Chapter 7, the case of 'bugchasing', which refers to the desire to become infected with HIV, is described. One of the reasons for engaging in this stigmatised behaviour is the desire to derive a sense of community which is perceived to be present among HIV-positive gay men but lacking among HIV-negative gay men. In short, from the perspective of the HIV-negative 'bugchaser', the HIV-positive outgroup is regarded as superior to the ingroup.

Intergroup Threat Theory

Intergroup Threat Theory (Stephan & Stephan, 2000) provides a useful theoretical framework for describing and examining the nature of threats which can be represented and perceived as being posed by outgroups. The theory adopts a social-psychological approach to threat which argues that, whether or not threats have any basis in reality, the perception of threat in and of itself has consequences at both the psychological and intergroup levels.

The theory posits that there are two basic types of threat, both of which revolve around potential harm that an outgroup (e.g. gay men) could inflict on the ingroup, namely realistic and symbolic threats.

- *Realistic threats* are posed by factors which could cause the ingroup physical harm or loss of resources, and can also be represented as individual-level threats causing potential physical or material harm to individual group members as a result of their membership. For instance, there is a long-standing homophobic social representation that gay men are sexual predators who seduce young, unsuspecting boys into homosexuality. This social representation is perhaps most evident in the 1961 short social guidance propaganda film *Boys*

Beware (Davis, 1961) which constructs gay men as posing both psychological and physical threats to young boys.

- *Symbolic threats* represent threats to the meaning system(s) of the ingroup, such as challenges to valued ingroup norms and values, and at the individual level of analysis may be associated with loss of face, challenges to self-identity and potential threats to self-esteem. For instance, there is a social representation that gay men attempt to undermine 'traditional family values' and that they endorse attitudes and behaviours that are inconsistent with such values.

In their discussion of intergroup threat theory in the context of Islamophobic prejudice, Jaspal and Cinnirella (2010, p. 290) have argued that some groups can be positioned 'in such a way that they represent a hybridised kind of threat, that combines both realistic (e.g. physical well-being) and symbolic (e.g. cultural) threats to the dominant ethno-national ingroup'. Groups that are positioned as posing a hybridised threat are deemed to be particularly threatening, which can invite hostile responses from perceivers.

In some contexts, gay men are perceived to pose only symbolic threats (e.g. by rejecting heterosexual norms and values) while, in others, they may be regarded as posing realistic threats (e.g. by seeking to 'lure' unsuspecting young men into homosexuality). Yet, in some societies and social groups, gay men may be perceived as posing *hybridised threats* to heterosexual people by undermining their norms, values and worldview and by seeking to reduce the number of heterosexual people in the world. In such societies, gay men face significant prejudice (Jaspal, 2014b). In response to such threats, individuals may avoid contact with gay men, attempt to isolate and marginalise them, remove them from positions of influence or power, abuse them verbally, attack them physically, or even attempt to annihilate them.

Gay Men as Targets of Prejudice

It is generally accepted that socio-economic factors, such as male gender, higher age, lower educational attainment, low socio-economic status, and religiosity all predict prejudice against gay men. For instance, in their study of attitudes towards pre-exposure prophylaxis (PrEP) for HIV prevention, Jaspal, Lopes, and Maatouk (2019) found that attitudes towards gay men mediated the relationship between 'big' social identity

characteristics (namely, gender, ethnicity and religion) and attitudes towards PrEP. More specifically, being female, of White British ethnicity, and having no religion was all associated with more positive attitudes towards gay men. More generally, these 'big' social identity characteristics are known predictors of other forms of prejudice, such as antisemitism (Jaspal, 2014a). Yet, the theories presented in the previous section provide insight into other social psychological factors that lead people to engage in prejudice towards gay men. In this section, some research evidence is provided to shed light on the reasons why gay men might become targets of prejudice.

As discussed in Chapter 4, friendships between gay men and heterosexual men are relatively uncommon and, in some cases, heterosexual men may express hostility towards gay men. Indeed, in their experimental study, Talley and Bettencourt (2008) found that, regardless of their level of anti-gay prejudice, participants were more likely to distance themselves psychologically from other gay men than from heterosexual men. A potential reason for this is that heterosexual men are fearful of being labelled as gay due to the pervasive stigma of homosexuality in society. Consistent with social identity theory, this may partly be attributed to the desire for self-esteem, which may lead heterosexual men to reduce the risk of being miscategorised as gay—a stigmatised social category unlikely to provide feelings of self-esteem.

Concerns about masculinity appear to be a central feature of anti-gay prejudice in heterosexual men. Gay men are often perceived as challenging, or even violating, both traditional gender norms and traditional conceptions of appropriate sexuality, namely heterosexuality. These 'violations' may be construed as a symbolic threat, leading to the expression of anti-gay prejudice (Lehavot & Lambert, 2007). Similarly, Hirai, Winkel, and Popan (2014) found that machismo, which was prevalent in male respondents, was associated with more negative attitudes towards gay men. In an experimental study, when heterosexual male participants perceived their masculinity to be challenged, they manifested more aggression towards the gay male target—regardless of their level of anti-gay prejudice (Talley & Bettencourt, 2008). In another study, Parrott (2009) found that anti-femininity (the belief that men should refrain from engaging in stereotypical feminine behaviours) was associated with both anger in response to sexual intimacy between two men and aggression towards gay men, and that this relationship was mediated by gender

role stress, that is, stress experienced in relation to situations that challenge traditional gender norms.

In contrast to this research into intergroup differences, there is evidence that repressed homosexual arousal may actually underpin homophobia. In a fascinating experimental study, Adams, Wright, and Lohr (1996) asked a sample of self-identified heterosexual men to complete a measure of homophobia and exposed them to explicit erotic stimuli depicting heterosexual, homosexual male and lesbian videotapes. Using penile plethysmography to provide a physiological measure of sexual arousal, they found that, while both homophobic and non-homophobic men were aroused by heterosexual and lesbian videos, only men in the homophobic group were aroused by the male homosexual video. This suggests that homophobia is associated with either suppressed or actively denied homosexual arousal. By engaging in prejudice towards gay men, men with a homosexual orientation may be trying to distance themselves psychologically and socially (i.e. in the eyes of others) from gay men. They may be trying to seek solace in self-categorisation (and categorisation by other people) in a high status social group with the promise of self-esteem—namely the heterosexual group.

Prejudice towards gay men has also been discussed in terms of psychopathology, which echoes the content of earlier writings that led to the term 'homophobia'. In an experimental study with male heterosexual participants, Parrott and Zeichner (2006) found that psychopathy significantly predicted aggression against the gay, but not the heterosexual, male fictitious opponent in a competitive reaction time task. Anger as an affective response to homosexuality did not appear to underlie this association but rather psychopathy was said to be a trait that predisposes individuals to engage in aggression against less powerful, stigmatised social groups, such as gay men. It is unlikely that psychopathology alone is a sufficient explanation for prejudice towards gay men. However, it is possible that, in the presence of social psychological factors (e.g. perceived threat), people with psychopathology will be at greater risk of perpetrating prejudice.

As indicated in the previous section, authoritarianism (and, more specifically, right-wing authoritarianism) has been associated with the prejudice towards gay men. In two studies, Hoyt, Morgenroth, and Burnette (2019) found that heterosexual people with conservative political attitudes (a potential indicator of authoritarianism) held the social representation that gay and heterosexual people were fundamentally

different from one another, on the one hand, and rejected the social representation that sexual orientation is a fixed, immutable human characteristic, on the other hand. In an experimental study, Bahns and Crandall (2013) examined the relationship between social dominance orientation, which refers to the extent to which the individual endorses group-based hierarchies in society, and anti-gay prejudice. Social dominance orientation can be considered a component of right-wing authoritarianism. The researchers found that those who scored high on social dominance orientation expressed more hostility towards gay men when they were perceived to be gaining social status. The level of prejudice decreased significantly when gay men were perceived to have low status. This clearly demonstrates the important role of social context and, especially that of social identity, in explaining the incidence of anti-gay prejudice.

Perceived symbolic, realistic and, especially, hybridised threats to the ingroup can increase the risk of outgroup prejudice. In an interesting study of the impact of labels on attitudes towards sexual minorities, Rios (2013) showed that the label 'homosexual' evoked more prejudice than the label 'gay' in individuals who scored high on right-wing authoritarianism. This effect was attributed to the connotations of deviance evoked by the term 'homosexual' (versus 'gay'), which might pose a symbolic threat to heterosexual values. The term 'homosexual' may connote sexual behaviour more than identity and lifestyle—in part because of the morpheme 'sexual'—and it of course originates from an era in which same-sex desire was appended especially negative social representations. Furthermore, there is some evidence that outgroup members, such as gay men, are evaluated more negatively when they are perceived to be associated with one's ingroup (Lupo & Zarate, 2019). This could be attributed to the increased sense of threat of outgroup infiltration within the ingroup which could undermine the values of the ingroup, for instance.

It appears that low intergroup contact (between heterosexual and gay people) leads to an increased risk of prejudice towards outgroups. MacInnis, Page-Gould, and Hodson (2017) found that individuals who reported first-hand contact with gay men *and* those living in areas with greater contact with gay men expressed less prejudice towards this population. In their analysis of representative Eurobarometer data from 28 European Union Member States, Gorska, van Zomeren, and Bilewicz (2017) found that, in countries with legislation that is favourable

towards sexual minorities, public attitudes towards sexual minorities were more positive. This relationship was mediated by greater prevalence of intergroup contact between heterosexual and gay people.

GAY MEN AS PERPETRATORS OF PREJUDICE

Unfortunately, prejudice is pervasive in society—not only in majority groups but also in minority groups. As observable in both case studies presented in Chapter 1, prejudice can be based on many different factors. To the outside observer, the gay scene may seem a cohesive social context in which a superordinate gay identity exists which overshadows all other identity elements and group memberships. However, pervasive narratives of division, exclusion and loneliness on the gay scene are testimony to the group-based prejudice prevalent on the gay scene (Hobbes, 2017). In this section, the examples of gay racism, HIV stigma and anti-femininity are discussed to illustrate how intergroup relations and prejudice function at an *intragroup* level, that is, within the gay community. Put simply, the 'gay community' is in fact characterised by division and prejudice on the basis of various characteristics.

Gay Racism

There have been some media reports of racism on the (predominantly White) gay scene in Western countries, including the US and the UK. A BBC news article (Buttoo, 2010) highlighted British South Asian gay men's concerns about racism on the gay scene. Interviewees reported being refused service at bars or entry in clubs, as well as overt racism from White gay men, which led some to avoid the gay scene. Moreover, there was a feature on racism on the gay scene in *FS Magazine*, a gay men's health magazine, in which ethnic minority gay men described their multifarious experiences of racism and the impact it had on their wellbeing (Haggas, 2015; Jaspal, 2016).

Goode-Cross and Tager (2011) examined the experiences of young African American gay men who attended a predominantly White educational institution. Participants reportedly perceived their racial identity to be more salient than their sexual identity in on the gay scene, which they believed to constitute a barrier to fitting in. Ethnic minority gay men may feel 'hyper-visible' on the basis of their ethnicity/religion and, thus, feel unable to derive feelings of acceptance and inclusion on the gay

scene. They may anticipate and experience rejection on the basis of their minority identity.

In another study in the US, Battle, Cohen, Warren, Fergerson, and Audam (2002) conducted a large survey of African American gay men, in which they found that half of the respondents perceived racism as a problem in their relations with White people and that a third of respondents themselves reported negative intergroup experiences on the gay scene. Similarly, Brown (2008) has found that African American gay men generally feel that they are more likely to gain some acceptance and inclusion on the gay scene when they 'mute' or conceal their Blackness or when their Blackness is of *sexual* interest. Indeed, Teunis (2007) found that African American gay men felt sexually objectified, which made them feel obliged to perform particular roles in sexual encounters (e.g. being sexually 'top', sexually aggressive) that were not necessarily of their own choosing but rather due to the social representations held by their White partners.

Han et al. (2015) found that 65% of the 1996 African American, Asian/Pacific Islander and Latino gay men they surveyed reported feelings stressed as a consequence of racism experienced in the gay community, and that both stress from racism and avoidant coping with this stress was associated with engagement in sexual risk behaviour. Research conducted in the US suggests that Latino gay men with a darker complexion, more indigenous physical features, a greater period of time in the US and lower self-esteem reported greater levels of gay racism (Ibañez, van Oss Marin, Flores, Millet, & Diaz, 2009).

In their study of gay Arab and South Asian Muslim men in the US, Minwalla, Rosser, Feldman, and Varga (2005) observed that 'race' played an important role in the social dynamics in White gay culture, which could result in feelings of exclusion among non-White men. Moreover, Bassi (2008) writes that 'on the predominantly white commercial gay scene, gay and bisexual British Asians feel and carry the burden of racialization via the visible marker of their skin colour' (pp. 216–217). In his qualitative interview study of British South Asian gay men, Jaspal (2017) found that interviewees felt marginalised on the gay scene due to their ethnicity, identified subtle ways in which they were rejected by White gay men, and described the adverse psychological impact of multiple forms of rejection (i.e. racism, homophobia) associated with important social identities.

Given the stigma of overt prejudice, people may seek subtler ways of expressing it. Language is key. Riggs (2013) conducted an interesting study of the rhetorical dimension of racism (against Asian gay men) expressed by White Australian gay male users of the gay dating website Gaydar. He found that anti-Asian racism was rationalised in terms of a 'personal preference', through the construction of Asian men as less masculine, through the depiction of Asian men as a 'type' in the way that any other physical characteristic might constitute a type, and by apologising for not seeking Asian gay men. This study demonstrates that, like anti-gay prejudice, other forms of prejudice *within the gay community* (such as gay racism) are rationalised, justified and presented as acceptable through the use of similar rhetorical strategies. Yet, there is evidence that gay racism, which is often presented as 'personal preference' or 'sexual preference' and thus *not* racist, actually shares the same correlates of generic racism, demonstrating that both forms of racism have the same psychological underpinnings and are probably less delineable than gay men claim them to be (Callandar, Newman, & Holt, 2015).

HIV Stigma

HIV carries social stigma due partly to its public association with taboo issues, such as sexual promiscuity, sex work and drug use, and the beliefs that HIV is synonymous with AIDS and invariably life-limiting (see Chapter 8). Furthermore, for gay men living with HIV, their sexual orientation may represent an additional layer of stigma.

Gay men living with HIV may fear that they will be judged or mistreated if they disclose their HIV status to others, rendering them targets for discrimination and depriving them of the social support often needed to cope effectively with an HIV diagnosis. Given the negative stereotypes frequently appended to HIV-positive people concerning 'promiscuity' and 'abnormal' sexual behaviour, individuals living with HIV may come to feel marginalised from society. While some people are overtly discriminated and judged for being HIV-positive, others may feel that they are pitied and that their future prospects are overshadowed by widespread perceptions of sickness and mortality. Moreover, fear, which often results from the silencing of HIV, constitutes a component of HIV stigma. Some people associate HIV with contagion and believe that even casual interpersonal contact with HIV-positive individuals will put them at risk of infection.

HIV stigma in the gay community has led to intergroup divisions (Smit et al., 2012). For instance, men living with HIV may be positioned as being less socially and sexually desirable due to their positive serostatus. Fear of infection is a concern in the gay community. Individuals may be judged as having ignored the prevalent norm of condom use. There has also been a discussion of the notion of 'slut shaming' in the gay community which refers to the moral denigration of individuals due to their perceived or actual sexual behaviours (McDavitt & Mutchler, 2014). HIV may also be 'weaponised' in that it may be used as a means of controlling, coercing or even silencing the infected individual. For instance, others may involuntarily disclose an individual's HIV status in order to undermine, discredit or punish him.

It is easy to see how one's sense of self-esteem can be adversely impacted by HIV stigma. Stigma can be experienced, anticipated and/or internalised. Greater levels of stigma are associated with poor mental health, including depression (Emlet, 2007). HIV-related shame, a by-product of stigma, is a significant predictor of reduced health-related quality of life among patients (Persons, Kershaw, Sikkema, & Hansen, 2010). Consequently, many gay men living with HIV seek to derive social support from other gay men living with HIV. This can provide respite from threats to self-esteem that stem from social stigma. The informal support group for people living with HIV can become a powerful group membership and even a social identity. Social identity built around HIV status can lead some individuals to avoid romantic partners or even friends of a different serostatus. They may anticipate stigma and prejudice from HIV-negative gay men. In other words, HIV status becomes a basis for social categorisation and social comparison, and social representations begin to emerge in order to characterise 'them' versus 'us'.

Anti-femininity

In the gay community, gay men may be categorised in terms of their gender expression. Hostility towards feminine characteristics in gay men—from within the gay community—has been described as a form of traditional sexism, which positions masculinity as superior to femininity and which pathologises those who do not express 'adequate' levels of masculinity (e.g. Serrano, 2007).

In a survey of 5000 gay men conducted by Attitude (2017), it was found that 71% of respondents were 'turned off' by a prospective partner

who had characteristics deemed to be feminine, while 29% viewed feminine traits as attractive. The survey revealed that 41% of gay men believe that effeminate men 'give the gay community a bad image or reputation'. Indeed, many of the gay men who participated in Bergling (2001) interview study believed that femininity in gay men was adversely impacting their quest for equal rights and that at gay pride events drag queens and other feminine gay men appeared to constitute the focus of media reporting, creating the impression that gay men are invariably feminine.

In this volume, it has been observed that gender norms are entwined with sexual orientation and sexual identity. Gay men report having manifested gender non-normative behaviours as children and many continue to do so in adulthood. Many are stereotyped by others as being feminine. There is a long-standing negative social representation of femininity in gay men, which is often resisted by gay men who self-categorise as being 'straight acting', that is, 'masculine' in appearance and behaviour (Nardi, 2000). This can include, but is not limited to, body appearance (such as being muscular and tall), clothing fashion, style of speaking (such as tone of voice, choice of language), and even sexual behaviours (being sexually insertive or 'top'). It is noteworthy that some gay men are stigmatised (by other gay men) for being sexually receptive ('bottom') and, thus, more feminine, which is often contrasted with being sexually insertive ('top') and, thus, more masculine (Maatouk & Jaspal, 2020).

It can be argued that self-categorisation as 'straight acting' constitutes a form of internalised homophobia because it suggests that being identifiable as gay (principally through the expression of non-masculine traits) is a negative phenomenon and, thus, one to be avoided. This form of self-categorisation positions heterosexuality (or at least a heterosexual image) as being more socially desirable than homosexuality (or a gay identity). In empirical research, there is an observed relationship between one's perceived masculinity, anti-femininity and internalised homophobia (Murgo, Huynh, Lee, & Chrisler, 2017).

This desire to be perceived as masculine may be related to the stigmatisation of feminine characteristics in male children and adolescents, which, as demonstrated in previous chapters, can result in decreased wellbeing. In empirical research, most gay men do appear to append importance to both their own self-presentation and their partner's self-presentation as masculine, and many aspire to be more masculine, demonstrating the coerciveness of the positive social representation of

masculinity (Sánchez & Vilain, 2012). In her study of gender and sexuality at a high school in California, Pascoe (2007) found that, while being gay was relatively acceptable among boys at the school, contravention of traditional masculinity (such as dancing, being concerned about one's clothing, or being too emotional) invited denigration including the use of demeaning terms such as 'fag'.

Femininity itself remains a source of social stigma—among heterosexual *and* gay men alike. Although gay men generally report showing feminine characteristics in childhood, many 'defeminise' during adolescence which may be attributed to the social stigma appended to femininity in men and the bullying and harassment that often accompanies this at school and college. In adulthood, many gay men attempt to 'pass' as heterosexual in order to avoid stigma in the workplace, for instance, and to gain social capital. Moreover, even on the gay scene, there appears to be a devaluing of femininity, which can lead to increased self-regulation to ensure that one self-presents, and is perceived by others, as being sufficiently masculine.

Indeed, the social representation, frequently internalised by gay men, that femininity is a negative trait can lead to attempts to reject it both in themselves and in potential partners. This is analogous to the case of heterosexual men who fear being miscategorised (or, in some cases, correctly categorised) as homosexual and who, thus, avoid, stigmatise and denigrate other gay men. Those who are categorised as being feminine face social stigma unless their femininity is of sexual interest to their partners. As in the study of gay racism, the internet dating profiles and social networking mobile application profiles of gay men provide important insights into the phenomenon of anti-femininity. Moreover, like gay racism, gay men may frame anti-femininity in terms of romantic or sexual preference. Gay men who perceive themselves, or are perceived by others, to be feminine face threats to their self-esteem as a result of the social stigma that is openly directed at them on online dating profiles and in encounters with other gay men (Baydoun & Vieira de Medeiros, 2017).

Overview

The social psychological underpinnings of prejudice are complex. Some explanations in social psychology have focused on personality, while others take the social group as the key starting-point. It is likely that a combination of both personality and social context shape the nature of

intergroup relations and the likelihood of prejudice in any given context. Moreover, the human motivation for distinctiveness and self-esteem appear to be central to intergroup behaviour and, in some cases, the root cause of prejudice. Anti-gay prejudice has understandably been the focus of much social psychological research into gay men's lives—gay men face high levels of prejudice which can have significant implications for their health and wellbeing (see Chapter 8).

Existing research suggests that gay men may become the target of prejudice because of their distinctiveness, the perception that they pose some kind of threat, and because of insecurities located within the anti-gay individual. A relatively under-explored form of prejudice in social psychological studies of gay men's lives is that perpetrated by gay men towards other gay men on the basis of their subgroup memberships. In this chapter, it has been shown that the social psychological roots of gay racism, HIV stigma and anti-femininity, all of which can have profoundly negative implications for those targeted, overlap with those of anti-gay prejudice. The observations in this chapter should spur further research and commentary on the complex dynamics of intergroup relations and prejudice among gay men. It is important to challenge prejudice in all its forms—both in the general population and in the gay community.

References

Adams, H. E., Wright, L. W., Jr., & Lohr, B. A. (1996). Is homophobia associated with homosexual arousal? *Journal of Abnormal Psychology, 105*(3), 440–445.

Adorno, T. W., Frenkel-Brunswik, E., Levinson, D. J., & Sanford, R. N. (1950). *The authoritarian personality*. New York: Harper & Row.

Attitude. (2017, November 9). Attitude's masculinity survey reveals almost 75% of gay men are turned off by effeminate guys. *Attitude*. https://attitude.co.uk/article/attitudes-masculinity-survey-reveals-almost-75-of-gay-men-are-turned-off-by-effeminate-guys/16267/. Accessed on 20 March 2019.

Bahns, A. J., & Crandall, C. S. (2013). The opposite of backlash: High-SDO people show enhanced tolerance when gay people pose little threat. *European Journal of Social Psychology, 43*, 286–291.

