

Wellness in Adult Gay Males: Examining the Impact of Internalized Homophobia, Self-Disclosure, and Self-Disclosure to Parents

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Abstract:

Adult gay males face significant social stigma, internalize negative societal messages related to their sexual orientation, and experience difficulties related to disclosing their sexual orientation to others, particularly to parents. Although the effects of these challenges in terms of pathology have been established, the relationship among internalized homophobia, self-disclosure, self-disclosure to parents, and wellness has not been examined. The results of a study of these variables among 217 gay males are presented and discussed.

Keywords: Internalized homophobia, coming out, self-disclosure, sexual orientation, wellness and sexual orientation

Article:

Gay males, individuals possessing a predominant erotic and/or affectional disposition towards the same gender, constitute between 6% and 10% of the general male population in the United States (Bagley & Tremblay, 1998), representing between 12 million and 16 million individuals (Vargo, 1998). Comprising one of the nation's largest non-ethnic minorities, gay males are among the most highly stigmatized minority groups (Dindia, 1998; Meyer, 2003). As a consequence, they face challenges and struggles that may hinder their optimal human development or wellness (Herek, 2003; Poindexter & Linsk, 1999). The rates of depression (Mills, Paul, Stall, Pollack, Canchola et al., 2004; Rothblum, 1994), alcohol and substance abuse (Debord, Wood, Sher, & Good, 1998; Gorman, Nelson, Applegate, & Scrol, 2004), and suicide (McAndrew & Warne, 2004; McBee & Rogers, 1997) in this population are higher than the national average. A variety of studies have linked these negative outcomes to factors such as internalized homophobia (Dew & Chaney, 2004; Dupras, 1994), the process and outcomes of self-disclosure (Dindia, 1998; Penebaker, 2003), and, in particular, the stress involved in self-disclosing of sexual identity status to one's parents (Medeiros, 2003; Savin-Williams & Ream, 2003).

Although homosexuality has become more accepted in the last fifteen years, much stigmatization remains (Lewis, Derlega, Griffin, & Krowinski, 2003). In the United States, a same-gender sexual orientation is still considered a reason for societal avoidance, exclusion, and possible persecution (Corrigan & Matthews, 2003). For example, although a recent U.S. Supreme Court overturned sodomy laws in the state of Texas, penal restrictions related to consensual sexual contact between gay males are still in place in more than half of the states in this country (Fradella, 2002). Openly gay males have restricted access to certain occupations (Badgett, 2003). In some states, gay males can be evicted from rental properties and denied access to their children, without legal recourse (Appell, 2003; Tye, 2003). In addition, members of this population experience a lack of legal protection compared to heterosexuals (Fradella, 2002), potential employment discrimination (Greif & McClellan, 2003), and the threat of emotional and/or physical harassment from anti-gay persons (Kanton, 1998; Willis, 2004). Two important and related consequences ensue: internalization of a devalued status (Meyer, 2003) and a fear of self-disclosure (Johnston & Jenkins, 2004).

Socially-constructed negative attitudes and myths attached to the stigmatization of same-gender sexual orientations can be adopted by sexual minorities as well as heterosexual individuals. For gay men, the effects of

this internalization are particularly damaging. Gonsiorek (1993) de-scribed internalized homophobia as one of the greatest impediments to the mental health of gay males. Cabaj (2000) claimed that internalized homophobia is the primary factor in counseling gay males no matter what the presenting complaint may be. Higher levels of internalized homophobia correlate positively with higher rates of chemical dependency (Barbara, 2002; Cabaj, 2002), suicide (Grossman, D'Augelli, & O'Connell, 2001), and isolation (McVinney, 1998), and lower rates of self-esteem (Rowen & Malcolm, 2002). Positive mental health and wellness require that the gay male overcome this self-devaluation and reevaluate the meaning of identity in order to achieve a positive sense of self (Jellison & McConnell, 2003). In order to accomplish this task, he must develop means for managing both societal stigma and the internal devaluation this stigma begets, a process requiring effective stigma management (Goffman, 1963).

