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EXAMINING THE INTERSECTIONS OF GAY IDENTITY, ETHNIC IDENTITY, AND
SPIRITUALITY AND THEIR RELATIONSHIP WITH PSYCHOLOGICAL DISTRESS AND
INTERNALIZED HETEROSEXISM

by

Ernesto Noam. Lira de la Rosa

A Dissertation Submitted in
Partial Fulfillment of the
Requirements for the Degree of

Doctor of Philosophy
in Educational Psychology

at

The University of Wisconsin-Milwaukee

August 2017

ABSTRACT

EXAMINING THE INTERSECTIONS OF GAY MALE IDENTITY, ETHNIC IDENTITY, AND SPIRITUALITY AND THEIR RELATIONSHIP WITH PSYCHOLOGICAL DISTRESS AND INTERNALIZED HETEROSEXISM

by

Ernesto Noam Lira de la Rosa

The University of Wisconsin-Milwaukee, 2017
Under the Supervision of Professor Shannon Chavez-Korell

Researchers have tested Meyer's (1995, 2003) minority stress theory and have documented the negative impact that minority stress can have on the psychological well-being for minorities. However, few studies have examined the role of multiple minority identities or the protective factors that may buffer against psychological distress. The present study utilized quantitative methodology to examine minority stress theory in a sample of gay men of color. A paper and pencil self-report survey was provided to 302 voluntary adult Gay men of color in Southeastern Wisconsin and Northern Illinois. The measures gathered information about participant's gay and ethnic identity salience, spirituality, psychological distress, and internalized heterosexism.

The findings of the present study provide support for minority stress theory with gay men of color. Specifically, the findings provide support for the examination of ethnic and gay identity as proximal stressors that contribute to psychological distress and internalized heterosexism. However, the findings do not offer support for the examination of spirituality as a moderator between gay and ethnic identity and psychological distress and internalized heterosexism. The findings from this study fill a gap in the psychological literature by

examining minority stress theory in relation to ethnic and gay identity and provide clinical and research implications for work with gay men of color.

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DEDICATION

I want to dedicate this dissertation to my wonderful mother, Maria Eugenia de la Rosa, who has always supported my academic endeavors and career aspirations. You are my inspiration and motivation and my academic career would not have been possible without your love and support. Mama, todo lo que he alcanzado te lo agradezco a ti, todo lo que tengo no hubiera sido posible sin ti. Gracias por ayudarme, por animarme, y empujarme a la felicidad que he alcanzado. Gracias por darme fuerzas para ser cada día mejor. Gracias por entregarme tu amor incondicional. También quiero dedicar esta investigación a mi abuelo, Baudelio De la Rosa, y a mi abuela, Eloísa Nieves de la Rosa. Los extraño con todo mi corazón y siempre guardare sus recuerdos en lo más profundo de mi corazón.

I also want to dedicate this dissertation to those who lost their lives on June 12th, 2016 at the Orland Pulse Club. For most of my life, I have always felt invisible as a queer person of color. Last year after the pulse shooting, I felt visible but only after 49 QPOC lost their lives. After the anger, shock, and sadness, I wanted to be the most authentic, queer, and Latinx person I was meant to be. We must continue to make our stories visible so that others can see themselves in our society, so that other young QPOC and Latinx individuals aren't afraid to live in the shadows and in fear.

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Chapter 1

Examining the Intersections of Gay Male Identity, Ethnic Identity, and Spirituality and their Relationship with Psychological Distress and Internalized Heterosexism

Minority stress theory (Meyer 1995, 2003) provides an important theoretical foundation to understand the psychological well-being of individuals with minority identities. In particular, minority stress theory proposes that individuals with minority identities experience additional, or excess stress, in addition to everyday general stressors as a result of their respective minority identities. This excess stress is the result of living in a dominant culture that perpetuates values and norms that are consistent with the majority culture. As a result, individuals with a minority identity, such as gay men, experience unique and additive stressors, such as internalized heterosexism, prejudice, anti-gay violence, and discrimination as a result of their minority identity as gay individuals. Several studies (Burns, Kamen, Lehman, & Beach, 2012; Carter, Mollen, & Smith, 2013; Cox, Dewaele, Van Houtte, & Vincke, 2011; Hayes, Chun-Kennedy, Edens, & Locke, 2011; Lick, Durso, & Johnson, 2013) have tested Meyer's (1995, 2003) minority stress theory and have found that gay men that experience discrimination, anti-gay violence, and prejudice report higher levels of psychological distress than their heterosexual counterparts. More recently, research has begun to shift the focus on understanding minority stress theory as it applies to individuals with multiple minority identities, such as gay men of color (Balsam, Molina, Beadnell, Simoni, & Walters, 2015; Szymanski & Sung, 2010;).

Based on minority stress theory, an individual with more than one minority identity would experience significantly more minority stressors due to having more than one minority identity, which could lead to higher levels of psychological distress and mental health disorders. Yet, a study by Meyer, Dietrich, and Schwartz (2008) found that lesbian, gay, and bisexual (LGB) people of color did not have higher levels of mental health disorders than their White,

LGB counterparts. As a result, researchers (Meyer, 2010) have proposed that studies should begin to examine minority stress theory for individuals with multiple minority identities in order to understand the protective factors or resiliency that buffers against psychological distress. However, most studies that have tested minority stress theory have not included representative samples of individuals with multiple minority identities, such as gay men of color, nor have they examined resiliency or protective factors while testing minority stress theory. Several studies (Carter, Mollen, & Smith, 2014; Pachankis, Grov, Rendina, Restar, Ventuneac, & Parsons, 2015) have drawn generalizations about minority stress theory as it applies to gay men but have not examined whether these results apply to individuals with multiple minority identities. For example, Pachankis, Rendina, Restar, Ventuneac, Grov, and Parsons (2015) examined minority stress theory in a sample of 374 gay and bisexual men where 50% of the sample self-identified as White. The results indicated that participants who experienced anti-gay discrimination and gay related victimization reported increased levels of depression and anxiety. Additionally, Carter, Mollen, and Smith's (2014) study examined minority stress theory with a sample of 165 LGB individuals and 75% of their sample self-identified as White. Findings from this study found support for minority stressors and their negative impact on participant's psychological well-being. While these studies have been instrumental in testing minority stress theory and offering support for the theory's theoretical framework, the results should be interpreted with caution as these results have included gay men of color in the sample but have not examined whether the findings can be generalized to gay men of color. Moreover, there is not only a lack of studies that examine minority stress theory with gay men of color, there is also scant research that examines the experience of gay men of color or with lesbian, gay, and bisexual (LGB) individuals of color in the psychological literature.

To provide an example of the limited research with LGB people of color, and in particular gay men of color, a literature review search on LGB people of color was conducted in three popular Counseling Psychology journals, the *Journal of Counseling Psychology*, *The Counseling Psychologist*, and the *Counselling Psychology Quarterly*. The first search was conducted with the search strings: “LGB” or “lesbian” or “gay” or “bisexual” and yielded 53 articles in *The Counseling Psychologist*, 70 in the *Journal of Counseling Psychology*, and 11 in the *Counselling Psychology Quarterly*. Although this search produced a total of 134 articles on research with LGB individuals, it did not provide an accurate representation of the articles that specifically focused on LGB people of color. Therefore, a second search with the following search strings was conducted: “LGB”, “people of color”, “African American”, “Latino/a”, “Asian American”, “Native American”, “gay”, “lesbian”, “bisexual”, “ethnic minorities”, “minorities”, “marginalized groups”, “queer”, “sexual minority”, and “intersection of identity(ties)”. This search yielded 11 articles in *The Counseling Psychology*, 4 in the *Journal of Counseling Psychology*, and 2 in the *Counselling Psychology Quarterly*. Overall, only 23 articles that focused on LGB people of color were published in three Counseling Psychology journals, which adds credence to Moradi and colleagues’ (2010) statement that marginalized groups are, indeed, invisible in the psychological literature. It is problematic that only 17 percent of the articles in three popular Counseling Psychology journals were devoted to LGB people of color. Overall, there is a lack of literature in the Counseling Psychology journals related to LGB people of color, protective factors, or cultural variables examined as psychological factors.

It is imperative that researchers conduct research that continues to advance culturally sensitive and responsive research. Some studies (Spanierman & Poteat, 2005), for example, call for researchers to incorporate the intersection of identities and the effect of living with multiple minority statuses. Additionally, *The Counseling Psychologist* devoted a major contribution to

Lesbian, Gay, Bisexual (LGB) people of color (Moradi, DeBlaere, & Huang, 2010) and noted that LGB people of color have received “limited attention” (p. 323) in the psychological literature compared to White, LGB individuals. This limited focus in the psychological literature paved the way for *The Counseling Psychologist (TCP)* to focus on existing literature with LGB people of color, as well as to offer strategies to advance research for LGB people of color. The authors also note that conducting culturally sensitive research with LGB people of color requires researchers to examine cultural variables as strengths and moderators in order to centralize the experiences for LGB people of color. As such, research that examines LGB people of color’s experiences through a strength-based or resiliency approach changes the research paradigm and abandons a deficit-model approach with marginalized communities. Despite the *TCP* major contribution on LGB people of color, there is still scant research that has examined LGB people of color’s experiences as dual minorities. Further, there is even more limited research that examines the experience for gay men of color.

Given the paucity of research with LGB people of color, the present study is focused on filling a gap in the Counseling Psychology literature. In particular, the present study will examine the roles that gay and ethnic identities, as well as spirituality, have on gay men of color’s levels of psychological distress and internalized heterosexism. To date, there have been few studies that have critically examined the intersection of identities for gay men of color within a minority stress theory framework. It is imperative that researchers examine cultural variables that can impact psychological distress and also examine protective factors.

Additionally, the present study seeks to produce research that is culturally sensitive and speaks to the lived experiences of gay men of color.

Chapter 2

Literature Review

This chapter reviews the pertinent literature on minority stress theory (Meyer, 1995, 2003) and the stressors that impact gay men of color. Specifically, proximal stressors, such as ethnic identity, gay identity, and spirituality are reviewed in relation to gay men of color's psychological distress and internalized heterosexism. Given the lack of research with gay men of color, research that includes LGB people of color is also reviewed. The terms "LGB people of color" and "gay men of color" may be used throughout this review as majority of the studies do not offer a clear description of the individuals in their respective studies. However, the focus of this review is centered on gay men of color. The literature on the intersection of identities for gay men of color and protective factors, such as spirituality, is also reviewed within the minority stress model. The research questions and hypotheses for the proposed study are also included in this section.

LGB Terminology

The following section reviews the terms and definitions that will be presented in the following literature review. Ethnic identity and spirituality are not defined in this section as they are defined in their respective sections throughout this chapter. The following terms are defined to provide an overview of terminology that is often used with Lesbian, Gay, and Bisexual (LGB) individuals in psychological research. While these terms are helpful in providing a foundation, they should not be considered encompassing of all individuals. Additionally, the term LGB is utilized in this review since various articles utilize the LGB terminology, but it should be noted that most articles in the following literature review do not include individuals that identify as bisexual in their respective samples. In order to not generalize findings to all LGB individuals,

participant's sexual orientation will be reported in each article review if provided by the researchers.

The American Psychological Association Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients (APA, 2012) defines *sex* as a person's biological status (i.e. male, female, intersex) and this should not be confused with *gender*, which includes feelings, attitudes, and behaviors associated with a person's biological sex in a given culture. *Sexual orientation* is defined as:

“the sex of those to whom one is sexually and romantically attracted. Categories of sexual orientation typically have included attraction to members of one's own sex (gay men or lesbians), attraction to members of the other sex (heterosexuals), and attraction to members of both sexes (bisexuals).” (p. 11).

Furthermore, there are different terms for individuals within the LGB community. In this particular review, Out and Equal Workplace Advocates (2014) LGBT terminology is used to define the terms lesbian, gay, and bisexual. Lesbian is defined as “a woman who feels love, affection and sexual attraction towards women”, gay as “a man who feels love, affection, and sexual attraction toward men”, and bisexual as “a person who feels love affection and sexual attraction regardless of gender” (Out & Equal Workplace Advocates, 2014). Additionally, heterosexism is defined as “assuming every person to be heterosexual therefore marginalizing persons who do not identify as heterosexual. It is also believing heterosexuality to be superior to homosexuality and all other sexual orientations” (UC Berkeley LGBT Terminology, 2014).

Although the terms identified above are useful in providing an understanding of how individuals self-identify, these terms may not carry the same meaning for all individuals in the LGB community. For example, DeBlaere and colleagues (2010) argue that scholarship within

the LGB psychological literature “is rooted in the experiences of White individuals” (p. 331) and that research with people of color often utilizes predominately heterosexual samples. It is particularly problematic when a group is excluded from the psychological literature as this limits the understanding of individual’s lives and experiences, as well as the complexity between two minority identities. Additionally, when the psychological literature utilizes a White, LGB framework for identity, it poses a methodological problem, as this identity framework does not apply to LGB people of color. According to DeBlaere et al. (2010), a White, LGB framework is problematic because the terms lesbian, gay, and bisexual vary by cultural values, gender roles, social class, etc. Given the complexity in identity, DeBlaere et al. (2010) state that ethnic communities have constructed their own terminology to capture their LGB identities. Some of the examples given for terms used with various ethnic communities include: down low, girlfriend or sister, homo thugz, mati-ism, same-gender loving, top/bottom, two spirit, warias, kathoey, bayot, and fa’fafine (DeBlaere et al., 2010). These terms, however, are assumed to be synonymous with White, LGB identities and this may not be the case for all LGB people of color. The term down low, for example, is used for minority men that do not identify as gay but have sex with other men. The term men who have sex with men (MSM) is often used in the public health research and is more descriptive of a behavior rather than a sexual orientation identification (Mayer, Bradford, Makadon, Stall, Goldhammer, & Landers, 2008). Although these terms are utilized in racial/ethnic communities, they carry different meanings than the terms lesbian, gay, and bisexual in White communities. Therefore, individuals’ identities cannot be understood in isolation of other salient identities and psychological research needs to account for the ways in which cultural communities utilize self-expression and ways of self-identification, especially when it includes multiple marginalized identities.

Minority Stress Theory

According to Meyer's (1995, 2003) minority stress theory, gay individuals experience minority stress due to their stigmatized identities as sexual minorities. In particular, minority stress functions under the assumptions that gay individuals experience stress that is unique to their sexual minority identity. Minority stress is also chronic and socially based. It also "extends beyond the individual" (Meyer, 2003, p. 676) and is conceptualized from a social-psychological perspective. Within a social-psychological framework, minority stress is created by the "the juxtaposition of minority and dominant values" (Meyer, 1995, p. 39) that are in conflict with the social environment that gay individuals reside. As a result, minority stress is maintained through social institutions, prejudice, and discrimination that continuously stigmatize gay identities. Moreover, minority stressors are not only unique to marginalized identities but are also additive to general stressors. The combination of both minority and general stressors require gay individuals to adapt to stressors at higher levels than their heterosexual peers that do not experience minority stress due to a gay identity. Additionally, the greater need to adapt to stressors and experiences with prejudice and discrimination is detrimental to gay individual's mental and physical health (Meyer, 2003). Given that sexual minorities encounter a heteronormative environment that promotes heterosexuality as the norm and only acceptable sexual orientation, gay individuals may conceal their sexual orientation and expect and experience discrimination and prejudice (Meyer, 2003). In addition, the concealment and anticipation of discrimination are further sources of stress for gay individuals.

Furthermore, minority stress is viewed as excess stress, which is stress that minorities experience based on their minority status and is divided into distal and proximal stressors. Lick, Durso, and Johnson (2013) define distal stressors as "external events that are psychologically

taxing” (p. 528) and proximal stressors as “conflicts internal to the LGB individual triggered by experiences with victimization” (p. 528). Distal stressors are objective and associated with prejudice and discrimination towards LGB individuals, such as antigay violence and the use of gay slurs. Proximal stressors, however, are subjective and rely on the individual’s perceptions and appraisals of events. Similarly, proximal stressors are also tied to identity and are experienced differently by individuals based on a respective identity (i.e. gender, sexual orientation, and ethnicity) salience. Meyer further (2003) proposes that highly salient identities can increase minority stress for gay individuals. This increase in stress is due to a high emotional connection that individuals place on their respective, salient identities. For example, individuals with dual minority identities, such as gay men of color, may fluctuate between both a gay and ethnic identity depending on the social context (p. 678). If gay men of color are subjected to gay discrimination or prejudice within their ethnic communities, they may experience fear or anticipate rejection over disclosing their gay identity. Similarly, gay men of color may also experience discrimination and prejudice due to their ethnic identity in predominately White, gay spaces, which can contribute to psychological distress. These discriminatory and prejudice experiences can cause gay men of color to fear and anticipate rejection and this can result in concealment of their sexual orientation and/or internalization of the stigma associated with both gay and ethnic identities (Meyer, 2010).

Despite the difference between proximal and distal stressors, both can deplete an individual’s coping resources and adversely affect their well-being (Lick et al., 2013). These assumptions have been tested through various studies (Rosotosky, Riggle, Horne & Miller, 2009; Carter, Mollen, & Smith, 2013; Denton, 2012) and results have provided a foundation for myriad topics related to LGB health. Some research suggests that distal and proximal stressors play an

integral role in creating and sustaining negative, stressful experiences for gay individuals (Rostosky et al., 2009). Several factors, such as discrimination, internalized heterosexism, stigma, and prejudice have been found to negatively affect gay individual's psychological distress, mental and physical health (Frost, Lehavot, & Meyer, 2011; Denton, 2012; Carter, Mollen, & Smith, 2013). Studies have also found that living in a heterosexist society exposes gay individuals to multiple stressors that can negatively affect emotional, physical, and psychological well-being (Campbell, 2013; Bostwick, Hughes, Boyd, West, & McCabe, 2014). Other studies (Burns, Kamen, Lehman, & Beach, 2012; Carter, Mollen & Smith, 2013) have found that negative experiences (i.e. prejudice, discrimination) lead to higher levels of low self-esteem, social anxiety, substance abuse, internalized heterosexism, social alienation, and depression. Thus, distal and proximal stressors can have a detrimental effect on individuals with marginalized identities. While these results offer some support for minority stress theory, the focus is limited on White, lesbian and gay individuals (Meyer, 2010).

Although Meyer (2010) alludes that individuals with multiple minority identities experience unique stressors, there is scant research that examines minority stress for individuals with multiple marginalized identities. There are few studies that examine how gender, sexual orientation, ethnic background, and social class influence individual's psychological distress (Szymanski & Gupta, 2009). The studies that have examined the experiences of gay men of color have found that gay men of color encounter both racism and discrimination in both communities of color and in White, gay spaces (Choi, Han, Paul, and Ayala, 2001). The experience of racism and discrimination in both communities can be stressful for gay men of color and causes feelings of alienation. Similarly, Szymanski & Sung (2010) found that alienation from ethnic or gay communities significantly exacerbates gay men of colors'

psychological distress, as was measured by a general distress measure in their study. This study specifically examined LGBT, Asian American's experiences with multiple minority stressors, such as heterosexism in communities of color, racism in sexual minority communities, race-related dating and relationship problems, internalized heterosexism, and outness to world. The results from this study found that both distal stressors (experiences of heterosexism in communities of color and experiences of race-related dating and interpersonal relationship problems) and proximal stressors (higher levels of internalized heterosexism) emerged as three unique predictors of psychological distress for LGBT, Asian Americans. Interestingly, heterosexist and racist events only emerged as significant predictors of psychological distress when they were experienced within communities of color and in sexual minority communities. The authors alluded that when these negative experiences come from important others, or identities that are highly salient, they can cause significantly more distress since they are "likely to strike at the core of one's selfhood (p. 863).