Bassi, C. (2008). The precarious and contradictory moments of existence for an emergent British Asian gay culture. In C. Dwyer & C. Bressey (Eds.), *New geographies of race and racism* (pp. 209–222). Farnham, UK: Ashgate.

Battle, J., Cohen, C. J., Warren, D., Fergerson, G., & Audam, S. (2002). *Say it loud: I'm Black and I'm proud: Black pride survey 2000*. New York: The Policy Institute of the National Gay and Lesbian Task Force.

Baydoun, M., & Vieira de Medeiros, M. A. (2017). 'No for sissies': Anti-effeminacy among users of Grindr in the Amazons. *The Journal of Sexual Medicine*, *14*(5) (Suppl. 4), e246.

Bergling, T. (2001). *Sissyphobia: Gay men and effeminate behavior*. Binghamton, NY: Haworth Press.

Brown, C. E. (2008). *Racism in the gay community and homophobia in the Black community: Negotiating the gay black male experience* (Unpublished M.Sc. in Sociology Dissertation). Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA.

Buttoo, S. (2010, March 8). Gay Asians reveal racism problems. *BBC News*. Available at http://news.bbc.co.uk/1/hi/uk/8555503.stm. Accessed on 20 March 2019.

Callandar, D., Newman, C. E., & Holt, M. (2015). Is sexual racism really racism? Distinguishing attitudes toward sexual racism and genetic racism among gay and bisexual men. *Archives of Sexual Behavior, 44*(7), 1991–2000.

Crocker, J., Thompson, L. L., McGraw, K. M., & Ingerman, C. (1987). Downward comparison, prejudice, and evaluations of others: Effects of self-esteem and threat. *Journal of Personality and Social Psychology, 52*(5), 907–916.

Davis, D. (Producer). (1961). *Boys beware* [Motion picture]. USA: Sidney Davis Productions.

Emlet, C. A. (2007). Experiences of stigma in older adults living with HIV/AIDS: A mixed-methods analysis. *AIDS Patient Care & STDs, 21*(10), 740–752.

Goode-Cross, D. T., & Tager, D. (2011). Negotiating multiple identities: How African American gay and bisexual men persist at a predominantly White institution. *Journal of Homosexuality, 58,* 1235–1254.

Gorska, P., van Zomeren, M., & Bilewicz, M. (2017). Intergroup contact as the missing link between LGB rights and sexual prejudice. *Social Psychology, 48,* 321–334.

Haggas, S. (2015). Racism and the gay scene. *FS Magazine, 148.* https://www.gmfa.org.uk/fs148-racism-and-the-gay-scene. Accessed on 20 March 2019.

Han, C., Ayala, G., Paul, J. P., Boylan, R., Gregorich, S. E., & Choi, K. (2015). Stress and coping with racism and their role in sexual risk for HIV among African American, Asian/Pacific Islander, and Latino men who have sex with men. *Archives of Sexual Behavior, 44*(2), 411–420.

Hirai, M., Winkel, M. H., & Popan, J. P. (2014). The role of machismo in prejudice toward lesbians and gay men: Personality traits as moderators. *Personality and Individual Differences, 70,* 105–110.

Hobbes, M. (2017, March 2). Together alone: The epidemic of gay loneliness. *Huffington Post.* https://highline.huffingtonpost.com/articles/en/gay-loneliness/. Accessed on 20 March 2019.

Hoyt, C. L., Morgenroth, T., & Burnette, J. L. (2019). Understanding sexual prejudice: The role of political ideology and strategic essentialism. *Journal of Applied Social Psychology, 49,* 3–14.

Ibañez, G. E., van Oss Marin, B., Flores, S. A., Millet, G., & Diaz, R. M. (2009). General and gay-related racism experienced by Latino gay men. *Cultural Diversity and Ethnic Minority Psychology, 15*(3), 215–222.

Jaspal, R. (2014a). *Antisemitism and anti-zionism: representation, cognition and everyday talk.* Farnham: Ashgate.

Jaspal, R. (2014b). Sexuality, migration and identity among gay Iranian migrants to the UK. In Y. Taylor & R. Snowdon (Eds.), *Queering religion, religious queers* (pp. 44–60). London: Routledge.

Jaspal, R. (2016). What is it really like to be Black or Asian and gay? *FS Magazine, 152,* 36–38. https://www.outlife.org.uk/fs152-what-is-it-really-like-to-be-black-or-asian-and-gay. Accessed on 20 March 2019.

Jaspal, R. (2017). Coping with ethnic prejudice on the gay scene: British South Asian gay men. *Journal of LGBT Youth, 14*(2), 172–190.

Jaspal, R., & Cinnirella, M. (2010). Media representations of British Muslims and hybridised threats to identity. *Contemporary Islam: Dynamics of Muslim Life, 4*(3), 289–310.

Jaspal, R., Lopes, B., & Maatouk, I. (2019). Social identity & attitudes towards pre-exposure prophylaxis: A structural equation model. *Journal of Social Service Research.* https://doi.org/10.1080/01488376.2019.1566196.

Kiebel, E. M., McFadden, S. L., & Herbstrith, J. C. (2017). Disgusted but not afraid: Feelings toward same-sex kissing reveal subtle homonegativity. *The Journal of Social Psychology, 157*(3), 263–278.

Lupo, A. K., & Zarate, M. A. (2019). When 'they' become 'us': The effect of time and ingroup identity on perceptions of gay and lesbian group members. *Journal of Homosexuality, 66*(6), 780–796.

Maatouk, I., & Jaspal, R. (2020). Religion, male bisexuality and sexual health in Lebanon. In A. K. T. Yip & A. Toft (Eds.), *Bisexuality, spirituality & identity: Critical perspectives.* London: Routledge.

MacInnis, C. C., Page-Gould, E., & Hodson, G. (2017). Multilevel intergroup contact and antigay prejudice (explicit and implicit): Evidence of contextual contact benefits in a less visible group domain. *Social Psychological and Personality Science, 8*(3), 243–251.

McDavitt, B., & Mutchler, M. G. (2014). "Dude, you're such a slut!" Barriers and facilitators of sexual communication among young gay men and their best friends. *Journal of Adolescent Research, 29,* 464–498.

Minwalla, O., Rosser, B. R. S., Feldman, J., & Varga, C. (2005). Identity experience among progressive gay Muslims in North America: A qualitative study. *Culture, Health and Sexuality, 7,* 113–128.

Murgo, M. A. J., Huynh, K., Lee, D., & Chrisler, J. (2017). Anti-effeminacy moderates the relationship between masculinity and internalized heterosexism among gay men. *Journal of LGBT Issues in Counseling, 11*(2), 106–118.

Nardi, P. M. (2000). "Anything for a sis, Mary": An introduction to gay masculinities. In P. Nardi (Ed.), *Gay masculinities* (pp. 1–11). London: Sage.

O'Brien, K. S., Caputi, P., Minto, R., Peoples, G., Hooper, C., Kell, S., & Sawley, E. (2009). Upward and downward physical appearance comparisons: Development of scales and examination of predictive qualities. *Body Image, 6*, 201–206.

Parrott, D. J. (2009). Aggression toward gay men as gender role enforcement: Effects of male role norms, sexual prejudice, and masculine gender role stress. *Journal of Personality, 77*, 4.

Parrott, D. J., & Zeichner, A. (2006). Effect of psychopathy on physical aggression toward gay and heterosexual men. *Journal of Interpersonal Violence, 21*(3), 390–410.

Pascoe, C. J. (2007). *'Dude, you're a fag': Masculinity and sexuality in high school.* Berkeley: University of California Press.

Persons, E., Kershaw, T., Sikkema, K. J., & Hansen, N. B. (2010). The impact of shame on health-related quality of life among HIV-positive adults with a history of childhood sexual abuse. *AIDS Patient Care and STDs, 24*(9), 571–580.

Riggs, D. W. (2013). Anti-Asian sentiment amongst a sample of White Australian men on Gaydar. *Sex Roles, 68*(11–12), 768–778.

Rios, K. (2013). Right-wing authoritarianism predicts prejudice against "homosexuals" but not "gay men and lesbians". *Journal of Experimental Social Psychology, 49*(6), 1177–1183.

Sánchez, F. J., & Vilain, E. (2012). 'Straight-acting gays': The relationship between masculine consciousness, anti-effeminacy and negative gay identity. *Archives of Sexual Behavior, 41*(1), 111–119.

Serrano, J. (2007). *Whipping girl: A transexual woman on sexism and the scapegoating of femininity.* Emeryville, CA: Basic Books.

Smit, P. J., Brady, M., Carter, M., Fernandes, R., Lamore, L., Meulbroek, M., … Thompson, M. (2012). HIV-related stigma within communities of gay men: A literature review. *AIDS Care, 24*(4), 405–412.

Smith, K. T. (1971). Homophobia: A tentative personality profile. *Psychological Reports, 29*(Suppl. 3), 1091–1094.

Stephan, W. G., & Stephan, C. W. (2000). An integrated threat theory of prejudice. In S. Oskamp (Ed.), *Reducing prejudice and discrimination* (pp. 23–46). Mahwah: Erlbaum.

Talley, A. E., & Bettencourt, B. A. (2008). Evaluations and aggression directed at a gay male target: The role of threat and antigay prejudice. *Journal of Applied Social Psychology, 38*, 647–683.

Teunis, N. (2007). Sexual objectification and the construction of whiteness in the gay male community. *Culture, Health & Sexuality, 9*(3), 263–275.

Weinberg, G. (1972). *Society and the healthy homosexual.* New York: St. Martin's.

Whitley, B. E., Jr., & Lee, S. E. (2000). The relationship of authoritarianism and related constructs to attitudes toward homosexuality. *Journal of Applied Social Psychology, 30*(1), 144–170.

Managing Multiple Identities

Abstract The aim of this chapter is to examine how multiple identity elements in the self-concept are managed. As a case study, this chapter focuses on the relations between religion, ethnicity and sexuality—facets of identity that are often inter-connected—among gay Muslims. The chapter provides an overview of dominant social representations of homosexuality in Islam, how gay identity is understood, the challenges of constructing a gay identity, and how a sense of belonging is maintained in relevant social groups. The observations made in this chapter may be transferable to other identity configurations.

Keywords Multiple identities · Religion · Sexuality · Psychological coherence · Islam

Our identities are multifaceted. Throughout the life course, we will join and leave many different social groups. Some group memberships are transient, while others are viewed as primordial and fixed. Some facets of our identities can become 'inter-connected' over time often because other people highlight the links between them. For instance, religious authorities often problematise homosexuality and, thus, they render religion and homosexuality inter-connected in people's minds. Consequently, we begin to think about how the two identity elements fit together, that is, their compatibility and coherence. In this chapter,

the intersections between religion, ethnicity and sexuality are discussed among British Asian Muslim gay men, as a case study for elucidating the mechanisms of managing multiple identities.

SOCIAL REPRESENTATIONS GROUNDED IN ISLAMIC THEOLOGY

It is useful to consider dominant social representations of homosexuality in Islamic theology. Like most religious traditions, Islamic ideology appends hegemonic status to heterosexuality and it is widely interpreted as opposing homosexuality. This stance is ingrained in the major ideological channels of communication, such as Islamic holy scripture (the *Koran*), Islamic law (*Shariah*) and the verbal teachings of the Prophet Mohammed (*Ahadith*), all of which appear to outlaw homosexuality (Bouhdiba, 1998). Theological opposition to homosexuality is based on what is regarded by most Islamic scholars as the Koran's explicit prohibition of same-sex relations. The story of Lot in the Koran has been widely cited as evidence of God's condemnation of homosexuality. The Koran makes seven explicit references to the people of Lot, whose destruction by God is often attributed to their engagement in homosexual practices.

In Islam, the Koran legislates all aspects of social life but interpretations of the text have varied in accordance with time and place, and some interpretations have been favoured over others in particular denominations of Islam. Yet, in their reading of the story of Lot, many Islamic scholars advocate the social representation that homosexuality is an aberration and violation of nature, as well as a revolt against God.

Although there has been some discussion of the authenticity and accuracy of the *Ahadith* (records of the sayings and traditions attributed to the Prophet Mohammed), they are frequently invoked by Islamic scholars in order to substantiate the negative social representations of homosexuality in Islamic theology. The *Ahadith* represent homosexual acts as both immoral and illegal, and homosexuals as deserving of capital punishment. They construct both the active and passive individuals as equally culpable, although in societal thinking the passive role appears to be more stigmatised (Maatouk & Jaspal, 2020).

Most Islamic countries prohibit homosexuality and, in some of them, it is punishable by death. The Islamic Republic of Iran, which is governed by shariah law, has a particularly harsh legal stance on homosexuality (see Jaspal, 2014b). Iranian law dictates that two unrelated men lying

under the same bed cover will be punished with 60 lashes; that homosexual relations without anal penetration carry a penalty of 100 lashes; and that anal intercourse will be punished with death by hanging. According to shariah law, individuals can be convicted of homosexuality only if they confess four times or if four 'righteous' Muslim men can testify that they have witnessed a homosexual act taking place. In Islamic societies, judicial and extra-judicial measures taken against homosexuality collectively promote the social representation that homosexuality is immoral, illegal and, thus, punishable.

There is an emerging 'reverse discourse' concerning the Islamic position on homosexuality, with some scholars arguing that there is indeed scope for its theological accommodation. For instance, Wafer (1997) indicates that the mildness of the Koranic passages alluding to homosexuality vis-à-vis other religious infractions perhaps indicates that 'the Prophet took a lenient attitude towards sex between males' (p. 89). Some have contested the dominant interpretation of the Story of Lot, and argued that its destruction reflected God's condemnation of the people's promiscuity, violence, inhospitality, etc., rather than homosexuality per se (Jamal, 2001). Some gay Muslims seek theological accommodation of their sexuality, based on a 'new shariah' that emphasises the principles of freedom and justice that are central to Islam. However, it is noteworthy that such theological accommodation is still in its infancy and that these emerging social representations have met with significant resistance from mainstream Islam.

Although not all gay Muslims will be aware of the theological underpinnings of the Islamic stance on homosexuality, it is evident that they at least contribute to social representations of homosexuality within this group. Both religious leaders and gay Muslims themselves invoke specific theological considerations as they attempt to substantiate their respective claims about homosexuality. Given the significance of religious identity in the lives of many gay men of religious faith, it is important to note that social representations grounded in theology are likely to inform their perception of their sexuality and, crucially, its relationship with their religion.

STIGMA AND IDENTITY CONSTRUCTION

Research into the interface of religion and sexuality among British Pakistani Muslim gay men highlights the complex social and psychological struggles that characterise their experiences and identities (e.g. Jaspal

& Cinnirella, 2010). In order to explore how they construct and manage their sexual and religious identities, tenets of social representations theory and identity process theory are especially useful. Together, the two theories enable the analyst to understand the social norms, values and images that contribute to understandings of homosexuality in particular social contexts, and the social psychological processes that underpin how gay Muslims themselves construct and negotiate their religious and sexual identities.

The concepts of anchoring and objectification from social representations theory are especially valuable. It has, for instance, been found that, because gay Muslims evaluate their sexual orientation negatively, they may attempt to make sense of it by *anchoring* homosexuality to 'liberal Western culture'. This can enable the individual to construct a causal theory about the origins of his sexual orientation. In the process, he is able to retain a positive perception of his heritage culture and, crucially, his religion. Furthermore, in attempting to categorise their sexual orientation, individuals may refer to it metaphorically in terms of sin or immorality, which ensues from dominant social representations in Islam. This form of *objectification* also perpetuates this negative construal of homosexuality in the minds of gay Muslims themselves.

Breakwell (2014) has outlined the processes that underpin the individual's relationship with a social representation. The individual takes a stance on a given social representation, that is, he differs in the extent to which he is aware of, understands, accepts and assimilates to his thinking a social representation. For instance, although a gay Muslim may be aware of Islamic theological representations that outlaw homosexuality, he may not fully understand them. This lack of understanding could lead to confusion and the uncritical acceptance of, and inability to challenge, negative social representations.

A consistent finding in research (using identity process theory) is that gay Muslims may face identity threat due to: (1) the perceived incompatibilities between their religious and sexual identities (threatening *psychological coherence*), (2) the inability to construct a coherent narrative connecting past, present and future in relation to being gay (threatening *continuity*) and (3) the negative value and affect habitually appended to their gay identity, which nonetheless is recognised as an important component of the self-concept (threatening *self-esteem*).

When religious identity is construed as 'core', as it often is for Muslims, self-identification as gay can place gay Muslims in a threatening

position due partly to the perception that homosexuality is rejected by other Muslims. This can threaten identity, leading to a wide range of coping strategies, some of which are maladaptive (Jaspal & Cinnirella, 2010). Evidently, social representations play a key role—if individuals are *aware* of social representations that stigmatise their sexual orientation, such as those summarised earlier in this chapter, these representations have the power to threaten identity. This is particularly acute if individuals themselves *accept* these social representations (i.e. if they believe them to be true), as is the case for some gay Muslims who value their religious identity and, thus, uncritically accept the social representations associated with it.

In the remainder of this chapter, three major themes that have emerged from qualitative interview research into identity construction among gay Muslims (e.g. Jaspal & Cinnirella, 2010, 2012) is discussed. These include how gay Muslims make sense of their sexual orientation, the threats to psychological coherence that can arise when thinking about their religion and sexual orientation, and the ways in which they seek to maintain a sense of belonging in social groups in which the legitimacy of their membership is challenged—most notably, the religious ingroup.

Making Sense of Sexual Orientation

In reflecting upon their initial construal of their sexual orientation, some gay men report very early awareness (i.e. 'I have always known') while others are able to identify a particular temporal point at which they acquired awareness (e.g. 'I realised I was gay when I was 20'). As outlined in Chapter 3 of this volume, gaining 'awareness' of one's sexual orientation is by no means a straightforward matter. Although the individual may become aware of his same-sex attractions, these attractions may initially be dismissed as a 'phase', reconceptualised as non-sexual, or suppressed. This can mean that the individual simply does not regard his sexual orientation as an element of identity but rather as a behavioural trait, for instance. This essentially protects the individual's sense of continuity as, by denying the reality of his sexual orientation, he is able to maintain his previous 'desired self'.

Gay Muslims may struggle to make sense of their sexual orientation and the feelings, emotions and desires associated with it. Individuals attempt to define and append meaning to their sexual orientation, which

in turn will shape the way in which they decide to 'categorise' their sexual orientation. As noted earlier in this volume, the category 'gay' is a Western construct, which some ethno-religious minority individuals with same-sex desires may therefore reject as an inaccurate descriptor of their sexual identity (e.g. Maatouk & Jaspal, 2020). In Western understandings, being gay is often constructed as a group-level category, which implies a sense of commonality and solidarity between members of this category. According to this perspective, the individual perceives a sense of affiliation to the group and shares some key norms, values and practices with other members of that group.

Some gay Muslims conversely construe homosexuality in terms of an individual characteristic, rather than as a social group membership. In other words, they describe sexual orientation as an entirely personal characteristic and eschew any sense of social identification with other gay men. Some even stigmatise and denigrate other gay men—gay Muslim interviewees in previous research have made reference to the 'promiscuous lifestyles' and 'blatant exhibitionism' of gay men. In short, they may feel that it is unnecessary and even problematic to express one's sexual identity publicly and that it should remain concealed. In some cases, this reflects individuals' internalised homophobia in that they uncritically accept the stigma appended to homosexuality. This decreases the likelihood of developing friendships with other gay men (cf. Kocet, 2014) and may deprive gay Muslims of social support networks that normally facilitate effective coping.

As individuals begin to contemplate the meanings of their sexual orientation and the implications for identity, they make attributions in order to ascertain the causality of their sexual orientation. In short, they may wonder *why* they are gay and, in many cases, *how* they can change this. Given that gay Muslims generally append importance to their religious identity, they may come to view their sexual orientation through the lens of their religious identity and draw upon theological explanations for it, such as those outlined earlier in this chapter.

Some gay Muslims attribute their sexual orientation to God and, given the perception that God is perfect, this attributional tendency can enable them to deduce that God's creation (namely homosexuality) cannot possibly be imperfect or wrong. This amounts to a form of anchoring—a link is established between homosexuality and divinity. Moreover, homosexuality is metaphorically represented as God's *creation*, which is an example of objectification. In view of the centrality

of Muslim identity, this strategy can enable gay Muslims to evaluate homosexuality positively. For instance, some distance the notion of sex from their homosexual relationships and instead emphasise the importance of companionship, security and intimacy in these relationships. In interviews, gay Muslims have lamented the focus on sexual behaviour in people's perceptions and noted that it was promiscuity, not homosexuality, which invites disapproval from God. Incidentally, this echoes alternative interpretations of the Story of Lot offered as part of the aforementioned 'reverse discourse' against the mainstream Islamic stance on homosexuality. Unsurprisingly, this positive evaluation of homosexuality can facilitate the assimilation and accommodation of one's sexual orientation.

Conversely, some gay Muslims attribute their sexual orientation to malevolent forces, such as Satan, and deduce from this the social representation that homosexuality is imperfect and perhaps even evil. In previous research (Jaspal & Cinnirella, 2010), gay Muslims have expressed the social representation that homosexuality is a Satanic corruption, which they, as Muslims, must attempt to resist. In short, homosexuality is anchored to images of evil and sin. When perceived as a 'Satanic corruption', the reality of one's homosexuality is likely to threaten the self-esteem principle of identity. This attributional style can therefore preclude the assimilation and accommodation of homosexuality in the self-concept.

People wish to distance from their self-concept those identity elements that challenge the integrity of identity. As a means of coping with the possible threat to identity, some gay Muslims hope to 'take the right path soon', that is, they resist what they construe to be Satanic temptations and wish to 'become heterosexual'. The principal aim is to align their sexual orientation with the perceived norms, values and expectations associated with their religious identity. Yet, by anchoring homosexuality to sin and evil, gay Muslims may face an additional threat to psychological coherence. Indeed, some wonder about the feasibility of self-identification as Muslim and engagement in behaviour that they deem to be evil and sinful (namely, homosexuality).

In making sense of their sexual orientation, gay men consider the extent to which they wish to disclose it to other people. In Western societies, there is a strong social norm of coming out as gay. When celebrities come out as gay, this is presented as a positive personal and societal act. There is also much social sciences research that highlights the social

and psychological benefits of coming out (LaSala, 2001). However, this is not necessarily the case for gay men in Muslim societies, where coming out as gay can bring about a series of social and psychological challenges. Gay Muslims may be fearful of 'bringing shame on the family' by disclosing their sexual identity, and the negative social consequences that this could entail.

Given that homosexuality is widely perceived as being incompatible with Islamic norms and values, gay Muslims have expressed the fear that their coming out could be construed as an act of apostasy, that is, the conscious abandonment and renunciation of Islam. Collectively, these factors may render the prospect of coming out challenging or even impossible. The more feasible alternative may be for some gay Muslims to develop ways of constructing and manifesting their sexual identities in ways that do not threaten their physical and psychological wellbeing (see Jaspal, 2014b). Yet, the psychological perception of identity compatibility remains.