Stigma management describes specific strategies utilized by an individual when choosing to conceal or reveal one's stigmatized condition (Dindia, 1998; Goffman, 1963). This decision to conceal or reveal one's stigmatized condition is especially relevant to individuals with a same-gender sexual orientation. In order to cope with real or potential negative reactions associated with coming out, the gay male evolves a variety of techniques for managing his stigmatized condition, one of which is self-disclosure (Luhtanen, 2003). As the gay male gains an enhanced acceptance of his sexuality, the decision to inform others of his sexual orientation becomes increasingly important (Meyer & Dean, 1998).

Self-disclosure embodies an important role in achieving positive mental health and developing satisfying human relationships (Kawamura & Frost, 2004). For the gay male, revealing his sexual orientation to others also plays a significant role in his sense of self-acceptance, wellness, and overall well being (Cass, 1990; Herek, 2003; Meyer & Dean, 1998). Self-disclosing one's same-gender sexual orientation is important to his well being or wellness because it may validate the gay male's sexuality, perpetuate the formation of sexual identity, and enhance psychological adjustment (Corrigan & Matthews, 2003). However, many gay males choose not to disclose their sexual orientation to others as a result of the stigmatization that is attached to homosexuality. Choosing to self-disclose one's same-gender sexual orientation to friends, co-workers, and family members is a difficult process.

Deciding to reveal one's homosexuality to a parent is recognized as one of the most significant and difficult decisions in the life of a gay male (Finkenauer, Engels, Branje, & Meeus, 2004; Savin-Williams, 1998). Families differ in their reactions to a disclosure of a son's homosexuality and revealing one's same-gender sexual orientation to a parent often creates a family crisis (Savin-Williams, 2003). Many if not most parents assume their children will develop an opposite-gender sexual orientation. As a result, when a child's homosexuality is made known, a family may experience a predictable reaction that parallels that of a loss or death (Medeiros, 2003).

Acknowledging one's same-gender sexual orientation to a parent can produce significant advantages. The benefits of parental self-disclosure may include improved self-esteem (Corrigan & Matthews, 2003), enhanced identity formation (Troiden & Goode, 1990), and overall psychological adjustment (Luhtanen, 2003), if the outcome is positive, which is not always the case. Regardless of the outcome, the gay male's decision to self-disclose his sexual orientation to a parent may produce fear of rejection. Nevertheless, empirical findings indicate that self-disclosure and in particular, self-disclosure to parents, are critical mile-stones for gay males in achieving a stable sense of personal identity, an important component of wellness (Cass, 1990; Jellison & McConnell, 2003).

Wellness, described as the process and state of achieving optimal human functioning that incorporates the body, mind, and spirit (Myers, Witmer, & Sweeney, 1996), remains a fundamental principle of the counseling profession (Hattie, Myers, & Sweeney, 2004). With their emphasis on optimum human development as well as prevention, counselors are in a unique position to help enhance the quality of clients' lives. Given the multiple social and psychological difficulties associated with gay males, this population, in particular, may benefit from

interventions with counselors whose emphasis is on wellness. To date, there is a dearth of empirical research assessing wellness with this population.

In this article, the results of a study of the relationships among internalized homophobia, general self-disclosure, self-disclosure to parents, and wellness among adult gay males are presented. The research questions for the study are as follows: Are there relationships among internalized homophobia, general self-disclosure, self-disclosure to parents of same-gender sexual orientation, and wellness among adult gay males? Are the relationships the same among different age and ethnic groups?

METHOD

The population of interest in this study is adult males over the age of 18 whose predominant sexual and/or affectional attraction was toward the same gender. Adult gay males were identified through a variety of non-random convenience-sampling techniques that included distributing surveys to students in university organizations, members of professional and social guilds, and patrons of gay social establishments. In addition, participants were identified through a friendship and snowball sampling technique. Due to the potential invisibility of sexual minorities and difficulty obtaining representative samples from gay social organizations and establishments, snowballing has been used extensively when researching this population (Rothblum, Factor, & Aaron, 2002; Warner, Wright, Blanchard, & Kink, 2003).

These methods identified 488 adult gay males; 217 of these (45.1%) agreed to participate in the study. Snowballing was the most successful recruitment technique ($n = 94$), followed by professional association contacts ($n = 65$), attendees at gay bars ($n = 47$), and university students ($n = 11$). The participants included individuals from both rural and urban areas of North Carolina, and therefore, may only be descriptive of gay and bisexual men in that state. Each participant completed three published survey instruments and a demographic questionnaire. The instruments assessed the four major variables of interest for the study: internalized homophobia, general self-disclosure, self-disclosure to parents, and wellness.