Another study by Wong, Schrage, Holloway, Meyer, and Kipke (2013) also utilized minority stress theory to examine psychological distress in African American young men in the House and Ball communities. The House and Ball communities were initially formed as underground social networks for LGBT individuals, usually ethnic minorities that were excluded from White, LGBT spaces. It is important to note that Wong et al., (2013) use the terms African American young men who have sex with men (AAYMSM) and young men who have sex with men (YMSM) to describe the House and Ball Communities that cater to these individuals. Although individuals in these communities may identify as LGBT, it is more common for them to identify with AAYMSM and YMSM identities. Specifically, House and Ball communities coordinate events where individuals participate in "runway categories based on dance/theatrics,

athletics, and gender expression” (Wong et al., 2013, p. 46). The study looked at how distal stressors, homophobia and racism, and proximal stressors, gay identification and internalized heterosexism, contributed to participant’s psychological distress, as measured by the Centers for Epidemiologic Studies Depression Scale-Short (CESD). The results indicated that both distal and proximal stressors significantly impacted participant’s levels of psychological distress. In particular, participants who reported high levels of racism, homophobia, and had a positive salient, gay identity, had higher levels of depressive symptoms (psychological distress). However, the results also showed that social support and networks buffered the effects between proximal and distal stressors and psychological distress, with those with more supportive networks having lower levels of psychological distress. These studies (Szymanski & Sung, 2010; Wong et al., 2013) offer some support for minority stress theory for LGB individuals of color. They also provide a context for how minority stressors impact LGB people of color and the sources of resiliency within LGB people of color.

Conversely, Meyer (2010) also proposes that minority stress theory may not accurately capture the complexity of dual identities for LGB people of color. This argument is drawn from past research (Meyer, Deitrich, & Schwartz, 2008) that did not find that LGB people of color had higher levels of mental health disorders in comparison to their White, LGB counterparts. Findings from Meyer et al’s., (2008) study provide an interesting counterpoint to assumptions of minority stress theory. Essentially, minority stress theory’s framework proposes that individuals with more than one minority identity will experience higher levels of minority stressors, resulting in higher levels of psychological distress. In other words, LGB people of color should have higher levels of mental health disorders and psychological distress due to two minority identities. Yet, this is not the case for LGB people of color and little research has been conducted to test

minority stress theory with individuals with more than one minority (Meyer, 2010). While LGB people of color may not have higher levels of mental health disorders than their White, LGB counterparts, research does support that they do experience more stressors for having multiple identities (Meyer, 2003, 2010; Meyer et al., 2010).

Without research that unpacks the complex experience of living with multiple minority identities, it is difficult to discern how minority stress theory applies to gay people of color. It is imperative that researchers begin to examine whether the same stressors are present for both ethnic minorities and gay individuals and the extent to which minority stressors impact their health and well-being. Specifically, research should examine how proximal stressors, such as gay and ethnic identity, and spirituality affect gay men of color's psychological distress and internalized heterosexism.

Identity Development

Since minority stress theory (Meyer, 1995, 2003) stresses the importance of LGB identity in the experience of minority stressors, it is imperative to examine how both gay and ethnic identities influence one another. Prior to reviewing the literature on the intersection of identities, it is critical to independently review gay and ethnic identity development theories. This theoretical review will provide a foundation in order to understand the complex processes associated with minority stressors for gay men of color and their influence on identity development. The following section reviews the theoretical framework for both gay and ethnic identity development

Gay Identity Development

Cass (1979) developed one of the first gay identity models based on two assumptions. The first assumption states that identity development is a developmental process. The second

assumption states that the interaction between an individual and his or her environment influences behaviors and locus of control (p. 219). Under these assumptions, individuals progress linearly towards an acquired identity of “homosexual” (p. 220) that is tied to an individual’s self-concept. This happens through six different stages with each stage encompassing an individual’s perceptions of his or her behavior, as well as the actions that arise as consequences of these perceptions. The model also proposes an “interactionist perspective” (p. 220) that accounts for congruency between the individual and his or her interpersonal environment. When there is a state of incongruence, an individual becomes aware of how his or her perceptions, behaviors, and other’s perceptions of him or herself differ (p. 221). Essentially, the individual experiences cognitive and affective reactions due to this incongruence, especially if these three components (self-perception, behaviors, and other’s perceptions of self) do not align. In order to resolve this incongruence, an individual tries to make sense of these three conditions and this can be a catalyst for moving an individual into a new identity stage.

There are six linear gay identity stages in Cass’s (1979) model: (1) Identity Confusion, (2) Identity Comparison, (3) Identity Tolerance, (4) Identity Acceptance, (5) Identity Pride, and (6) Identity Synthesis. It is important to note that at any point in the stages, identity foreclosure—where an individual chooses to not develop anymore—is possible. In the identity confusion stage, an individual begins to question his or her behaviors, thoughts, or feelings as gay. This causes the individual to experience inner turmoil and he or she can accept, deny, or reject a potential gay identity as a way to resolve inner turmoil and incongruence. In identity comparison, the second stage, an individual begins to accept that a gay identity is possible. It can mark a tentative commitment to a gay identity, but can trigger feelings of not belonging and lead to self-alienation. A myriad of negative and positive outcomes can ensue as a result of feeling different

and can lead to either an undesirable or positive self-image. During the third stage, identity tolerance, an individual begins to acknowledge a gay identity and will seek out experiences with other gay individuals. Depending on the individual's experiences, this exploration period can be either punishing or rewarding. However, it allows the individual to explore social, emotional, and sexual needs that have not been explored before. As a result, an individual in identity acceptance, the fourth stage, begins to accept, rather than tolerate, a gay identity. In this fourth stage, the individual begins to explore a gay subculture, which can help restructure the individual's interpersonal environment. As the individual begins to associate positive connotations to a gay identity, it can lead to a resolution of the incongruence between a public and private gay identity. In the fifth stage of identity pride, an individual experiences pride towards a gay identity but is still aware of society's negative attitudes and rejection of such identity. The individual may begin to compartmentalize the world into homosexual and heterosexual parts as a way to deal with the rejection and stigmatization of their identity in a heterosexual society. In the last stage of identity synthesis, an individual reintegrates parts of his or her identity with the interpersonal environment. In doing so, the individual may come to terms that a gay identity is only part of their overall identity. The individual may still experience strong, negative emotions towards living in a heterosexist society but at a lower intensity than in the previous stage.

Although Cass's gay identity development model has been widely used, it has several limitations. Some of these limitations are related to the proposed linear developmental model. Levy (2009) states that the linear model assumes a normal development if an individual progresses through the six stages in order. It also positions the last stage as the only way that individuals can achieve "fully developed sexual identities" (p. 986). This is problematic because

process is reduced to simplistic stages. Additionally, it does not leave room for the development of multiple sexual identities throughout an individual's life span. It also does not account for the systemic issues that prevent individuals from fully coming out in heterosexist environments (Levy, 2009). Again, a simplistic reduction of stages does not allow for individuals to regress into other stages or experience more than one stage at a time (Horowitz & Newcomb, 2001).

Conversely, Fassinger and Miller's (1996) sexual minority identity development offers a non-linear model for gay identity development. The model also "makes a particularly important theoretical contribution in that it incorporates but separates the process of an internal individual sexual identity development and a more contextual group membership identity development process into two parallel branches of a developmental sequence (p. 55). Given this theoretical contribution, it also proposes that coming out is not a distinct sign of maturity and that it is not required for an integrated identity (Meyer, Deitrich, & Schwartz, 2008). In particular, the process, rather than content of how an individual resolves questions pertaining to each identity phase, "creates a mature identity" (p. 58). Furthermore, the model uses phases rather than stages to describe both an individual and group identity process.

Fassinger and Miller's model (1996) is divided into four phases: awareness, exploration, deepening/commitment, and internalization/synthesis. This model does not utilize disclosure as a way to measure identity development and progression, which is different from past identity models. The model proposes that identity development occurs both at the individual and group level and these processes are not necessarily simultaneous. That is, individuals can be at different phases on each level and may regress and recycle through the phases based on their experiences. In the individual sexual identity process, the awareness phase consists of feeling different than what is considered the heterosexual norm, which can cause fear and confusion.

The exploration phase consists of the exploration of strong feelings about same-sex individuals and these feelings can be, but are not necessarily, erotic in nature. The deepening/commitment phase entails an increase in self-knowledge and a deeper emotional definition of sexuality. As the individual reflects on his or her experiences as a sexual minority, he or she may experience sadness, anger, and ultimately acceptance as they consider his or her position in society. In the internalization/synthesis phase, an individual integrates a gay identity to his or her overall identity and love for same-sex individuals and friends.

Similarly, the group membership identity phases follow the same path of awareness, exploration, deepening/commitment, and internalization/synthesis (Fassinger & Miller, 1996). In the awareness phase, the individual becomes aware of the different sexual orientations that exist in society, as well as the acknowledgement of heterosexism. The exploration phase consists of the individual's exploration of his or her own attitudes towards other lesbian and gay people and what membership in this group might entail. The deepening/commitment phase consists of immersion of group membership in the lesbian and gay community, while holding rejection or intense anger towards the heterosexual community. Finally, the internalization/synthesis phase reflects a commitment to gay identity and to membership of a marginalized group. The individual incorporates his or her group identity into an overall self-concept. It is also possible that an individual self-discloses a gay identity to those with whom he or she trusts and in other accepting environments (Fassinger & Miller, 1996). Overall, this gay identity development model address various limitations of the stage models and provides a more complex view of identity development at both the individual and group level. It is also one of the most widely utilized models in the Counseling Psychology and will inform this current study in relation to gay identity development.

Ethnic Identity Development

Similar to gay identity development, various ethnic identity models have been proposed as the result of empirical and theoretical research (Phinney, 1990). In the earlier stages, there was not consensus among researchers on the operationalization and definition of ethnic identity. Phinney (1990) stated that ethnic identity was defined differently in early studies with researchers utilizing different theoretical frameworks, such as social identity theory, acculturation or culture conflict (p. 501). Although these theoretical frameworks offered different processes and definitions, they did concur that ethnic identity was “dynamic, changing over time and context” (p. 502). They also proposed the importance of the meaning that individuals assigned to the role of ethnicity in their lives.

Additionally, Umaña-Taylor et al. (2004) proposed that ethnic identity is, indeed, multifaceted in nature. As a construct, ethnic identity research draws from Erik Erikson’s ego identity formation (Erikson, 1968). Central to Erikson’s theory, identity formation develops through two important processes: exploration and commitment. The process of identity formation is, therefore, dependent on individual’s level of exploration to his or her identity and his or her feelings around identity. Through the exploration process, individuals are able to resolve any feelings regarding identity and can result in either a positive or negative view of an identity. Furthermore, an individual’s commitment to an identity is also an important step in identity formation, and again, can be either positive or negative. However, Erikson’s theory focuses on the process of identity formation more so than the affective components.

Additionally, Marcia (1980, 1994) developed a typology consistent with Erikson’s theory of identity formation as a way to conceptualize the varying degrees of identity formation. This

classification is broken down into four identity statuses: diffuse, foreclosed, moratorium, and achieved. These statuses are reflective of both an individual's level of exploration and commitment to an identity.

In particular, Umaña-Taylor and colleagues' (2004) ethnic identity development model drew from both Erikson (1968) and Marcia's (1980, 1994) theories on identity. This model incorporates both an individual's sense of belonging to a particular group, as well as the emotional components associated with that group membership. It also views identity as a multidimensional construct and utilizes statuses rather than stages to explain the different levels of identity development. Specifically, ethnic identity is measured by examining three different components. This includes the degree to which an individual has explored their identity (exploration), the degree to which they have resolved the meaning of their ethnic identity (resolution), and whether individuals feel positively or negatively about their identity (affirmation). Essentially, these three components tap into exploration, resolution, and affirmation of an ethnic identity (Umaña-Taylor et al., 2004). Moreover, this identity development model is comprised of four identity statuses: foreclosure, moratorium, diffusion, and achievement. These statuses are based on the degree of exploration and commitment but also depend on the affective or emotional tie to an identity, which can be either positive or negative. In the foreclosure status, an individual has not explored but has committed to an ethnic identity. The moratorium status consists of individuals who have explored but not committed to an identity, whereas the diffusion status consists of individuals whom have neither explored nor committed to an identity. The achievement status, however, reflects individuals who have both explored and committed to an identity. Given these different typologies, it is important to consider the impact of living in a society that devalues and marginalizes ethnic identities.

Especially, since individuals can internalize both positive and negative feelings around ethnic identity. The affective component can, indeed, influence an individual's sense of belonging to a particular group and can cause significant psychological distress. Thus, individuals may be at any particular identity status (foreclosure, moratorium, diffusion, or achievement) and can either feel positively or negatively about his or her respective ethnic identity. Overall, ethnic identity will be defined in this review as multifaceted, can influence individual's sense of belonging to an ethnic group, the type of ethnic behaviors they engage in, as well as whether there are positive or negative feelings to a respective ethnic identity.

As is evident by the research on identity (gay and ethnic) development, identity is complex. Both a gay and an ethnic identity can be considered proximal stressors within a minority stress theory framework. As such, both identities can impact gay men of color's experiences in both their ethnic and gay communities. Despite conceptualizing identity as a stressor, research has shown the positive effective of ethnic identity on psychological well-being and also proposes that it is important to account for how social context contributes to ethnic identity (Acevedo-Polakovich, Chavez-Korell, and Umaña-Taylor, 2014; Chavez-Korell, Benson-Florez, Delgado Rendon, & Farias, 2014). Yet, current research has not fully explored the relationship between both a gay and ethnic identity. Research has also not looked at how cultural variables, such as spirituality, can also be viewed as additional proximal stressors for gay men of color. The following section addresses the theoretical and empirical study of spirituality and how it has been examined for people of color, as well as LGB, people of color. It also places spirituality within a minority stress theory framework as a proximal stressor.

Spirituality

The study of spirituality has received much attention in the psychological field and its conceptualization still remains widely contested (Hill, Pargament, Hood, Mcculough, Swyers, Larson, & Zinnbauer, 2000; Hodge, 2003; Kaupscinski & Masters, 2010). Despite the growing interest, researchers have struggled to find common ground in the operationalization of spirituality and its relationship with religion. Specifically, existing spirituality measures capture different components of spirituality, with some measuring spiritual behaviors, and others using religious language to tap into the construct. Based on these concerns, Kaupscinski et al., (2010) recommend that researchers carefully report how they conceptualize spirituality, whether behaviors are utilized, or if spirituality differs from religion/religiosity (p. 201). These considerations are integral to ensure that spirituality measures accurately capture the construct among individuals of different faiths, religions, and spiritual practices. The following section reviews the literature on spirituality and religion and how both these constructs have been found to have both a positive and negative impact on individual's well-being.

Hill et al. (2000) propose several points based on the past and current literature on spirituality and religion. They state that spirituality and religion are social-psychological phenomena, impact individual's cognitive, affect, and emotions, and develop across the life span. As a result, researchers have begun to distinguish spirituality and religion as two separate, but related constructs. For example, Hodge (2003) developed the Intrinsic Spirituality Scale (ISS) and defined spirituality as a "personal, experiential connectedness with *transcendence* or *ultimate reality* that is expressed in one's beliefs and behaviors" (p. 42). Whereas, religion is defined as "external, community-based phenomena in which a particular organized set of beliefs, behaviors, and rituals are institutionalized by individuals sharing similar spiritualities" (p. 42). Other researchers, such as Piedmont (2012) have defined spirituality and religion similarly to

Hodge's (2003) conceptualization of spirituality and religion. In particular, Piedmont (2012) views spirituality and religion as separate, but closely related constructs. Religion can be faith or God-specific and individuals can also experience religious crisis, which impacts religious practices and rituals. Spirituality, on the other hand, is viewed as an individual's "efforts to create a broad sense of personal meaning for his or her life" (p. 105) and is related to a sense of universality, connectedness, and prayer fulfillment. Given Hodge (2003) and Piedmont's (2012) conceptualization of religion and spirituality, research should address and report how both constructs are operationalized in respective studies. If there is a clear definition for each construct, researchers can better capture the role that spirituality and religion play in individual's lives. Furthermore, it is also imperative that research begins to examine how spirituality affects individuals with multiple minority identities, such as gay men of color, and how this construct fits into the minority stress theory framework.

Some studies have begun to examine the distinction between spirituality and religion and the impact on individual's well-being (Aldwin, Park, Jeon, and Nath, 2014; Reutter & Bigatti, 2014). In particular, Reutter and Bigatti (2014) examined whether religion and spirituality moderated the relationship between stress and psychological health (as measured by depression scores) in a convenience sample of predominately White individuals of the Protestant Christian faith. The authors found support for both religion and spirituality as moderators between stress and psychological health. Specifically, both spirituality and religion buffered the relationship between stress and depression and were identified as resilient constructs. However, only spirituality, and not religion, was found to mediate the relationship between stress and psychological health. The authors proposed that since religion has not been clearly operationalized in past research, this lack of clarity could have influenced the results and thus led

to no significant mediation effects for religion between stress and psychological health. Moreover, since spirituality acted as both a moderator and mediator, this may indicate that spirituality may play a “primary role on psychological well-being” (p. 68). Furthermore, Aldwin and colleagues (2014) reviewed the theoretical and empirical literature on religion and spirituality’s effects on health-behaviors. This review found that spirituality and religion positively impact individual’s health-behaviors, with spirituality aiding individuals with emotional self-regulation. The authors suggest that interventions should focus on helping individual’s “cultivate a richer life” (p. 18) to increase well-being and promote healthy behaviors. Both studies (Aldwin et al., 2014; Reutter & Bigatti, 2014) provide crucial information to the study of spirituality, the protective effects, and the complexity in measurement.

Additionally, other studies (Shahjahan & Barker, 2009; Sing, Garnett, & Williams, 2013; Sutton & Parks, 2013; Weddle-West, Hagan, & Norwood, 2013) have examined the effects of spirituality with various ethnic communities and have found the protective effects of spirituality. Weddle-West et al. (2013), for example, examined the role of spirituality on African American college students at both predominately White colleges and those at historically Black colleges. The findings indicated that African American students who attended predominately White colleges had higher levels of spirituality than their peers who attended historically Black colleges. The authors note that higher levels of spirituality among African American students at predominately, White colleges can be a result of having to cope with more race-related stressors in White spaces. As such, these students utilized spirituality as a way to cope and deal with racism and discrimination. Similarly, Shahjahan and Barker (2009) found that spirituality played a pivotal role in the lives of graduate students of color who pursued careers as faculty in academia. This qualitative study found that graduate students of color integrated spirituality in

both their personal and professional lives as a means to cope with racist and discriminatory experiences in higher education. Specifically, some graduate students of color utilized spirituality in “preparing and implementing their graduate projects” (p. 464). Other students focused their research projects on spirituality or conceptualized their professional work within their own, spiritual framework.