Threats to Psychological Coherence

The psychological coherence principle of identity motivates the individual to seek a sense of compatibility in relation to identity elements that, for whatever reason, become relevant to one another. As indicated above, gay Muslims may regard their sexual orientation through the lens of religious identity and make religious attributions in order to make sense of it. This renders the two identity elements inter-connected and gives rise to the need to take a stance on their compatibility. It is clear that some gay Muslims struggle to derive a sense of coherence between these identity elements (Jaspal & Cinnirella, 2010). They may feel that homosexuality is 'wrong' or 'sinful' from the perspective of their Muslim identity, and that homosexuality prevents them from being 'good Muslims'. In the process of attempting to establish coherence between their religious and sexual identities, gay Muslims may come to question the authenticity of their Muslim identity.

Despite varying levels of awareness of specific passages in the Koran concerning the Islamic stance of homosexuality, gay Muslims may continue to believe that homosexuality is incompatible with their Muslim identity. There is often a perception that it is wrong and sinful and, as indicated by some interviewees in previous studies (Jaspal & Cinnirella,

2010), that they will face divine retribution for this. Although individuals may not necessarily possess first-hand knowledge of holy scripture, they draw upon negative social representations of homosexuality that are grounded in Islamic theology. Some describe the Prophet Mohammed's alleged disgust towards homosexuality, which echoes the Ahadith, as well as God's intolerance of homosexuality, which resonates with the Story of Lot from the Koran. They draw an important identity element—their religion—in order to substantiate their views about homosexuality. Gay Muslims generally value their religious identity, which may lead them to accept uncritically and to internalise the social representations perceived to be associated with this identity. Internalised homophobia, coupled with consciousness of one's own homosexual behaviour, can induce threats to identity, including the perception of incompatibility between religious and sexual identities.

Interviewees in previous studies (e.g. Jaspal, 2012) have described the threat to psychological coherence metaphorically with statements such as 'my worlds were clashing' and 'I was fighting with myself". These statements suggest a degree of internal conflict. However, as gay Muslims struggle to reconcile their sexual orientation and their faith, they may attenuate the significance of, or deny altogether, the identity aspect of lesser importance. In many cases, their sexual orientation is relegated to an inferior position in the identity structure. Accordingly, they may view themselves as heterosexuals while acknowledging their engagement in homosexual behaviour (Maatouk & Jaspal, 2020). The perception of homosexuality in terms of behaviour, rather than a characteristic of identity, essentially obviates the need to acknowledge the threat to psychological coherence. After all, it is easier to compartmentalise (that is, to separate out in one's mind) behaviours and identities. Moreover, behaviours can seem more mutable than identities.

In explicating their engagement in homosexual behaviours, some gay Muslims engage in the psychological process of external attribution, that is, they identify an external source (external to the self) to which their homosexuality can be attributed (see Kelley, 1967). Indeed, as noted above, some gay Muslims do attribute their sexual orientation externally—to either God or Satan. Additionally, previous studies have described a tendency for some Muslim gay men who live in the UK to attribute their sexual orientation to 'Western culture' (Jaspal & Cinnirella, 2010). According to this attributional style, gay Muslims are

able to distance their sexual orientation from identity and instead argue that, due to Western cultural influences (and particularly the 'normalisation' of homosexuality in the West), they have 'fallen' into homosexual behaviour. Some believe that, if they had grown up in Islamic societies, they would not have engaged in homosexual behaviours. Similarly, in another study (Jaspal, 2014b), the Iranian Muslim gay interviewees attributed their homosexual behaviour to their migration to Britain where it was reportedly easier to meet other men for sex. This attributional style enables individuals to continue to objectify their sexual orientation as a 'sinful behaviour' and to distance that behaviour from identity, thereby protecting identity from threat. This may be especially beneficial for the psychological coherence principle of identity.

However, those gay Muslims who, for whatever reason, cannot deny their sexual orientation and who acknowledge the difficulties in 'resisting' it, may come to question the authenticity of their Islamic identity. In view of the perception that Islam and homosexuality are fundamentally incompatible, individuals may question whether they are 'true' Muslims due to their sexual orientation. Given the importance of, and long-standing identification with, religion, this can compromise the continuity principle of identity. Doubts surrounding the authenticity of their Muslim identity can essentially represent a rupture between past, present and future—the future as a non-Muslim is perceived to be bleak. Loss of religious identity may amount to a perceived loss of community, which can plausibly affect other dimensions of life, such as family identity. Some gay Muslims express the hope that they will eventually be forgiven for what they perceive to be sinful and immoral behaviour, while others express their desire to 'become straight'.

Gay Muslims employ various strategies for aligning their sexual orientation and religious identity in a way that might enhance psychological coherence. These include self-distancing from the gay community, contemplating an arranged heterosexual marriage, and seeking religious guidance to 'convert' to heterosexuality. Yet, the recognition that it is impossible to change their sexual orientation in real terms may lead some individuals to perceive decreased self-efficacy, that is, some may feel helpless and resign themselves to the psychologically undesirable reality of their homosexual orientation. In short, the strategies deployed to enhance psychological coherence may be ineffective in the long term and induce additional threats to other principles of identity.

Maintaining a Sense of Belonging

Because religion constitutes such an important identity, gay Muslims may fear ostracism from this group membership. Moreover, in a context of elevated Islamophobia in the West, many Muslims in Western societies report feeling isolated and excluded (Allen, 2010). Recent research suggests that ethnic and religious minority groups, more generally, face racism and other forms of exclusion on the gay scene, which can inhibit access to social support in this context (Jaspal, 2017). There are, therefore, multiple factors that inhibit a sense of belonging.

In the face of exclusion, ethnic and religious minority individuals may become more immersed in their ethno-religious ingroup as this group membership can come to constitute a strong and reliable source of belonging, that is, individuals derive a sense of acceptance and inclusion from it. This can make some gay Muslims even more reliant on their religious ingroup and exclusion from this group may be construed as particularly threatening for identity. In previous research (Jaspal, 2012), one interviewee described his fear of being 'kicked out of the community' and of 'being alone in the world' if others discovered his sexual orientation, while another noted that he was 'not networked or well connected' outside of his religious and family networks.

Gay Muslims employ a series of strategies for attempting to maintain a sense of connection with their religious identity in the face of threats to belonging. Psychologists have described the strategy of 'compartmentalisation', which refers to the psychological process of keeping elements of identity separate in the mind as a means of coping with perceived incompatibilities between them (Breakwell, 1986). Indeed, use of this strategy is also observable in work on sexual and religious identification among gay Muslims (e.g. Jaspal, 2014a). However, compartmentalisation may not be as sustainable as a long-term strategy in this group. Although some individuals do report initially compartmentalising their sexual and religious identities in order to reduce the 'inter-connectedness' of these potentially incompatible identities, upon close scrutiny there are some contexts in which compartmentalisation ceases to be an option.

In a previous interview study (Jaspal, 2012), a gay Muslim participant described his experience of sitting in a mosque during Friday prayers and suddenly thinking about his sexual orientation and the implications that this had for his Muslim identity. This sudden 'realisation' after a long period of compartmentalisation was powerful and

inescapable—compartmentalisation had ceased to constitute a viable strategy. The interviewee described the onset of his feelings of insecurity and inauthenticity (in relation to his Muslim identity). Furthermore, in view of the religious expectation for a heterosexual marriage in Muslim societies, some Muslim gay men may be pressured into considering marital offers (Jaspal, 2014a). This can severely undermine the compartmentalisation strategy as social cues of this nature essentially force the individual to take a stance on the compatibility of his religious and sexual identities.

Individuals may engage in the strategy of hyper-affiliation to the religious ingroup. Hyper-affiliation can be defined as 'accentuated social and psychological identification with a social group in response to threatened group membership' (Jaspal & Cinnirella, 2014, p. 266). For example, religious events such as Ramadan can render salient the perceived 'sinfulness' of homosexuality and thereby undermine the integrity of their Muslim identity. However, such religious occasions may also provide opportunities for 'proving' the authenticity of one's Muslim identity. Individuals may deploy intrapsychic strategies for authenticating their religious identity. One possible strategy is the diligent observance of fasting due to the belief that this compensates for engagement in 'sinful' behavior associated with gay sexuality. Another possible strategy is sexual abstinence during Ramadan. Some gay Muslims may regard these practices as a key aspect of Islam. Hyper-affiliation can transiently make gay Muslims feel more connected to their religious community, although the threat to belonging may resurface and continue to challenge identity processes.

There are socially oriented methods of safeguarding religious authenticity and belonging. In seeking to demonstrate the authenticity of one's religious identity in public settings, individuals may accept social representations, which they perceive to be central to their Muslim identity. A key example of this is the manifestation of homophobia, despite the individual's own engagement in homosexual behaviour. In some cases, this may stem from internalised homophobia. However, it may also constitute a means of 'convincing' other people within one's social ingroup of one's own identity authenticity. This means of authenticating one's Muslim-ness may be problematic because the perceived ingroup position on any given issue (i.e. homosexuality) may not necessarily be consistent with the individual's own individual identity (i.e. as a gay man). In other words, one may publicly express the social representation that homosexuality is a sin but not actually believe it oneself. This can induce a discrepancy between one's own construal and the perceived social construal of Muslim identity, challenging psychological coherence while safeguarding a sense of belonging.

Overview

In this chapter, it has been shown that the construction, assimilation and accommodation of gay identity can induce the need to consider its inter-connectedness and coherence with other identity elements. The case study of gay Muslims is presented in order to illustrate the social and psychological challenges that this can entail.

There is a strong and coercive negative social representation of homosexuality in Muslim societies. Some gay Muslims may themselves uncritically accept this social representation due to the primacy of religious identity and internalised homophobia. Given their awareness and acceptance of the negative social representation of homosexuality, Muslim gay men may also experience threats to identity as they struggle to reconcile their internalised homophobia with the reality that they cannot change their sexual orientation. In response to threat, Muslim gay men use a variety of coping strategies, some of which are ineffective in the long term. Some of the strategies deployed by gay Muslims can lead to secondary threats to identity, which is aversive for psychological wellbeing.

The observations made in this chapter may be transferable to populations and to other identity configurations, including social class, ethnicity, occupation and so on. Social representations are central to understanding how identity elements are managed. Put simply, when social representations position identity elements are being inter-connected, they become inter-connected in the minds of individuals. When social representations position gay identity and other identity elements as being incompatible, gay men must themselves take a stance on their compatibility. If they fail to derive psychological coherence, identity is threatened and the success of coping is variable.

References

Allen, C. (2010). *Islamophobia*. Farnham: Ashgate.

Bouhdiba, A. (1998). *Sexuality in Islam,* (A. Sheridan, Trans.). London: Saqi.

Breakwell, G. M. (1986). *Coping with threatened identities.* London: Methuen.

Breakwell, G. M. (2014). Identity and social representations. In R. Jaspal & G. M. Breakwell (Eds.), *Identity process theory: Identity, social action and social change* (pp. 118–134). Cambridge: Cambridge University Press.

Jamal, A. (2001). The story of Lot and the Qur'an's perception of the mortality of same-sex sexuality. *Journal of Homosexuality, 41*(1), 1–88.

Jaspal, R. (2012). "I never faced up to being gay": Sexual, religious and ethnic identities among British South Asian gay men. *Culture, Health and Sexuality: An International Journal for Research, Intervention and Care, 14*(7), 767–780.

Jaspal, R. (2014a). Arranged marriage, identity and psychological wellbeing among British Asian gay men. *Journal of GLBT Family Studies, 10*(5), 425–448.

Jaspal, R. (2014b). Sexuality, migration and identity among gay Iranian migrants to the UK. In Y. Taylor & R. Snowdon (Eds.), *Queering religion, religious queers* (pp. 44–60). London: Routledge.

Jaspal, R. (2017). Coping with ethnic prejudice on the gay scene: British South Asian gay men. *Journal of LGBT Youth, 14*(2), 172–190.

Jaspal, R., & Cinnirella, M. (2010). Media representations of British Muslims and hybridised threats to identity. *Contemporary Islam: Dynamics of Muslim Life, 4*(3), 289–310.

Jaspal, R., & Cinnirella, M. (2012). Identity processes, threat and interpersonal relations: Accounts from British Muslim gay men. *Journal of Homosexuality, 59*(2), 215–240.

Jaspal, R., & Cinnirella, M. (2014). Hyper-affiliation to the religious ingroup among British Pakistani Muslim gay men. *Journal of Community and Applied Social Psychology, 24*(4), 265–277.

Kelley, H. H. (1967). Attribution theory in social psychology. In D. Levine (Ed.), *Nebraska symposium on motivation, 15*, 129–238. Lincoln: University of Nebraska Press.

Kocet, M. M. (2014). The role of friendships in the lives of gay men, adolescents and boys. In M. M. Kocet (Ed.), *Counselling gay men, adolescents and boys: A strengths-based guide for helping professionals and educators* (pp. 24–34). London: Routledge.

LaSala, M. C. (2001). Monogamous or not: Understanding and counseling gay male couples. *Families in Society, 82*(6), 605–611.

Maatouk, I., & Jaspal, R. (2020). Religion, male bisexuality and sexual health in Lebanon. In A. K. T. Yip & A. Toft (Eds.), *Bisexuality, spirituality & identity: Critical perspectives*. London: Routledge.

Wafer, J. (1997). Muhammed and male homosexuality. In S. O. Murray & W. Roscoe (Eds.), *Islamic homosexualities: Culture, history and literature* (pp. 88–90). New York: New York University Press.

Gay Men's Health & Wellbeing

Stigmatised Sexual Behaviours

Abstract This chapter focuses on stigmatised sexual behaviours in gay men. First, the psychiatric model of paraphilia is discussed and the stigma embedded within this category is acknowledged. Second, the chapter presents an overview of sexual compulsivity given the diversity and frequency of sexual behaviour observed in gay men. Third, emerging types of stigmatised sexual behaviour are outlined and discussed with a focus on their social and psychological underpinnings. There is a focus on under-explored sexual behaviours, such as 'pup-play', 'cum play', 'chemsex' and bugchasing. In the final section of the chapter, it is argued that personality, identity and culture, rather than psychopathology, are important explanatory factors in the adoption and maintenance of stigmatised sexual behaviours in gay men.

Keywords Paraphilia · Sexual compulsivity · Chemsex · Pup-play · Cum play

WHAT IS A PARAPHILIA?

There is a higher diversity and frequency of sexual behaviour in gay men than in other populations (e.g. Wall, Stephenson, & Sullivan, 2013). Since the gay rights movement, some gay men have sought to affirm their distinctive social and sexual norms and to repudiate those perceived to be associated with heterosexual people. This rejection

of 'heterosexism' has been met with significant stigma not only from heterosexuals but also from many within the gay community. In the spirit of sexual liberation and distinctiveness, some gay men have accordingly adopted various 'kink' behaviours, which can be understood in terms of a collection of practices that include, but are not limited to, bondage, discipline and sadomasochism (BDSM), leather fetish, 'watersports', 'pup-play', group sex, fisting and others.

To the outside observer, engagement in some of these behaviours may seem bizarre, unacceptable or even immoral but, to those who practice them, they are markers of a distinctive identity. This chapter focuses on the psychology surrounding some of these practices—with a focus on those that have received less attention in previous research and commentary—in order to promote an understanding of the reasons for engaging in them and the social psychological functions that they may serve for gay men.

In mainstream psychiatry, many kink behaviours have been categorised as paraphilias, which are defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM) as

> recurrent, intense sexually arousing fantasies, sexual urges, or behaviors generally involving 1) nonhuman objects, 2) the suffering or humiliation of oneself or one's partner, or 3) children or other nonconsenting persons that occur over a period of at least 6 months. (American Psychiatric Association, 2013, pp. 522–523)

The DSM defines sexual behaviours as 'anomalous' and, thus, paraphilic when they reflect an 'intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners' [1, p. 685]. In the DSM, eight specific examples of paraphilia are provided, namely fetishism, sadism, masochism, transvestism, voyeurism, exhibitionism, frotteurism and pedophilia. This has resulted in the pathologisation and, thus, stigmatisation of these sexual behaviours and of those who engage in them.

There is no consensual agreement concerning the specific sexual behaviours that ought to be considered paraphilic. Moreover, the definition of paraphilia has changed over the decades since the first edition of the DSM in 1952 and the specific sexual behaviours included within it have changed. Homosexuality itself was originally included in the DSM but was removed only in 1973. Its removal paved the way for the recognition of homosexuality as a non-pathological sexual orientation. This demonstrates the

social constructedness of the DSM—what is 'normal' is contingent upon dominant social representations in any given social or temporal context.

In view of these criticisms, there have been calls for greater discussion of, and more precision in, the conceptualisation of paraphilia. Joyal (2015, p. 329) suggests that '[i]f a sexual interest induces psychological suffering, distress, or significant impairment, it is a disorder, whatever the nature of the interest', which constitutes an attempt to de-stigmatise sexual behaviours that may be socially represented as non-normative. Yet, it is important to note that some sexual interests do cause psychological suffering, distress and impairment because of dominant social representations that stigmatise them in certain contexts.

The case studies presented in Chapter 1 highlight the importance of social representations in determining stigma. Sandeep (Case Study 2) may plausibly experience psychological distress as a result of engaging in anal sex because he has internalised the homophobia that he encounters from multiple sources in his cultural context. Similarly, a gay man who is struggling to accept his HIV diagnosis and who harbours feelings of self-blame may be distressed by the prospect of having sex with an HIV-negative partner due to his internalised stigma and fear of onward transmission. Neither oral nor anal sex is a paraphilic sexual behaviour. Yet, there is a recognition that the psychiatric model of kink behaviour, which constructs them as paraphilias, is problematic. In this chapter, engagement in stigmatised sexual behaviours is viewed through the lenses of personality and identity, rather than paraphilia.

Practitioners of kink behaviours are subject to social stigma. When viewed through the lens of identity process theory, which was outlined in Chapter 3, it is easy to see how exposure to stigma in relation to an aspect of one's identity can undermine the construction of a positive identity and disrupt psychological wellbeing. Despite the negative implications for identity and wellbeing, the individual may continue to engage in these behaviours. In the remainder of this chapter, specific (stigmatised) sexual behaviours, which may or may not be considered to be paraphilic, and their potential social psychological underpinnings are discussed.

Compulsive Sexual Behaviour

As indicated in Chapter 4, there is a stigmatising social representation that gay men invariably have multiple sexual partners and that gay relationships lack 'stability'. In view of the social desirability of 'stable'

monogamous relationships, the social representation of sexual compulsivity in gay men may be reproduced in order to substantiate negative attitudes towards homosexuality. Indeed, this was one of the stigmatising representations to emerge in the wake of the AIDS crisis—some people claimed that AIDS was a form of divine punishment for gay men's 'unhealthy' and 'immoral' sexual practices.

Even among gay men themselves, there is evidence of 'slut shaming' which refers to the denigration of gay men who have, or are perceived to have, multiple sexual partners or condomless sex. This may reflect a form of downward comparison, whereby individuals foreground stigmatising characteristics of others and compare themselves with others on the basis of these characteristics in order to present themselves as superior and, thus, to derive feelings of self-esteem. Yet, the consequence of slut shaming for those at whom it is directed is often guilt or shame in relation to their sexual behaviour, especially if they already have feelings of internalised homophobia. Moreover, they may conceal their sexual behaviour from others to avoid stigma, thereby precluding help-seeking.

On the other hand, there is evidence that some gay men do indeed experience sexual compulsivity, which refers the frequent occurrence of sexual fantasies, urges and behaviours which are difficult to control and which can disrupt one's daily functioning. This can adversely impact sexual health and public health due to the elevated risk of exposure to HIV and other sexually transmitted infections (STIs) among gay men with a high number of sexual partners. Moreover, sexual compulsivity is defined as such because it is aversive for psychological wellbeing—it is construed by the individual himself as disruptive to his life and wellbeing. Being in a state of elevated sexual arousal can impair one's ability to take rational decisions regarding risk and behaviour, which could in turn increase the risk of engaging in unsafe sexual practices (Bancroft et al., 2003).

Research suggests that gay men with sexual compulsivity are likely to have more sexual partners, to have more instances of unprotected anal sex (including with HIV serodiscordant partners), to engage in chemsex (Grov, Parsons, & Bimbi, 2010) and, in the case of those living with HIV, to fail to disclose their HIV status to sexual partners (Rosser et al., 2008). There is evidence that sexual compulsivity is more prevalent among gay than among heterosexual men and more prevalent in gay men living with HIV than among those who are HIV-negative (Coleman et al., 2010).

Sexual compulsivity is positively associated with sensation-seeking but negatively associated with self-esteem (Chaney & Burns-Wortham, 2015).

Other correlates include a history of childhood sexual abuse, depression and substance use (Parsons, Grov, & Golub, 2012). There is emerging evidence that proximal minority stressors (e.g. internalised homophobia) and emotion dysregulation (that is, difficulties in experiencing, processing and expressing emotions) predict sexual compulsivity in gay men (Pachankis et al., 2015). Both internalised homophobia and emotion dysregulation are potential outcomes of socialisation within a rejecting environment in which gay men may have felt obliged to conceal their identities and the emotions associated with them. It is easy to see how an individual rejected on the basis of his sexual orientation might be especially susceptible to emotional dysregulation. Furthermore, rejection can challenge the individual's sense of belonging and connectedness, which in turn may induce feelings of loneliness. It has been found that sexually compulsive behaviours are more likely to occur during bouts of depression, because sex can increase the sense of interpersonal contact, boost feelings of validation from others, and enhance self-esteem (Bancroft & Vukadinovic, 2004).

Sexual compulsivity may ultimately constitute an attempt to buffer the negative psychosocial effects of rejection, proximal minority stressors and emotion dysregulation—it may constitute a coping strategy. Some gay men engage in sexually compulsive behaviour in order to establish feelings of intimacy and connectedness with others, despite the transient nature of their sexual encounters. To this extent, it can come to constitute a short-term strategy for coping with rejection. Furthermore, sex may be utilised as a means of alleviating anxiety, shame, guilt and other negative emotional experiences associated with minority stress, for instance.

As sexual compulsivity is particularly prevalent in those gay men who lack self-esteem, this practice may actually constitute an attempt to seek validation from other gay men—especially as sexual interest from others may be construed as evidence of one's physical attractiveness, charm, or desirability. Furthermore, as indicated in Case Study 1 (Chapter 1), James had begun to engage in sex with multiple partners in chemsex settings because of a perceived social norm in the gay community. Moreover, some gay men may come to perceive sex with multiple partners as essential to fulfilling identity requirements (i.e. for self-esteem, continuity, self-efficacy and so on).