Instruments

The General Disclosiveness Scales (GDS; Wheelless & Grotz, 1976), Nungesser Homosexual Attitudes Inventory (NHAI; Nungesser, 1983), the Wellness Evaluation of Lifestyle (WEL; Myers, Sweeney, Hattie, & Witmer, 1998), and a demographic form were used in the study.

General Disclosiveness Scale. The General Disclosiveness Scale (GDS; Wheelless, 1978; Wheelless & Grotz, 1977) includes 31 statements that describe an individual's disclosive style of behavior. Using a seven-point Likert-type scale, the scale yielded five scores: intent, amount, positiveness, depth, and accuracy. High scores on each scale indicate a greater predisposition to self-disclosure. Acceptable reliability and validity values have been reported for these scales (Wheeler, 1978, 1986).

Nungesser Homosexual Attitudes Inventory. The Nungesser Homosexual Attitudes Inventory (NHAI; Nungesser, 1983) consists of 34 questions that assess internalized homophobic attitudes using a 5-point Likert-type scale. Nungesser (1983) linked negative attitudes about same-gender sexual orientation with the clinical syndrome "ego-dystonic homosexuality" (American Psychiatric Association, 1980), subsequently using characteristics of this DSM-II diagnosis as the basis for developing items. Three scales measure attitudes toward one's homosexuality (Self), toward others (Others), and toward general disclosure of one's sexual orientation (Disclosure). High scores indicate positive feelings about one's same-gender sexual orientation, about other gay males, and a high comfort with self-disclosure (Nungesser).

Based on a study of 268 gay males, reliability coefficients for the subscales were reported as Self: .89, Others: .76, and Disclosure: .93. To determine the external validity of the NHAI, the Internalized Homophobia Inventory (IHI) was developed and used to examine homophobic attitudes within a sample of gay men. The correlation between the IHI and the NHAI ($r = .702, p < .001$) supports the concurrent and construct validity of the NHAI (Nungesser).

Wellness Evaluation of Lifestyle. The Wellness Evaluation of Life-style (WEL; Myers, Sweeney, Witmer, & Hattie, 1998), based on the Wheel of Wellness model (Myers, Sweeney, & Witmer, 2000), includes 105 self-statement items with a five-point Likert-type scale response design. Although subscale scores are possible, only the total Wellness score, the sum of all items on the instrument, were used in the analyses.

Statistical analysis of the WEL is based on data accumulated from over 3,000 participants. Two-week test re-test coefficients for a sample of 99 college undergraduates was reported as .88 and Cronbach's alpha coefficient as .89 (Hattie, Myers, & Sweeney, 2001). An exploratory factor analysis of the WEL revealed that all items loaded on the expected higher order factor, called wellness. Confirmatory factor analysis resulted in a goodness-of-fit index of .92 and adjusted goodness-of-fit statistic of .90 (Hattie et al., 2001).

Demographic Information Form. Participants were asked to report their age, sexual orientation, ethnicity, type of area in which they were raised, type of area currently living in, level of education obtained, and income. They also provided information regarding self-disclosure of their sexual orientation to the person considered to be their mother and/ or father, whether biological, step, adopted, or guardian parent.

Participants

Table 1 provides a description of the sample. Participants reported self-disclosing their same-gender sexual orientation to mothers (67%) more often than to fathers (< 52%). They ranged in age from 18 to 70 years with a mean of approximately 38. The sample is 87% Caucasian. Just over one-third reported annual incomes of less than \$40,000, 27% reported earning between \$40-60,000, and one-third reported earning more than \$60,000 per year. Nearly 50% of participants reported their highest level of education being a bachelor's degree and over 29% reported earning a post-graduate degree.

Data Analyses

Regression analysis was used to examine relationships among the variables. In order to evaluate whether the relationships among the variables were the same for non-Caucasian as for Caucasian gay men, model parameters were estimated using Caucasian men only. In addition, similar statistical procedures were used to examine the relationships between age and the existing variables.