Based on the existing research on spirituality, the construct is defined differently by different researchers and can be measured across different dimensions. Research (Hill et al., 2000; Piedmont, 2012) suggests that it should be examined as a distinct construct from religion. However, spirituality should also be examined within the context of individual’s lives to assess for spirituality’s protective factors, especially with marginalized communities.

Internalized Heterosexism

As stated earlier, minority stress theory (Meyer, 1995, 2003) outlines several stressors (e.g., prejudice, discrimination, concealment of sexual orientation) that negatively impact LGB individuals. Internalized heterosexism is one of these stressors and its effects can be deleterious to the well-being of LGB individuals (Szymanski & Kashubek-West, 2008). Internalized heterosexism is conceptualized as the internalization of negative attitudes and assumptions about homosexuality among LGB individuals. This happens as a result of living in a society that stigmatizes LGB identities and emotional behaviors (Herek, Cogan, Gillis, & Glunt, 1997; Shidlo, 1994; Szymanski & Kashubek-West, 2008).

Theoretically, internalized heterosexism (Szymanski & Kashubek-West, 2008) was first introduced as internalized homophobia (Weinberg, 1972). However, research by Herek (2004) concluded that the term homophobia was not an adequate descriptor of heterosexuals’ fear or anxiety towards sexual minorities. In particular, research on heterosexuals has not shown that

there is, indeed, an “intense fear and anxiety response when heterosexuals view photographs of men having sex with men” (Szymanski & Kashubeck-West, 2008, p. 512). Additionally, the term internalized homophobia places undue stress and pathology on LGB individuals rather than on the societal structures that maintain and perpetuate oppression. Based on Szymanski and colleagues’ (2004) review on internalized heterosexism, both feminist and minority stress theories conceptualize the term differently. However, both theories propose that internalized heterosexism results from environmental factors (e.g., discrimination and prejudice) and negatively influence psychosocial well-being as well as other mental health issues in LGB individuals. As such, internalized heterosexism can be both a distal and proximal stressor within the minority stress theory framework. Especially since it stems from external events (prejudice and discrimination) that results in LGB individual’s internalization of negative messages about their LGB identity.

For example, studies have found that internalized heterosexism affects LGB individuals’ overall well-being (e.g., Szymanski & Kashubek-West, 2008). Some studies have found that internalized heterosexism influences gay men’s commitment level in cohabiting relationships (Greene & Britton, 2013), that is higher levels of internalized heterosexism leads to less relationship satisfaction. Other studies have found that higher levels of internalized heterosexism leads to more relationship problems among LGB couples (Frost & Meyer, 2009). Specifically, the authors found that individuals with higher levels of internalized heterosexism reported more strained relationships and lower relationship quality. Furthermore, internalized heterosexism also causes significant distress that can lead to self-injurious behavior, substance abuse, negative self-image, and risky sexual behaviors (Williamson, 2000). Other studies found that internalized heterosexism affects LGB individuals differently, with those in legally

recognized same-sex marriages reporting both lower levels of depressive symptoms and internalized heterosexism than LGB individuals in committed relationships (Riggle, Rostosky, & Horne, 2010). Based on this research, internalized heterosexism plays a significant role in the lives of LGB individuals. Additionally, internalized heterosexism is also a pervasive stressor that can lead to various physical and mental health problems. However, based on the social environment, internalized heterosexism can be experienced differently by LGB individuals. Throughout this dissertation, the term internalized heterosexism (Szymanski, 2004; Szymanski & Chung, 2003) will be utilized rather than internalized homophobia. Specifically, the term internalized heterosexism is a better descriptor of the negative messages LGB individuals internalize about their own identity. As a result, these negative messages negatively impact LGB individual's mental health and societal experiences.

Intersection of Identities

LGB People of Color

Given the paucity of research on LGB people of color, in 2010 *The Counseling Psychologist* published a major contribution centered on the research to date on LGB people of color. This contribution was a major milestone as it provided a centralized focus on issues that pertained to LGB people of color. Moradi, DeBlaere, and Huang (2010) proposed that this contribution aided the development of research with LGB people of color and brought visibility to an otherwise invisible population. However, they cautioned that although LGB people of color may be invisible in the literature, they are not invisible in society. LGB people of color have been proactive in creating and maintaining community and culture through artistic, social, and political venues (p. 323). This major contribution also reframed LGB people of color's

experiences through a resiliency perspective, which focused on the strengths of LGB people of color in relation to experience as dual minorities.

In particular, Moradi, Wiseman, DeBlaere, Goodman, Sarkees, Brewster, and Huang (2010) examined the differences and similarities between both LGB people of color and White LGB individual's perceptions of internalized heterosexism and levels of *outness* (the degree to which individuals were out to friends or family). Interestingly, they found that in comparison to White participants, LGB people of color did not report higher levels of internalized heterosexism. They did, however, find that LGB people of color reported lower levels of outness to their family and friends than their White counterparts. Although these results are interesting, they do not accurately capture the complexity of LGB people of color's experiences with dual minority identities. For example, half of the sample consisted of people of color but none of the measures captured racial/ethnic or LGB identity salience. Without the assessment of identity salience, it is not possible to assume that all individuals feel similarly (whether positively or negatively) about ethnic and gay identity. As has been discussed with ethnic identity research, there are varying levels of ethnic identity exploration and commitment and individuals may not always feel positively about an identity. Perhaps, LGB people of color who felt positively about ethnic identity had lower levels of internalized heterosexism than those who felt negatively about their ethnic identity. The varying levels of ethnic identity salience could significantly influence these results and it is possible that racial/ethnic participants did experience higher levels of internalized heterosexism but the study was unable to detect this effect due to the study's methodology.

Although the literature on LGB people of color is sparse, there are significant studies that examine the intersection of a LGB and ethnic identity. Most of the research on LGB people of color has focused on the vulnerability that comes with two marginalized identities (Cahill, 2008;

Huebner, Kegeles, Rebchook, Peterson, Neilands, Johnson, & Eke, 2013; O'Donnell, Meyer, Schwartz, 2011; Syzmanski & Gupta, 2009). O'Donnell et al. (2009) found that LGB, Black and Latinas/os experience significantly higher rates and risks of suicide compared to White, LGB individuals. The results are alarming considering that LGB people of color still had a significantly higher risk for suicide attempts than their White, LGB counterparts even when LGB people of color did not have the traditional markers for depression and substance abuse. Although traditional markers were not present, it is still possible that LGB people of color had these markers at lower levels. Other studies, such as Heubner et al. (2013), found that young, Black men who have sex with men have higher rates of unprotected anal intercourse and are at an increased risk for HIV than their White peers. The results were examined the social context of the young men's experiences with racism and internalized heterosexism. The authors proposed that experiences with racism and internalized heterosexism negatively affects LGB people of color and can lead to challenging situations. The authors also proposed that racism and homophobic experiences can lead individuals to experience low levels of self-efficacy and decision making, which further contributes to fewer skills for navigating relationships. The authors found that socioeconomic status was associated with less social support for young, Black, gay men and indirectly influenced unprotected anal intercourse among participants. The authors explained this finding by attributing social support as an outlet where individuals can receive guidance from their peers when engaging in challenging sexual situations. However, the authors note that socioeconomic status is more complex and this finding should be further teased apart. Yet, the authors do not offer other explanations for the complexity of socioeconomic status and suggest that future research should continue to examine SES.

Other studies, such as Davidson (2006), used a qualitative case study to examine how a self-identified bisexual, Latino male navigated cultural and sexual boundaries. This case study alluded to the silent but powerful ways individuals who identify as bisexual challenge “traditional definitions of manhood” (p. 22) in Latino culture. They experience discrimination due to their ethnic identity, heterosexism due to their sexual orientation, and an added layer of prejudice within the LGB community for identifying as bisexual. The individual in the case study learned to navigate these social and cultural boundaries by defying mainstream notions of gender, sexual orientation, and culture. He adopted a feminine masculinity to express his gender and sexual orientation, which defied social norms and standards of gender expression. He also relied on his own interpretation of his spirituality to buffer against the negative effects of navigating sociocultural spaces that perpetuate heterosexism, racism, and often limiting definitions of masculinity. The navigation of various boundaries within these spaces, however, instilled a sense of resiliency in the participant.

Another study by Robinson (2010) examined the experiences of Black, lesbian youth in Detroit, whose voices are often invisible in both research and clinical practice. The authors took a qualitative interview approach to study the experiences of Black, lesbian youth and found similar findings to Davidson’s (2006) study. Specifically, youth in the study struggled with mental health concerns (anxiety, depression, suicide attempts) due to family rejection of their sexual orientation. They also navigated the intersection of Black and lesbian identities in religious institutions that did not affirm their struggles and experiences. Despite the church messages and teachings about homosexuality, participants still remained connected to their spirituality and religious backgrounds. Additionally, these youth were able to integrate their lesbian and racial identity and utilized their spirituality as a coping strategy to navigate stressful

experiences. Due to the reality of multiple oppressions, identification as Black and Lesbian, could lead to experiences of isolation, fear, anxiety, and depression within spaces that are not affirming of either a Black or Lesbian identity. Therefore, it is important that the study found that spirituality and church connectedness acted as buffers against mental health concerns.

Similarly, a study by Dibble et al. (2012) studied the correlates of wellbeing among Black lesbians. Unlike the other studies, this study focused on adults and used various quantitative measures, such as health, spiritual wellbeing, depression, and social network. The authors found that the women in the sample reported poorer quality healthcare due to their negative experiences with race but not as a result of negative experiences due to sexual orientation. Participants also expressed that it was easier to hide their sexual orientation than their race, which contributed to these findings. Although they reported that race negatively impacted the quality of their health care, they did not report a lower health-related quality of life. Interestingly, 95% of the sample scored high on the spirituality measure, and this could have influenced their higher health-related quality life scores. The authors report that having a spiritual practice that takes into account self-identity, such as racial and sexual identity, is more important than being part of an organized religion. Essentially, spirituality played a positive role in these individuals' lives and can buffer against mental health issues.

Syzmanski and Gupta (2009) examined the combined effect of internalized oppression (internalized racism) and internalized heterosexism among Black, LGB individuals. They found that when examined independently, internalized racism and internalized heterosexism emerged as unique predictors of negative self-esteem. However, when examined together, only internalized heterosexism emerged as a significant predictor of participant's psychological distress. These results are attributed to the LGB people of colors' unique experiences with dual

identities. It is possible that LGB people of colors' culture and ethnic communities provide protective factors that "may be far deeper and more psychologically resonant than linkages with predominately White LGBQ communities" (Miville & Ferguson, 2004 in Szymanski & Gupta, 2009, p. 115). These studies begin to paint the complex interaction between both an LGB and a ethnic identity and how they influence LGB people of colors' experiences.

Gay Men of Color

The complex relationship between gay and ethnic identity is of particular importance to the present study. Since gender and gender socialization also play significant roles, the present study focuses specifically on gay men of color. The following section reviews the literature on gay men of color and the cultural values that can influence identity development.

Research on gay men of color has found that their experience as double minorities can affect their well-being across different domains (Loiacano, 1989; Crawford, Allison, Zamboni, & Soto, 2002; Han, 2008; Estrada, Rigali-Oiler, Arciniega, & Tracey, 2011; Vega, Spieldenner, DeLeon, Nieto, Stroman, 2011; Ibañez, Martin, Flores, Millett, & Diaz, 2012; Arreola, Ayala, Diaz, & Kral, 2013; Colon, 2013; Tan, Pratto, Operario, & Dworkin, 2013). As an example, gay men of color may not find a niche in the gay, White community due to their ethnicity, social class, immigration status, etc. This can lead to isolation from the larger gay community, which can result in fewer social supports and networks that provide positive messages about gay identity. Additionally, living with dual identities can lead gay men of color to develop oppression for more than one minority status (Szymanski & Gupta, 2009) and this can lead to exacerbated stress due to discriminatory experiences in the gay, White community.

A separation from the gay, White community can result in different experiences for gay men of color, but can also mean limited or compromised access to important information, such as

information on positive gay identity, safe sex, and LGB community resources. Information on LGB resources is more often widely disseminated within gay communities, but if gay men of color are not part of these spaces, they will not receive messages related to safe-sex practices, condom use, availability of testing resources and other community resources (Han, 2008). A lack of information on LGB resources can also lead to risky sexual behaviors due to limited knowledge or information on safe sex practices. Furthermore, gay men of color may lack the necessary knowledge for safer sex practices, which can leave them at higher risk for HIV/AIDS (Vega et al. 2011). Often, research that focuses solely on the negative components, such as LGB people of color having higher risk for HIV/AIDS, indirectly places blame on the individual for not seeking support systems within the gay community. When in reality, many factors such as, geographic location and discrimination, contribute to gay men of colors' isolation from a mainstream, White, gay community.

A study by Tan et al. (2013) examined gay Asian/Pacific Islander (API) men's sexual positioning and race-based attraction preferences. Tan and colleagues looked at social dominance as a proxy for social hierarchy and internalized, negative ethnic group attitudes. The authors defined social dominance as an "individual's degree of preference for inequality among social groups...individuals who are dominance oriented will tend to favor hierarchy-enhancing beliefs, such as prevailing negative views about certain racial groups" (p. 1234). Essentially, the authors utilized social dominance as a proxy for individual's internalized heterosexism or negative views about their own ethnic group within the larger gay, White community. Additionally, sexual positioning was assessed by asking men to endorse statements that best described their sexual positioning preference as either top- insertive partner during anal intercourse, bottom- receptive partner during anal intercourse, or versatile- both preference for

insertive or receptive partner (Halt, Wolitski, Purcell, Gomez, & Halkitis, 2003). The authors found that men who had higher levels of social dominance reported more negative messages about their own ethnic group. Negative messages about their own ethnic group could lead to engagement in behaviors that maintained the social hierarchy (White mainstream) and dominance. Interestingly, API men who rejected sexual positioning labels had lower levels of social dominance in comparison to those who preferred sexual positioning as tops. Essentially, the authors proposed that individuals who endorsed social hierarchy values (often negative, internalization of own group membership) would continue to “employ strategies, roles, and stereotypes that enhance hierarchy and maintain the status quo” (p. 1237). The authors also concluded that these results begin to shed light on how ethnic minority men experiences within the gay, White community influences their levels of social hierarchy, especially for those exposed to more negative messages about their ethnic group. Although internalized heterosexism was not directly measured in the study, it would be interesting to see how these results would differ across gay API men’s levels of internalized heterosexism. Perhaps, the results would differ for men who had either higher or lower levels of internalized heterosexism, and this would be interesting to examine within the author’s study of social dominance theory. This study, however, is reflective of the social hierarchy and stereotypes within the gay community, especially when API men are portrayed as “exotic and subordinate sexual ‘bottoms’” (p. 1233, as cited in Tan et al., 2013).

Moreover, other studies have examined how racism within the gay community impacts gay men of color. Ibañez et al. (2012) looked at both general and gay-related racism experiences for Latino gay men. Results showed that Latino gay men experienced general racism and discrimination, such as being physically harassed for their ethnic identity. They also experienced

racism and discrimination in gay-specific contexts, such as being turned down for sex at the gay bar due to being Latino. These results were more prominent for Latino gay men with darker skin complexions than their lighter skin counterparts. Additionally, immigrant men reported less discriminatory experiences than those who were born in the United States. It is possible that recent immigrants only interact within gay-specific Latino communities, which buffers against discriminatory and racist experiences in predominately White, gay bars. These results provide an interesting context for understanding how gay men of color navigate their experiences as dual minorities. It will be important to examine racism in both general and gay-specific contexts to better understand the complexity of dual minority identities.

For gay men of color, growing up in ethnic communities that perpetuate heterosexual norms can be difficult. Several studies have documented that gay men of color may experience their ethnic communities as homophobic, and thus, struggle with the intersection of their gay and ethnic identity (Arreola et al., 2013; Colon, 2008; Estrada et al., 2011). These men do not often distinguish between their gay and ethnic identities and may experience them as closely related. In particular, Latino gay men may have to selectively negotiate how to walk through the world as gay men of color. Several cultural values, such as *machismo*, which is viewed as behaviors ascribed to traditional male gender, Latino roles, can play an important role in gay, Latino men's experiences. Research has found that Latino gay men who endorse traditional machismo also report higher levels of internalized heterosexism (Estrada et al., 2011). However, this does not lead to higher levels of sexual risky behaviors, which some studies have found (Ayala & Diaz, 2001). Gay men of color may also grow up in communities where gay slurs are used to devalue their gay identity. This can lead to feelings of guilt and shame for being gay and being part of a group that promotes homophobia (Arreola et al., 2013). These experiences can lead gay men of

color to internalize negative feelings towards their ethnic group and cause them to isolate as a way of coping.

Gay Men of Color and Spirituality

The literature that examines both religious and spiritual experiences for gay men of color begins to lay the groundwork for studying the intersection of gay and ethnic identities and spirituality. These studies have shown that many gay men of color grow up with a religious upbringing that is often tied to their culture (Foster, Arnold, Rebchook, Kegeles, 201; Garcia, Gray-Stanely, & Ramirez, 2008; Lassiter, 2014; Wright, 2012). For Latino and African American gay men, religious practices are embedded within their cultures. Religious values and spiritual practices are often transmitted through church services, prayer, formal religious education, and specific cultural practices (i.e. praying with the rosary, saying grace before meals, lighting candles to saints, celebrating first communions, *posadas* for Mexicans at Christmas, etc.) (Garcia et al., 2008; Foster et al., 2011). These practices are unique because they are not solely related to spiritual and religious practices, but are intertwined with the cultural environment of ethnic groups. Additionally, these practices are often carried into adulthood and can become coping strategies for gay men of color. Cervantes and Parham (2005) offer a unique perspective to the intertwined nature of spirituality and cultural diversity. For example, the authors note that spirituality is best understood within people of color's experiences with oppression (racism and discrimination). The experiences with oppression and a stigmatizing sociocultural environment heavily contribute to individual's use of spirituality as a form to "transform or transcend situational circumstances" (p. 71). More importantly, Cervantes and Parham (2005) propose "beliefs, orientations, and values are fluid and dynamic" (p. 75) and cannot be understood in isolation. Essentially, ethnic identity, gender, sexual orientation, spirituality should not be

viewed exclusively, but rather examined concomitantly as these identities influence each other. Therefore, it is not uncommon that gay men of color continue to find solace in their spirituality, especially when it is complexly intertwined within their ethnic and cultural heritage.