Emerging Sexual Behaviours

There has been research into emerging types of sexual behaviour among gay men, that is, the qualitative nature of sexual behaviour in this population. Some noteworthy examples of emerging sexual behaviours include pup-play, cumplay, chemsex and bugchasing, which are described in this section.

Pup-Play

In recent years, 'pup-play' has emerged as a sexual behaviour among a minority of gay men. Pup-play is defined as a 'form of role-play in which adult humans adopt characteristics that mimic the behaviour of young dogs' (Wignall & McCormack, 2017, p. 801). Those who engage in pup-play tend to adopt either a submissive or dominant position—as the pup or the pup 'owner', respectively. They usually imitate the behaviour of a pup or pup owner and wear a dog collar, harness and other garments. There is very little academic research into pup-play, but the few studies that have emerged suggest that this is an emerging, though stigmatised, kink behaviour.

In one of the first discussions of pup-play, Aggrawal (2011) refers to the practice in terms of a form of zoophilia because of the claim that those who engage in it are aroused by the thought of having sex with dogs. However, in their qualitative interview study of the perceptions and experiences of 30 gay and bisexual men who engage in pup-play, Wignall and McCormack (2017) contend that pup-play is a specific kink behaviour which corresponds to all five characteristics of sadomasochism, namely mutual definition, role play, sexual context, consent and domination and submission (see Weinberg, Williams, & Moser, 1984). Moreover, for their interviewees at least, pup-play did not involve a desire to have sex with dogs at all, but rather it was understood by practitioners as a form of social and sexual interaction with other human beings.

The practice consists of a role-playing activity whereby each participant takes on particular traits and interpersonal behaviours consistent with their adopted role. Furthermore, participants negotiate and select the behaviours in which they wish to engage, which may include barking, fetching, being stroked, etc. Study participants indicated that they had become acquainted with, and developed an interest for, pup-play by

engaging in online forums or events dedicated to kink activities. Indeed, in another study, Wignall (2017) found that many gay men who engage in pup-play express their sexual identities and seek other potential partners in online platforms, such as on Twitter, where they are able to maintain a degree of anonymity. They attributed the emergence of 'Pup Twitter', at least in part, to the stigma perceived by those who engage in pup-play. Due to the relatively number of gay men interested in pup-play and the stigma appended to the practice, there is reportedly a sense of community which provides feelings of connectedness and belonging to those who identify with it (Cheves, 2015).

The majority of Wignall and McCormack's respondents described pup-play in terms of 'headspace', that is, as a form of escapism from daily life, such as work commitments, and some described this as an 'alternative consciousness' in that their thinking became more 'animalistic'. Some of the respondents referred to this sensation as 'pupspace'. As indicated in the case studies presented in Chapter 1, gay men may face significant social and psychological stressors associated with their sexual identity that render a form of escapism desirable or even necessary. For some gay men, pup-play offers temporary respite from the everyday stressors that they experience. This essentially enables them to 'disconnect' which may constitute an effective coping strategy, from the perspective of the participant. For some, the notion of 'pupspace' appears to reflect transient depersonalisation, that is, the temporary sense of disconnection from one's sense of self and the acquisition of new identities, i.e. that of pup or 'owner'.

A key finding from their study is that 'gear', that is, the paraphernalia associated with pup-play, was important to practitioners, which could include a collar, harness, hood, muzzle, rubber tail, etc. Wignall and McCormack's (2017) research findings suggest that pup-play constitutes an important identity for participants—there was a desire among participants to differentiate this identity from zoophilia and the 'furry community' and to imbue it with positive characteristics in order to avoid stigma, and paraphernalia clearly represented symbols of this positive identity. Any identity is perceived and represented through the use of particular 'markers'.

Cum Play

The exchange of semen has erotic and intimate significance for some gay men who view this as the desirable end goal of sex. It may be perceived

as an 'element' of one's sexual partner's being or existence and, thus, exchanging semen can increase feelings of intimacy and connectedness between sexual partners. Flowers, Smith, Sheeran and Beail (1997) found that some of the gay men they interviewed regarded their partner's semen in terms of a 'gift' which made them feel intimately connected. This can lead semen (or 'cum') to become fetishised and to become a focal point of sexual activity among some gay men.

In a novel empirical study of cum play, Prestage, Hurley, and Brown (2013) investigated the prevalence of cum play and the circumstances surrounding the practice in 2306 Australian gay men. Although purporting to examine the motivational underpinnings of cum play, the actual focus of the study appeared to be on the implications for HIV risk. They found that 29.2% and 39.5% of HIV-negative and HIV-positive gay men, respectively, found the exchange of semen to be 'very exciting'. Almost 1 in 20 HIV-negative gay men and 1 in 7 HIV-positive gay men reported having engaged in receptive cum play, that is, receiving semen on/in their anus.

Crucially, cum play does not appear to constitute a deliberate attempt to become infected with HIV, unlike the practice of 'bugchasing' which is discussed later in this chapter. Indeed, 77% of gay men who engaged in cum play reported being 'very confident' or 'fairly confident' of their partner's negative serostatus, suggesting that they did not believe that the activity would result in HIV infection. It is plausible to hypothesise that cum play is more prevalent in HIV-positive gay men than among those who are uninfected, because they no longer need to be concerned about HIV infection, which is perhaps one of the most significant risks associated with the practice. Personality may shed light on this tendency—Prestage and colleagues also found that sensation-seeking was positively associated with engagement in receptive cum play but did not elaborate on the nature of this relationship.

Felching, another form of cum play, entails sucking semen out of another person's anus and/or ingesting it. Felching is practiced in a variety of ways. The insertive sexual partner may ejaculate in his partner's anus and suck out his own semen from his partner's anus, or a third individual may suck out the semen of the insertive partner after he has ejaculated in the receptive partner's anus. In some cases, the semen is 'fed back' to the receptive sexual partner. Like cum play in general, felching may be perceived to increase feelings of connectedness and intimacy between sexual partners, and semen may be eroticised as a 'piece' of one's sexual partner.

There has been very little research into this specific form of cum play. In an empirical study of 1316 randomly selected online profiles of gay and bisexual men, Klein (2012) found that 1 in 6 men explicitly expressed an interest in finding a partner with whom to engage in felching. This demonstrates that the under-researched practice of felching is actually quite prevalent in gay men. The study revealed that gay men who were HIV-positive, sexually 'bottom', or in their late teens/early twenties were more likely to be interested in felching. Like the aforementioned study of cum play, this suggests that HIV-positive gay men may feel less inhibited about sexual risk behaviours given that they are already infected with HIV.

There is evidence that younger gay men tend to feel less inhibited about sexual experimentation and may therefore be more willing to explore their sexuality in novel ways, which, for some, includes felching. In this study, gay men aroused by felching were more likely to be interested in other sexual behaviours considered to be high risk for HIV, such as chemsex, sex with multiple partners, anonymous sex and bugchasing. In a multiple regression, gay men who identified as 'cum freaks' or 'cum dumps' was a significant predictor of seeking felching with sexual partners. The author concludes that felching may in fact reflect a broader proclivity for sensation-seeking, risk-taking and impulsivity in gay men, especially as seeking 'wild' or 'uninhibited' sex was an important correlate of felching.

Chemsex

In recent years, chemsex, the use of psychoactive drugs in sexualised settings, has emerged as a significant public health concern among gay men. Chemsex commonly involves the use of mephedrone, γ-hydroxybutyrate (GHB), γ-butyrolactone (GBL) and crystallised methamphetamine, which are intended to facilitate and enhance sexual encounters—often in group settings—that can last for hours or days and with multiple partners. Physiologically, the drugs have varying effects on the individual— while mephedrone raises one's heart rate and blood pressure resulting in increased sexual arousal, GHB and GBL function as potent psychological disinhibitors.

Chemsex practitioners tend to report better sexual experiences than when sober, given that some of the substances utilised reduce inhibitions and increase sexual pleasure, as exemplified in Case Study 1 (Chapter 1).

Engagement in chemsex can decrease the presence of negative affect associated with stressors such as internalised homophobia and HIV stigma and, thus, protect feelings of self-esteem (Bourne et al., 2014). The positive affect experienced in chemsex sessions can lead to a form of psychological dependence as some people become immersed in this environment, which they find pleasurable and as meeting their sexual and social needs, and, thus, lose the ability to enjoy sex outside of it. Indeed, some research has shown that chemsex practitioners come to find 'sober' sex unsatisfactory, leading to an inability to engage in sex without the use of psychoactive drugs (Bourne et al., 2014).

There is growing research into the prevalence of chemsex among gay men in the UK. The Chemsex Study (Bourne et al., 2014) revealed that a fifth of gay male survey respondents living in Lambeth, Southwark and Lewisham reported having engaged in chemsex in the last 5 years and that a tenth had done so in the last 4 weeks. Self-report survey data from 1484 HIV-negative or undiagnosed gay men recruited from 20 sexual health clinics in the UK demonstrated a 21.8% prevalence of chemsex in the last 3 months (Sewell et al., 2017). An analysis of baseline data from the PROUD study revealed that 44% of the 525 study participants reported having engaged in chemsex in the last 3 months (Dolling et al., 2016).

In a retrospective case notes review study in two London sexual health clinics, Lee et al. (2015) found that 59% of the gay men who used the clinic in the latter half of 2014 reported chemsex. Chemsex practitioners were more likely to be HIV-positive than non-practitioners. Crucially, the prevalence of chemsex appears to be higher in gay men living with HIV. In a study of HIV patients recruited from 30 UK HIV clinics in 2014 (Pufall et al., 2018), it was found that 29% of sexually active gay men had engaged in chemsex and that 10% had engaged in 'slamsex' (injected drug use) in the previous year.

In another retrospective case note review study, Pakianathan et al. (2018) found that 16.5% of all gay men attending two London sexual health clinics during a 12-month period reported engaging in chemsex in the past and that those reporting chemsex behaviour were more likely to report *recent* HIV infection. This may mean that chemsex constitutes a behavioural response (possibly as a coping strategy) to a recent HIV diagnosis and the associated psychosocial challenges this entails. Moreover, the practice of chemsex is associated with other stigmatised sexual risk-taking behaviours, such as transactional sex, group sex, fisting, sharing sex toys and HIV serodiscordant sexual relations (Lee et al., 2015).

In looking at the possible drivers of chemsex, Pollard, Nadarzynski, and Llewellyn (2017) suggest that multiple levels of stigma, minority stress and maladaptive coping strategies may be contributing factors. In their qualitative research with chemsex practitioners, Weatherburn et al. (2017) describe two distinct sets of motivations underlying the practice. On the one hand, chemsex can enable individuals to have the type of sex that they desire by increasing their sexual stamina and confidence and by decreasing inhibitions while, on the other hand, the drugs can enhance the quality of the sexual encounter by increasing attraction and facilitating greater interpersonal rapport (see also Bourne et al., 2014).

In their study of HIV-positive gay men, Pufall et al. (2018) found that the practice was associated inter alia with diagnosed depression/anxiety. It appears that, for some gay men, chemsex constitutes a form of escapism in that it enables gay men facing social and psychological stressors, such as a recent HIV infection, to disconnect from their reality as they seek respite in a context in which these social psychological stressors cease to threaten identity. For instance, gay men may derive confidence about their physical appearance or sexual performance in this context (as highlighted in Case Study 1) and those living with HIV report that HIV status is a non-issue, thereby ceasing to constitute a source of stigma or a basis for sexual rejection (as indicated in Case Study 2).

Bugchasing

Since the 1990s, there has been significant interest in the practice of 'bugchasing'. 'Bugchasers' are those who fetishise semen from an HIV-positive man and wish to be infected by it, while 'gift-givers' derive pleasure from the possibility of infecting another person with HIV. Some HIV-negative gay men seek an HIV-positive sexual partner, while others attend so-called 'conversion parties', which gay men of any HIV status attend on the condition that they do not disclose or discuss their HIV status, mirroring the former 'Don't Ask, Don't Tell' nondisclosure policy of the US military. Condoms are either prohibited or discouraged at conversion parties, which increases both the risk of infection and uncertainty about the source of infection.

It is difficult to ascertain the prevalence of bugchasing in gay men. There are several reasons for this. Bugchasing is especially stigmatised and, in many countries, deliberately infecting a person with HIV constitutes a criminal act. Moreover, much of the existing research into bugchasing has

focused on the analysis of gay men's dating profiles, rather than survey or interview data, and thus any estimate of the prevalence of bugchasing is dependent on the availability of this information on bugchasers' online profiles. However, a very small minority of gay men do appear to exhibit a sexual interest in becoming infected with HIV.

The practice of bugchasing gained mainstream attention in 2003 when the article 'In Search of Death' was published in the *Rolling Stone* magazine (Freeman, 2003) and the documentary film *The Gift* (Hogarth, 2003) was released. Following this media coverage of bugchasing, which summarised the experiences of men seeking to be infected with HIV and those of individuals who had recently seroconverted, interest grew in the possible psychological motivations underlying this behaviour. There was considerable disbelief that gay men would intentionally seek to become infected and speculation about possible psychopathological underpinnings of the practice.

Several hypotheses have been proposed to account for gay men's motivations for bugchasing. For example, it has been suggested that the practice can be attributed to a psychological reactance effect, whereby gay men have developed inertia towards, or perhaps active rejection of, HIV prevention messages, given the aggressive and coercive campaigns to prevent HIV targeted specifically at gay men since the early days of the epidemic (Gauthier & Forsyth, 1999). Furthermore, in view of the disproportionate impact that HIV has had on the gay community, some gay men have come to view their own seroconversion to be inevitable and, thus, perceive active pursuit of infection as a means of re-establishing a sense of control and self-efficacy over their lives. Moreover, risk-taking is eroticised by some gay men, especially if they possess personality traits (e.g. a proclivity for sensation-seeking) that predispose them to risk-taking. Many refuse to take an HIV test after risky sexual behaviours, as they also derive sexual pleasure from the uncertainty surrounding their possible infection.

An especially plausible hypothesis is that bugchasers yearn for a sense of community, which they believe can be built around an HIV-positive status. They believe that there are stronger bonds of solidarity and cohesiveness in the HIV-positive gay community than among HIV-negative gay men and, thus, wish to join this community. This may reflect the broader issue of division and lack of community among gay men (e.g. Jaspal, 2017). In serodiscordant gay relationships, there may be a desire for seroconcordance and the HIV-negative gay man may regard his

own seroconversion as 'uniting' him with his partner, strengthening their bond and safeguarding their relationship. This possibly satisfies the same need for community observable at a group level—but at an interpersonal, dyadic level. Indeed, in the television documentary *The Gift*, one of the interviewees whose partner died of AIDS before the advent of ART reported his distress upon learning that, unlike his partner, he was in fact HIV-negative. Serodiscordance appeared to introduce a 'barrier' in their relationship.

Like gay men with other stigmatised sexual interests, bugchasers tend to communicate and interact with one another in online contexts and at specific venues designed for like-minded others, and they share a distinctive set of terms, emblems and social representations. There have been several websites dedicated to bugchasing, which highlights the existence of this sexual subculture within the gay community. Empirical research in this area has not yielded unequivocal explanations concerning the motivations underpinning the practice. Much research has been unsuccessful in disentangling 'barebacking' (condomless anal sex without necessarily seeking HIV infection) and bugchasing (the active attempt to seroconvert) and has speculatively deduced that an individual willing to have condomless anal sex with a partner of any HIV status is a de facto bugchaser (e.g. Tewksbury, 2003). The motivations underlying bugchasing are more complex.

Like Tewksbury's (2003) study, most research has focused on analysing the online profiles of men who are categorised by the researchers, or who themselves claim, to be bugchasers. Hammond, Holmes, and Mercer (2016) conducted a metaphor analysis of online profiles and concluded that metaphors of bugchasing and gift-giving express gay men's feelings of marginalisation by, and resistance to, dominant HIV prevention discourses to which they have been exposed.

In his analysis of 81 profiles and public messages on an internet website devoted to barebacking, Grov (2004) identified a series of statements which suggest that gay men are seeking, or offering, HIV infection (e.g. 'vgl [very good looking] masc[culine] bug chaser here in [location], want you to cum-soak my hole in a verbal, no limits pig session. lets talk man' (p. 338). On the basis of these statements, Grov concludes that '[t]here is clearly no question as to what the intentions of these individuals are' (p. 338), but there is actually a lack of clarity. It is unclear whether the source of sexual stimulation is actually semen (i.e. 'cum play') or the desire to become infected with HIV. Furthermore, self-presentation on

the internet may not correspond to actual intention given that some individuals may derive sexual arousal from this form of self-presentation rather than from actual engagement in the behaviour itself.

In their quantitative content analysis of 300 advertisements from bugchasers and barebackers, Moskowitz and Roloff (2007) found that bugchasers were more likely than barebackers to present themselves as sexually passive, to desire an aggressive sexual partner, and to be involved in the leather scene. On the whole, bugchasers expressed a preference for submissive sexual behaviours, such as sexual desire for their partner's feet, getting fisted, being urinated/defecated on. On the basis of their research, they suggest that 'a voluntary power inequity' is likely to characterise bugchasing subculture in that putting oneself at high risk of HIV constitutes the 'ultimate expression of subjugation, humiliation and passivity' (p. 35). Thus, for some gay men, bugchasing may reflect a form of BDSM which enables them to adopt a passive role that results in a permanent, serious health condition.

Personality and Identity

It is problematic to consider all of the sexual behaviours outlined in this chapter as paraphilias per se, as this serves only to stigmatise these behaviours and hastily constructs practitioners of these behaviours as acting not of their own volition but rather as a result of some psychopathological disorder which requires treatment. The reasons for engaging in these behaviours, which due to dominant social representations, have come to be stigmatised, are complex and likely to be rooted in at least three inter-related factors: personality, identity and culture.

It is clear that most of the sexual behaviours discussed in this chapter are positively associated with sensation-seeking—a personality trait that predisposes the individual to pursue feelings and experiences that are novel, complex and intense in nature and to 'take physical, social, legal and financial risks for the sake of such experiences [and feelings]' (Zuckerman, 1994, p. 27). The hazards associated with the risk behaviours that facilitate these sensory experiences and intense feelings may be downplayed, ignored and even glorified as part of the overall experience.

Sensation-seeking can be defined in terms of four sub-traits, namely adventure-seeking, which involves unusual experiences and risks; experience-seeking, referring to non-conformity to normative social behaviours; disinhibition, which reflects a proclivity for exceeding

'normal' limits in behaviour and experience; and boredom susceptibility, whereby the individual has a tendency to become bored quickly and, thus, attempts to reduce this risk.

Zuckerman has argued that those with high levels of sensation-seeking, as a personality trait, require much sensory stimulation in order to reach their Optimal Level of Arousal, which may underpin engagement in particular behaviours. It is easy to see how a gay men with high levels of sensation-seeking may quickly become bored in a monogamous relationship with one partner, leading to sexual behaviour that he and/or others may construe as compulsive. Conversely, sex with multiple partners on multiple occasions and in distinct forms may satisfy the need for novel, intense and complex experiences sought by the sensation-seeker. The disinhibition associated with 'pupspace' may render pup-play a psychologically satisfying experience.

In existing research into chemsex, the practice has been said to reduce inhibitions in gay men who, for a variety of reasons, may feel uncomfortable about their identity or circumstances (e.g. a recent HIV infection). Those gay men who have high levels of sensation-seeking may not feel able to engage in behaviours that facilitate stimulation due to other social and psychological circumstances. Conversely, chemsex can provide an environment in which disinhibition is possible, thereby facilitating access to behaviours, such as specific sexual acts and high frequency of sexual behaviour.

Perhaps the most controversial of all stigmatised sexual behaviours discussed in this chapter is that of bugchasing, which remains poorly understood and about which there remains much speculation. Those who express a desire to be infected with HIV appear to be seeking the 'ultimate thrill', one the one hand, and disinhibition, on the other hand. The bugchaser's uncertainty about his infection and about the *source* of his infection may increase the thrill, while infection with HIV itself can permit continued engagement in sexual behaviours that may not be possible or that may be more stigmatised for a person who does not have HIV.

Yet, personality is only one aspect of the explanation. The available evidence suggests that each of the behaviours discussed above can perform particular functions for identity processes. Identity process theory (described in Chapter 3) identifies various motivational principles of identity, that is, desirable end-states for identity, such as self-esteem, self-efficacy, continuity and so on. It is possible to regard some of the

behaviours discussed in this chapter as satisfying the motivational principles of identity or as potential strategies for coping with threats to identity.

In some research, compulsive sexual behaviour is negatively correlated with self-esteem, which may mean that gay men are engaging in this behaviour as a means of alleviating existing threats to self-esteem. Sex with multiple partners may provide transients boosts to self-esteem through the feelings of validation obtained from others in transient sexual encounters. In other words, this may constitute a coping strategy. Similarly, chemsex may constitute a form of escapism and provide temporary respite from existing threats to identity associated with other stressors. The practice may enhance self-esteem and continuity among participants because they are able to derive validation from, and feelings of intimacy with, sexual partners in that context, providing a positive self-conception.

Moreover, for those gay men living with HIV, who are overrepresented among chemsex practitioners, HIV stigma and rejection from potential sexual partners may represent threats to continuity. In contrast, chemsex may provide feelings of continuity given that many report decreased sexual rejection and HIV stigma in this environment. Prima facie, bugchasing may appear to constitute the least favourable course of action for identity processes. However, in some research, it has been observed that bugchasing constitutes a means of establishing a sense of certainty and control over one's health amid the belief that HIV infection is inevitable. In such cases, bugchasing can enhance self-efficacy as the individual is able to derive greater control and to exercise agency over his HIV status.

Most of the sexual behaviours described in this chapter share a common characteristic—a social identity can be developed around the behaviour, and gay men may derive a sense of belonging within the community defined on its basis. This may constitute a response to the sense of loneliness and lack of community reported in relation to gay men. Those gay men who engage in pup-play or bugchasing, for instance, have developed communities—often in online settings—to meet and socialise with like-minded others. They perceive a sense of affinity and commonality with others who share their interest and may feel misunderstood or judged by those who do not. In many cases, there is an

attempt to construct a *distinctive* social identity which can differentiate them from heterosexual people and this social identity may actually constitute a rejection of perceived heterosexism. New categories, labels and social representations are developed to describe emerging social identities (developed on the basis of sexual behaviours) and become forms of self-identification among practitioners—'bugchasers', 'pups' and 'cum freaks' are such social representations.