RESULTS

The primary research question asked about the relationship among internalized homophobia, general self-disclosure, self-disclosure to parents of same-gender sexual orientation, and wellness among adult gay males (see Table 2). The first step in examining this question was to compute correlations between the variables, followed by a series of regression analyses. All five total subscale scores of the General Disclosiveness Scale were significantly related ($\alpha = .05$) to total scores on the Wellness Evaluation of Lifestyle (Intent: .26, Amount: .15, Positive: .43, Depth: .25, and Honesty: .41). Total scores on the Nungesser Homosexual Attitudes Inventory were significantly correlated ($r = .48$, $\alpha = .01$) to total scores on the WEL. Neither self-disclosure to mother, $\chi^2(4, N = 217) = 2.24$, $p = .15$, or father, $\chi^2(4, N = 217) = 3.26$, $p = .32$, was significantly related with total scores on the WEL.

As a consequence, only the total subscale scores on the GDS and total scores on the NHAI were included in the following regression analysis:

Model: Internalized Homophobia (NHAI) + G.D.S.

(5 scale scores) = Wellness

TABLE 1. Demographic Description of 217 Participants

Demographic Characteristic	Self-Disclosure: Mother			Self-Disclosure: Father		
	Yes	No	%	Yes	No	%
AGE						
18-25	12	3	6.9	7	8	6.9
26-35	58	29	40.1	48	39	40.1
36-45	56	20	35.0	43	33	13.8
46-55	15	15	13.8	12	18	13.8
Over 55	5	4	4.2	2	7	4.2
Total	146	71	100	112	105	100
ETHNICITY						
Native American	3	2	2.3	1	4	2.3
African American	9	4	6.0	7	6	6.0
Caucasian	126	61	86.2	100	87	86.2
Hispanic	6	1	3.2	3	4	3.2
Other	2	3	2.3	1	4	2.3
Total	146	71	100	112	105	100
INCOME						
Less than \$20,000	13	4	7.99	9	8	7.9
\$20,001-\$40,000	42	21	29.4	33	30	29.4
\$40,001-\$60,000	38	20	27.1	32	26	27.1
\$60,001-\$80,000	19	10	13.6	13	16	13.6
\$80,001-\$100,000	12	5	7.9	9	8	7.9
More than \$100,000	19	11	14.0	14	16	14.0
Total	146	71	100	112	105	100
EDUCATIONAL LEVEL ACHIEVED						
Less than high school	1	0	.5	1	0	.5
High school graduate	12	4	7.4	10	6	7.4
Trade/technical School	6	5	5.1	4	7	5.1
Associates degree	15	4	8.8	9	10	8.8
Bachelor's degree	74	34	49.8	56	52	49.8
Master's degree	24	19	19.8	22	21	19.8
Specialist degree	4	0	1.8	4	0	1.8
Professional degree	7	1	3.7	3	5	3.7
Doctorate degree	3	4	3.2	3	4	3.2
Total	146	71	100	112	105	100

TABLE 2. Means, Standard Deviations, and Alpha Coefficients for the Nungesser Homosexual Attitudes Inventory (NHAI), the General Disclosiveness Scales (GDS), and the Wellness Evaluation of Lifestyle (WEL)

Scale	N of Items	Mean	Standard Deviation	Alpha
NHAI				
Self	10	40.79	7.46	.51
Others	9	36.69	7.46	.70
Disclosure	14	54.09	9.39	.88
Total	33	---	---	.72
GDS				
Intent	3	16.75	2.91	.60
Amount	7	25.15	8.55	.87
Positiveness	7	35.88	7.31	.88
Depth	3	15.88	4.85	.75
Honesty	8	40.12	7.89	.82
Total	29	---	---	.72
WEL				
Total	73	356.56	38.27	.81

Several linear regression model estimates resulted in a summary model in which 34.6% of the observed variability in total WEL scores was explained by disclosiveness and internalized homophobia ($R = .59$, $R^2 = .35$, standard error of estimate = 31.60).