However, it is not unusual for gay men of color to struggle with these religious and spiritual practices as they begin to question their gay identity. For example, gay men of color report growing up hearing homophobic messages in their religious institutions (i.e. through sermons, negative remarks from other church members, interpretations of the bible) (Foster et al., 2011). Experiences with homophobia produce anxiety, guilt, and shame for many gay men of color who were told that being gay was not acceptable in their church. Interestingly, although these messages were permeated throughout religious services, many gay men of color still found the church and their community tolerated their sexual identity (Lassiter, 2012). For others, these negative messages were overwhelming and the “emotional pain that some of the men still experienced was palpable, since religion had been extremely important to them” (Foster et al., 2011, p. 1108). It is evident that for some gay men of color, the homophobic messages in their religious community negatively affected their sense of well-being and identity. However, not all gay men of color had a negative experience, and others were still able to find comfort and acceptance within spaces that promoted heteronormativity and homophobia.

Interestingly, some research has found that gay men of color are able to reinterpret their spirituality in order to align with their gay identities (Pitt, 2010). Although some men left their religious institutions, they still remained spiritual and continued to engage in spiritual practices, such as saying grace before meals, praying before going to bed, and acknowledging God or a higher being’s presence in their lives (Foster et al., 2011, p. 1107). Perhaps, gay men of color cannot “sacrifice either identity or construct a psychological barrier between the two” (Pitt, 2010,

p. 49) and they continue to engage in spiritual practices even after not engaging with their religious groups. For gay men who have remained close to the church, they found a balance between their private and public religious identities. Some engaged in more private practices, such as praying at home, rather than attending regular church services (Cutts & Parks, 2009). This balance is a result of having both a salient gay and ethnic identity. These identities cannot be separated just as spiritual and religious practices cannot be separated from ethnic communities' cultural values.

Asanti (2010) provides a conceptual framework for understanding spirituality and sexuality with African Americans and examined the duality of both spirituality and sexual identities through an African American historical perspective. Asanti (2010) stated that utilization of a White, gay and lesbian lens provides a limited understanding to spirituality within the context of African and LGB identities. While LGB individuals may face similar struggles in an oppressive and heterosexist society, there are other forms of oppression that uniquely affect African Americans. Specifically, LGB African Americans encounter heterosexism within the African American heterosexual community, as well as racism/discrimination within the White LGB community. Thus, LGB African Americans are caught at the crossroads between two marginalized groups that continually permeate "physical and spiritual enslavement" (p. 23). This can lead to a "cultural disconnect as they (African Americans) are forced to matriculate into a class and community that does not understand the cultural challenges they face" (p. 23). This speaks both to their reality as African Americans, as well as their experience as LGB. Asanti points out that individuals can find healing and empowerment through the "reclaiming" of a "stolen history and spiritual legacy" (p. 30). This article incorporated the historical strengths and resiliency of a group of people who have been continuously marginalized and oppressed.

Through a historical lens, Asanti (2010) offered a critical examination of heterosexism and racism for LGB African Americans.

A study by Jeffries et al. (2008) provided an empirical examination of religion and spirituality among bisexual Black men in the United States. Similar to Asanti's (2010) study, the author alluded to the importance of individual's reinterpretation of religion and spirituality. In the study, participants reported that they were raised with a religious upbringing (e.g., religious teachings, church sermons, etc.) that did not align with their sexual orientation. Participants reported that while their communities and families did not support their bisexual identity, they still maintained strong religious and spiritual beliefs. Interestingly, participants continued to participate in church activities and often relied on their spirituality to empower themselves and "cope with religious condemnation" (p. 467). Various participants, however, found solace and comfort in joining Metropolitan Community Churches that affirmed their LGB identity. Interestingly, spirituality plays a unique, but important role for many LGB people of color, and as most studies have shown, can act as a buffer to counter negative experiences.

While the literature on intersection of identities for gay men of color has continued to develop, there are still gaps in the literature. There are no articles that examine both ethnic and gay identity development for LGB people of color, let alone gay men of color. Identity is a central component to gay men of color and their experiences as marginalized minorities are important in identifying whether they develop salient, positive or negative identities. It is possible that the development of both identities contributes to how gay men of color experience psychological distress and whether they consider spirituality an important factor in their lives. The study of intersection of identities can also help researchers understand how other factors, such as gender, cultural values, and beliefs interact with both identities. Furthermore, while both

gay and ethnic identities are minority identities, the literature has found that ethnic identity is more visible than a gay identity. This means that gay men of color who are visible ethnic minorities may experience racism and discrimination differently in both gay and heterosexual communities. For example, they may not have to disclose their gay identity and this can remain hidden, whereas they cannot hide their identity as ethnic minorities. It is important to consider how the visibility of a minority identity impacts the development of another identity (gay) that is not identifiable unless disclosed by the individual, especially when some identities (e.g., gay and ethnic) are stigmatized and devalued by society.

Similarly, the research on gay men of color in the White, gay community provides critical information. The White, gay community can be a source of respite for gay men of color and they can receive information and knowledge related to safe-sex practices, community resources and events, etc. Yet, LGB information is often not transmitted due to the lack of supportive spaces within the White, gay community. Therefore, some gay men of color may avoid White, LGB spaces due to the lack of support and experiences with discrimination, while others may endure or minimize the discrimination as a way to cope with living in two marginalized worlds (ethnic and gay). Experiences with discrimination and racism in the White, gay community can also perpetuate internalized oppression in gay men of color, and cause them to believe in their own group stereotypes. This can also affect gay men of color's levels of internalized heterosexism and can lead gay men of color to engage in unsafe sexual behaviors (Ayala & Diaz, 2001). Based on the reviewed research, gay men of color have to navigate both their ethnic and gay worlds in different ways. It would be pertinent for research to examine gay men of color's strengths and resiliency to capture the unique ways of coping with an oppressive society.

Present Study

The present study seeks to explore the relationships between gay and ethnic identity development, spirituality, and psychological distress and internalized heterosexism for gay men of color. Given the aforementioned research, this study will fill a gap by examining the intersection of identities for gay men and color and their relationship to cultural and gay-related variables. While other studies have looked at both identities, they have not studied these identities simultaneously and how individuals in different identity development statuses differ across individual's psychological well being. Additionally, it will be the first study to examine if spirituality is a protective factor against psychological distress and internalized heterosexism.

Research Questions and Hypotheses

The research questions for the present study are focused on testing the Meyer's (1995, 2003) minority stress theory. In order to test Meyer's minority stress theory, gay and ethnic identity were used as a proxies for proximal stressors. However, both gay and ethnic identity should not be viewed exclusively as stressors or variables that negatively impacting individuals well-being. It is the experience of living with two dual minority identities and the exposure to discrimination and racism in the United States that acts as a stressor for gay men of color. In particular, the effects of both proximal stressors on gay men of color's psychological distress and internalized heterosexism will be explored and ethnic and gay identity will be examined as proximal stressors. Based on the reviewed literature, the proposed questions seek to examine how identity salience, for both gay and ethnic identity, influence individual's levels of psychological distress and internalized heterosexism, as well as the protective factor of spirituality for gay men of color.

Research Question #1.

How does ethnic and gay identity influence participant's levels of psychological distress?

Hypothesis #1.

Both gay and ethnic identity will account for a significant amount of variance in psychological distress scores. Participants with a positive ethnic identity salience will have lower levels of psychological distress than participants with negative ethnic identity salience. Participants with a positive gay identity will have lower levels of psychological distress than participants with a negative gay identity.

Research Question #2.

How does ethnic and gay identity influence participant's levels of internalized heterosexism?

Hypothesis #2.

Both gay and ethnic identity will account for a significant amount of variance in internalized heterosexism scores. Participants with a positive ethnic identity salience will have lower levels of internalized heterosexism than participants with a negative ethnic identity salience. Participants with a positive gay identity will have lower levels of internalized heterosexism than participants with a negative gay identity.

Research Question #3.

Is spirituality a protective factor for gay men of color and their experiences with psychological distress?

Hypothesis #3.

Spirituality will moderate the relationship between ethnic and gay identity and psychological distress. Specifically, participants with positive gay and ethnic identity salience

and higher levels of spirituality will have lower levels of psychological distress than participants with negative gay and ethnic identity salience and lower levels of spirituality.

Research Question #4.

Is spirituality a protective factor for gay men of color and their experiences with internalized heterosexism?

Hypothesis #4.

Spirituality will moderate the relationship between ethnic and gay identity and internalized heterosexism. Specifically, participants with positive gay and ethnic identity salience and higher levels of spirituality will have lower levels of internalized heterosexism than participants with negative gay and ethnic identity salience and lower levels of spirituality.

Figure 1. Identity as Proximal Stressor for Psychological Distress



Figure 2. Identity as a Proximal Stressor for Internalized Heterosexism



Figure 3. Spirituality as a Moderator between Proximal Stressors and Psychological Distress

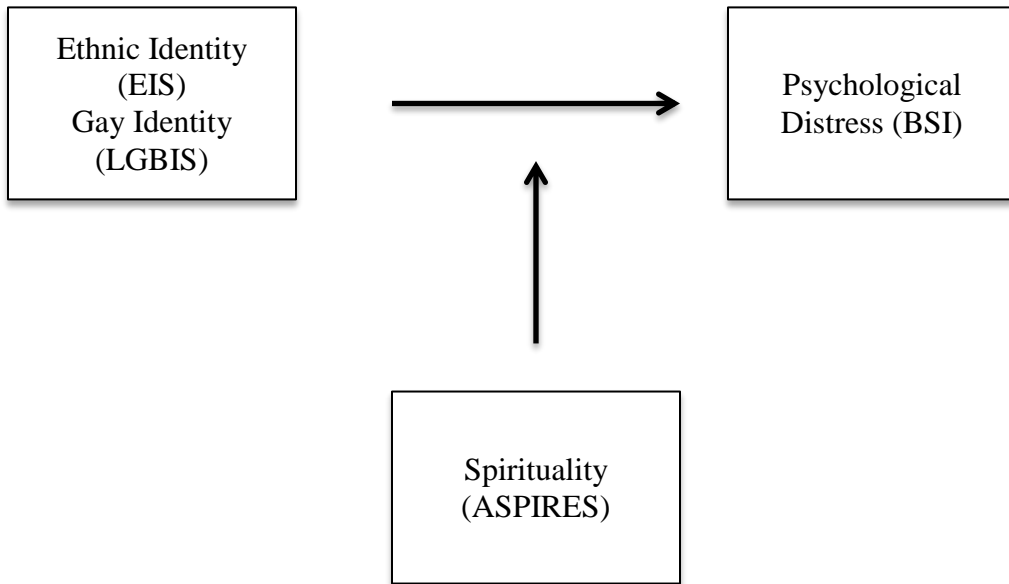
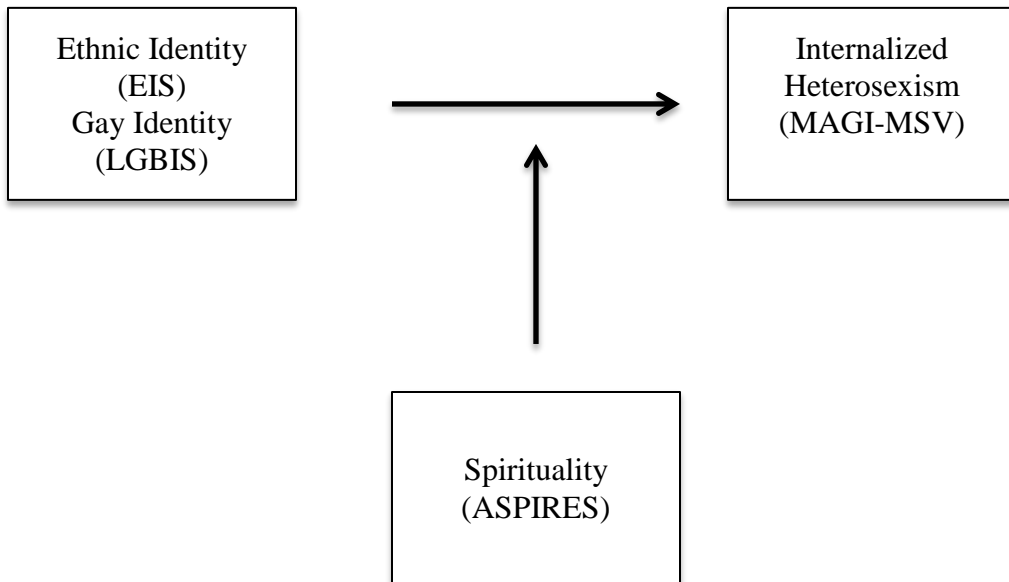


Figure 4. Spirituality as a Moderator between Proximal Stressors and Internalized Heterosexism



Chapter 3

Method

This chapter details the methodology utilized in this dissertation to investigate the research questions stated in Chapter 2. Information regarding participant inclusion and exclusion criteria, participant recruitment and data collection procedures, as well as a review of the research measures is presented. The chapter concludes with a detailed data analyses plan.

Participants

Inclusion Criteria.

Participants self-identified as gay men of color, or ethnic minorities and these include but are not limited to, individuals who self-identify as Latino/a, African American, American Indian, Asian/Pacific Islander, Mixed-race, etc. Participants were at least 18 years of age or older and resided in Southeastern Wisconsin or Northern Illinois at the time of the study.

Power Analysis.

G*Power 3.1 was utilized to conduct a prior power analyses to determine the sample size for this study to achieve the standard power level of .80. Power analyses for f-test indicated 68 participants were needed to detect a small effect size and 287 participants were needed to detect a medium effect size. The target goal for participants was between 287 and 300.

Descriptive data.

A total of 303 gay men of color participated in the study. Participant's ages ranged from 18 to 67 years of age ($M= 31.28$, $SD= 11.04$, $N= 302$). In terms of racial/ethnic membership, 46% of the sample self-identified as African American/Black ($n= 138$), 39% self-identified as Latino/Hispanic ($n= 118$), 10% as Asian/Pacific Islander/Native Hawaiian ($n= 31$), 4% as Multiracial/Multiethnic ($n= 9$, some responses included, Black/White, Mexican/Black, African,

and Mixed), and 1% as American Indian/Alaska Native ($n= 3$). The total number of participants was reduced to 302 as one participant self-identified as “Caucasian/White” in the demographic questionnaire. More than half of participants resided in Southeastern Wisconsin, 74.2% ($n= 224$) and 25.8% resided in Northern Illinois ($n= 78$).

Approximately 35% of the sample reported completing High School/GED ($n= 107$), 29% completed some college ($n= 86$), 13% completed four-year degrees (BA, BS) ($n= 38$), 9% had completed less than high school ($n= 26$), 6% had completed a master’s degree ($n= 19$), 0.7% attained a doctorate ($n= 2$), and 0.3% reported a professional degree (MD, JD) ($n= 1$). In terms of employment, 81% of the sample reported that they were currently employed ($n= 245$) and 19% reported that they were not employed at the time of the study ($n= 57$). For participants that were employed, 67% reported being employed full-time ($n= 164$) and 33% employed part-time ($n= 81$). Additionally, 91% of the sample was born in the United States ($n= 274$) and 9% of the sample was born outside of the United States ($n= 28$). Participants who were born outside the United States had lived an average of 16 years in the United States ($M= 16.93$ years, $SD= 9.13$). Socioeconomic status was measured by participant’s self-reported yearly income and 24.8% reported making less than \$10,000 per year ($n= 75$), 24.2% between \$10,000 and \$20,000 ($n= 73$), 22.8% between \$20,000 and \$30,000 ($n= 69$), 13.9% between \$30,000 and \$40,000 ($n= 42$), 7.0% between \$40,000 and \$50,000 ($n= 21$), and 7.3% reported making over \$60,000 per year ($n= 22$).

Recruitment

The Institutional Review Board (IRB) at the University of Wisconsin-Milwaukee approved this study for human subjects’ participation. Participants were recruited in Southeastern Wisconsin and Northern Illinois at various LGBT+ events as well as through

agencies that worked with racial and ethnic communities. These agencies were contacted by phone or by email and agencies requested study materials such as, IRB approval letter (Appendix A), descriptive community request letter (Appendix B), recruitment flyer (Appendix C), and informed consent (Appendix D) for review prior to participating in recruitment efforts. As a result, several agencies were supportive of the study and assisted in recruitment efforts by sending out emails through list-servs, allowing flyers at their agencies, and providing support for recruitment at their agencies or events hosted by the agencies. Recruitment procedures included face-to-face recruitment at multiple events, such as Milwaukee Pridefest and Chicago Market Days (both LGBT+ events held during pride celebrations in 2016). After the initiation of the study, a snowball sampling procedure developed and participants heard about the study through friends who had participated in the study.

Data Collection

The measures for this study were organized as a study packet and each measure was on a separate sheet of paper and all measures were stapled together. The measures were counterbalanced to control for order effects. However, the first measure in every study packet was the demographic questionnaire (Appendix E). Additionally, the study packets contained the informed consent (Appendix D) and a community resource sheet (Appendix F and Appendix G).

The data collection team consisted of the principal author and three research assistants. All data collection team members completed the appropriate training for conducting research with human subjects as required by the Institutional Review Board (IRB) at the University of Wisconsin-Milwaukee. The data collection team helped recruit participants, obtain consent, collect data, and pay participants for their participation. Team members were also provided with additional training on appropriate recruitment and data collection procedures, as well as training

on how to interact with participants at various events. Additionally, team members also received a detailed instructions packet with data collection procedures for this study.

All participants were provided with a written informed consent and an abbreviated verbal consent prior to participating in the study. The informed consent provided information about the purpose of the study, details related to confidentiality, as well as the risks and benefits for participation in the study. Participants were informed of their right to discontinue their participation in the study at any time. After participants received the written informed consent and provided verbal consent, they were provided with a study packet. Participants received \$5.00 in cash as compensation for their time and effort in participating in the study upon completion of all measures.

All of the measures in this study were self-administered measures. Each eligible participant individually read and completed the measures in the study packet. Any participant that required accommodations, such as having the questions read out loud to them, were provided with the necessary assistance to complete the measures. All team members paid close attention to ensure that all administration procedures were followed appropriately in order to not influence participant's answers while providing accommodations.

Measures

Five self-report paper-pencil measures and a demographic questionnaire were utilized in this study. The demographic questionnaire collected descriptive data, such as age, level of education, income, sexual orientation identification, racial and ethnic self-identification, as well as employment status. The Lesbian and Gay Identity Scale (LGBIS: Mohr & Fassinger, 2000) was used to explore gay identity salience. The Assessment of Spirituality and Religious Sentiments (ASPIRES: Piedmont, 2010) was used to assess for participant's levels of spirituality.

The Ethnic Identity Scale (EIS: Umaña-Taylor, Yazedjian, & Bamaca-Gomez, 2004) was utilized to explore ethnic identity salience and feelings regarding ethnic identity. The Brief Symptom Inventory-53 (BSI: Derogatis & Melisaratos, 1993) was used to assess psychological distress. The Multi-Axial Gay Men's Inventory-Men's Short Version (MAGI-MSV; Theodore, Shidlo, Zemon, Foley, Dorfman, Dahlman, & Hamid, 2013) was utilized to explore internalized heterosexism.

Demographic Questionnaire. The demographic questionnaire (Appendix E) was composed of an array of background items. In particular, items included age, gender, self-identified sexual orientation and ethnic group membership, socioeconomic status, education level, and residential zip code.