Overview

In this chapter, it has been argued that gay men may adopt sexual behaviours which they perceive to differentiate themselves from heterosexual people in an attempt to reject heterosexism and to establish novel sexual and social norms. Many of the sexual behaviours described in this chapter are stigmatised and are considered to be paraphilic in psychiatric discourse. This reinforces the stigma appended to these behaviours, resulting in silence and precluding help-seeking. Moreover, the categorisation of many of these behaviours as paraphilic is also simplistic and fails to capture the complex reasons that underpin gay men's sexual behaviour. These reasons appear to be rooted in personality, and especially sensation-seeking; identity, given the positive functions that these behaviours may be perceived to perform for identity processes and, crucially, for deriving a sense of community in the form of social identity; and social representations as different norms, values and images operate in distinct social contexts, defining and delineating the boundaries of normality and abnormality.

To varying degrees, human beings engage in behaviours that provide them with some form of gratification. It appears that many of the behaviours outlined in this chapter do just that—principally by enhancing identity processes or by providing temporary respite from stressors known to prevalent in gay men which have the potential to threaten identity. Not all of the behaviours are necessarily harmful, though some certainly are. Gay men must be empowered to seek help if they require it, and supported to adopt and relinquish maladaptive sexual behaviours of their own volition. An effective understanding of their sexual behaviour is an important starting-point.

References

Aggrawal, A. (2011). A new classification of zoophilia. *Journal of Forensic and Legal Medicine, 18*, 73–78.

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders (DSM)* (5th ed.). Philadelphia: American Psychiatric Association Publishing.

Bancroft, J., & Vukadinovic, Z. (2004). Sexual addiction, sexual compulsivity, sexual impulsivity, or what? Toward a theoretical model. *The Journal of Sex Research, 41*(3), 225–234.

Bancroft, J., Janssen, E., Strong, D., Carnes, L., Vukadinovic, Z., & Long, J. S. (2003). Sexual risk-taking in gay men: The relevance of sexual arousability, mood, and sensation seeking. *Archives of Sexual Behavior, 32*, 555–572.

Bourne, A., Reid, D., Hickson, F., Torres Rueda, S., & Weatherburn, P. (2014). The Chemsex study: Drug use in sexual settings among gay and bisexual men in Lambeth, Southwark and Lewisham. London: Sigma Research, London School of Hygiene and Tropical Medicine. Available at http://sigmaresearch.org.uk/files/report2014a.pdf. Accessed on 26 March 2019.

Chaney, M. P., & Burns-Wortham, C. M. (2015). Examining coming out, loneliness, and self-esteem as predictors of sexual compulsivity in gay and bisexual men. *Sexual Addiction & Compulsivity: The Journal of Treatment & Prevention, 22*(1), 71–88.

Cheves, A. (2015, November 23). 7 reasons puppy play is great if you're new to kink. *Pride*. https://www.pride.com/gay/2015/11/20/7-reasons-puppy-play-great-if-youre-new-kink. Accessed on 26 March 2019.

Coleman, E., Horvath, K. J., Miner, M., Ross, M. W., Oakes, M., Rosser, B. R., & Men's INTernet Sex (MINTS-II) Team. (2010). Compulsive sexual behavior and risk for unsafe sex among internet using men who have sex with men. *Archives of Sexual Behavior, 39*(5), 1045–1053.

Dolling, D. I., Desai, M., McOwan, A., Gilson, R., Clarke, A., Fisher, M., … on behalf of the PROUD Study Group. (2016). An analysis of baseline data from the PROUD study: An open-label randomised trial of pre-exposure prophylaxis. *Trials, 17*, 163.

Flowers, P., Smith, J. A., Sheeran, P., & Beail, N. (1997). Health and romance: Understanding unprotected sex in relationships between gay men. *British Journal of Health Psychology, 2*, 73–86.

Freeman, G. A. (2003, January 23). In search of death. *Rolling Stone*. https://web.archive.org/web/20061116220955/, http://www.rollingstone.com/news/story/5939950/bug_chas/print. Accessed on 26 March 2019.

Gauthier, D. K., & Forsyth, C. J. (1999). Bareback sex, bug chasing, and the gift of death. *Deviant Behavior, 20*, 85–100.

Grov, C. (2004). "Make me your death slave": Men who have sex with men and use the internet to intentionally spread HIV. *Deviant Behavior, 25*(4), 329–349.

Grov, C., Parsons, J. T., & Bimbi, D. S. (2010). Sexual compulsivity and sexual risk in gay and bisexual men. *Archives of Sexual Behavior, 39*(4), 940–949.

Hammond, C., Holmes, D., & Mercier, M. (2016). Breeding new forms of life: A critical reflection on extreme variances of bareback sex. *Nursing Inquiry, 23*(3), 267–277.

Hogarth, L. (2003). *The gift* [Motion picture]. USA: Dream Out Loud Productions. https://www.imdb.com/title/tt0355482/. Accessed on 26 March 2019.

Jaspal, R. (2017). Coping with ethnic prejudice on the gay scene: British South Asian gay men. *Journal of LGBT Youth, 14*(2), 172–190.

Joyal, C. C. (2015). Defining "normophilic" and "paraphilic" sexual fantasies in a population-based sample: On the importance of considering subgroups. *Sexual Medicine, 3*(4), 321–330.

Klein, H. (2012). Felching among men who engage in barebacking (unprotected anal sex). *Archives of Sexual Behavior, 41*(2), 377–384.

Lee, M., Hegazi, A., Barbour, A., Nathan, B., Green, S., Simms, R., & Pakianathan, M. (2015). O11 Chemsex and the city: Sexualised substance use in gay bisexual and other men who have sex with men. *Sexually Transmitted Infections, 91*, A4.

Moskowitz, D. A., & Roloff, M. A. (2007). The ultimate high: Sexual addiction and the bug chasing phenomenon. *Sexual Addiction & Compulsivity, 14*(1), 21–40.

Pachankis, J. E., Rendina, H. J., Restar, A., Ventuneac, A., Grov, C., & Parsons, J. T. (2015). A minority stress-emotion regulation model of sexual compulsivity among highly sexually active gay and bisexual men. *Health Psychology, 34*(8), 829–840.

Pakianathan, M., Whittaker, W., Lee, M. J., Avery, J., Green, S., Nathan, B., & Hegazi, A. (2018). Chemsex and new HIV diagnosis in gay, bisexual and other men who have sex with men attending sexual health clinics. *HIV Medicine, 19*, 485–490.

Parsons, J. T., Grov, C., & Golub, S. A. (2012). Sexual compulsivity, co-occurring psychosocial health problems, and HIV risk among gay and bisexual men: Further evidence of a syndemic. *American Journal of Public Health, 102*(1), 156–162.

Pollard, A., Nadarzynski, T., & Llewellyn, C. (2017). O13 I was struggling to feel intimate, the drugs just helped. Chemsex and HIV-risk among men who have sex with men (MSM) in the uk: Syndemics of stigma, minority-stress, maladaptive coping and risk environments. *Sexually Transmitted Infections, 93*, A5.

Prestage, G., Hurley, M., & Brown, G. (2013). "Cum play" among gay men. *Archives of Sexual Behavior, 42,* 1347–1356.

Pufall, E., Kall, M., Shahmanesh, M., Nardone, A., Gilson, R., Delpech, V., … Positive Voices Study Group. (2018). Chemsex and high-risk sexual behaviours in HIV-positive men who have sex with men. *HIV Medicine, 19*(4), 261–270.

Rosser, B. R. S., Horvath, K. J., Hatfield, L. A., Peterson, J. L., Jacoby, S., Stately, A., & Positive Connections Team. (2008). Predictors of HIV disclosure to secondary partners and sexual risk behavior among a high-risk sample of HIV-positive MSM: Results from six epicenters in the US. *AIDS Care, 20*(8), 925–930.

Sewell, J., Miltz, A., Lampe, F. C., Cambiano, V., Speakman, A., Phillips, A. N.… Attituders to and Understanding of Risk of Acquisition of HIV (AURAH) Study Group. (2017). Poly drug use, chemsex drug use, and associations with sexual risk behaviour in HIV-negative men who have sex with men attending sexual health clinics. *International Journal of Drug Policy, 43*, 33–43.

Tewksbury, R. (2003). Bareback sex and the quest for HIV: Assessing the relationship in Internet personal advertisements of men who have sex with men. *Deviant Behavior, 24,* 467–483.

Wall, K. M., Stephenson, R., & Sullivan, P. S. (2013). Frequency of sexual activity with most recent male partner among young, Internet-using men who have sex with men in the United States. *Journal of Homosexuality, 60*(10), 1520–1538.

Weatherburn, P., Hickson, F., Reid, D., Torres-Rueda, S., & Bourne, A. (2017). Motivations and values associated with combining sex and illicit drugs ('chemsex') among gay men in South London: Findings from a qualitative study. *Sexually Transmitted Infections, 93*(3), 203–206.

Weinberg, M., Williams, C., & Moser, C. (1984). The social constituents of sadomasochism. *Social Problems, 31,* 379–389.

Wignall, L. (2017). The sexual use of a social networking site: The case of Pup Twitter. *Sociological Research Online, 22*(3), 21–37.

Wignall, L., & McCormack, M. (2017). An exploratory study of a new kink activity: "Pup-play". *Archives of Sexual Behavior, 46*(3), 801–811.

Zuckerman, M. (1994). *Behavioral expressions and biosocial bases of sensation seeking.* New York: Cambridge University Press.

Mental Health and Sexual Health

Abstract In this chapter, the reciprocal relationship between mental health and sexual health is outlined. Social stigma and its impact for identity processes are considered. Following a discussion of key empirical research into mental and sexual health among gay men, a model for predicting health outcomes and preventing poor mental and sexual health in this population is described. This chapter explores the epidemiological, psychological and socio-structural factors that can impinge on health outcomes in gay men.

Keywords Mental health · HIV · Sexual health · Psychological trauma

Gay men face significant inequalities in relation to mental health and sexual health, both of which are broad and multifarious categories. In some cases, poor mental health is the antecedent to poor sexual health as it can predispose the individual to engage in sexual risk behaviour. In others, poor sexual health, such as infection with human immunodeficiency virus (HIV), can cause or exacerbate mental health issues, such as depression. Moreover, every health condition—be it physical or mental—has a psychosocial dimension. The condition is given a label. It will evoke particular social representation. It will be experienced differently by different people. Social representations and identity concerns play a fundamental role in how health and illness are construed and experienced.

The Role of Social Stigma

Poor mental health, poor sexual health and homosexuality are stigmatised in society. Social stigma on the basis of sexual orientation, which, as indicated in Chapter 2, constitutes a fundamental, immutable aspect of the individual's identity, can take its toll on gay men's psychological wellbeing. It may lead some gay men to conceal or deny their sexual orientation, to feign heterosexuality on false pretences, and to avoid seeking social support with sexual identity issues.

Yet, sexuality is not the only source of social stigma for gay men. Since the first clinical observations of acquired immune deficiency syndrome (AIDS) in 1981 and the subsequent observation that gay men were disproportionately affected by HIV (the virus that causes AIDS), the stigma of this 'gay disease' has bedevilled the gay community, often reinforcing the stigma of homosexuality itself. HIV carries stigma due partly to its public association with taboo issues, such as sexual promiscuity, sex work and drug use, and the beliefs that HIV is synonymous with AIDS and invariably life-limiting.

In attempting to explain public disengagement from HIV, Joffe (2007) has argued that human beings tend to 'other' adversity, disease and markers of stigma from the self and ingroup and, conversely, to associate them with outgroups. The perception of HIV has been no different. Given the stigma of the condition, many gay men prefer not to test for HIV, perceive themselves to be at low risk of infection, and disengage from HIV care when diagnosed. Many understandably fear the reactions of significant others, sexual partners and healthcare professionals if they disclose their HIV status and, thus, fail to do so. Poor mental health may be a precursor to HIV infection, often paving the way for engagement in behaviours that can increase the risk of infection. On the other hand, the stigma of HIV itself can adversely impact mental health among those exposed to both the virus and the associated stigma.

The social stigma appended to poor mental health such as depression, suicidal ideation and self-harm, and the taboo of discussing it may lead some individuals to conceal symptoms, to delay seeking treatment, and to adhere poorly to treatment. In communities with a collectivist cultural orientation, social stigma can also extend to the patient's family, which in turn could affect employment, marriage prospects and, more generally, the family's standing in the community (see Chapter 6). Although social networks can be protective, primarily by providing the

individual with a source of social support, they may sometimes constitute an obstacle to positive coping. Some people do not recognise the severity of poor mental health, believe that sufferers should 'pull themselves together', or pejoratively label poor mental health as 'madness' (Robinson, Turk, Jilka, & Cella, 2019). Thus, social networks might not provide the desired social support, but may inadvertently stigmatise the individual experiencing poor mental health. Devoid of social support, the individual may resort to maladaptive strategies for coping with mental health problems, e.g. self-medication, use of substances to cope, disengagement from mental health services.

In Chapter 3, identity process theory was described. The theory provides a useful heuristic framework for understanding the inter-relations between stigma, identity and wellbeing. The central premise of the theory is that individuals attempt to construct identity in ways that provide satisfactory levels of the identity principles and that, when the identity principles are curtailed, identity is threatened. This volume is replete with examples of identity threat among gay men. The case studies in Chapter 1 are especially illustrative of the multiple psychosocial stressors that can result in threatened identity.

Yet, the social stigma associated with poor mental health, poor sexual health and HIV infection—all of which are more prevalent in gay men than in the general population—merit special attention. The imposition of undesirable change as a result of coming out as gay, or being diagnosed with HIV could challenge continuity, self-esteem and self-efficacy. Unresolved, chronic threats to identity (like the chronic illness of HIV) can undermine psychological wellbeing and potentially lead to mental health issues, such as depression, anxiety and suicidal ideation (Breakwell, 1986).

In addition to the potential adverse impact of identity threat for mental health, some of the strategies intended to alleviate threat may lead to poor mental health outcomes. Intrapsychic strategies that enable the individual to deflect, rather than confront, the threat have limited effectiveness. Denial enables the individual to ignore the threat, but the threat continues to exist and may in fact be aggravated by inaction. Isolation can exacerbate depression as it precludes group support for the threatened individual—a strategy, which, conversely, is associated with better psychological wellbeing outcomes. Furthermore, some strategies themselves can become pathological in nature—transient depersonalisation is a temporary state of psychological detachment from the self,

which can buffer the negative effects of identity threat in the short term, but chronic depersonalisation may be indicative of psychosis. It is therefore essential that gay men facing psychological adversity be guided towards adaptive and productive coping strategies (Jaspal, 2018a).

MENTAL HEALTH

The World Health Organization (2001, p. 1) defines mental health as 'a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community'. This definition acknowledges the individual's inevitable exposure to events and situations which can cause psychological stress and captures the importance of both self-efficacy and community belonging in mental health. Mental health conditions are multifarious and can include psychological distress, anxiety, depression, suicidality (suicidal ideation, attempted suicide and actual suicide), self-harm and others. There is evidence that gay men experience poorer mental health outcomes than the general population and that there is a higher prevalence of these specific depressive psychopathological conditions in gay men than in the general population (Sandfort et al., 2006).

Psychosocial Stressors

The Minority Stress Model (Meyer, 1995) postulates that prejudice, expectations of rejection and discrimination, concealment of sexual identity and internalised homophobia predict poor mental health outcomes. On the basis of this model and the research that underpins it, the risk factors for poor mental health can be divided into two broad categories:

- Situational stressors (e.g. homophobia, racism, rejection from significant others, victimisation, lack of social support, decreased access to services).
- Psychological self-schemata (e.g. low self-esteem, decreased 'outness', internalised homophobia).

These situational stressors and negative psychological schemata are inter-related—it is easy to see, for instance, how chronic exposure to homophobia may lead the individual to internalise that homophobia

and, conversely, how low self-esteem may encourage the individual to accept uncritically victimisation from others (see Jaspal, Lopes, Jamal, Paccoud, & Sekhon, 2017). Collectively, these situational stressors and psychological self-schemata may increase the risk of poor mental health.

Gay men may experience heterosexism, internalised homophobia and a lack of social support. In response, they may engage in maladaptive behaviours, such as substance misuse and chemsex (McCall, Adams, Mason, & Willis, 2015). The prevalence of situational stressors appear to be high in gay men. In their survey of 8382 Canadian gay men, Ferlatte, Dulai, Hottes, Trussler, and Marchard (2015) found that 47% had experienced harassment, 16% workplace discrimination and 13% physical violence due to their sexual orientation. Gay men are especially vulnerable to both situational stressors (e.g. homophobia, discrimination, rejection from significant others) and negative psychological self-schemata (e.g. internalised homophobia), which may predispose them to psychopathology (Jaspal, Lopes, & Rehman, 2019).

Poor mental health appears to be prevalent in gay men. In a survey of 6861 gay men in the UK (Guasp, 2013), it was found that 13% of those surveyed were experiencing symptoms of either anxiety or depression. Seven percent of gay men had self-harmed in the last year, and 21% of those aged between 16 and 19 had done so. The survey also revealed that over a quarter of respondents reported suicidal ideation, and that 3% of respondents had actually attempted suicide in the last year. Suicidality was particularly prevalent in younger gay men, with 10% of those aged between 16 and 19 having attempted suicide.

The Gay Men's Health Survey also revealed that half of the gay men surveyed had, at some point, felt that their life was not worth living, indicating low levels of self-esteem. Furthermore, in their study of 7872 Canadian gay men, Salway et al. (2018) found that 19% of respondents had reported suicidal ideation or a suicide attempt in the previous 12 months, of whom 42% had sought no professional support for their mental health problem. Older age, access to larger social support networks and outness about one's sexual identity were associated with engagement with mental health care, suggesting that those most vulnerable to suicidality (e.g. younger men, those devoid of social support and those living in secrecy) are less likely to seek the support they need.

There is much empirical support for the hypothesis that the high prevalence of situational stressors and negative psychological schemata in gay men is associated with poor mental health outcomes in this

population. In their study of 304 gay men, Hart et al. (2019) found that childhood bullying due to gender nonconformity was associated with adult loneliness, depression and anxiety, highlighting the significance of childhood adversity in the onset of poor mental health in adulthood. In their survey of 1423 gay and bisexual men, Sattler and Christiansen (2017) found a higher prevalence of mental health problems in those who had experienced high levels of victimisation and those who expected to be rejected by others.

In addition to first-hand experience of discrimination, the *expectation* of discrimination is associated with poor mental health—Hatzenbuehler, Nolen-Hoeksema and Erickson (2008) found that those gay men who perceived the world a dangerous place for gay people were more likely to report depressive symptoms than those who did not hold this perception. Social representations in one's context will, in part, determine one's expectations regarding rejection. As a potential strategy for coping with anticipated stigma and rejection on the basis of their sexual identity, some gay men conceal their gay identity and feign heterosexuality. Although this may provide temporary respite from discrimination, it is a maladaptive coping strategy in that sexual identity concealment can be psychologically exhausting, carries the risk of involuntary exposure, and is generally associated with psychological distress (Cohen, Blasey, Taylor, Weiss, & Newman, 2016).

In addition to outgroup discrimination on the basis of sexual orientation, gay men also face *intragroup* discrimination, that is, from other gay men, due to stigmatised characteristics, such as high body mass and HIV status. Survey data from 796 Australian gay men (Marmara, Hosking, & Lyons, 2018) revealed that body image disturbance was associated with several mental health outcomes, including satisfaction with life, self-esteem, positive wellbeing and psychological distress. In that study, being in a relationship did not moderate the relationship between body image disturbance and mental health outcomes, suggesting that perceived rejection from the gay community, rather than perceived difficulty in finding a partner, may underpin poor mental health outcomes.

In a study of 206 HIV-positive gay men, it was found that perceived HIV stigma from other gay men was associated with anxiety, loneliness, depressive symptoms, suicidal ideation and engagement in avoidant coping behaviours (Courtenay-Quirk et al., 2006). Thus, rejection from the gay community (on the basis of body image or HIV status, for instance) may result in isolation, which in turn is associated with depression.

Socio-demographic Factors

There is evidence that socio-economic factors also influence mental health outcomes. Gay men from higher socio-economic backgrounds experience quicker reductions in enacted stigma on the basis of their sexuality (Pachankis, Sullivan, Feinstein, & Newcomb, 2018) and they are less likely to report depressive psychopathology than gay men from lower socio-economic backgrounds (Jaspal, Lopes & Rehman, 2019). Furthermore, in a survey of 5977 gay and bisexual men, Hickson, Melendez-Torres, Reid, and Weatherburn (2017) reported that 21.3% prevalence of depression and 17.1% prevalence of anxiety and that those of lower income and lower education were more likely to experience these poor mental health outcomes. In a separate study (Gamarel et al., 2012), discrimination on the basis of low socio-economic status was predictive of depressive and anxious symptoms in gay men.

As indicated in Chapter 6, there are specific psychosocial challenges associated with being both gay and of ethnic or religious minority background. The mental health consequences can be considerable, most likely due to the pronounced situational stressors and negative psychological self-schemata experienced by members of this population. Several studies indicate that those who identify as both sexual and ethnic minorities are at heightened risk of depression and suicide. For instance, Meyer, Dietrich, and Schwartz (2008) found elevated rates of suicidality in Black and Latino gay men compared to White gay men. Researchers predict that suicide risk among Black and Latino gay men is more strongly related to major stressful events associated with coming out, such as assault, abuse and homelessness, than to mental disorders per se (Haas et al., 2011).

As indicated in Chapter 6, it has been found that British South Asian gay men (a significant ethnic minority group in the UK) face homophobia from both their ethnic ingroup *and* the general population. These early situational stressors include perceived or actual rejection from significant others, such as parents, siblings and friends, victimisation and discrimination (Jaspal & Cinnirella, 2010). Furthermore, British South Asian gay men face multiple social stressors associated with racism, religious prejudice and homophobia (Chapter 6). Perceived exclusion from multiple social groups can lead to feelings of marginalisation, leaving individuals with decreased self-esteem, internalised homophobia, and few sources of social support.

In their survey study of an ethnically diverse sample of 289 gay, lesbian and bisexual individuals, Jaspal, Lopes and Rehman (2019) found that ethnicity was associated with depressive psychopathology and that this relationship was mediated by situational stressors (i.e. rejection, discrimination, victimisation), psychological self-schemata (i.e. outness, internalised homophobia) and coping variables (i.e. drug use, help-seeking). In short, they found that those individuals who reported higher exposure to situational stressors, a negative psychological self-schema (i.e. internalised homophobia) and maladaptive coping (i.e. drug use) were more likely to manifest psychological distress, depression and suicidality. These data suggest that situational stressors and resultant negative psychological self-schemata predispose gay men (and indeed other sexual minorities) to depressive psychopathology. A significant sequela of poor mental health among gay men is poor sexual health.

Sexual Health and HIV

Gay men experience poorer sexual health outcomes than the general population, especially in relation to HIV infection. Many of the underlying factors are social and psychological, given that effective prevention methods now exist. In this section, the epidemiological aspects of sexual health and HIV and the psychological aspects of testing, treatment, risk and prevention are outlined.