A series of analyses were conducted to determine whether the model predicting wellness was similar regardless of selected demographic factors. Although absent in the original regression analysis due to a lack of relationship with total scores on the WEL, self-disclosure to mother and father was included in the following statistical procedures in order to examine potential differences in ethnicity and age. First, based on the existing literature, it was hypothesized that non-Caucasian gay males would display higher levels of internalized homophobia, lower rates of self-disclosure to parents of their same-gender sexual orientation, and report lower levels of total wellness than would Caucasian males. The following regression model was used to obtain predicted wellness scores with Caucasian participants: $\text{Wellness} = 212.121 + 1.148 (\text{I.H}) + -5.268 (\text{Self-disclosure: Mother}) + -9.572 (\text{Self-disclosure: Father}) + E$. The weights used in the regression model with Caucasian respondents were used to obtain predicted total WEL scores with Non-Caucasians. A Pearson Product Moment Correlation coefficient between actual and predicted Caucasian WEL Scores ($r = .49$, $n = 187$) was higher than the Pearson Product Moment Correlation coefficient between actual and predicted Non-Caucasian WEL scores ($r = .14$, $n = 30$). These results supported the hypothesis that non-Caucasian gay males display higher levels of internalized homophobia, report lower levels of self-disclosure to parents of their same-gender sexual orientation, and report lower levels of total wellness than do Caucasian gay males.

A similar analysis failed to support a hypothesis that gay males who are 35 years old or older report lower levels of internalized homophobia, greater rates of self-disclosure to parents of their sexual orientation, and/or higher levels of total wellness than do gay males under the age of 35.

DISCUSSION

The primary research question for this study asked whether there was a statistically significant relationship among internalized homophobia, general self-disclosure, self-disclosure to parents of same-gender sexual orientation, and wellness among adult gay men. The answer was definitely affirmative. Follow-up analysis revealed that although the relationship among total scores on the NHAI, total scores on the five subscales of the GDS, and total scores on the WEL were significant, no relationship existed between self-disclosure to either mother or father and total wellness. These results are consistent with past research that has found internalized homophobia to be one of the single greatest impediments to mental health of gay males (Gonsiorek, 1993). Further, the results of this study support past research that has found generalized self-disclosure to be related to personal wellness (O'Sullivan, 2004). In assessing the relationship between each predictor variable and wellness, the current findings suggest that the strongest predictor of total wellness is internalized homophobia.

The findings are also consistent with past research findings suggesting that internalization of negative societal beliefs has a negative affect on the gay male's overall mental health and wellness, including more depressive and psychosomatic symptoms and higher levels of loneliness, guilt, shame, and anxiety (McVinney, 1998). Respondents who reported higher levels of internalized homophobia, or internalizing society's negative attitudes and assumptions about same-gender sexual orientation, displayed lower levels of total wellness. Alternately, those gay males with low internalized homophobia seem to experience greater wellness.

These results provide support for existing past research that has found generalized self-disclosure to be related to overall wellness (Altman & Taylor, 1973). In particular, the results of this study support Jourard's (1971) view of self-disclosure as an important mechanism to achieve personality health. These findings with a sample of adult gay males are consistent with non-gay samples that support the relationship between self-disclosure and wellness (Kawamura & Frost, 2004). For gay males, however, generalized self-disclosure may exclude, for reasons discussed earlier, disclosure of information related to one's sexual orientation.

Although a relationship was established between generalized self-disclosure and wellness, self-disclosing to parents of one's same-gender sexual orientation, a particular form of self-disclosure, was not related to wellness

in the present study. The results of past research suggest that self-disclosing to a parent is one of the most difficult decisions for the adult gay male (Ben-Ari, 1995b; Finkenauer, Engels, Branje, & Meeus, 2004; Savin-Williams, 2003; Williamson, 1998), and such disclosure may be necessary for a gay male's healthy identity development (Cass, 1990). The current findings imply that self-disclosure to a parent is *not* a pre-requisite for achieving wellness, thus allowing gay males to experience positive well-being in the absence of the painful consequences that frequently accompany such a decision to self-disclose.

Limitations of Study

Although the current results are consistent with research that has found higher rates of internalized homophobia in non-Caucasian gay males (Mays, Chatters, Cochran, & Mackness, 1998), the sample size of non-Caucasian adult gay males was small. As a result, these reported differences may not be representative of the adult gay male population. The results also suggest that younger adult gay males have lower levels of internalized homophobia, higher levels of self-disclosure to parents, and higher levels of wellness than older gay males. Because attitudes toward same-gender sexual orientations may have become somewhat more accepting (Herek, 2003), younger gay males in this sample may not have internalized the same negative societal messages that older gay males have had to experience. For example, younger gay males today may be more likely to find a gay peer group and have greater social outlets than in the past. As a result, these younger adult gay males may be increasingly choosing to disclose their sexual orientation to others, including their parents.