Lesbian, Gay, and Bisexual Identity Scale (LGBIS). Participant's gay identity was measured using the Lesbian, Gay, and Bisexual Identity Scale (LGBIS; Mohr & Kendra, 2011). The LGBIS (Appendix H) is a multidimensional measure of sexual minority identity for lesbian, gay, and bisexual identified individuals. Originally, the measure was titled the Lesbian Gay Identity Scale (LGIS; Mohr & Fassinger, 2000) and was designed to measure sexual minority identity across six subscales for lesbian and gay self-identified individuals. Mohr and Kendra (2011) revised the LGIS to include more inclusive language for bisexual individuals; they also removed stigmatizing language from several items, and phrased the items to include a broader LGB identity, rather than a specific sexual orientation identity. Additionally, they added two subscales that measured Identity Centrality and Identity Affirmation.

The most recent version of the LGBIS (Mohr & Kendra, 2011) consists of 27-items that are rated on a 6-point Likert scale ranging from 1 (Disagree Strongly) to 6 (Agree Strongly). The scale consists of eight identity related subscales: Acceptance Concerns, Concealment

Motivation, Identity Uncertainty, Internalized Homonegativity, Difficult Process, Identity Superiority, Identity Affirmation, and Identity Centrality. The Acceptance Concerns subscale consists of three items and measures the individual's concern with the potential for stigmatization as an LGB person. The Concealment Motivation subscale measures the concern with and motivation to protect one's privacy as an LGB person, and has three items. The Identity Uncertainty subscale measures individual's uncertainty about his or her sexual orientation and is comprised of four items. The Internalized Homonegativity subscale consists of three items and measures the rejection of one's LGB identity. Whereas the Difficult Process subscale measures perceptions that one's LGB development process was difficult, and has three items. The Identity Superiority subscale measures an individual's views favoring LGB people over heterosexual people, with three items. The Identity Affirmation subscale measures the positive feelings of an individual's LGB identity and consists of three items. Lastly, the Identity Centrality subscale is comprised of five items and measures an individual's view of one's LGB identity as central to one's overall identity. Subscale items are summed to obtain a subscale score, with higher scores indicating higher levels of the subscale name. For example, higher scores on the Concealment Motivation subscale indicate higher levels of concern with motivation to protect one's privacy as an LGB person and lower scores reflect lower levels of concern with motivation to protect one's privacy. Examples of subscale items include, "To understand who I am as a person, you have to know that I'm LGB" (Identity Centrality item), "I often wonder whether others judge me for my sexual orientation" (Acceptance Concerns item), and "I am proud to be LGB" (Identity Affirmation). For this study, all items were scored in the same direction to obtain a total score, with higher scores indicating a negative gay identity and lower scores indicating a positive gay identity.

In Mohr and Kendra's (2011) revision of the LGBIS, internal reliability estimates for the subscales ranged from Cronbach alphas of .70 (Concealment Motivation subscale) to .92 (Internalized Homonegativity and Difficult Process subscales). Confirmatory factor analysis also indicated support for an eight-factor structure with the 27 items (CFI = .94, SRMR = .05, RMSEA = .04). The authors also found that several subscales correlated with other identity related measures. The Social Desirability Scale was found to significantly correlate with the Internalized Homonegativity subscale ($r = -.18$), Identity Superiority subscale ($r = -.22$), and positively correlate with the Identity Affirmation subscale ($r = .19$). Additionally, construct validity was also assessed and several subscales were found to either positively or negatively correlate with other identity related measures. For example, the Acceptance Concerns subscale was negatively correlated with Public Collective Self-esteem ($r = -.20$) and positively associated with Ego Dystonic Homosexuality ($r = .41$).

In a review of the literature to date, it appears that the LGBIS has not been used in research with gay men of color. It has, however, been utilized with other populations. In particular, Oliveira, Lopes, Costa, and Nogueira (2012) measured the construct validity of the LGBIS scale (Kendra & Mohr, 2008) in a Portuguese sample of gay, lesbian, and bisexual identified individuals. However, this study utilized Kendra and Mohr's (2008) version of the LGBIS that initially proposed a 7-factor rather than an 8-factor structure from the current version of the LGBIS (Mohr and Kendra, 2011). In Mohr and Kendra's (2008) version, items from both the Internalized Homonegativity and Identity Affirmation subscales were combined into a subscale titled Identity Dissatisfaction. Confirmatory factor analysis found support for a 7-factor structure of the LGBIS ($\chi^2 = 772.87$, GFI = .89, CFI = .91, RMSEA = .06). The reliability estimates for the subscales ranged from Cronbach alphas of .62 (Identity Superiority subscale)

to .83 (Identity Dissatisfaction and Difficult Process subscales). In this study a total score was obtained by averaging the subscales Acceptance Concerns, Concealment Motivation, Identity Uncertainty, Difficult Process, Identity Superiority, Identity Affirmation, and Identity Centrality. The Cronbach alpha for the LGBIS in this study was .84.

Overall, the LGBIS (Kendra & Mohr, 2011) has sound psychometric properties and taps into a multidimensional measure of LGB identity. It also incorporates subscales, such as Identity Centrality and Identity Affirmation, which tap into the resiliency of LGB individuals. Given the purpose of the present study, the LGBIS (Mohr & Kendra, 20011) taps complex identity dimensions that can be paired with the ethnic identity measure to understand the intersection of identities. Moreover, the instructions on the measure allow researchers to inform participants that the “lesbian, gay, and bisexual” terms are used for convenience and individual’s may use other terms such as, “queer”, “dyke”, or “questioning”, to identify their sexual identity.

The Assessment of Spirituality and Religious Sentiments (ASPIRES)

The ASPIRES (Piedmont, 2010) is a nondenominational scale that measures both religious sentiments and spiritual transcendence (Appendix I). It was utilized in the present study to measure spirituality. The most recent version of the ASPIRES (Piedmont, 2010) consists of 23 items that measure spiritual transcendence and 12 items that measure religious sentiments. Spiritual transcendence is defined as “the motivational capacity to create a broad sense of personal meaning for one’s life”. While religious sentiments are defined as “the extent to which an individual is involved in and committed to the precepts, teachings, and practices of a specific religious tradition” (Piedmont, 2010).

Specifically, the religious sentiments scale is comprised of items that measure (1) an individual’s commitment to his or her beliefs and the status of those commitments, as well as (2)

whether an individual endorses items consistent with experiencing problems, difficulties, or conflict with God or his or her understanding of faith/community. There are four religious crisis items that are rated on 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Higher scores on this scale indicate higher levels of religious conflict with God or understanding of faith/community and lower scores reflect lower levels of religious conflict. Example items for this subscale include “I feel isolated from others in my faith group” and “I feel abandoned by God”.

The other eight items measure an individual’s religious practices, such as prayer, reading the Bible/Torah/Koran/Geeta, and individual’s relationship with God. These items are measured on either a 5-point, 7-point Likert, or frequency scale. Example items include, “How often do you read religious literature other than the Bible/Torah/Koran/Geeta?”, “How frequently do you attend religious services?”, and “How important to you are your religious beliefs?”. Higher scores on these items indicate higher levels of religious involvement and lower scores indicate lower levels of religious involvement.

The spiritual transcendence scale is comprised of 23 items that measure spirituality across three dimensions: Prayer fulfillment, Universality, and Connectedness. Items are rated on a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Example items include, “In the quiet of my prayers and/or meditations, I find a sense of wholeness (Prayer fulfillment item), “I feel that on a higher level all of us share a common bond (Universality item)”, and “I have done things in my life because I believed it would please a parent, relative, or friend that had died” (Connectedness). Higher scores on each of the three dimensions indicate higher levels of prayer fulfillment, universality, or connectedness with a higher power. For this

study, all items in the spirituality subscales were scored in the same direction to obtain a total score, with high scores indicating higher levels of spirituality.

Moreover, prior to the development of the ASPIRES (Piedmont, 2010), Piedmont initially developed the Spiritual Transcendence Scale (STS; Piedmont, 2001) to capture the fundamental aspects of spirituality. This scale was developed after consulting various theological experts from a myriad of faith traditions such as, Buddhism, Hinduism, Quakerism, Lutheranism, Catholicism, and Judaism in order to create items that were universal to all faiths. The scale was later revised by Piedmont (2006) to increase reliability estimates and to create a shorter version of the scale as past research suggested the scale was too long. In this revision (STS-R; Piedmont, 2006), several items from the Spiritual Transcendence Scale (STS; Piedmont, 2001) were retained as they measured religious behaviors and their frequency. These religious behavioral items were originally used in the Spiritual Transcendence Scale (Piedmont, 2001) to measure convergent validity but were never examined as religious sentiments construct. Furthermore, the addition of the religious sentiments scale was based on research that showed that religion and spirituality were related, but separate constructs. Therefore, the author included a religious sentiment subscale to not only measure how religion impacted an individual's psychosocial functioning, but to measure how it was related to spirituality.

Overall, the ASPIRES (Piedmont, 2010) has achieved strong psychometric properties and has been utilized with individuals of various faiths. It has obtained good internal consistency with some subscales. Specifically, Cronbach alpha's have ranged from .49 (Connectedness) to .94 (Prayer Fulfillment). Piedmont (2010) notes that the Connectedness subscale has consistently generated lower alpha reliabilities and this could be attributed to the complex nature of this spirituality dimension. The ASPIRES (Piedmont, 2010) has also obtained adequate

convergent validity utilizing cross-observer convergence. In particular, cross-observer Pearson r 's ranged from .28 (Connectedness) to .83 (Religious Involvement) and were statistically significant at the .001 level. The ASPIRES has also achieved high internal consistency for the Prayer Fulfillment scale with a sample of Buddhists and Christians in Sri Lanka, except for the Connectedness subscale, with Cronbach alpha's ranging from .14 (Connectedness) to .87 (Prayer Fulfillment) (Piedmont, Wertel, & Fernando 2009). While the Connectedness scale has obtained relatively low internal consistency, the ASPIRES (Piedmont, 2010) scale is one of the most researched spirituality measures in the social sciences. In this study, a total score was obtained by averaging the items from the Connectedness, Prayer Fulfillment, and Universality subscales. Cronbach alpha for the ASPIRES Spirituality scale in this study was .84.

Other spirituality measures do not distinguish religion from spirituality and often use the terms interchangeably. The ASPIRES (Piedmont, 2010) distinguishes religion from spirituality and theorizes that the constructs are still connected but should be measured independently. Given the present study's focus, this scale was chosen for its theoretical basis that spirituality and religion are different but related constructs. Given that this scale has not been utilized with gay men of color, this study was one of the first to examine how these constructs influence individual's gay identity development and experiences with psychological distress.

Ethnic Identity Scale

The EIS (Appendix J) (EIS: Umaña-Taylor, Yazedjian, & Bamaca-Gomez, 2004) is a multidimensional measure of ethnic identity. The EIS was used in the present study to measure participant's ethnic identity. Specifically, the EIS measures three components of ethnic identity: Exploration- the degree to which individuals have explored their ethnicity, Resolution- the degree to which an individual has resolved what their ethnicity means to them, and Affirmation-

the affect (positive or negative) that they associate with that resolution. These three components are measured independently and the subscales yield scores for each component.

The EIS consists of 17-items that assess ethnic identity across three dimensions, exploration, resolution, and affirmation. Items are rated along a 4-point Likert scale ranging from 1 (does not describe me at all) to 4 (describes me very well). Higher scores indicate higher levels of exploration, resolution, and affirmation and lower scores indicate lower levels of the above dimensions. Example items include, “I have participated in activities that have exposed me to my ethnicity” (Exploration item), “I know what my ethnicity means to me” (Resolution item), and “My feelings about my ethnicity are mostly negative” (Affirmation item). The EIS has yielded high internal consistency with a sample of high school students with Cronbach alpha’s of .89, .84, .89 for exploration, resolution, and affirmation, respectively. It has also yielded high internal consistency with a sample of college students with Cronbach alpha’s of .91, .86, .96, exploration, resolution, and affirmation, respectively. Additionally, in the sample of ethnic minority college students, construct validity analyses found that self-esteem and familial ethnic socialization were positively correlated with the exploration ($r = .27$, $r = .36$, respectively) and resolution ($r = .61$, $r = .38$, respectively) subscales (Umaña-Taylor et al., 2004). The EIS (Umaña-Taylor et al., 2004) was originally developed to address the limitations of the Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992), which measured ethnic identity across three different dimensions (affirmation, achievement, and behaviors). However, the MEIM has been criticized for not being theoretically consistent in its measurement of ethnic identity (Cokley, 2007). Therefore, the EIS was utilized in the present study given its theoretical foundation and psychometric properties.

Brittain, Umaña-Taylor, and Derlan (2013) have found high internal consistency with the EIS (Umaña-Taylor, Yazedjian, & Bamaca-Gomez, 2004) in a sample of bi-racial, ethnic minority, and White college students with Cronbach alphas of .85, .88, and .90 (affirmation, exploration, and resolution, respectively). Moreover, few studies have examined ethnic identity with the EIS in adult samples. However, Chavez-Korell and Torres (2014) found high internal consistency with an adult Latino/a sample with Cronbach alphas of .80 for exploration, .88 for resolution, and .89 for affirmation. Another study by Chavez-Korell, Benson- Flórez, Delgado Rendón, and Farías (2014) also found high internal consistency with the EIS for a sample of Latino older adults; specifically, Cronbach alphas were .81, .82, and .80 for exploration, resolution, and affirmation, respectively. Based on these criteria, the EIS is a psychometrically and theoretically sound measure of ethnic identity. It has been utilized with both diverse adolescent and adult samples but has not been used with a sample of gay men of color. Since the EIS taps into ethnic identity across three dimensions and has the capability of measuring both positive and negative aspects of identity, it is a good measure for the present study. In this study Cronbach alphas for the EIS were .88 (Affirmation subscale), .87 (Exploration subscale) and .90 (Resolution subscale)

Brief Symptom Inventory (BSI-53)

The Brief Symptom Inventory (BSI-53: Derogatis & Melisaratos, 1983) (Appendix K) is a self-report symptom measure of psychological symptom patterns in psychiatric, medical, and non-patient participants. It was used in this study to assess levels of psychological distress for gay men of color. The BSI-53 is the shortened version of the Symptom Checklist-90-Revised (SCL-90-R: Derogatis & Cleary, 1977). It contains 53 items that measure participant's symptoms in the past week across nine dimensions. These dimensions include, Somatization

(SOM), Obsessive-Compulsive (O-C), Interpersonal Sensitivity (I-S), Depression (DEP), Anxiety (ANX), Hostility (HOS), Phobic Anxiety (PHOB), Paranoid Ideation (PAR), and Psychoticism (PSY). Participants rate each of the 53 items on a five-point scale of distress (0-4), ranging from “not at all” (0), “a little bit” (1), “moderately” (2), quite a bit (3), and “extremely” (4). The BSI also contains three global indices, the Global Severity Index (GSI), which is calculated by the sums of the nine symptoms dimensions and divided by the total number of responses (53), the Positive Symptom Total (PST), which is derived by the number of items endorsed with a positive response (nonzero), and the Positive Symptom Distress Index (PSDI), which is calculated by dividing the sum of the items values by the PST index.

The Somatization subscale measures distress from bodily dysfunction, cardiovascular, gastrointestinal, and respiratory complaints. Items include “faintness or dizziness” and “pains in heart or chest”. The Obsessive-Compulsive subscale measures symptoms associated with Obsessive-Compulsive Disorder (OCD) and focuses on thoughts, impulses, and actions. Example items includes, “having to check and double-check what you do”, “feeling blocked in getting things done”, and “your mind going blank”. The Interpersonal Sensitivity subscale focuses on feelings of personal inadequacy and inferiority in comparison with others. Example items on this subscale include, “your feelings being easily hurt” and “feeling very self-conscious with others”. The Depression subscale measures the range of clinical depression symptoms such as “feeling lonely”, “feeling no interest in things”, and “thoughts of ending your life”. The Anxiety subscale measures signs of nervousness and tension as well as feelings of apprehension such as, “feeling fearful”, “feeling so restless you couldn’t sit still”, and “feeling tense or keyed up”. The Hostility subscale measures thoughts, feelings, or actions that are characteristic of anger, such as “feeling easily annoyed or irritated”, “having urges to break or smash things”, and

“getting into frequent arguments”. The Phobic Anxiety subscale measures the persistent fear response to a specific person, place, object, or situation that is irrational and leads to avoidance. Example of items include, “feeling afraid in open spaces or on the streets”, “having to avoid certain things, places, or activities because they frighten you”. The Paranoid Ideation subscale measures paranoid behavior through items such as, “feelings others are to blame for most of your troubles”, “feeling that you are watched or talked about by others”, and “feeling that people will take advantage of you if you let them”. The Psychoticism subscale measures symptoms of psychosis such as “the idea that someone else can control your thoughts”, “the idea that you should be punished for your sins”, and “the idea that something is wrong with your mind”.

Derogatis and Melisaratos (1983) have found high internal consistency for the BSI-53 in a sample of 719 psychiatric patients with Cronbach alpha’s ranging from .71 (Psychoticism) to .85 (Depression). Additionally, other studies have examined the BSI’s psychometric properties and have also found high internal consistency across diverse samples. For example, a study by Hampton, Halkitis, and Mattis (2010) examined coping skills and drug use in a sample of 259 gay and bisexual men found Cronbach alphas of .85, .83, and .90 for the anxiety, hostility, and depression subscales, respectively. Another study by Woodford, Howell, Silverschanz, and Yu (2012) found high internal consistency with the BSI subscale of anxiety (Cronbach alpha .78) in a sample of 114 gay and lesbian college students. Other studies (Sattler, Wagner, & Christiansen, 2016) have also found high internal consistency for the global severity index scale (Cronbach’s alpha .92) with a sample of gay, German men. Additionally, a study by Lelutiu, Gamarel, Golub, and Parsons (2015) also found high internal consistency (Cronbach’s alpha .85) with the BSI-53 in a sample of men who have sex with men. Based on these criteria, the BSI-53 is a psychometrically and theoretically sound measure of psychological distress. It has been

utilized with men, LGB identified individuals, college students, and individuals from other countries outside the United States. In this study, Cronbach's alpha for the BSI-53 was .98.

The Multi-Axial Gay Men's Inventory-Men's Short Version (MAGI-MSV)

The MAGI-MSV (MAGI-MSV; Theodore, Shidlo, Zemon, Foley, Dorfman, Dahlman, & Hamid, 2013) is designed to measure gay men's internalized heterosexism across four dimensions (Appendix L). It was used in the present study to measure internalized heterosexism. While the present scale utilizes the term "internalized homophobia", Syzmanski, Kashubeck-West, and Meyer (2008) propose the use of "internalized heterosexism" to "locate prejudice within the broader social, cultural, and political context rather than within the individual" (p. 512). This change in terminology more truly reflects LGBT individual's experiences in a heterosexist society by taking into account societal and political factors that can negatively influence individuals' beliefs about their sexual identity.