Sexual Health and HIV Epidemiology

Although gay men are estimated to represent just 2% of the London population, an epidemiological report by Public Health England (2015) showed that gay men constituted 28% of the diagnoses with sexually transmitted infections (STIs) recorded in the city in 2014. This demonstrates the disproportionately high incidence of STIs among gay men. The incidence of syphilis and gonorrhoea—two treatable bacterial infections—is especially high, with 90% of all syphilis cases and 69% of gonorrhoea cases being reported among gay men. There was a 14% increase in syphilis diagnoses between 2015 and 2016, and 23% of cases of chlamydia (another treatable bacterial infection) were among gay men (Public Health England, 2017). The high incidence of STIs can be attributed, in part, to the higher number of sexual partners reported by gay men, the increasing practice of condomless sex in this group, the

growing prevalence of chemsex, and low levels of sexual health awareness among gay men (Jaspal, 2018a).

The most significant sexual health condition that disproportionately affects gay men is HIV. Since the first clinical observations of AIDS in 1981, 78 million people have been infected with HIV and 35 million have died of AIDS (UNAIDS, 2017). There is no known vaccine or cure for HIV/AIDS. However, the illness is now treatable with ART, which can inhibit disease progression by interfering with the ability of HIV to replicate. Therefore, in countries in which ART is widely available, like the UK, HIV is now considered to be a life-altering, rather than life-limiting, chronic condition.

HIV prevalence in the UK is approximately 0.18% of the population aged between 15 and 59. According to a recent HIV epidemiology report (Public Health England, 2015), some 103,700 people are currently living with the chronic condition in the UK. However, approximately 45,000 gay men were living with HIV in 2014, and in London it is estimated that 1 in 11 gay men is HIV-positive. In 2014, there were 5850 new diagnosed cases of (sexually transmitted) HIV, of which 57% were among gay men.

Black, Asian and Minority Ethnic (BAME) gay men constitute the group at highest risk of HIV and other STIs. Soni et al. (2008) conducted a case note review of 203 BAME gay men attending a London GUM clinic and found that BAME gay men were more likely to report unprotected anal sex with casual male partners in the last 3 months, indicating higher risk of HIV acquisition in this population. BAME gay men are more likely to report high-risk sexual behaviour than other gay men, and there are higher rates of bacterial STIs in Black African and Black Caribbean gay men than in other gay men.

In a study of HIV risk, it was found that BAME gay men were more likely to have a history of substance abuse and less likely than other gay men to have heard of biomedical HIV prevention approaches, such as post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP) (Millett et al., 2012). Furthermore, the same study reported that BAME gay men were 3 times more likely than other gay men to test positive for HIV and 6 times more likely to have undiagnosed HIV.

Testing and Treatment

HIV can be treated effectively if diagnosed early. Moreover, there is evidence that a virally suppressed patient (under effective ART) will not

transmit HIV to their sexual partners. It is therefore vital that gay men test for HIV on a regular basis, that is, at least once per year. Although national campaigns for HIV testing in the UK, such as the 'It Starts With Me' campaign and National HIV Testing Week, have certainly increased rates of testing in gay men, many are testing infrequently or not at all. It was estimated that in 2015 13% of people living with HIV in the UK were unaware of their infection.

In a qualitative study of testing preferences among gay men in London and the English Midlands, Jaspal (2018b) identified a series of barriers to testing in genito-urinary medicine (GUM) clinics, the most important of which was perceived social stigma from healthcare professionals. Moreover, some gay men felt uneasy about testing for HIV in community settings due to fears of being involuntarily 'outed' as gay. Although some expressed a preference for HIV self-testing at home, several doubted the accuracy of the test and feared a reactive test result in the absence of any professional support. Studies of this kind can enable policy-makers to increase access to testing by obviating the barriers to HIV testing.

Given the significant increases in rates of HIV testing among gay men, those infected are being diagnosed and linked into HIV care soon after infection, with good individual and public health outcomes. The INSIGHT START Study Group (2015) has clearly demonstrated the physical health benefits of early initiation of ART regardless of the individual's CD4 count or viral load. In view of this evidence, the British HIV Association (BHIVA, 2012) recommends initiation of ART regardless of the patient's CD4 cell count.

However, not everyone initiates ART immediately after diagnosis. In his interview study of 15 gay men living with HIV, Jaspal (2018a) identified several social psychological barriers to adherence to ART. Participants reported difficulties in managing lifestyle change necessitated by life-long adherence to ART. They reported exposure to social stigma and poor mental health, which, in some cases, had preceded their HIV infection and, in others, resulted from it. This could lead some individuals to question the merits of initiating and adhering to ART. In order to cope with social stigma and poor mental health, participants reported engaging in maladaptive behaviours, such as substance misuse and chemsex, which could interfere with ART adherence. Sin and DiMatteo (2014) found that HIV patients were 83% more likely to adhere to HIV care if they received an intervention for psychological distress or depression.

ART adherence appears to be especially problematic in BAME gay men who are living with HIV. In a study of uptake of, and retention in, HIV care among gay men by ethnic group, the United Kingdom Collaborative HIV Cohort Study Group (2012) found that BAME gay men were more likely than White gay men to be lost to follow-up after HIV diagnosis (3.4% vs 2.2%, respectively), and that gay men of other/mixed ethnicity were most likely to be permanently lost to follow-up. BAME gay men were 18% less likely to initiate ART than White gay men with a similar CD4 cell count. BAME gay men may also be deterred from seeking sexual health care due to cultural norms that stigmatise sex, concerns about being asked about one's immigration status, insufficient knowledge of how to navigate the health system, and language difficulties (Jaspal & Williamson, 2017). In short, the social psychological factors underlying decision-making about health and wellbeing are multifarious.

Risk and Prevention

Since the end of 2016 there have been significant decreases in HIV incidence in the UK (Brown et al., 2017), which can actually be attributed to two additional factors, namely treatment as prevention (TasP) and PrEP.

TasP has been effective in reducing the risk of onward HIV transmission, because successful ART reduces the individual's viral load to 'undetectable' levels, which in turn reduces infectiousness. Evidence from the PARTNERS Study (Rodger et al., 2016) suggests that the risk of onward HIV transmission—with or without a condom—is effectively zero, provided that the individual has been virally suppressed for at least 6 months, is adhering to their medication, and does not have other STIs.

Despite the scientific evidence of 'U=U' (or 'undetectable= untransmittable'), this social representation is not consensually shared by everyone in the gay community—many remain fearful of having sexual relations with a person living with HIV (Wilkinson et al., 2018). Furthermore, it has been found that even HIV-positive gay men themselves may doubt the veracity of U=U, leading to trepidation about having sex with an HIV-negative person (Bourne, Dodds, Keogh, & Weatherburn, 2016). It is not possible to exploit the full potential of TasP unless social representations are consistent with the science.

PrEP is a bio-medical HIV prevention option for individuals at high risk of HIV exposure. Clinical trials in a number of countries and distinct population groups converge in evidencing the high effectiveness of PrEP as a means of preventing HIV infection (Anderson et al., 2012). A mathematical modelling study of the effect of PrEP on HIV incidence among gay men in the UK suggested that rolling out PrEP to just 25% of high-activity gay men could greatly reduce HIV incidence in this population (Punyacharoensin et al., 2016). Indeed, the positive impact of PrEP uptake among men on HIV prevention has been increasingly observed in HIV epidemiological data.

In the UK and in other Western countries, PrEP has caused controversy, particularly in relation to its funding (see Jaspal & Nerlich, 2017). Critics argue that the National Health Service (NHS) should not fund an expensive biomedical approach to preventing HIV given that condoms are also very effective—not only against HIV but also other STIs. This controversy surrounding PrEP has been fueled partly by the press—Jaspal and Nerlich (2017) describe the 'risk representation' in the British press which constructed PrEP as a medical, social and psychological setback for gay men at risk of HIV infection, and argue that this representation encouraged the perception of PrEP as risky and led to uncertainty and fear in relation to it. In the absence of full provision of PrEP on the NHS, some gay men obtain generic versions of the drug online given that generic PrEP is considerably cheaper than Truvada.

Yet, not all of those gay men who could benefit from PrEP wish to use it. In several studies of PrEP (Jaspal & Daramilas, 2016; Williamson, Papaloukas, Jaspal, & Lond, 2018), it has been found that stigma in relation to both HIV and PrEP, assumptions about the 'prototypical' PrEP user, and the anticipated impact of PrEP on future condom use discourage gay men from initiating PrEP. Following their survey of 191 HIV-negative gay men, Jaspal, Lopes, Bayley, and Papaloukas (2019) concluded that adequate HIV knowledge, accurate HIV risk appraisal and regular testing might increase PrEP acceptability in gay men at risk of infection.

How Are Mental Health and Sexual Health Related?

In this chapter, it has been demonstrated that there is a close relationship between mental health and sexual health outcomes. Much of the available evidence suggests that poor mental health increases the risk of HIV

acquisition through engagement in sexual risk behaviours, such as condomless sex, sex with multiple partners and substance abuse (Hughes, Bassi, Gilbody, Bland, & Martin, 2016). Some of these behaviours may in fact constitute maladaptive strategies for buffering threats to identity associated with earlier traumatic life events (Jaspal, Lopes, Jamal, Paccoud, & Sekhon, 2017).

On the other hand, the experience of living with HIV can increase one's risk of developing a mental health disorder. Since the advent of ART, mental health problems constitute the most common comorbidity in HIV patients (Adams, Zacharia, Masters, Coffey, & Catalan, 2016). Mental health problems in HIV patients can be attributed inter alia to psychological maladjustment to HIV diagnosis, the physical ailments that can accompany HIV infection, the side effects of ART and experiences of stigma and trauma. Predictors of depressive psychopathology—a prevalent mental health problem in HIV patients—include unemployment, negative life events, poor social support, childhood trauma, HIV-related physical symptoms, a low CD4 count and impaired function (Krumme et al., 2015).

Enacted, anticipated and internalised HIV stigma can all increase depression, anxiety, and feelings of hopelessness, and adversely impact self-esteem. Stigma can jeopardise all of the identity principles and make it difficult to assimilate and accommodate HIV in identity, which is a key step to self-acceptance, HIV status disclosure, and the derivation of social support (Daramilas & Jaspal, 2016).

Given the threatening nature of stigma and its origins in interpersonal behaviour, the strategies frequently used to avoid stigma are deflective intrapsychic strategies and those interpersonal strategies that facilitate isolation or concealment of one's HIV status. The threat and the coping strategies employed may exacerbate mental health problems. HIV stigma is also negatively associated with ART adherence, and this relationship is likely to be mediated by the mental health problems associated with stigma, reduced self-efficacy and fears of involuntary disclosure of one's HIV status (Sweeney & Venables, 2016).

Predicting Poor Mental and Sexual Health Outcomes

Throughout this volume, various situational stressors, negative psychological self-schemata and their potential impact for mental health have been described. Effective coping is key to both psychological and
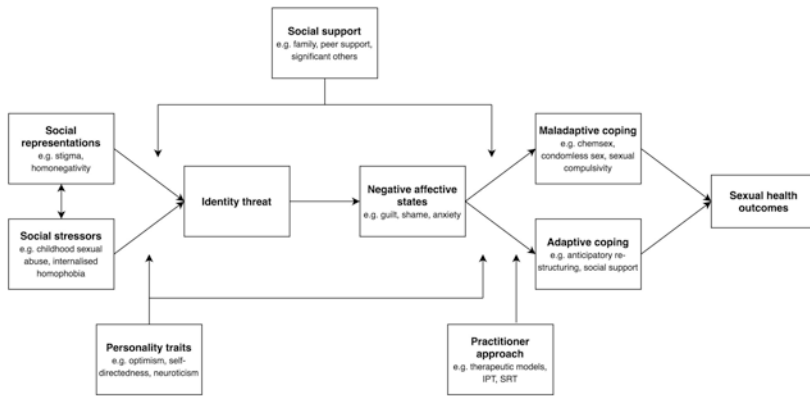
Fig. 8.1 A framework for understanding self-identity, wellbeing and sexual health among gay men (from Jaspal, 2018a)

physical wellbeing. Jaspal (2018a) has proposed a multi-level model that can enable practitioners to predict, and to intervene in order to mitigate, poor sexual health outcomes in gay men (see Fig. 8.1).

All human beings experience what can be loosely described as 'adverse events'. These are essentially social representations, events and situations which can cause psychological stress. As highlighted in this volume, gay men are, to varying extents, exposed to negative social representations of their sexual identity as a result of their socialisation in heteronormative contexts, on the one hand, and due to exposure to overt homophobia, on the other hand. Some may come to internalise the homophobia that they encounter, leading to internalised stigma. In addition to these negative social representations of their identity, there is a higher prevalence of particular situational stressors among gay men, such as childhood sexual abuse and HIV stigma.

Both these negative social representations and the situational stressors have the potential to undermine the principles of self-esteem, continuity, self-efficacy and so on, leading to identity threat. Yet, not everyone exposed to negative social representations or situational stressors will necessarily experience identity threat. The relationship between the adverse event and identity threat is likely to be mediated by personality traits, on the one hand, and by the availability of social support, on the other.

If the adverse event does threaten identity, the individual will experience a negative affective state, such as guilt, shame or anxiety. Negative affect is likely to be accentuated if the adverse event challenges more than one principle of identity. Negative affect amounts to poor mental health—in its most chronic and severe form, it can cause depressive psychopathology. An HIV diagnosis (one sexual health condition) can pose 'hyper-threats' to identity because it simultaneously undermines various, if not all of, the identity principles which habitually guide identity processes (Jaspal, 2018a).

Coping with Threats

As a model of identity threat and coping, identity process theory predicts that the threatened individual reacts to the threat by deploying coping strategies. The ways of coping can also be meaningfully categorised into adaptive and maladaptive strategies. Examples of adaptive coping include anticipatory restructuring, reconceptualisation and the derivation of social support. Examples of maladaptive coping include denial, engagement in chemsex and sexual compulsivity. At least three variables will determine the choice of coping strategy: personality, the availability of social support and the practitioner.

First, personality traits will predispose an individual to cope in particular ways. For instance, the individual who values conservation may be less inclined to elect a coping strategy such as anticipatory restructuring due to their desire to maintain a sense of continuity between past, present and future. They do not wish to entertain the idea of change because they strive to hold onto the past.

Second, the availability of social support is a significant determinant of coping strategy. Put simply, only those who actually possess a social support network can make use of it. The socially supported individual is more likely to engage in effective strategies, such as self-disclosure and to make use of the support offered by others than the individual who lacks a social support network. For instance, in a study of 371 highly sexually active gay men (Salfas, Rendina, & Parsons, 2018), it was found that involvement in the gay community was significantly associated with better mental health outcomes and that gay community involvement also buffered the adverse impact of internalised homophobia on mental health outcomes.

Third, practitioners working with gay men at risk of poor sexual health outcomes have the potential to channel their clients and patients towards effective coping strategies. Tenets of social psychological theory, such as social representations theory and identity process theory, can enable the practitioner to gauge their patients' awareness, understanding and potential behaviour in any given context. This can also allow the practitioner to predict patterns of behaviour in their patients, allowing them to intervene to mitigate negative patterns of coping.

Overview

In this chapter, it has been highlighted that gay men are at higher risk of poor mental health (such as depressive psychopathology) and sexual health outcomes (most notably, HIV infection), and that there is a close reciprocal relationship between both components of health. The social stigma appended to homosexuality, poor mental health and HIV can indirectly undermine both mental and sexual health outcomes in gay men. Some gay men may refrain from disclosing health problems and to seeking social or professional support, leading to an over-reliance on intrapsychic and often maladaptive coping strategies.

The model presented in this chapter illustrates the potential pathways through which social stressors can threaten identity processes, induce negative affect and, thus, challenge mental health, and lead to either adaptive or maladaptive strategies for coping. Crucially, there appears to be significant social and psychological antecedents to, and consequences of, poor mental and sexual health. Acknowledgement of relevant social psychological factors can enable practitioners and policy-makers to predict, and intervene to mitigate, risk of poor mental and sexual health among gay men.

References

Adams, C., Zacharia, S., Masters, L., Coffey, C., & Catalan, P. (2016). Mental health problems in people living with HIV: Changes in the last two decades—The London experience 1990–2014. *AIDS Care, 28*(Suppl. 1), 56–59.

Anderson, P. L., Glidden, D. V., Liu, A., Buchbinder, S., Lama, J. R., Guanira, J. V., … iPrex Study Team. (2012). Emtricitabine-tenofovir concentrations and pre-exposure prophylaxis efficacy in men who have sex with men. *Science Translational Medicine, 4*, 151ra25.

BHIVA. (2012). *Standards of care for people living with HIV 2013.* London: Mediscript Limited.

Bourne, A., Dodds, C., Keogh, P., & Weatherburn, P. (2016). Non-condom related strategies to reduce the risk of HIV transmission: Perspectives and experiences of gay men with diagnosed HIV. *Journal of Health Psychology, 21*(11), 2562–2571.

Breakwell, G. M. (1986). *Coping with threatened identities.* London: Methuen.

Brown, A. E, Mohammed, H., Ogaz, D., Kirwan, P. D., Yung, M., Nash, S. G., … Gill, O. N. (2017). Fall in new HIV diagnoses among men who have sex with men (MSM) at selected London sexual health clinics since early 2015: Testing or treatment or pre-exposure prophylaxis (PrEP)? *Euro Surveillance, 22*(25), 30553. https://doi.org/10.2807/1560-7917.ES.2017.22.25.30553.

Cohen, J. M., Blasey, C., Taylor, C. B., Weiss, B. J., & Newman, M. G. (2016). Anxiety and related in disorders and concealment in sexual minority young adults. *Behavior Therapy, 47*(1), 91–101.

Courtenay-Quirk, C., Wolitski, R. J., Parsons, J. T., Gomez, C. A., & Seropositive Urban Men's Study Team. (2006). Is HIV/AIDS stigma dividing the gay community? Perceptions of HIV-positive men who have sex with men. *AIDS Education and Prevention, 18*(1), 56–67.

Daramilas, C., & Jaspal, R. (2016). HIV diagnosis and identity processes among men who have sex with men (MSM) in London, Athens and New York. *Social Psychological Review, 18*(2), 6–16.

Ferlatte, O., Dulai, J., Hottes, T. S., Trussler, T., & Marchard, R. (2015). Suicide related ideation and behavior among Canadian gay and bisexual men: A syndemic analysis. *BMC Public Health, 15,* 597. https://doi.org/10.1186/s12889-015-1961-5.

Gamarel, K. E., Reisner, S. L., Parsons, J. T., & Golub, S. A. (2012). Association between socioeconomic position discrimination and psychological distress: Findings from a community-based sample of gay and bisexual men in New York City. *American Journal of Public Health, 102*(11), 2094–2101.

Guasp, A. (2013). Gay Men's Health Survey. https://www.stonewall.org.uk/system/files/Gay_and_Bisexual_Men_s_Health_Survey__2013_.pdf. London: Stonewall. Accessed on 29 March 2019.

Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., D'Augelli, A. R., … Clayton, P. J. (2011). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of Homosexuality, 58*(1), 10–51.

Hart, T. A., Noor, S. W., Tulloch, T. G., Sivagnanasunderam, B., Vernon, J. R. G., Pantalone, D. W., . . . Calzavara, L. (2019). The gender nonconformity teasing scale for gay and bisexual men. *Psychology of Men & Masculinities, 20*(3), 445–457.

Hatzenbuehler, M. L., Nolen-Hoeksema, S., & Erickson, S. J. (2008). Minority stress predictors of HIV risk behavior, substance use, and depressive symptoms: Results from a prospective study of bereaved gay men. *Health Psychology, 27*(4), 455–462.

Hickson, F., Melendez-Torres, G. J., Reid, D., & Weatherburn, P. (2017). HIV, sexual risk and ethnicity among gay and bisexual men in England: Survey evidence for persisting health inequalities. *Sexually Transmitted Infections, 93*(7), 508–513.

Hughes, E., Bassi, S., Gilbody, S., Bland, M., & Martin, F. (2016). Prevalence of HIV, hepatitis B, and hepatitis C in people with severe mental illness: A systematic review and meta-analysis. *Lancet Psychiatry, 3*(1), 40–48.

Jaspal, R. (2018a). *Enhancing sexual health, self-identity and wellbeing among men who have sex with men: A guide for practitioners*. London: Jessica Kingsley Publishers.

Jaspal, R. (2018b). Perceptions of HIV testing venues among men who have sex with men in London and the Midlands, UK. *Journal of Gay & Lesbian Social Services, 30*(4), 336–355.

Jaspal, R., & Cinnirella, M. (2010). Media representations of British Muslims and hybridised threats to identity. *Contemporary Islam: Dynamics of Muslim Life, 4*(3), 289–310.

Jaspal, R., & Daramilas, C. (2016). Perceptions of pre-exposure prophylaxis (PrEP) among HIV-negative and HIV-positive men who have sex with men. *Cogent Medicine, 3,* 1256850. https://doi.org/10.1080/2331205X.2016.1256850.

Jaspal, R., Lopes, B., Bayley, J., & Papaloukas, P. (2019). A structural equation model to predict the acceptability of pre-exposure prophylaxis in men who have sex with men in Leicester, UK. *HIV Medicine, 20*(1), 11–18.

Jaspal, R., Lopes, B., Jamal, Z., Paccoud, I., & Sekhon, P. (2017). Sexual abuse and HIV risk behaviour among black and minority ethnic men who have sex with men in the UK. *Mental Health, Religion & Culture, 20*(8), 841–853.

Jaspal, R., Lopes, B., & Rehman, Z. (2019, September 6). Depressive psychopathology in black & minority ethnic gay, lesbian & bisexual people in the UK. Paper presented at the 33rd Annual Conference of the European Health Psychology Society. https://2019.ehps.net/abstractandhandbook/.

Jaspal, R., & Nerlich, B. (2017). Polarised reporting about HIV prevention: Social representations of pre-exposure prophylaxis (PrEP) in the UK press. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine, 21*(5), 478–497.

Jaspal, R., & Williamson, I. (2017). Identity management strategies among HIV-positive Colombian gay men in London. *Culture, Health and Sexuality: An International Journal for Research, Intervention and Care, 19*(2), 1374–1388.

Joffe, H. (2007). Identity, self-control, and risk. In G. Moloney & I. Walker (Eds.), *Social representations and identity*. New York: Palgrave Macmillan.

Krumme, A. A., Kaigamba, F., Binagwaho, A., Murray, M. B., Rich, M. L., & Franke, M. F. (2015). Depression, adherence and attrition from care in HIV-infected adults receiving antiretroviral therapy. *Journal of Epidemiology & Community Health, 69,* 284–289.