The demographic information collected on age, ethnicity, education, and annual income indicated that the gay males in this study were diverse. However, the majority of this sample was between the ages of 26 and 45, Caucasian, well educated, had incomes above \$40,000, and was living in suburban or urban areas. The demographic composition of this sample is consistent with the majority of research done with adult gay males (Palmer, 2004; Herek, 2003; McVinney, 1998). However, the results may not generalize to gay males who are younger (i.e., adolescents) or older (i.e., late middle age and older adults), or who are from lower socioeconomic circumstances. Due to the sensitivity of homosexuality, the collection of data required the use of volunteers and anonymous self-reporting. As a result, collecting procedures resulted in a number of potential limitations, most notably the possibility of the Hawthorne Effect. Although conclusions about the meaning of the data must be made with some caution, the results do have significance for clinicians working with adult gay males, as well as implications for needed research.

Counseling Implications

The results support the heterogeneity of the gay male population. Gay males in this study represented a wide range of ages, ethnic groups, education levels, employment settings, and income levels. Counselors need to recognize the diversity within this population rather than ascribe to existing societal stereotypes of gay males as a homogenous group. It is also important that counselors share this knowledge with their clients. Through acknowledging demographic differences among gay males, counselors can begin to help their clients cope more effectively with social and psychological barriers associated with stigma and internalized homophobia.

An additional implication for counselors working with gay males is the significance of internalized homophobia as an obstacle to overall wellness. In order to provide effective services with this population, counselors need to understand the process of internalizing societal messages related to same-gender sexual orientation. In addition, it is important for counselors to be aware of how internalized homophobia is exemplified in their client's lives. Once this recognition is achieved, counselors may develop strategies for assisting their clients in overcoming the internalization of these negative stereotypes.

The finding that self-disclosure to mother and father may not be related to wellness also has significant implications for counselors. Counselors need to be aware that self-disclosure of one's same-gender sexual orientation remains a difficult decision for their clients. This decision is even more difficult when disclosure is to a family member, especially a parent. The decision to reveal one's sexual orientation to a parent needs to be addressed on an individual basis. Further, counselors may need to reevaluate the developmental importance of self-disclosing to a parent as a requirement for wellness with this population. Counselors also need to recognize

that varying comfort levels with generalized self-disclosure may impact one's decision to reveal his same-gender sexual orientation to others, including a parent.

Needs for Future Research

More research is needed with gay males of varying ethnicities and ages, as well as with individuals that do not frequent gay bars and/or are not members of social or professional groups. In particular, research related to the developmental needs of African-American, Hispanic, Asian-American, and Native American gay males is lacking. In addition, further examination of internalized homophobia and wellness in adolescent and older adult gay males is needed. A replication of this research design with gay males in other parts of the country would be useful. An expansion of the current research design could include investigating the relationship among internalized homophobia, self-disclosure, self-disclosure to parents, and wellness among the lesbian, bisexual, and trans-gendered communities.

More research is needed that examines the mental health needs of gay males who are not identifiable by their participation in public forums. The authors concur with Rothblum's (1994) acknowledgement that obtaining a representative sample for studying gay males is nearly impossible. However, research is needed to examine the relationship among internalized homophobia, self-disclosure, self-disclosure to parents, and wellness with a more representative sample of adult gay males.

CONCLUSION

The relationship between internalized homophobia, self-disclosure, and wellness was shown to be significant from this study and no relationship was found between self-disclosure to parents and total wellness. In addition, Caucasian and adult gay males younger than 35 reported lower levels of internalized homophobia, higher rates of self-disclosure to parents, and higher total wellness than non-Caucasian and older respondents. Although most research has pathologized the gay population and examined factors such as substance abuse, suicide, and mental pathology, the present study provided an examination of gay males in terms of a new paradigm—wellness. The results support further studies which can provide a knowledge base of counseling interventions to help gay males actualize their potential for positive development and functioning.

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