The MAGI-MSV (Theodore et al., 2013) was developed based on Nungresser's (1983) definition of internalized homophobia, which tapped into three factors. The first factor consisted of the view towards an individual's own sexuality, the second factor measured the view of other's perception of an individual's sexuality, and the third factor measured the disclosure of sexual orientation. The MAGI-MSV was later revised by Shidlo (1994) to include a fourth factor that examined the impact of HIV and AIDS on internalized homophobia. Since HIV/AIDS was in its infancy stage when Nungresser developed his scale, the researchers wanted to understand how HIV/AIDS affected internalized heterosexism. Results with the HIV/AIDS subscale showed good internal consistency with a Cronbach alpha of .90 for the entire scale. The scale later underwent another revision by Shidlo and Hollander (2006) where they removed and

reworded several items and removed all reverse-coded items. This version also removed the disclosure of sexual orientation factor.

The current version of the MAGI-MSV (Theodore et al., 2013) consists of 14 items rated on a 4-point Likert scale ranging from 1 (Strongly Agree) to 4 (Strongly Disagree). There are four subscales for the current measure: Gay Self-assurance and Worth, Public Appearance of Homosexuality, Maladaptive Measures to Eliminate Homosexuality, and Impact of HIV/AIDS on Homosexuality. The Gay self-assurance and Worth subscale measures an individual's view of his gay identity and, in particular, the negative feelings and thoughts associated with self-worth, and consists of seven items. The Public Appearance is comprised of three items and measures an individual's view of how others perceive his sexual identity. The Maladaptive Measures to Eliminate Homosexuality subscale measures how internalized heterosexism affects individuals' behaviors to eliminate homosexual attributes, and consists of two items. The HIV/AIDS impact on Homosexual Self consists of two items and measures how HIV/AIDS impacts an individual's perception of his homosexuality. Subscales are totaled to obtain a total score and those who endorse 1 (Strongly Agree) or 2 (Mainly Agree) reflect higher levels of internalized heterosexism, whereas lower scores those who endorse 3 (Mainly Disagree) or 4 (Strongly Disagree) reflect lower levels of internalized heterosexism. Examples of items include, "Whenever I think about being gay, I feel depressed" (Gay Self-assurance and Worth item), "I don't like people who behave like fags (femme) or dykes (butch)" (Public Appearance of Homosexuality item), "Over the past 2 years, I have actually attempted suicide because I could not accept my homosexuality" (Extreme or Maladaptive Measures to Eliminate Homosexuality), and "Because of the fear of AIDS, I find myself wishing that I were heterosexual" (Impact of HIV/AIDS on Homosexuality).

In a review of the literature to date, the MAGI-MSV (Theodore et al., 2013) has not been utilized with gay men of color. However, the scale has strong psychometric properties and measures internalized heterosexism across different dimensions. Reliability estimates for the scale yielded a Cronbach alpha of .93. Additionally, the authors did not report the construct validity or Cronbach alphas for each subscale, but they did report parallel analyses for the four-factor model (Theodore et al., 2013). For this study, items were scored in the same direction to obtain a total score, with higher scores indicating lower levels of internalized heterosexism. A total score was obtained by averaging the fourteen items of the scale and Cronbach's alpha for the MAGI-MSV was .95.

Furthermore, the MAGI-MSV (Theodore et al., 2013) utilizes language that can capture the lived reality of the participants. For example, some items contain words such as, "dyke", "butch" and "femme" and these words may reflect the reality of gay men who grow up hearing gay slurs in their families and communities. These items can also more accurately capture how internalized heterosexism affects gay individual's perceptions of their own identity.

Additionally, the Maladaptive Measures subscale was included based on recent literature that describes the deleterious effects of internalized heterosexism. It is imperative that the Counseling Psychology field accounts for how these maladaptive behaviors influence gay individual's experiences, especially when conversion therapy has been a significant issue in the LGBT community. By capturing these experiences, researchers can begin to better understand the deleterious effects of living in a heterosexist society.

Data Analyses Plan

Quantitative methods were utilized to analyze the data using SPSS (version 22) software. Descriptive statistics, including means, standard deviations, correlations, and reliability estimates

of the scores were generated for scores on the major variables in this study. For research question 1, a multiple regression was conducted to predict psychological distress scores with ethnic, gay identity, and spirituality as predictors after controlling for age, education, and income. For research question 2, a multiple regression was conducted to predict internalized heterosexism scores with ethnic, gay identity, and spirituality as predictors after controlling for age, education, and income. For research question 3, a moderated multiple regression was conducted to predict psychological distress scores with ethnic and gay identity as predictors and spirituality as a moderator after controlling for age, education, and income. Similarly, for research question 4 a moderated multiple regression was conducted to predict internalized heterosexism scores with ethnic and gay identity as predictors and spirituality as a moderator after controlling for age, education, and income.

Chapter 4

Results

Preliminary Analyses

Data Management.

The total sample size consisted of 303 participants but was reduced to 302 for analyses. One case was removed due to the individual self-identifying as “White”. For the remaining participants, case-processing summary on SPSS was utilized to identify percentages of missing data and percentages of valid cases. At the item level, the BSI had 3.3% or less missing data, the LGBIS scale had 1.3% or less, the EIS Affirmation subscale had 0.4% or less, EIS Exploration subscale had 0.7% or less, EIS Resolution subscale had 0.4% or less, ASPIRES had 1.1% or less missing data, and the MAGI-MSV had 0.5% or less missing data. Missing data for demographic variables were also calculated for the following variables: age (0%), education level (0.4%), ethnicity (0%), sexual orientation (0%), employment (0.7%), self-income (1.2%), household income (2%), relationship status (0.7%), and born in or outside the United States (0.3%). Missing data were not imputed for these demographic variables and cases with missing demographic data were automatically reduced by SPSS during analyses when controlling for age, income, and education level.

The data was also examined for normality. Scores on the BSI-53 (Derogatis & Melisaratos, 1983) were positively skewed and leptokurtic and was logarithmically transformed. Scores on the LGBIS (Mohr & Kendra, 2011) were approximately normally distributed. Scores for the three EIS (Umaña-Taylor, Yazedjian, & Bamaca-Gomez, 2004) subscales of Affirmation, Exploration, and Resolution were approximately normally distributed. Scores on ASPIRES (Piedmont, 2010) spirituality total score were also approximately normally distributed.

Additionally, scores on the MAGI-MSV were also approximately normally distributed. Cronbach's alpha for the measures were as follows: .98 for the BSI-53, .84 for the LGBIS, .88 for EIS Affirmation subscale, .87 for EIS Exploration subscale, .90 for EIS Resolution subscale, .84 for the ASPIRES Spirituality subscale, and .95 for the MAGI-MSV. These estimates of reliability indicate that all of the study's measures had acceptable levels of internal consistency.

With respect to one of the dependent variables in this investigation, psychological distress (BSI) displayed evidence of nonnormality (skewness = 1.99 and kurtosis = 3.934). For that reason it was logarithmically transformed. Available normative data (Derogatis & Melisaratos, 1983) for non-psychiatric males finds that the mean level of psychological distress is rather modest ($M= 0.25$). Using this figure as a point of reference, the sample mean in this investigation is nearly twice that figure ($M= .48$). However, since the BSI-53 measure is quite skewed, a better measure of central tendency would be the median value of this measure ($Mdn= .25$) because it is less affected by the presence of outliers in the data than is the mean.

Descriptive Statistics.

Descriptive statistics for all measures and subscales are reported in Table 1. The results indicated that ethnic identity affirmation was significantly negatively associated with gay identity ($r = -.173$; $p = .003$) and psychological distress ($r = -.282$; $p = .000$) but positively and significantly associated with spirituality ($r = .143$; $p = .013$) and internalized heterosexism ($r = .227$; $p = .000$). Ethnic identity exploration was significantly associated with gay identity ($r = .239$; $p = .000$), spirituality ($r = .344$; $p = .000$), and internalized heterosexism ($r = .116$; $p = .044$). Ethnic identity resolution was significantly associated with gay identity ($r = .293$; $p = .000$), spirituality ($r = .282$; $p = .000$), and internalized heterosexism ($r = .180$; $p = .002$).

Additionally, gay identity was significantly associated with psychological distress ($r = .349$; $p = .000$) and negatively associated with internalized heterosexism ($r = -.256$; $p = .000$).

Table 1

Correlations, Means, Standard Deviations, and Reliability Estimates for All Measures (N=302)

Measure	1	2	3	4	5	6	7
1. EIS Affirmation	1						
2. EIS Exploration	.071	1					
3. EIS Resolution	.187**	.711**	1				
4. LGBIS	-.173**	.239**	.293**	1			
5. BSI	-.282**	.109	.028	.349**	1		
6. ASPIRES	.143*	.344**	.282**	.026	-.133*	1	
7. MAGI-MSV	.227**	.116*	.180**	-.256**	-.365**	.170**	1
<i>M</i>	3.67	2.70	2.94	3.08	.31	2.04	3.37
<i>SD</i>	.54	.79	.89	.60	.38	.20	.63
<i>Alpha</i>	.88	.87	.90	.84	.84	.98	.95

**Correlation is significant at the 0.01 level (2-tailed) * Correlation is significant at the 0.05 level (2-tailed)

Analyses and Results for each Hypothesis

Ethnic and Gay Identity and Psychological Distress

Hypothesis 1 predicted that both ethnic and gay identity would account for a significant amount of variance in psychological distress scores. Specifically, participants with a positive ethnic identity would have lower levels of psychological distress than participants with a negative ethnic identity. Participants with positive gay identity would also have lower levels of psychological distress than participants with a negative gay identity.

A multiple regression analysis was conducted to determine if gay identity, ethnic identity, and spirituality accounted for a significant amount of variance in psychological distress scores after controlling for age, education, and income. The three ethnic identity subscales, Affirmation, Exploration, and Resolution, a total LGBIS score, and a total ASPIRES score for spirituality were entered as predictors to examine how each scale contributed to the variance in psychological distress scores. In this model, ethnic and gay identity and spirituality as a set, accounted for a significant amount of variance in psychological distress ($R^2 = .211$, adjusted $R^2 = .189$, $F(8, 292) = 9.737$, $p = .000$). Specifically, ethnic and gay identity and spirituality accounted for approximately 21% of the variance in psychological distress scores. However, only the Affirmation and Exploration subscales, and not the Resolution subscale, were significant predictors of psychological distress (See Table 2). Participants with higher scores on the Affirmation subscale had lower levels of psychological distress than participants with lower scores on Affirmation subscale. Participants with higher scores on the Exploration subscale had higher levels of psychological distress than participants with lower scores on the Exploration subscale. Additionally, participants with higher scores (negative gay identity) on the LGBIS had higher levels of psychological distress than participants with lower scores (positive gay identity) on the LGBIS. In terms of spirituality, participants with higher scores on the spirituality measure had lower levels of psychological distress than participants with lower spirituality scores. These results offer support for Hypothesis 1.

Table 2*Coefficients for Model Testing of Ethnic and Gay Identity Predicting Psychological Distress*

Model	B	Std. Error	Beta	F	Sig
Constant	.356	.069		26.390	.000
Age	.000	.001	.010	.031	.861
Education	.017	.016	.064	1.096	.296
Income	-.030	.016	-.119	3.545	.061
Affirmation	-.126	.039	-.181	10.569	.001**
Exploration	.087	.037	.181	5.565	.019*
Resolution	-.044	.033	-.104	1.772	.184
Gay Identity	.186	.036	.293	26.461	.000**
Spirituality	-.264	.106	-.141	6.258	.013*

**Significant at the 0.01 level (2-tailed) *Significant at the 0.05 level (2-tailed).

Ethnic and Gay Identity and Internalized Heterosexism

Hypothesis 2 predicted that both ethnic, gay identity, and spirituality would account for a significant amount of variance in internalized heterosexism scores. Specifically, participants with a positive ethnic identity would have lower levels of internalized heterosexism than participants with a negative ethnic identity. Participants with a positive gay identity would also have lower levels of internalized heterosexism than participants with a negative gay identity.

A multiple regression analysis was conducted to determine if gay identity, ethnic identity, and spirituality accounted for a significant amount of variance in internalized heterosexism scores after controlling for age, education, and income. Similar to the first model, the three ethnic identity subscales, Affirmation, Exploration, Resolution, a total LGBIS score, and a total SPIRES score for spirituality were entered as predictors to examine how each scale contributed to the variance in internalized heterosexism scores. In this model, gay identity, ethnic identity, and spirituality as a set accounted for a significant amount of variance in internalized heterosexism scores ($R^2 = .161$, adjusted $R^2 = .138$, $F(8, 292) = 6.992$, $p = .000$). As a set, the predictors accounted for approximately 16% of the variance in internalized heterosexism scores.

However, only the Affirmation and Resolution subscales, and not the Exploration subscale, were significant predictors of internalized heterosexism (See Table 3). In particular, participants with higher scores on the Affirmation subscale had higher internalized heterosexism scores (lower levels of internalized heterosexism) than participants with lower scores on the Affirmation subscale. Participants with higher scores on the Resolution subscale had higher internalized heterosexism scores (lower levels of internalized heterosexism) than participants with lower scores on the Resolution subscale. Moreover, participants with higher scores on the gay identity measure (negative gay identity) had lower internalized heterosexism scores (higher levels of internalized heterosexism) than participants with lower scores on the gay identity measure (positive gay identity). These results offer support for Hypothesis 2 by examining how ethnic and gay identity contribute to the variance of internalized heterosexism.

Table 3

Coefficients for Model Testing of Ethnic and Gay Identity Predicting Internalized Heterosexism

Model	B	Std. Error	Beta	F	Sig
Constant	3.376	.120		797.579	.000**
Age	.000	.003	-.005	.007	.935
Education	-.015	.028	-.033	.281	.597
Income	.015	.027	.035	.286	.593
Affirmation	.129	.067	.111	3.742	.054*
Exploration	-.019	.063	-.024	.089	.766
Resolution	.163	.057	.231	8.217	.004**
Gay Identity	-.318	.063	-.299	25.852	.000**
Spirituality	.332	.182	.106	3.326	.069

**Significant at the 0.01 level (2-tailed). *Significant at the 0.05 (2-tailed).

Spirituality as a Protective Factor and Psychological Distress

Hypothesis 3 predicted that spirituality would moderate the relationship between ethnic and gay identity and psychological distress. Specifically, participants with a positive ethnic identity and higher levels of spirituality would have lower levels of psychological distress than

participants with a negative ethnic identity and lower levels of spirituality. Moreover, participants with a positive gay identity and higher levels of spirituality would also have lower levels of psychological distress than participants with a negative gay identity and lower levels of spirituality.

A moderated multiple regression was conducted to test if spirituality strengthened or weakened the relationship between ethnic identity and gay identity and psychological distress. In the first model, the affirmation subscale, exploration subscale, gay identity, and spirituality were entered as predictors while controlling for age, education, and income. The first model accounted for a significant amount of variance in psychological distress scores ($R^2 = .206$, adjusted $R^2 = .187$, $F(7, 293) = 10.847$, $p = .000$). In the second model, spirituality was entered as a moderator between gay and ethnic identity and psychological distress. However, the moderation analysis indicated that the interaction between gay, ethnic identity, and spirituality was not significant ($R^2 = .215$, adjusted $R^2 = .188$, $F(10, 290) = 7.933$, $p = .346$). Therefore, spirituality did not emerge as a significant moderator between gay and ethnic identity and psychological distress and does not offer support for hypothesis 3.

Table 4

Coefficients for Model Testing of Ethnic, Gay Identity, and Spirituality Predicting Psychological Distress

Model	B	Std. Error	Beta	F	Sig.
Model 1					
Constant	.364	.069		27.672	.000**
Age	-.001	.002	-.018	.113	.737
Education	.018	.016	.067	1.210	.272
Income	-.030	.016	-.121	3.632	.058
Affirmation	-.138	.038	-.198	13.199	.000**
Exploration	.054	.028	.114	3.875	.050*
Gay Identity	.175	.035	.275	24.633	.000**
Spirituality	-.269	.106	-.144	6.485	.011*
Model 2					
Constant	.357	.069		26.415	.000**

Age	-.001	.002	-.017	.100	.752
Education	.016	.016	.060	.947	.331
Income	-.030	.016	-.122	3.698	.055
Affirmation	-.140	.039	-.201	13.133	.000**
Exploration	.048	.028	.100	2.958	.087
Gay Identity	.179	.036	.281	25.232	.000**
Spirituality	-.326	.113	-.174	8.283	.004*
Spirituality x Affirmation	.009	.241	.002	.001	.970
Spirituality x Exploration	.241	.135	.102	3.176	.076
Spirituality x Gay Identity	-.120	.216	-.030	.307	.580

**Significant at the 0.01 level (2-tailed). *Significant at the 0.05 (2-tailed).

Spirituality as a Protective Factor and Internalized Heterosexism

Hypothesis 4 predicted that spirituality would moderate the relationship between ethnic and gay identity and internalized heterosexism. Specifically, participants with a positive ethnic identity and higher levels of spirituality would have lower levels of internalized heterosexism than participants with a negative ethnic identity and lower levels of spirituality. Moreover, participants with a positive gay identity and higher levels of spirituality would also have lower levels of internalized heterosexism than participants with a negative gay identity and lower levels of spirituality.

A moderated multiple regression was conducted to test if spirituality strengthened or weakened the relationship between ethnic identity and gay identity and internalized heterosexism. In the first model, the affirmation subscale, resolution subscale, gay identity, and spirituality were entered as predictors while controlling for age, education, and income. The first model accounted for a significant amount of variance in internalized heterosexism scores ($R^2 = .161$, adjusted $R^2 = .140$, $F(7, 293) = 8.003$, $p = .000$). In the second model, spirituality was entered as a moderator between gay and ethnic identity and internalized heterosexism. However, the moderation analysis indicated that the interaction between gay, ethnic identity, and spirituality was not significant ($R^2 = .164$, adjusted $R^2 = .135$, $F(10, 290) = 5.683$, $p = .763$). Therefore,

spirituality did not emerge as a significant moderator between gay and ethnic identity and internalized heterosexism and does not offer support for hypothesis 4.

Table 5

Coefficients for Model Testing Ethnic, Gay Identity, and Spirituality in Predicting Internalized Heterosexism

Model	B	Std. Error	Beta	F	Sig.
Model 1					
Constant	3.376	.119		799.990	.000**
Age	.000	.003	-.003	.003	.959
Education	-.015	.027	-.035	.313	.576
Income	.014	.027	.035	.283	.595
Affirmation	.131	.066	.113	3.908	.049*
Resolution	.151	.042	.215	12.696	.000**
Gay Identity	-.318	.062	-.299	26.035	.000**
Spirituality	.320	.177	.102	3.258	.072
Model 2					
Constant	3.371	.120		787.566	.000**
Age	.000	.003	.003	.002	.964
Education	-.014	.028	-.032	.252	.616
Income	.013	.027	.032	.239	.625
Affirmation	.139	.068	.119	4.168	.042*
Resolution	.146	.043	.207	11.492	.001**
Gay Identity	-.326	.063	-.306	26.703	.000**
Spirituality	.364	.202	.116	3.253	.072
Spirituality x Affirmation	.162	.428	.023	.144	.705
Spirituality x Resolution	-.143	.262	-.035	.297	.586
Spirituality x Gay Identity	-.291	.372	-.044	.615	.434

**Significant at the 0.01 level. *Significant at the 0.05 level.

Chapter 5

Discussion

The purpose of this study was to: (1) empirically test Meyer's (1995, 2003) minority stress theory by examining gay and ethnic identity as proximal stressors in relation to psychological distress and internalized heterosexism for gay men of color; (2) explore whether spirituality acts as a protective factor against psychological distress and internalized heterosexism; and (3) fill a gap in the psychological literature by adding to the knowledge base on the experiences and mental health well-being for gay men of color. This chapter will discuss the implications of the results for each research question, the convergence and divergence of the results with previous psychological literature, limitations and implications of the study, and future research recommendations.