Marmara, J., Hosking, W., & Lyons, A. (2018). Body image disturbances as predictors of reduced mental health among Australian gay men: Being in a relationship does not serve as a protective factor. *Archives of Sexual Behavior, 47*, 2467–2479.

McCall, H., Adams, N., Mason, D., & Willis, J. (2015). What is chemsex and why does it matter? *British Medical Journal, 351*, 2. https://doi.org/10.1136/bmj.h5790.

Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior, 36,* 38–56.

Meyer, I. H., Dietrich, J., & Schwartz, S. (2008). Lifetime prevalence of mental disorders and suicide attempts in diverse lesbian, gay, and bisexual populations. *American Journal of Public Health, 98*(6), 1004–1006.

Millett, G. A., Peterson, J. L., Flores, S. A., Hart, T. A., Jeffries, W. L., 4th, Wilson, P. A., … Remis, R. S. (2012). Comparisons of disparities and risks of HIV infection in black and other men who have sex with men in Canada, UK, and USA: A meta-analysis. *The Lancet, 380*(9839), 341–348.

Pachankis, J. E., Sullivan, T. J., Feinstein, B. A., & Newcomb, M. E. (2018). Young adult gay and bisexual men's stigma experiences and mental health: An 8-year longitudinal study. *Developmental Psychology, 54*(7), 1381–1393.

Public Health England. (2015). *National HIV surveillance data tables*. https://www.gov.uk/government/statistics/hiv-data-tables. Accessed on 29 March 2019.

Public Health England. (2017, June 9). Sexually transmitted infections and Chlamydia screening in England 2016. *Health Protection Report, 11*(20). https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/617025/Health_Protection_Report_STIs_NCSP_2017.pdf. Accessed on 29 March 2019.

Punyacharoensin, N., Edmunds, W. J., De Angelis, D., Delpech, V., Hart, G., Elford, J., … White, R. G. (2016). Effect of pre-exposure prophylaxis and combination HIV prevention for men who have sex with men in the UK: A mathematical modelling study. *Lancet HIV, 3*, e94–104.

Robinson, P., Turk, D., Jilka, S., & Cella, M. (2019). Measuring attitudes towards mental health using social media: Investigating stigma and trivialisation. *Social Psychiatry and Psychiatric Epidemiology, 54*(1), 51–58.

Rodger, A. J., Cambiano, V., Bruun, T., Vernazza, P., Collins, S., van Lunzen, J., … the PARTNER study group. (2016). Sexual activity without condoms and

risk of HIV transmission in serodifferent couples when the HIV-positive partner is using suppressive antiretroviral therapy. *JAMA, 316*(2), 1–11.

Salfas, B., Rendina, H. J., & Parsons, J. T. (2018). What is the role of the community? Examining minority stress processes among gay and bisexual men. Stigma and Health. *Advance online publication.* https://doi.org/10.1037/sah0000143.

Salway, T., Ferlatte, O., Purdie, A., Shoveller, J., Trussler, T., & Gilbert, M. (2018). Healthcare engagement among gay and bisexual men with recent suicide ideation or attempts. *American Journal of Orthopsychiatry, 88*(6), 713–722.

Sandfort, T. G., Bakker, F., Schellevis, F. G., & Vanwesenbeeck, I. (2006). Sexual orientation and mental and physical health status: Findings from a Dutch population survey. *American Journal of Public Health, 96*(6), 1119–1125.

Sattler, F. A., & Christiansen, H. (2017). How do discrepancies between victimization and rejection expectations in gay and bisexual men relate to mental health problems? *Frontiers in Psychology, 8*, 857. https://doi.org/10.3389/fpsyg.2017.00857.

Sin, N. L., & DiMatteo, M. R. (2014). Depression treatment enhances adherence to antiretroviral therapy: A meta-analysis. *Annals of Behavioral Medicine, 47*(3), 259–269.

Soni, S., Bond, K., Fox, E., Grieve, A. P., & Sethi, G. (2008). Black and minority ethnic men who have sex with men: A London genitourinary medicine clinic experience. *International Journal of STD and AIDS, 19*(9), 617–619.

Sweeney, S. M., & Venables, P. A. (2016). The association of HIV-related stigma to HIV medication adherence: A systematic review and synthesis of the literature. *AIDS & Behavior, 20*(1), 29–50.

The Insight Start Study Group. (2015). Initiation of antiretroviral therapy in early asymptomatic HIV infection. *New England Journal of Medicine, 373*, 795–807.

UNAIDS. (2017). Ending AIDS: Progress towards the 90-90-90 targets. *Joint United Nations Programme on HIV/AIDS (UNAIDS).* http://www.unaids.org/sites/default/files/media_asset/Global_AIDS_update_2017_en.pdf. Accessed on 13 September 2017.

United Kingdom Collaborative HIV Cohort Study Group. (2012). Uptake and outcome of combination antiretroviral therapy in men who have sex with men according to ethnic group: The UK CHIC Study. *Journal of Acquired Immune Deficiency Syndromes, 59*(5), 523–529.

Williamson, I., Papaloukas, P., Jaspal, R., & Lund, B. (2018). Here's this glorious pill: Gay and bisexual men in the English Midlands navigate risk and responsibility in the age of pre-exposure prophylaxis. *Critical Public Health.* https://doi.org/10.1080/09581596.2018.1497143.

Wilkinson, A. L., Draper, B. L., Pedrana, A. E., Holt, M., Hellard, M. E., & Stoové, M. (2018). Measuring and understanding the attitudes of Australian gay and bisexual men towards biomedical HIV prevention using cross-sectional data and factor analyses. *Sexually Transmitted Infections, 94*, 309–314.

World Health Organization. (2001). *Strengthening mental health promotion* (Fact sheet No. 220). Geneva: World Health Organization.

Conclusion

Towards a Social Psychology of Gay Men

Abstract In the concluding chapter, the value of social psychology in the study of gay men's lives is outlined, and the necessary theoretical and methodological approaches are specified. It is argued that an effective social psychology of gay men must include the following seven components: the physical/biological context, the socio-historical context, macro-level processes, social representations, the intrapsychic level, interpersonal/intergroup relations, and behaviour. Each of these components and its relevance to gay men's lives are outlined.

Keywords Social psychology · Social representations · Identity process theory · Gay men

The Value of Social Psychology

This volume focuses on the social psychological aspects of gay men's lives. A wide range of topics has been described, such as the nature of sexual identity, interpersonal and intergroup relationships, and the factors that shape sexual behaviour, health and wellbeing among gay men. Each of these topics boasts a growing tradition of diverse research and theory.

Social psychology seems the ideal starting-point for understanding the dynamics of gay men's lives. It is essentially the study of how the individual interacts with the social world—the individual's cognition, emotion and behaviour are understood to be shaped by the social world

(Jaspal & Breakwell, 2014). Social psychology thus focuses on individual cognition, social influence processes, relationships with others and how people think, feel and behave as group members.

Researchers in social psychology draw on a wide range of methodological approaches, such as experiments, surveys and interviews, to understand the ways in which people think, feel and behave and, crucially, to try to *predict* how people will think, feel and behave in particular contexts (Breakwell, Smith, & Wright, 2012). Much of this research is grounded in robust theory that has been tested and validated in other empirical contexts. While there is a lot of research into some aspects of gay men's lives, such as the experience of anti-gay prejudice, there is relatively little work on the dynamics of intragroup prejudice (that is, within the gay community), stigmatised sexual behaviours and mental health outcomes among gay men, for instance.

It is reasonable to explore the transferability of theories and empirical findings from other contexts in order to develop robust hypotheses about gay men. Existing theory and research can give us a head start in terms of understanding what has worked and indeed failed in analogous contexts. Yet, it is important for researchers to be agile and responsive to emerging debates in the social psychology of gay men and to new empirical problems that require attention. For instance, the emergence of chemsex as a public health problem requires attention from researchers as well as the medical community.

In this volume, tenets of social representations theory and identity process theory from social psychology have been highlighted in order to understand gay men's lives. The flexibility and non-orthodoxy of these theories renders them attractive components of a social psychological framework to this end. Unlike many other theories, they boast a rich tradition of multi-methodological research. Both models have been interrogated, challenged and enriched through the use of both qualitative and quantitative methods. It is worth stating that, if the full plethora of research methods available to social scientists is not utilised, the social psychology of gay men will be curtailed.

Key Components of a Social Psychological Framework

This is not the kind of book in which neat conclusions can be easily drawn. It covers a wide range of topics on various levels of human functioning and across distinct cultures. As each chapter demonstrates,

there are several ways in which identity, personal relationships and inter-group relations can be approached. Yet, the observations made in this volume suggest that there are at least seven key components of an effective social psychology of gay men. Following the work of Breakwell (2007), it is suggested that this includes the physical/biological context, the socio-historical context, macro-level processes, social representations, the intrapsychic level, interpersonal/intergroup relations and behaviour. Each of these requires some commentary.

The physical/biological context refers to the objective physical reality that one observes in one's environment. The physical capacity for memory is a key example—if one cannot remember the past because of a brain injury, for instance, it is hard to see how an identity can be formed on the basis of that past. In Chapter 2, convincing evidence was presented for a biological explanation for sexual orientation, which was contrasted with the somewhat flawed psychosocial theories of sexual orientation. Accordingly, sexual orientation can be regarded as an aspect of the physical/biological context—one has a sexual orientation, which is determined by genetic and physiological factors. One's HIV status is an additional example of the physical/biological context in which one resides. One is either HIV-positive or HIV-negative, which can be ascertained by taking a blood test. Yet, the meaning that one chooses, or is socially influenced, to append to one's sexual orientation or HIV status is not a physical/biological, but rather a social psychological, question. In short, the physical/biological context determines, at least in part, the boundaries of identity and experience.

The socio-historical context in which gay men reside is important. As demonstrated throughout this volume, the social, political and economic dimensions of gay men's lives have undergone significant change over time. In Britain, homosexuality was punishable by imprisonment and even death until the mid-nineteenth century. It was considered a mental illness until the 1970s. In religious settings, homosexuality is still often considered a sin. Yet, today UK law regards sexual orientation as one of the nine protected characteristics. Moreover, as indicated in Chapter 3, the development of capitalism demonstrated the conditions that made a gay identity available to same-sex attracted individuals, which in turn led to a sense of group distinctiveness, the advocation of rights on the basis of one's sexual orientation, and the desire for a distinct set of social norms underpinning a gay lifestyle. The socio-historical dimension is all too often neglected in social psychological analyses of people's lives perhaps because it is not perceived to be within the disciplinary remit

of social psychology. Its tenets do not appear to be easily testable within the psychology laboratory. The impact of the socio-historical context on the psychological functioning of individuals and groups is vastly underestimated. Yet, the discussion in the volume demonstrates the centrality of the socio-historical context—not least on the development of social memory and, of course, social representations.

Macro-level processes refer inter alia to high-level societal ideology, organised religion and legislation. As indicated in Chapter 1, legislation promulgated progressively in the latter half of the twentieth century and beyond has led to significant changes in the lives and identities of gay men. It is worth stating that, while in Britain homosexuality was decriminalised in 1967, it remains a crime in many countries, which clearly has implications for how gay men think and feel about their sexual orientation. Moreover, in Chapter 6, it was shown how organised religion may give rise to a particular set of social conditions and indeed social representations which either make possible or obscure particular identities on the basis of sexual orientation. A key observation made repeatedly in this volume is that social support is a significant predictor of wellbeing in gay men. The availability of charities, organisations and indeed state funding for supporting gay men is indeed a macro-level, institutional issue.

The biological/physical and socio-historical contexts and macro-level processes are important partly because they constitute stimuli for the formation of social representations. Gay men experience a historical event, like the first clinical observations of AIDS or the Stonewall riot, or a biological process like same-sex attraction, and they must append meaning and value to these biological/physical and historical phenomena. They do so by drawing upon social representations, which are systems of shared meaning in any given social context. People make sense of events, experiences and identities against the backdrop of existing social representations. In some groups and cultures, homosexuality remains stigmatised and represents a source of shame, which can preclude its assimilation and accommodation in identity and its disclosure to other people. In others, homosexuality is afforded the same social status as heterosexuality and, thus, those who have same-sex desire may experience little or no difficulty in constructing, and manifesting to others, a gay identity. Previous individual experience, identity concerns and the availability of resources can enable gay men to challenge, accept or reconfigure social representations.

The intrapsychic level is comprised of the cognitive and affective dimensions of human functioning, that is, how the individual thinks and feels. Undoubtedly, the aforementioned socio-historical, physical/biological, macro-level and social representational processes impinge on human cognition and affect. After all, one must possess the capacity for memory in order to construct a consistent and meaningful identity; one substantiates one's beliefs and attitudes at least partly in conjunction with social representations; and socio-historical events will shape perceptions and expectations of the future. In Chapter 3, identity process theory was proposed as a framework for understanding how identity is constructed and protected at the level of the individual. The theory acknowledges the multiplicity of identity—consisting of personality traits (which, as demonstrated in several chapters of this volume, guide thought and action in a variety of domains), individual characteristics, and group memberships. Moreover, it postulates that human beings are motivated to think and behave in ways that provide them with sufficient levels of the identity principles. This can lead gay men to think about relevant categories (e.g. being gay, of a particular ethnicity) in ways that enhance, rather than undermine, identity processes.

As social beings, we are motivated to develop relationships, which can take many distinct forms. In some cases, these relationships can constrain us while, in others, they empower us. This is most evident in the context of friendships which can empower gay men to come out to their parents and family if they are adequately supported by their interpersonal networks. It has been demonstrated in this volume that attachment style (developed in childhood) is an important determinant of attachment style in adulthood. Yet, as indicated in Case Study 1 (Chapter 1), some gay men feel that their friendship networks impose particular social norms that constrain their capacity to behave in ways that are consistent with their individual identity. Similarly, romantic relationships can be psychologically significant—indeed, much of the research outlined in Chapter 4 exhibits the psychological benefits and protective aspects of romantic relationships. Some of that research also points to new relationship types that do not automatically meet with social approval in view of dominant social representations of relationships. Gay men's relationships with relevant social groups are also very important. Social groups provide the individual with social norms, social representations, and a sense of 'us' versus 'them'. They can motivate particular patterns of thought, affect and indeed behaviour. The very existence of different groups introduces the risk of prejudice.

A key focus of this volume is on the behaviour of gay men. Behaviour is not necessarily the end goal of researchers but the analysis of behaviour can have immediate applied benefits. Some of the implicit questions posed in this volume include: Why do gay men have non-monogamous relationships? Why do some discriminate against minority groups within the gay community? Why do they engage in sexual behaviours that, to the outside observer, seem reckless?

Much of the evidence summarised in this volume suggests that gay men are behaving in ways that provide them with the greatest benefits for identity processes (Jaspal, 2018). Like everyone else, gay men are motivated to derive feelings of self-esteem, distinctiveness, continuity and so on. For instance, the desire to construct a distinctive identity from heterosexual people who, due to particular socio-historical events, may be perceived as posing a threat to gay identity clearly leads some to reject social norms perceived to be heteronormative and even to reject close friendships with heterosexual people. The coercive influence of social norms in particular communities, coupled with low levels of self-efficacy, may lead gay men to engage in behaviours that put their health and well-being at significant risk.

Yet, the psychological payoff of belongingness in a gay community may make the risk seem worthwhile. In any discussion of behaviour, personality is an important variable. It does appear to be the case that some personality profiles, such as sensation-seeking, are associated with engagement in risk behaviours. Behaviour is undoubtedly the product of all of the other six components.

Final Thoughts

Gay men have faced, and continue to face, significant social and psychological challenges, such as prejudice and poor sexual health. These challenges undoubtedly have an impact on identity, wellbeing, the formation of relationships and health. A robust social psychological framework for describing, analysing and predicting aspects of gay men's lives should capture the physical/biological context, the socio-historical context, macro-level processes, social representations, the intrapsychic level, interpersonal/intergroup relations and behaviour. Individually, none of these elements provide a comprehensive snapshot of gay men's lives. Together, they can. It is hoped that researchers will draw on this framework to address future empirical questions about the lives of gay men.

References

Breakwell, G. M. (2007). *The psychology of risk*. Cambridge: Cambridge University Press.

Breakwell, G. M., Smith, J. A., & Wright, D. B. (2012). *Research methods in psychology* (4th ed.). London: Sage.

Jaspal, R. (2018). *Enhancing sexual health, self-identity and wellbeing among men who have sex with men: A guide for practitioners*. London: Jessica Kingsley Publishers.

Jaspal, R., & Breakwell, G. M. (Eds.). (2014). *Identity process theory: Identity, social action and social change*. Cambridge: Cambridge University Press.

Bibliography

Adams, C., Zacharia, S., Masters, L., Coffey, C., & Catalan, P. (2016). Mental health problems in people living with HIV: Changes in the last two decades—The London experience 1990–2014. *AIDS Care, 28*(Suppl. 1), 56–59.

Adams, H. E., Wright, L. W., Jr., & Lohr, B. A. (1996). Is homophobia associated with homosexual arousal? *Journal of Abnormal Psychology, 105*(3), 440–445.

Adorno, T. W., Frenkel-Brunswik, E., Levinson, D. J., & Sanford, R. N. (1950). *The authoritarian personality.* New York: Harper & Row.

Aggrawal, A. (2011). A new classification of zoophilia. *Journal of Forensic and Legal Medicine, 18,* 73–78.

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation.* Hove: Psychology Press.

Baiocco, R., Di Pomponio, I., Nigito, C. S., & Laghi, F. (2012). Self-disclosure to the best friend: Friendship quality, internalized sexual stigma in Italian lesbian and gay adolescents. *Journal of Adolescence, 35,* 381–387.

Balzarini, R. N., Shumlich, E. J., Kohut, T., & Campbell, L. (2018). Dimming the 'halo' around monogamy: Re-assessing stigma surrounding consensually non-monogamous romantic relationships as a function of personal relationship orientation. *Frontiers in Psychology.* https://doi.org/10.3389/fpsyg.2018.00894.

Bassi, C. (2008). The precarious and contradictory moments of existence for an emergent British Asian gay culture. In C. Dwyer & C. Bressey (Eds.), *New geographies of race and racism* (pp. 209–222). Farnham, UK: Ashgate.

Battle, J., Cohen, C. J., Warren, D., Fergerson, G., & Audam, S. (2002). *Say it loud: I'm Black and I'm proud: Black pride survey 2000*. New York: The Policy Institute of the National Gay and Lesbian Task Force.

Baydoun, M., & Vieira de Medeiros, M. A. (2017). 'No for sissies': Anti-effeminacy among users of Grindr in the Amazons. *The Journal of Sexual Medicine*, *14*(5) (Suppl. 4), e246.

Bem, D. J. (1996). Exotic becomes erotic: Interpreting the biological correlates of sexual orientation. *Psychological Review, 103,* 320–335.

Bergling, T. (2001). *Sissyphobia: Gay men and effeminate behavior*. Binghamton, NY: Haworth Press.

BHIVA. (2012). *Standards of care for people living with HIV 2013.* London: Mediscript Limited.

Bhugra, D. (1997). Coming out by South Asian gay men in the United Kingdom. *Archives of Sexual Behavior, 26*(5), 547–557.

Bourne, A., Dodds, C., Keogh, P., & Weatherburn, P. (2016). Non-condom related strategies to reduce the risk of HIV transmission: Perspectives and experiences of gay men with diagnosed HIV. *Journal of Health Psychology, 21*(11), 2562–2571.

Bowlby, J. (1973). *Attachment and loss, Volume 2: Separation*. New York: Basic Books.

Brady, S., & Busse, W. J. (1994). The gay identity questionnaire: A brief measure of homosexual identity formation. *Journal of Homosexuality, 26*(4), 1–22.

Breakwell, G. M. (1986). *Coping with threatened identities*. London: Methuen.

Breakwell, G. M. (2014). Identity and social representations. In R. Jaspal & G. M. Breakwell (Eds.), *Identity process theory: Identity, social action and social change* (pp. 118–134). Cambridge: Cambridge University Press.

Breakwell, G. M., Smith, J. A., & Wright, D. B. (2012). *Research methods in psychology* (4th ed.). London: Sage.

Brown, J., & Trevethan, R. (2010). Shame, internalized homophobia, identity formation, attachment style, and the connection to relationship status in gay men. *American Journal of Men's Health, 4*(3), 267–276.

Buttoo, S. (2010, March 8). Gay Asians reveal racism problems. *BBC News.* Available at http://news.bbc.co.uk/1/hi/uk/8555503.stm. Accessed on 20 March 2019.

Carnelley, K. B., Hepper, E. G., Hicks, C., & Turner, W. (2011). Perceived parental reactions to coming out, attachment, and romantic relationship views. *Attachment & Human Development, 13*(3), 217–236.

Cass, V. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality, 4*(3), 219–235.

Chan, L. S. (2017). The role of gay identity confusion and outness in sex-seeking on mobile dating apps among men who have sex with men: A conditional process analysis. *Journal of Homosexuality, 64*(5), 622–637.

Cheves, A. (2015, November 23). 7 reasons puppy play is great if you're new to kink. *Pride*. https://www.pride.com/gay/2015/11/20/7-reasons-puppy-play-great-if-youre-new-kink. Accessed on 26 March 2019.

Clausell, E., & Roisman, G. I. (2009). Outness, Big Five personality traits, and same-sex relationship quality. *Journal of Social and Personal Relationships, 26*(2–3), 211–226.

Cohen, J. M., Blasey, C., Taylor, C. B., Weiss, B. J., & Newman, M. G. (2016). Anxiety and related in disorders and concealment in sexual minority young adults. *Behavior Therapy, 47*(1), 91–101.

Cohler, B. J., & Hammack, P. L. (2007). The psychological world of the gay teenager: Social change, narrative, and 'normality'. *Journal of Youth and Adolescence, 36*(1), 47–59.

Coyle, A. G. (1991). *The construction of gay identity* (Unpublished PhD thesis). University of Surrey, Guildford, UK.

Creed, G. W. (1984). Sexual subordination: Institutionalized homosexuality and social control in Melanesia. *Ethnology, 23*(3), 157–176.

Crocker, J., & Major, B. (1989). Social stigma and self-esteem: The self-protective properties of stigma. *Psychological Review, 96,* 608–630.

Crocker, J., Major, B., & Steele, C. (1998). Social stigma. In D. Gilbert, S. T. Fiske, & G. Lindzey (Eds.), *The handbook of social psychology* (pp. 504–533). Boston, MA: McGraw-Hill.

Crocker, J., Thompson, L. L., McGraw, K. M., & Ingerman, C. (1987). Downward comparison, prejudice, and evaluations of others: Effects of self-esteem and threat. *Journal of Personality and Social Psychology, 52*(5), 907–916.

Davis, D. (Producer). (1961). *Boys beware* [Motion picture]. USA: Sidney Davis Productions.