Ethnic and Gay Identity as Proximal Stressors for Psychological Distress

Hypothesis 1 predicted that both ethnic and gay identity would account for a significant amount of variance in psychological distress scores. To date, this study is the first study to examine ethnic and gay identity as a proxy for proximal stressors within Meyer's (1995, 2003) minority stress theory. As predicted, both ethnic and gay identity had a significant impact on participant's levels of psychological distress. Specifically, participants with higher levels of ethnic identity affirmation had lower levels of psychological distress than participants with lower levels of ethnic identity affirmation. Participants with higher levels of ethnic identity exploration had higher levels of psychological distress than participants with lower levels of ethnic identity exploration. Participants with a negative gay identity had higher levels of psychological distress than participants with a positive gay identity. However, ethnic identity resolution did not significantly contribute to the overall variance in psychological distress scores

The results provide support for minority stress theory and the importance of examining identity as both a protective and risk factor for psychological well-being. Given that ethnic identity was examined as a multi-faceted construct, the findings provide an important framework for understanding the complexity of ethnic identity. In this case, gay men of color with higher levels of ethnic identity exploration reported higher levels of psychological distress than gay men of color with lower levels of ethnic identity exploration. It is possible that as gay men of color explore their ethnic background, they become cognizant of the systemic and social injustices that affect their respective ethnic group. Gay men of color may also become aware of their ethnic group's social standing in society and the discrimination and racism their ethnic group is subjected to due to their ethnicity. Similarly, gay men of color may also recognize that their ethnic group is invisible in many areas of society and when their group is represented it is often in a negative portrayal. As a result of this exploration, gay men of color experience significant stress that impacts their psychological well-being.

The present study also found that gay men of color who had higher levels of ethnic identity affirmation, that is they felt positively about their ethnic identity, had lower levels of psychological distress than participants with lower levels of ethnic identity affirmation. When this finding is examined in relation to ethnic identity exploration and psychological distress, it provides support for past studies that have documented the importance of ethnic identity and psychological well-being (Acevedo-Polakovich, Chavez-Korell, & Umaña-Taylor, 2014; Chavez-Korell, Besnson-Florez, Delgado Rendon, & Farias, 2014). It is possible that gay men of color who feel positively about their ethnic identity are connected to their ethnic communities and utilize their support when they experience stressors. Conversely, gay men of color who have negative feelings about their ethnic identity may not have the necessary support from their

respective ethnic community, and thus, will experience more psychological distress as a result of various stressors. It would, therefore, not be uncommon for participants with positive feelings about their ethnic identity to find support and comfort in their respective ethnic communities, which can buffer against psychological distress.

Moreover, the present study also found that participants with a negative gay identity also reported higher levels of psychological distress than participants with a positive gay identity. Similar to ethnic identity, it is possible that gay men of color who have negative views about their gay identity may experience discrimination and heterosexism that negatively impacts their psychological well-being. If gay men of color feel negatively about their respective identity, they may not have the protective factors or buffers in place to help them process their experiences of heterosexism or discrimination. Additionally, gay men of color with a negative gay identity may not be connected to resources or communities that affirm their gay identity, which can result in increased psychological distress. However, gay men of color who feel positively about their gay identity do have lower levels of psychological distress. An explanation for this finding can be drawn from researchers that call for research to account for the social context's impact on identity (Acevedo-Polakovich et al., 2014). Perhaps, the recent sociopolitical climate that includes marriage equality for LGBT individuals, contributes to how gay men of color feel about their gay identity. Such advances could have a positive impact on psychological well-being as individuals begin to see that society affirms and values gay men's lives and equal rights, which could result in lower levels of psychological distress for those with a positive gay identity.

It is important to note that during recruitment for this study there was a deadly shooting on June 12th, 2016 at an Orlando Gay Nightclub that left 49 individuals dead and 53 wounded.

Majority of these individuals were gay men of color. This heinous crime against the LGB community could offer some support for understanding the role of the intersection of identities for gay men of color. For example, previous research that has examined minority stress for LGBT people of color (Balsam et al., 2015) has found that experiences of heterosexism in racial/ethnic communities can have more of a deleterious effect for LGBT people of color than racism in LGBT communities. As a result, gay men of color may consider their ethnic communities as vital support systems and the loss of this support could negatively impact their mental health. Moreover, other research has documented that Latino, gay men with men with darker skin report and experience more racism in LGB spaces than Latino, gay men with lighter skin complexion (Ibañez et al., 2012). Perhaps, gay men of color experience more psychological distress when they are subjected to discrimination, racism, and blatant acts of violence as a result of ethnic identity, which is more visible than their gay identity. When gay men of color are targeted specifically for their minority identities, they may experience significant psychological distress and psychological distress can be exacerbated when individuals already feel negatively about a respective identity.

Ethnic and Gay Identity as Proximal Stressors for Internalized Heterosexism

Hypothesis 2 predicted that both ethnic and gay identity would account for a significant amount of variance in internalized heterosexism scores. Finding from the present study offer support for hypothesis 2 as both ethnic and gay identity accounted for a significant amount of variance in internalized heterosexism scores. Gay men of color who had higher levels of ethnic identity affirmation had lower levels of internalized heterosexism than those with lower levels of ethnic identity affirmation. Similarly, gay men of color with higher levels of ethnic identity resolution had lower levels of internalized heterosexism than participants with lower levels of

ethnic identity resolution. Additionally, gay men of color who had a negative gay identity also reported higher levels of internalized heterosexism than gay men of color who had a positive gay identity. Interestingly, ethnic identity exploration did not contribute to the overall variance of internalized heterosexism.

It is important to note that gay men of color often grow up hearing negative messages about their own group and they may internalized these negative messages throughout their life. As a result, gay men of color are often caught at the crossroads of navigating two distinct worlds and are not exempt from internalizing negative messages about their own, respective groups. Previous research has found that gay and White spaces may not be affirming of gay men of color's ethnicity (Robinson, 2010) and their respective ethnic communities may not be affirming of their gay identity. Gay men of color may have to grapple with being part of an ethnic group that minimizes and discriminates against a gay identity. Therefore, the process by which gay men of color commit or resolve their feelings about their ethnic identity can also impact their feelings towards a gay identity. Perhaps, gay men of color develop coping strategies and resources while they resolve/commit and affirm their ethnic identity and this process leads to higher levels of resiliency. As a result, the positive coping strategies and resiliency buffer against the negative message gay men of color receive about their own group, which can lead to lower levels of internalized heterosexism. However, if gay men of color feel positively about their ethnic identity and have committed or resolved their ethnic identity, they may be at a decreased risk for internalizing negative messages about their gay identity.

Yet, results from this study found that gay men of color with a negative gay identity have higher levels of internalized heterosexism than men with a positive gay identity. Although this finding is not surprising, it does have important implications as past research has documented

that LGB people of color are at higher risk of suicide attempts in comparison to White, LGB individuals (O'Donnell and colleagues, 2009), lower levels of self-efficacy (Huebner and colleagues, 2013), and lower levels of self-esteem (Szymanski & Gupta, 2009). While past studies have examined the risk factors for gay men of color, few have examined how gay men of color feel about their respective gay identity.

Spirituality as a Protective Factor

Hypothesis 3 predicted that spirituality would moderate the relationship between ethnic and gay identity and psychological distress. However, findings from this study did not find support for hypothesis 3 and spirituality did not act as a moderator between ethnic and gay identity and psychological distress. Additionally, hypothesis 4 predicted that spirituality would moderate the relationship between ethnic and gay identity and internalized heterosexism. Findings did not support hypothesis 4 and spirituality did not act as moderator between ethnic and gay identity and internalized heterosexism. Despite spirituality not acting as a moderator or buffer, spirituality did have a significant and negative relationship with psychological distress. In particular, gay men of color with higher levels of spirituality had lower levels of psychological distress. Spirituality also had a positive and significant relationship with internalized heterosexism and gay men of color with higher levels of spirituality reported higher internalized heterosexism scores (higher levels of internalized heterosexism).

The findings still offer important considerations as to why this variable was not a significant moderator between identity and psychological distress and internalized heterosexism. It is possible that gay men of color, as individuals with more than one minority identity, do not utilize spirituality as a way to cope with minority stressors. Gay men of color may rely on other forms of support, such as family and friends, as a way to cope with psychological distress and

internalized heterosexism. However, participants in this study had significantly lower levels of spirituality than what has been documented in past research with the general population. Perhaps, spirituality did not emerge as a significant protective factor given the lower levels of spirituality with this study's sample. It is also possible that the spirituality measure did not capture spirituality accurately and this can be the result of the mixed spirituality research that has struggled with the operationalization of spirituality.

Limitations

Although this study fills a gap in the literature by examining minority stress theory with a sample of gay men of color, there are several limitations. One major limitation of this study is the setting in which majority of participants were recruited. Most of the participants were recruited from LGB related events, such as Pride festivals in both Southeastern Wisconsin and Northern Illinois. Given that participants were in attendance at Pride events, it is possible that these men already have more positive gay identities than individuals that do not attend these events. The results of the study could have differed if there were more gay men of color recruited from non-LGB events. Additionally, not only were participants recruited at Pride events, many participants were recruited through agencies that served LGB people of color. This could have also influenced the results as these gay men of color may have more positive gay and ethnic identities as they may be connected to agencies that affirm both identities.

Another limitation of the study is the lack of diversity in terms of ethnic make-up of the participants. More than half of the participants self-identified as either Black/African American or Latino/Hispanic and there was little representation of other ethnic groups. However, the ethnic-make-up of the participants is consistent with prior research with gay men of color or LGB people of color. Yet, this is a significant limitation as these results cannot be generalized to

other ethnic groups that were not equally represented in the study. In addition to the ethnicity of participants, this study recruited participants in the Midwest. Umaña-Taylor and Shin (2007) suggest that ethnic identity salience can vary by geographic location and since this study took place in the Midwest, this could have influenced the results. Therefore, these results cannot be generalized to other gay men of color that reside in other geographic locations in the United States. It is possible that the results could have differed if participants were recruited from a national sample that was not limited to the Midwest.

Additionally, only men who self-identified as “Gay” were recruited for the study. Previous research (Moradi et al., 2010) has proposed that LGB people of color may not subscribe to what are considered mainstream LGB labels, such as Gay. More recently, the term “Latinx” has been utilized as a way to self-identify with the LGB community that also accounts for a Latino identity. However, this study did not include participants that utilized other terms to self-identify their sexual orientation. Another limitation of the study can be attributed to the spirituality ASPIRES measure. This measure may not accurately capture spirituality as it is a complex construct that has not been defined clearly in many studies. It is possible that the ASPIRES did not capture spirituality accurately in this study. Lastly, the data collected for this study relied on self-report. Self-report can contribute to participant’s responding to questions in a socially desirable manner. Thus, participants could have minimized or underreported levels of psychological distress or how they felt about their ethnic and gay identities.

Implications

The findings of the study have several implications for the mental health and well-being of gay men of color. In particular, this study examined the experience of ethnic and gay identity and used these variables as proxies for proximal stressors that impact psychological distress and

internalized heterosexism. The present study found support for minority stress theory and examined variables that have not been previously examined jointly to test Meyer's theory. In particular, ethnic identity should be examined in a multi-faceted way given its complexity. It is important for clinicians and researchers to understand the complexity of ethnic identity and not just view it as a demographic variable. Through a more nuanced understanding researchers can examine ethnic identity salience and its effects on other aspects of mental health well-being for gay men of color.

In terms of clinical work, clinicians should account for how gay men of color feel about their ethnic identity, as it may be useful to help gay men of color explore what contributes to negative ethnic identity feelings. If clinicians have a better understanding of the factors that contribute to positive or negative feelings about ethnic identity, they can have a richer and deeper understanding of a client's lived reality. It is also important to account for gay men of color's levels of ethnic identity exploration and resolution/commitment to an ethnic identity. Moreover, ethnic identity can be viewed as a protective factor for gay men of color who endorse positive feelings about their identity. Agencies that serve gay men of color can implement programming with opportunities for individuals to understand and explore their ethnic identity in order to promote psychological well-being

Additionally, the findings of this study point to the importance for the Counseling Psychology field to continue centralizing the experiences for individuals with multiple, minority identities through research and clinical work. Given the importance of social context for ethnic and gay identity development, the field should continue exploring the resiliency of individual's with multiple marginalized identities as the sociopolitical context of United States continues to change. Counseling Psychologists can utilize their knowledge and power in various

organizations and institutions to promote the study of individuals with marginalized identities, which can result in increased research with these communities, as well as services that affirm individual's minority identities.

Future Research

Based on the findings of this study, future research should continue exploring minority stress theory for gay men of color. This study contributed to the minority stress literature as it found support for proximal stressors that impact the psychological well-being of gay men of color. Future research should continue to explore protective factors for individuals with more than one minority identity. Moreover, future research should also explore the intersection of gay and ethnic identity with a more diverse sample of participants. It would also be important for future research to account for gay identity by utilizing different gay identity measures.

In addition to the continued study of minority stress theory, future research should account for other factors that can contribute to the psychological well-being of gay men of color. For example, the study of men and masculinity has found that masculinity, masculine consciousness, and gender roles play a significant role in the psychological well-being for men (Brennan, Souleymanov, George, Newman, Hart, Asakura & Betancourt, 2015; Sanchez, Blas-Lopez, Martinez-Patiño, & Vilain, 2016). Future research with gay men of color could benefit from introducing these variables into the study of minority stress theory. It is possible that by accounting for how gay men of color feel about their masculinity or their views about gender roles could influence feelings about their ethnic and gay identities. It is also possible that gay men of color's psychological well-being is, indeed, influenced by their perceived masculinity and how this impacts their relationships with friends, family, and partners. Therefore, future

research could begin to examine the intersection of identities in a more nuanced way by controlling for views on masculinity or gender roles.

Future research should also consider replicating this study with a more diverse sample of gay men of color. In particular, although this study recruited participants that self-identified with various ethnic groups, there was not enough representation of Asian/Pacific Islander/Native Hawaiian men. Research should make an effort to recruit participants from these two ethnic groups, as well as other ethnic groups that are underrepresented in the literature with gay men of color. It would also be important for future research to account for both religiosity and spirituality to determine how these two factors impact gay men of color's lives and psychological distress.

Conclusion

The present study utilized quantitative methodology to test and explore Meyer's (1995, 2003) minority stress theory with gay men of color. The results of this study documented gay men of color's ethnic and gay identity salience, spirituality levels, psychological distress, and internalized heterosexism. The present study found support for minority stress theory as findings suggest the ethnic and gay identity can contribute to psychological distress and internalized heterosexism. However, these findings should be examined in a more complex and nuance way as it is not identity itself that causes stress, rather the experience of having two minority identities. Additionally, spirituality was not found to be a protective factor between identity and psychological distress.

Furthermore, the findings provide important implications for future research and clinical work with gay men of color. This study was the first to centralize the experience of gay men of color within the minority stress theory framework. Findings signal the importance of continued

research with gay men of color to explore and test the factors that contribute to psychological distress, internalized heterosexism, and the potential buffers against psychological distress. Given that gay men of color hold two minority identities, they can be exposed to greater minority stressors due to their marginalized identities. Yet, further work needs to be conducted to examine how gay and ethnic identities contribute to psychological distress to better understand the impact of identity on psychological well-being.

Given the findings of this study, minority stress theory can be utilized to explain how identity salience impacts gay men of color's psychological well-being. It signals the need for researchers to continue examining identity development and how cultural variables can act as buffers or protective factors for individuals with more than one marginalized identity. It is possible that because gay men of color have been exposed to racism as ethnic minorities, they develop a sense of resiliency in managing racism and discrimination, which then protects them from the discrimination and homophobia associated with a gay identity. Therefore, the strategies they have used to manage minority stressors contribute to coping with other minority stressors associated with another minority identity.

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Appendix A

IRB Approval Letter



Department of University Safety & Assurances

Melissa Spadanuda
IRB Manager
Institutional Review Board
Engelmann 270
P. O. Box 413
Milwaukee, WI 53201-0413
(414) 229-3173 phone
(414) 229-6729 fax

Continuing Review - Notice of IRB Expedited Approval

<http://www.irb.uwm.edu>
spadanud@uwm.edu

Date: August 23, 2016

To: Shannon Chavez-Korell, PhD
Dept: Educational Psychology

CC: Ernesto Lira de la Rosa

IRB#: 16.027

Title: Examining the Intersections of Gay Identity, Ethnic Identity, Spirituality and their Relationship with Psychological Distress For Gay Men of Color

After review of your research protocol by the University of Wisconsin – Milwaukee Institutional Review Board, your protocol has received continuing approval as minimal risk Expedited under **category 7** as governed by 45 CFR 46.110.

In addition, your protocol has been granted **Level 3** confidentiality for Payments to Research Subjects per UWM Accounting Services Procedure: 2.4.6.

This protocol has been approved on **August 23, 2016** for one year. IRB approval will expire on **August 22, 2017**. If you plan to continue any research related activities (e.g., enrollment of subjects, study interventions, data analysis, etc.) past the date of IRB expiration, a Continuation for IRB Approval must be filed by the submission deadline. If the study is closed or completed before the IRB expiration date, please notify the IRB by completing and submitting the Continuing Review form found in IRBManager.

Any proposed changes to the protocol must be reviewed by the IRB before implementation, unless the change is specifically necessary to eliminate apparent immediate hazards to the subjects. The principal investigator is responsible for adhering to the policies and guidelines set forth by the UWM IRB, maintaining proper documentation of study records, and promptly reporting to the IRB any adverse events which require reporting. The Principal Investigator is also responsible for ensuring that all study staff receive appropriate training in the ethical guidelines of conducting human subjects research.

As Principal Investigator, it is also your responsibility to adhere to UWM and UW System Policies, and any applicable state and federal laws governing activities which are independent of IRB review/approval (e.g., [FERPA](#), [Radiation Safety](#), [UWM Data Security](#), [UW System policy on Prizes, Awards and Gifts](#), state gambling laws, etc.). When conducting research at institutions outside of UWM, be sure to obtain permission and/or approval as required by their policies.