Dehlin, J. P., Galliher, R. V., Bradshaw, W. S., Hyde, D. C., & Crowell, K. A. (2015). Sexual orientation change efforts among current or former LDS church members. *Journal of Counseling Psychology, 62*(2), 95–105.

D'Emilio, J. (1983). Capitalism and gay identity. In A. Snitow, C. Stansell, & S. Thompson (Eds.), *Powers of desire: The politics of sexuality* (pp. 100–113). New York: Monthly Review Press.

Dolling, D. I., Desai, M., McOwan, A., Gilson, R., Clarke, A., Fisher, M., … on behalf of the PROUD Study Group. (2016). An analysis of baseline data from the PROUD study: An open-label randomised trial of pre-exposure prophylaxis. *Trials, 17,* 163.

Dörner, G. (1969). Zur Frage einer neuroendocrinen Pathogenese, Prophylaxe und Therapie angeborenen Sexualdeviationen. *Deutsche Medizinische Wochenschrift, 94,* 390–396.

Dörner, G., Geier, T., Ahrens, L., Krell, L., Münx, G., Sieler, H., … Müller, H. (1980). Prenatal stress as possible aetiogenetic factor of homosexuality in human males. *Endokrinologie, 75*(3), 365–368.

Duncan, D., Prestage, G., & Grierson, J. (2015). Trust, commitment, love and sex: HIV, monogamy, and gay men. *Journal of Sex & Marital Therapy, 41*(4), 345–360.

Elizur, Y., & Ziv, M. (2001). Family support and acceptance, gay male identity formation, and psychological adjustment: A path model. *Family Process, 40*(2), 125–144.

Emlet, C. A. (2007). Experiences of stigma in older adults living with HIV/AIDS: A mixed-methods analysis. *AIDS Patient Care & STDs, 21*(10), 740–752.

Ferlatte, O., Dulai, J., Hottes, T. S., Trussler, T., & Marchard, R. (2015). Suicide related ideation and behavior among Canadian gay and bisexual men: A syndemic analysis. *BMC Public Health, 15,* 597. https://doi.org/10.1186/s12889-015-1961-5.

Flowers, P., Smith, J. A., Sheeran, P., & Beail, N. (1997). Health and romance: Understanding unprotected sex in relationships between gay men. *British Journal of Health Psychology, 2,* 73–86.

Gay Men's Health Survey. (2013). https://www.stonewall.org.uk/system/files/Gay_and_Bisexual_Men_s_Health_Survey__2013_.pdf. London: Stonewall. Accessed on 29 March 2019.

Gertler, L. M. (2014). *The coming out experience, internalized homophobia and self-compassion in LGBQ young adults* (Unpublished PsycD thesis). The Wright Institute, Berkeley, CA, USA.

Gomillion, S. C., & Giuliano, T. A. (2011). The influence of media role models on gay, lesbian, and bisexual identity. *Journal of Homosexuality, 58*(3), 330–354.

Goode-Cross, D. T., & Tager, D. (2011). Negotiating multiple identities: How African American gay and bisexual men persist at a predominantly White institution. *Journal of Homosexuality, 58,* 1235–1254.

Gorska, P., van Zomeren, M., & Bilewicz, M. (2017). Intergroup contact as the missing link between LGB rights and sexual prejudice. *Social Psychology, 48,* 321–334.

Gotta, G., Green, R. J., Rothblum, E., Solomon, S., Balsam, K., & Schwartz, P. (2011). Heterosexual, lesbian, and gay. *Family Process, 50*(3), 353–376.

Grov, C. (2004). "Make me your death slave": Men who have sex with men and use the internet to intentionally spread HIV. *Deviant Behavior, 25*(4), 329–349.

Grov, C., Parsons, J. T., & Bimbi, D. S. (2010). Sexual compulsivity and sexual risk in gay and bisexual men. *Archives of Sexual Behavior, 39*(4), 940–949.

Hamer, D. H., Hu, S., Magnuson, V. L., Hu, N., & Pattatucci, A. M. L. (1993). A linkage between DNA markers on the X chromosome and male sexual orientation. *Science, 261,* 321–327.

Hammond, C., Holmes, D., & Mercier, M. (2016). Breeding new forms of life: A critical reflection on extreme variances of bareback sex. *Nursing Inquiry, 23*(3), 267–277.

Han, C., Ayala, G., Paul, J. P., Boylan, R., Gregorich, S. E., & Choi, K. (2015). Stress and coping with racism and their role in sexual risk for HIV among African American, Asian/Pacific Islander, and Latino men who have sex with men. *Archives of Sexual Behavior, 44*(2), 411–420.

Hegarty, P. (2002). "It's not a choice, it's the way we're built": Symbolic beliefs about sexual orientation in the United States and in Britain. *Journal of Community and Applied Social Psychology, 12,* 153–166.

Hickson, F., Melendez-Torres, G. J., Reid, D., & Weatherburn, P. (2017). HIV, sexual risk and ethnicity among gay and bisexual men in England: Survey evidence for persisting health inequalities. *Sexually Transmitted Infections, 93*(7), 508–513.

Hine, M. (2010). Sex-related variation in human behaviour and the train. *Trends in Cognitive Sciences, 14*(10), 448–456.

Hirai, M., Winkel, M. H., & Popan, J. P. (2014). The role of machismo in prejudice toward lesbians and gay men: Personality traits as moderators. *Personality and Individual Differences, 70,* 105–110.

Hobbes, M. (2017, March 2). Together alone: The epidemic of gay loneliness. *Huffington Post.* https://highline.huffingtonpost.com/articles/en/gay-loneliness/. Accessed on 20 March 2019.

Hogarth, L. (2003). *The gift* [Motion picture]. USA: Dream Out Loud Productions. https://www.imdb.com/title/tt0355482/. Accessed on 26 March 2019.

Hostetler, A. J. (2012). Singlehood and subjective well-being among mature gay men: The impact of family, friends, and of being "single by choice". *Journal of GLBT Family Studies, 8*(4), 361–384.

Hoult, T. F. (1984). Human sexuality in biological perspective: Theoretical and methodological considerations. *Journal of Homosexuality, 9*(2–3), 137–155.

Hoyt, C. L., Morgenroth, T., & Burnette, J. L. (2019). Understanding sexual prejudice: The role of political ideology and strategic essentialism. *Journal of Applied Social Psychology, 49,* 3–14.

Hubbard, T. K. (2003). *Homosexuality in Greece and Rome: A sourcebook of basic documents.* Los Angeles: University of California Press.

Hughes, E., Bassi, S., Gilbody, S., Bland, M., & Martin, F. (2016). Prevalence of HIV, hepatitis B, and hepatitis C in people with severe mental illness: A systematic review and meta-analysis. *Lancet Psychiatry, 3*(1), 40–48.

Jaspal, R. (2014a). Arranged marriage, identity and psychological wellbeing among British Asian gay men. *Journal of GLBT Family Studies, 10*(5), 425–448.

Jaspal, R. (2014b). Sexuality, migration and identity among gay Iranian migrants to the UK. In Y. Taylor & R. Snowdon (Eds.), *Queering religion, religious queers* (pp. 44–60). London: Routledge.

Jaspal, R. (2014c). Social psychological debates about identity. In R. Jaspal & G. M. Breakwell (Eds.), *Identity process theory: Identity, social action and social change* (pp. 3–19). Cambridge: Cambridge University Press.

Jaspal, R. (2015). The experience of relationship dissolution among British Asian gay men: Identity threat and protection. *Sexuality Research & Social Policy, 12*(1), 34–46.

Jaspal, R. (2016). What is it really like to be Black or Asian and gay? *FS Magazine, 152*, 36–38. https://www.outlife.org.uk/fs152-what-is-it-really-like-to-be-black-or-asian-and-gay.

Jaspal, R. (2017a). Coping with ethnic prejudice on the gay scene: British South Asian gay men. *Journal of LGBT Youth, 14*(2), 172–190.

Jaspal, R. (2017b). Gay men's construction and management of identity on Grindr. *Sexuality & Culture, 21*(1), 187–204.

Jaspal, R. (2018a). *Enhancing sexual health, self-identity and wellbeing among men who have sex with men: A guide for practitioners.* London: Jessica Kingsley Publishers.

Jaspal, R. (2018b). Perceptions of HIV testing venues among men who have sex with men in London and the Midlands, UK. *Journal of Gay & Lesbian Social Services, 30*(4), 336–355.

Jaspal, R., & Breakwell, G. M. (Eds.). (2014). *Identity process theory: Identity, social action and social change.* Cambridge: Cambridge University Press.

Jaspal, R., & Cinnirella, M. (2010). Coping with potentially incompatible identities: Accounts of religious, ethnic and sexual identities from British Pakistani men who identify as Muslim and gay. *British Journal of Social Psychology, 49*(4), 849–870.

Jaspal, R., & Cinnirella, M. (2014). Hyper-affiliation to the religious ingroup among British Pakistani Muslim gay men. *Journal of Community and Applied Social Psychology, 24*(4), 265–277.

Jaspal, R., & Daramilas, C. (2016). Perceptions of pre-exposure prophylaxis (PrEP) among HIV-negative and HIV-positive men who have sex with men. *Cogent Medicine, 3,* 1256850. https://doi.org/10.1080/2331205X.2016.1256850.

Jaspal, R., Lopes, B., Bayley, J., & Papaloukas, P. (2019). A structural equation model to predict the acceptability of pre-exposure prophylaxis in men who have sex with men in Leicester, UK. *HIV Medicine, 20*(1), 11–18.

Jaspal, R., Lopes, B., Jamal, Z., Paccoud, I., & Sekhon, P. (2017). Sexual abuse and HIV risk behaviour among black and minority ethnic men who have sex with men in the UK. *Mental Health, Religion & Culture, 20*(8), 841–853.

Jaspal, R., Lopes, B., & Rehman, Z. (2019). *A structural equation model for predicting depressive psychopathology in Black, Asian & minority ethnic lesbian, gay & bisexual people in the UK*. Manuscript submitted for publication.

Jaspal, R., & Nerlich, B. (2017). Polarised reporting about HIV prevention: Social representations of pre-exposure prophylaxis (PrEP) in the UK press. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine, 21*(5), 478–497.

Jaspal, R., Nerlich, B., & Cinnirella, M. (2014). Human responses to climate change: Social representation, identity and socio-psychological action. *Environmental Communication: A Journal of Nature and Culture, 8*(1), 110–130.

Jaspal, R., & Siraj, A. (2011). Perceptions of 'coming out' among British Muslim gay men. *Psychology and Sexuality, 2*(3), 183–197.

Jaspal, R., & Williamson, I. (2017). Identity management strategies among HIV-positive Colombian gay men in London. *Culture, Health and Sexuality: An International Journal for Research, Intervention and Care, 19*(2), 1374–1388.

Jellison, W. A., & McConnell, A. R. (2004). The mediating effects of attitudes toward homosexuality between secure attachment and disclosure outcomes among gay men. *Journal of Homosexuality, 46*(1–2), 159–177.

Joffe, H. (2007). Identity, self-control, and risk. In G. Moloney & I. Walker (Eds.), *Social representations and identity*. New York: Palgrave Macmillan.

Joyal, C. C. (2015). Defining "normophilic" and "paraphilic" sexual fantasies in a population-based sample: On the importance of considering subgroups. *Sexual Medicine, 3*(4), 321–330.

Klein, H. (2012). Felching among men who engage in barebacking (unprotected anal sex). *Archives of Sexual Behavior, 41*(2), 377–384.

Kocet, M. M. (2014). The role of friendships in the lives of gay men, adolescents and boys. In M. M. Kocet (Ed.), *Counselling gay men, adolescents and boys: A strengths-based guide for helping professionals and educators* (pp. 24–34). London: Routledge.

Krumme, A. A., Kaigamba, F., Binagwaho, A., Murray, M. B., Rich, M. L., & Franke, M. F. (2015). Depression, adherence and attrition from care in HIV-infected adults receiving antiretroviral therapy. *Journal of Epidemiology & Community Health, 69,* 284–289.

Kurdek, L. A. (2004). Are gay and lesbian cohabiting couples *really* different from heterosexual married couples? *Journal of Marriage and Family, 66*(4), 880–900.

LeVay, S. (1991). A difference in hypothalamic structure between heterosexual and homosexual men. *Science, 253*(5023), 1034–1037.

Li, G., Kung, K. T., & Hines, M. (2017). Childhood gender-typed behavior and adolescent sexual orientation: A longitudinal population-based study. *Developmental Psychology, 53,* 764–777.

Livingston, J., & Fourie, E. (2016). The experiences and meanings that shape heterosexual fathers' relationships with their gay sons in South Africa. *Journal of Homosexuality, 63*(12), 1630–1659.

Lupo, A. K., & Zarate, M. A. (2019). When 'they' become 'us': The effect of time and ingroup identity on perceptions of gay and lesbian group members. *Journal of Homosexuality, 66*(6), 780–796.

Maatouk, I., & Jaspal, R. (2019). Religion, male bisexuality and sexual health in Lebanon. In A. K. T. Yip & A. Toft (Eds.), *Bisexuality, spirituality & identity.* London: Routledge.

McCall, H., Adams, N., Mason, D., & Willis, J. (2015). What is chemsex and why does it matter? *British Medical Journal, 351,* 2. https://doi.org/10.1136/bmj.h5790.

Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior, 36,* 38–56.

Millett, G. A., Peterson, J. L., Flores, S. A., Hart, T. A., Jeffries, W. L., 4th, Wilson, P. A., … Remis, R. S. (2012). Comparisons of disparities and risks of HIV infection in black and other men who have sex with men in Canada, UK, and USA: A meta-analysis. *The Lancet, 380*(9839), 341–348.

Minwalla, O., Rosser, B. R. S., Feldman, J., & Varga, C. (2005). Identity experience among progressive gay Muslims in North America: A qualitative study. *Culture, Health and Sexuality, 7,* 113–128.

Mock, S. E., & Eibach, R. P. (2012). Stability and change in sexual orientation identity over a 10-year period in adulthood. *Archies of Sexual Behavior, 41*(3), 641–648.

Moors, A. C., Conley, T. D., & Selterman, D. (2017). Personality correlates of attitudes and desire to engage in consensual non-monogamy among lesbian, gay, and bisexual individuals. *Journal of Bisexuality, 17*(4), 418–434.

Moscovici, S. (1988). Notes towards a description of social representations. *European Journal of Social Psychology, 18,* 211–250.

Moskowitz, D. A., & Roloff, M. A. (2007). The ultimate high: Sexual addiction and the bug chasing phenomenon. *Sexual Addiction & Compulsivity, 14*(1), 21–40.

Murgo, M. A. J., Huynh, K., Lee, D., & Chrisler, J. (2017). Anti-effeminacy moderates the relationship between masculinity and internalized heterosexism among gay men. *Journal of LGBT Issues in Counseling, 11*(2), 106–118.

Nardi, P. M. (2000). "Anything for a sis, Mary": An introduction to gay masculinities. In P. Nardi (Ed.), *Gay masculinities* (pp. 1–11). London: Sage.

Pachankis, J. E., Rendina, H. J., Restar, A., Ventuneac, A., Grov, C., & Parsons, J. T. (2015). A minority stress-emotion regulation model of sexual compulsivity among highly sexually active gay and bisexual men. *Health Psychology, 34*(8), 829–840.

Pachankis, J. E., Sullivan, T. J., Feinstein, B. A., & Newcomb, M. E. (2018). Young adult gay and bisexual men's stigma experiences and mental health: An 8-year longitudinal study. *Developmental Psychology, 54*(7), 1381–1393.

Parrott, D. J. (2009). Aggression toward gay men as gender role enforcement: Effects of male role norms, sexual prejudice, and masculine gender role stress. *Journal of Personality, 77,* 4.

Parrott, D. J., & Zeichner, A. (2006). Effect of psychopathy on physical aggression toward gay and heterosexual men. *Journal of Interpersonal Violence, 21*(3), 390–410.

Parsons, J. T., Grov, C., & Golub, S. A. (2012). Sexual compulsivity, co-occurring psychosocial health problems, and HIV risk among gay and bisexual men: Further evidence of a syndemic. *American Journal of Public Health, 102*(1), 156–162.

Pascoe, C. J. (2007). *'Dude, you're a fag': Masculinity and sexuality in high school.* Berkeley: University of California Press.

Patterson, C. J. (2000). Family relationships of lesbians and gay men. *Journal of Marriage and the Family, 62,* 1052–1069.

Persons, E., Kershaw, T., Sikkema, K. J., & Hansen, N. B. (2010). The impact of shame on health-related quality of life among HIV-positive adults with a history of childhood sexual abuse. *AIDS Patient Care and STDs, 24*(9), 571–580.

Prestage, G., Bavinton, B., Grierson, J., Down, I., Keen, P., Bradley, J., & Duncan, D. (2015). Online dating among Australian gay and bisexual men: Romance or hooking up? *AIDS and Behavior, 19*, 1905–1913.

Prestage, G., Hurley, M., & Brown, G. (2013). "Cum play" among gay men. *Archives of Sexual Behavior, 42,* 1347–1356.

Public Health England. (2015). *National HIV surveillance data tables.* https://www.gov.uk/government/statistics/hiv-data-tables. Accessed on 29 March 2019.

Pufall, E., Kall, M., Shahmanesh, M., Nardone, A., Gilson, R., Delpech, V., … Positive Voices Study Group. (2018). Chemsex and high-risk sexual behaviours in HIV-positive men who have sex with men. *HIV Medicine, 19*(4), 261–270.

Rieger, G., Linsenmeier, J. A., Gygax, L., & Bailey, J. M. (2008). Sexual orientation and childhood gender nonconformity: Evidence from home videos. *Developmental Psychology, 44*(1), 46–58.

Riggs, D. W. (2013). Anti-Asian sentiment amongst a sample of White Australian men on Gaydar. *Sex Roles, 68*(11–12), 768–778.

Riley, K., & McLaren, S. (2019). Relationship status and suicidal behavior in gay men: The role of thwarted belongingness and hope. *Suicide and Life-Threatening Behavior*. https://doi.org/10.1111/sltb.12532.

Rodrigues, D. L., Lopes, D., & Prada, M. (2019). Cohabitation and romantic relationship quality among Portuguese lesbian, gay, and heterosexual individuals. *Sexuality Research and Social Policy, 16*(1), 100–111.

Rosario, M., Reisner, S. L., Corliss, H. L., Wypij, D., Frazier, A. L., & Austin, S. B. (2014). Disparities in depressive distress by sexual orientation in emerging adults: The roles of attachment and stress paradigms. *Archives of Sexual Behavior, 43*(5), 901–916.

Rosenthal, A. M., Sylva, D., Saffron, A., & Bailey, J. M. (2011). Sexual arousal patterns of bisexual men revisited. *Biological Psychology, 88*, 112–115.

Russell, E. M., Ickes, W., & Ta, V. P. (2018). Women interact more comfortably and intimately with gay men—But not straight men—After learning their sexual orientation. *Psychological Science, 29*(2), 288–303.

Sin, N. L., & DiMatteo, M. R. (2014). Depression treatment enhances adherence to antiretroviral therapy: A meta-analysis. *Annals of Behavioral Medicine, 47*(3), 259–269.

Skinner, B. F. (1938). *The behavior of organisms: An experimental analysis.* Oxford, UK: Appleton-Century.

Smit, P. J., Brady, M., Carter, M., Fernandes, R., Lamore, L., Meulbroek, M., … Thompson, M. (2012). HIV-related stigma within communities of gay men: A literature review. *AIDS Care, 24*(4), 405–412.

Smith, K. T. (1971). Homophobia: A tentative personality profile. *Psychological Reports, 29*(Suppl. 3), 1091–1094.

Stephan, W. G., & Stephan, C. W. (2000). An integrated threat theory of prejudice. In S. Oskamp (Ed.), *Reducing prejudice and discrimination* (pp. 23–46). Mahwah: Erlbaum.

Sweeney, S. M., & Venables, P. A. (2016). The association of HIV-related stigma to HIV medication adherence: A systematic review and synthesis of the literature. *AIDS & Behavior, 20*(1), 29–50.

Tajfel, H. (Ed.). (1978). *Differentiation between social groups: Studies in the social psychology of intergroup relations.* London: Academic Press.

Tewksbury, D. (2003). What do Americans really want to know? Tracking the behavior of news readers on the Internet. *Journal of Communication, 53,* 694–710.

Trumbach, R. (2007). Modern sodomy: The origins of homosexuality, 1700–1800. In M. Cook, R. Mills, R. Trumbach, & H. G. Cocks (Eds.), *A gay history of Britain: Love and sex between men since the middle ages* (pp. 77–105). Oxford: Greenwood World Publishing.

Watson, J. B. (1930). *Behaviorism* (Rev. ed.). Chicago, IL: University of Chicago Press.

Weinberg, G. (1972). *Society and the healthy homosexual.* New York: St. Martin's.

Weinberg, M., Williams, C., & Moser, C. (1984). The social constituents of sadomasochism. *Social Problems, 31,* 379–389.

Whitam, F. L. (1983). Culturally invariable properties of male homosexuality: Tentative conclusions from cross-cultural research. *Archives of Sexual Behavior, 12*(3), 207–226.

Whitam, F. L., Diamond, M., & Martin, J. (1993). Homosexual orientation in twins: A report on 61 pairs and three triplet sets. *Archives of Sexual Behavior, 22*(3), 187–206.

Whitley, B. E., Jr., & Lee, S. E. (2000). The relationship of authoritarianism and related constructs to attitudes toward homosexuality. *Journal of Applied Social Psychology, 30*(1), 144–170.

Wignall, L. (2017). The sexual use of a social networking site: The case of Pup Twitter. *Sociological Research Online, 22*(3), 21–37.

Wignall, L., & McCormack, M. (2017). An exploratory study of a new kink activity: "pup play". *Archives of Sexual Behavior, 46*(3), 801–811.

Wilkinson, A. L., Draper, B. L., Pedrana, A. E., Holt, M., Hellard, M. E., & Stoové, M. (2018). Measuring and understanding the attitudes of Australian gay and bisexual men towards biomedical HIV prevention using cross-sectional data and factor analyses. *Sexually Transmitted Infections, 94,* 309–314.

Wills, T. A. (1981). Downward comparison principles in social psychology. *Psychological Bulletin, 90,* 245–271.

Wolfenden, W. J. F. W. (1957). *Report of the Departmental Committee on Homosexual Offences and Prostitution.* https://discovery.nationalarchives.gov.uk/details/r/C1386377. Accessed on 7 September 2018.

World Health Organization. (2001). *Strengthening mental health promotion* (Fact sheet No. 220). Geneva: World Health Organization.

Zuckerman, M. (1994). *Behavioral expressions and biosocial bases of sensation seeking.* New York: Cambridge University Press.

Index