Contact the IRB office if you have any further questions. Thank you for your cooperation and best wishes for a successful project

Respectfully,

Melissa C. Spadanuda
Melissa C. Spadanuda
IRB Manager

Appendix B

Community Recruitment Letter

Date _____
Dear _____,

Hello! My name is Ernesto Lira and I'm a doctoral candidate at the University of Wisconsin-Milwaukee (UWM) in the Counseling Psychology Program. I am contacting you in regards to a research project that I will be conducting this year for my doctoral dissertation. The project is titled *Examining the Intersections of Gay Identity, Ethnic Identity, Spirituality and their Relationship with Psychological Distress for Gay Men of Color* and it was approved on _____ by the University of Wisconsin-Milwaukee's Internal Review Board (IRB # _____).

My research and clinical interests focus on reducing health disparities for racial/ethnic minorities and for underrepresented groups. The primary goal of this project is to examine how identity (both gay and ethnic) contributes to gay men of color's levels of psychological distress. It also seeks to explore how cultural variables, such as spirituality, act as potential buffers against psychological distress. There has not been much research conducted with gay men of color, and in particular, research that examines the intersection of identities. Thus, this research project will shed light on gay men of color's experiences and utilize a strength-based perspective by examining potential cultural buffers against psychological distress. We will be seeking 300 self-identified gay men of color (racial/ethnic minorities) that reside in either Southeastern Wisconsin or Northern Illinois. Additionally, the results of this project will be shared with community partners.

In order to recruit a diverse sample, it is important to recruit participants from diverse settings and events to capture the diversity of experiences for gay men of color. Recruiting (having flyers, sending out emails through list-servs, having a table at your site/event) would greatly enrich our project. Therefore, I am kindly requesting that you consider sharing information about this study with people who might be interested in participating or let me know of any upcoming events at your organization where we may recruit participants.

It would be an honor to have your collaboration in this project to help shed light on the experiences of gay men of color. I have included my contact information below. Please feel free to contact me at your earliest convenience with questions or feedback.

Thank you!

Ernesto N. Lira
Doctoral Candidate, Counseling Psychology
University of Wisconsin-Milwaukee
elira@uwm.edu
(414) 507-6248

Appendix C

Recruitment Flyer

**Want to shed light on the experiences of
Gay Men of Color?**

**Complete a confidential
20-minute written survey**

Participants must:

- * Be 18 years or older
- * Identify as gay men
- * Identify as a person of color
(racial/ethnic minority)
- * Reside in Southeastern
Wisconsin or Northern
Illinois

**Participants
receive
\$5.00 cash**

For more info please contact:
Ernesto Lira (414) 367-8271
Identityproject414@gmail.com

UWM IRB # 16.027 Approved 08/25/15

Appendix D

Informed Consent

Informed Consent
UW – Milwaukee

IRB Protocol Number: 16.027
IRB Approval Date: 8/25/15

Study Title: Examining the Intersections of Gay Identity, Ethnic Identity, Spirituality and their Relationship with Psychological Distress for Gay Men of Color

Person Responsible for Research: Student Principal Investigator: Ernesto N. Lira, B.A. and Principal Investigator: Dr. Shannon Chavez-Korell

Study Description: Individuals with multiple minority identities may be at greater risk for higher levels of psychological distress due their minority statuses. However, there has been limited research that examines the experiences of gay men of color and the factors that contribute to psychological distress, as well as what factors help buffer against psychological distress. The purpose of this project is to explore the different factors that contribute to gay men of color’s experiences with psychological distress. In order to participate, you must be at least 18 years of age, self-identify as a gay man, self-identify as a person of color or racial/ethnic minority, and reside in either Southeastern Wisconsin or Northern Illinois. Approximately 300 individuals will participate in this study. If you agree to participate you will be asked to answer questions about your background history, mental and physical health, questions regarding your racial/ethnic identity and gay identity, as well as questions about religion and spirituality. This will take approximately 20 minutes of your time. Upon completing the questionnaires, your obligation to the study has been met.

Risks/Benefits: There are no costs for participating. Risks that you may experience from participating are minimal and may include experiencing uncomfortable feelings as you answer questions about your background history and experiences. If at anytime you feel uncomfortable while answering the questions or do not want to continue, you may end your involvement with no repercussion. Benefits of participating include experiencing positive feelings about having the opportunity to contribute to the knowledge of gay men of color in Southeastern Wisconsin and Northern Illinois. Due to UWM policy and IRS regulations, we will be required to obtain your signature on a separate receipt form in order to issue the payment (\$5.00 cash) to you.

Confidentiality: The information you provide on the survey packet will be confidential, and no identifying information will be attached to your survey packet. The survey administrator will briefly review the packet upon completion to ensure no questions were missed by mistake. All information collected during the course of this study will be kept confidential to the extent permitted by law. We may also decide to present our findings to others at scientific conferences or publish our results in scientific journals. Results will also be shared with local community organizations but information but will only be presented in aggregate. Data from this study will be saved on a password-protected computer and original documents will be stored in a locked filing cabinet and will be destroyed when the study is complete. Only Ernesto N. Lira, B.A., Dr. Shannon Chavez-Korell, and trained research team members will have access to your information. However, the Institutional Review Board at UW-Milwaukee or appropriate federal agencies like the Office for Human Research Protections may review this study’s records.

Voluntary Participation: Your participation in this study is completely voluntary. You may choose not to take part in this study, or if you decide to take part, you can change your mind later and withdraw from the study. You are free to not answer any questions or withdraw at any time.

Who do I contact for questions about the study: For more information about the study or study procedures, please contact the Student Principal Investigator- Ernesto N. Lira, B.A. at identityproject414@gmail.com or Principal Investigator- Dr. Shannon Chavez-Korell at korell@uwm.edu

Who do I contact for questions about my rights or complaints towards my treatment as a research subject? Contact the UWM IRB at 414-229-3173 or irbinfo@uwm.edu.

Research Participant's Consent to Participate in Research:

To voluntarily agree to take part in this study, you must be 18 years of age or older and give verbal consent. Your verbal consent indicates that you have read or had read to you this entire consent form, including the risks and benefits, have had all of your questions answered, you are 18 years of age or older and you voluntarily agree to participate.

Appendix E

Demographic Questionnaire

Study ID# _____

1. Male Female Transgender Other (Specify) _____

2. Age _____

3. What is your current zip code? _____

4. What is the highest level of education you completed?

Less than high school High School/GED Some College Associates

4-year college degree (BA, BS) Master Degree Doctorate

Professional (MD, JD)

5. What is your race/ethnicity? (Please check all that apply. Also feel free to extend any of these categories)

African American/Black

Latino/Hispanic _____

American Indian/Alaska Native _____

Asian/Pacific Islander/Native Hawaiian _____

Caucasian/White

Multiracial/Multiethnic (specify) _____

Other (specify) _____

6. How do you identify your sexual orientation? _____ (i.e. “gay”, “queer”, “same gender loving”, etc)

7. Are you in a committed relationship? Yes No

8. Are you currently employed? Yes No

a. If yes Full-time Part-time

9. Were you born in the United States? Yes No >>If no, how long have you lived in the US? _____

10. What is the best estimate of your yearly income before taxes Circle “Y” for yours and “H” for your Household.

a. Less than \$10,000	Y H	d. Between \$30,000 and 40,000	Y H
b. Between \$10,000 and \$20,000	Y H	e. Between \$40,000 and \$50,000	Y H
c. Between \$20,000 and \$30,000	Y H	f. Over \$60,000	Y H

Appendix F

Community Resource List Wisconsin

COMMUNITY RESOURCES IN SOUTHEASTERN WISCONSIN	
Metropolitan Community Church- inclusive Christian community of faith serving the diverse religious population of the Greater Milwaukee area.	1239 N. Mineral St. Milwaukee, WI 53217 (414) 383-1100
Milwaukee LGBT Center- dedicated to serving the needs of LGBTQ people and to making the Greater Milwaukee area safer and more inclusive. The Center offers programming around anti-violence, healthy relationships, counseling, financial coaching, as well as a lending library	1110 N. Market St. #2 Milwaukee, WI 53202 (414) 271-2656
The Healing Center- offer sexual abuse survivors and their loved ones opportunities for healing by providing support, advocacy and community education.	130 W. Bruce St, 4 th Floor Milwaukee, WI 53204 (414) 671-4325
Core El Centro- offers individuals of all income levels access to natural healing therapies, such as massage, reiki, acupuncture, yoga classes, zumba.	130 W. Bruce St., Suite 300 Milwaukee, WI 53204 (414) 384-2673
Sixteenth Street Community Health Center- provide high quality health care, health education and social services to low-income and culturally diverse residents of southeastern Wisconsin	1337 S. Cesar E Chavez Dr. Milwaukee, WI 53204 (414) 672-6220
Aurora Walker's Point Community Clinic- offer healthcare services, health education, and other social services.	130 W. Bruce St., Suite 200 Milwaukee, WI 53204 (414) 384-1400
Diverse and Resilient- mission is the healthy development of LGBT people in Wisconsin by creating and sustaining programs, groups, and communities to take action.	2439 N. Holton St. Milwaukee, WI 53212 (414) 390-0444
SAGE Milwaukee- strive to advocate for GLBT elders; to provide social events to bolster community camaraderie; and to offer social work and counseling services.	1110 N. Market St. Milwaukee, WI 53202 (414) 271-2656
Brady East STD Clinic- provide quality, professional sexually transmitted disease diagnosis and treatment as well as HIV/AIDS prevention counseling and testing.	1240 E. Brady Milwaukee, WI 53202 (414) 272-2144
LGBT Center of Southeast Wisconsin- offers support groups, social programming, crisis help, service referrals and more for lesbian, gay, bisexual and transgender residents of Racine, Kenosha and Walworth counties as well as Northern Illinois.	1456 Junction Ave Racine, WI 53403 (262) 664-4100
LGBT of Walworth- serves the lesbian, gay, bisexual, and transgender community and its allies through advocacy, support, outreach, resources, and education, promoting equality for all.	672 W. Main #766 Lake Geneva, WI 53147 (262) 345-4286

Appendix G

Community Resource List Illinois

COMMUNITY RESOURCES IN NORTHERN ILLINOIS	
Center on Halsted- programs range from volleyball, dance performances and cooking classes to rapid HIV testing, group therapy and vocational training	3656 N. Halsted St. Chicago, Illinois 60613 (773) 472-6469
Equality Illinois- established to secure and protect full equality for lesbian, gay, bisexual, and transgender people in Illinois.	3318 N Halsted St Chicago, IL 60657 (773) 477-7173
Howard Brown Health Center- diverse health and social service delivery system focused around seven major programmatic divisions: primary medical care, behavioral health, research, HIV/STD prevention, youth services, elder services, and community initiatives.	4025 N. Sheridan Road Chicago, IL 60613 (773) 388-1600
Affinity Community Services- a social justice organization that works with and on behalf of Black LGBTQ communities, queer youth, and allies to identify emergent needs, create safe spaces, develop leaders, and bridge communities through collective analysis and action for social justice.	1424-28 E. 53rd St. Chicago, IL 60615 (773) 324-0377
Association for Latino Men in Action- fight for the rights of the Latino Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) community by advocating for fairness and equality and by affirming Latino LGBTQ culture	3656 N. Halsted St. Chicago, IL 60613 (773) 661-0926
Asians and Friends Chicago- bring together gay people who are interested in developing a greater understanding of the culture of Asians and Asian-Americans and in developing friendships through social, cultural and educational activities.	P.O. Box A-3916 Chicago, IL 60690-3916
Broadway United Methodist Church- a faith community embracing the diversity of our Chicago neighborhood and larger community. We welcome all persons - celebrating the human family's God-given diversity.	3338 N. Broadway Chicago, IL 60657 (773) 348-2679
Dignity/Chicago- chapter of Dignity/USA, and shares its mission to work for respect and justice for all gay, lesbian, bisexual and transgender persons in the Catholic Church and the world.	3023 N. Clark St. Chicago, IL 60657-5200 (312) 458-9438
Archdiocesan Gay and Lesbian Outreach- create a sense of community for those who wish to reconcile their sexual orientation with their faith; provide an accepting and affirming atmosphere in which to worship in the Catholic tradition	711 W. Belmont Ave., Unit 106 Chicago, Illinois 60657 (773) 525-3872
Oak Park Area Lesbian and Gay Association produces and sponsors a vast array of regular events and activities aimed at the Oak Park area LGBTQ community and our families and friends	PO Box 1460 Oak Park, Illinois 60304 www.opalga.org

Appendix H

LGBIS

Lesbian, Gay, and Bisexual Identity Scale

For each of the following questions, please mark the response that best indicates your current experience as an LGB person. Please be as honest as possible: Indicate how you really feel now, not how you think you should feel. There is no need to think too much about any one question. Answer each question according to your initial reaction and then move on to the next.

	Disagree Strongly	Disagree	Disagree Somewhat	Agree Somewhat	Agree	Agree Strongly
1. I prefer to keep my same-sex romantic relationships rather private.	1	2	3	4	5	6
2. If it were possible, I would choose to be straight.	1	2	3	4	5	6
3. I'm not totally sure what my sexual orientation is.	1	2	3	4	5	6
4. I keep careful control over who knows about my same-sex romantic relationships.	1	2	3	4	5	6
5. I often wonder whether others judge me for my sexual orientation.	1	2	3	4	5	6
6. I am glad to be an LGB person.	1	2	3	4	5	6
7. I look down on heterosexuals.	1	2	3	4	5	6
8. I keep changing my mind about my sexual orientation.	1	2	3	4	5	6
9. I can't feel comfortable knowing that others judge me negatively for my sexual orientation.	1	2	3	4	5	6
10. I feel that LGB people are superior to heterosexuals.	1	2	3	4	5	6
11. My sexual orientation is an insignificant part of who I am.	1	2	3	4	5	6
12. Admitting to myself that I'm an LGB person has been a very painful process.	1	2	3	4	5	6
13. I'm proud to be part of the LGB community.	1	2	3	4	5	6
14. I can't decide whether I am bisexual or homosexual.	1	2	3	4	5	6
15. My sexual orientation is a central part of my identity.	1	2	3	4	5	6
16. I think a lot about how my sexual orientation affects the way people see me.	1	2	3	4	5	6
17. Admitting to myself that I'm an LGB person has been a very slow process.	1	2	3	4	5	6
18. Straight people have boring lives compared with LGB people.	1	2	3	4	5	6
19. My sexual orientation is a very personal and private matter.	1	2	3	4	5	6
20. I wish I were heterosexual.	1	2	3	4	5	6
21. To understand who I am as a person, you have to know that I'm LGB.	1	2	3	4	5	6
22. I get very confused when I try to figure out my sexual orientation.	1	2	3	4	5	6
23. I have felt comfortable with my sexual identity just about from the start.	1	2	3	4	5	6
24. Being an LGB person is a very important aspect of my life.	1	2	3	4	5	6
25. I believe being LGB is an important part of me.	1	2	3	4	5	6
26. I am proud to be LGB.	1	2	3	4	5	6
27. I believe it is unfair that I am attracted to people of the same sex.	1	2	3	4	5	6

Appendix I

ASPIRES

Section II.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I have not experienced deep fulfillment and bliss through my prayers and/or meditations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I do not feel a connection to some larger Being or Reality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I do not believe that on some level my life is intimately tied to all of humankind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I meditate and/or pray so that I can reach a higher spiritual level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. All life is interconnected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. There is an order to the universe that transcends human thinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Death does stop one's feelings of emotional closeness to another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. In the quiet of my prayers and/or meditations, I had a sense of wholeness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I have done things in my life because I believed it would please a parent, relative, or friend that had died.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Although dead, memories and thoughts of some of my relatives continue to influence my current life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Spirituality is not a central part of my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I find inner strength and/or peace from my prayers and/or meditations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Although there is good and bad in people, I believe that humanity as a whole is basically bad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I do not have any strong emotional ties to someone who has died.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. There is no higher plane of consciousness or spirituality that binds all people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Although individual people may be different, I feel an emotional bond with all of humanity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I meditate and/or pray so that I can grow as a person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Prayer and/or meditation does not hold much appeal to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. My prayers and/or meditations provide me with a sense of emotional support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I feel that on a higher level all of us share a common bond.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I want to grow closer to the God of my understanding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. The praise of others gives deep satisfaction to my accomplishments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I am not concerned about the expectations that loved ones have of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix J

Ethnic Identity Scale (EIS)

The U.S. is made up of people of various ethnicities. Ethnicity refers to cultural traditions, beliefs, and behaviors that are passed down through generations. Some examples of the ethnicities that people may identify with are Mexican, Cuban, Nicaraguan, Chinese, Taiwanese, Filipino, Jamaican, African American, Haitian, Italian, Irish, and German. In addition, some people may identify with more than one ethnicity. When you are answering the following questions, we'd like you to think about what YOU consider your ethnicity to be.

Please write what you consider to be your ethnicity here _____ and refer to this ethnicity as you answer the questions below.

	Does not describe me at all	Describes me a little	Describes me well	Describes me very well
1. My feelings about my ethnicity are mostly negative.	1	2	3	4
2. I have not participated in any activities that would teach me about my ethnicity.	1	2	3	4
3. I am clear about what my ethnicity means to me.	1	2	3	4
4. I have experienced things that reflect my ethnicity, such as eating food, listening to music, and watching movies.	1	2	3	4
5. I have attended events that have helped me learn more about my ethnicity	1	2	3	4
6. I have read books/magazines/newspapers or other materials that have taught me about my ethnicity.	1	2	3	4
7. I feel negatively about my ethnicity.	1	2	3	4
8. I have participated in activities that have exposed me to my ethnicity	1	2	3	4
9. I wish I were of a different ethnicity	1	2	3	4
10. I am not happy with my ethnicity.	1	2	3	4
11. I have learned about my ethnicity by doing things such as reading (books, magazines, newspapers), searching the internet, or keeping up with current events.	1	2	3	4
12. I understand how I feel about my ethnicity.	1	2	3	4
13. If I could choose, I would prefer to be of a different ethnicity.	1	2	3	4
14. I know what my ethnicity means to me.	1	2	3	4
15. I have participated in activities that have taught me about my ethnicity.	1	2	3	4
16. I dislike my ethnicity.	1	2	3	4
17. I have a clear sense of what my ethnicity means to me	1	2	3	4

Appendix K

Brief Symptom Inventory (BSI-53)

0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
IN THE PAST WEEK, HOW MUCH WERE YOU DISTRESSED BY:

1. Nervousness or shakiness inside	0	1	2	3	4
2. Faintness or dizziness	0	1	2	3	4
3. The idea that someone else can control your thoughts	0	1	2	3	4
4. Feeling others are to blame for most of your troubles	0	1	2	3	4
5. Trouble remembering things	0	1	2	3	4
6. Feeling easily annoyed or irritated	0	1	2	3	4
7. Pains in heart or chest	0	1	2	3	4
8. Feeling afraid in open spaces or on the streets	0	1	2	3	4
9. Thoughts of ending your life	0	1	2	3	4
10. Feeling that most people cannot be trusted	0	1	2	3	4
11. Poor appetite	0	1	2	3	4
12. Suddenly scared for no reason	0	1	2	3	4
13. Temper outburst that you could not control	0	1	2	3	4
14. Feeling lonely even when you are with people	0	1	2	3	4
15. Feeling blocked in getting things done	0	1	2	3	4
16. Feeling lonely	0	1	2	3	4
17. Feeling blue	0	1	2	3	4
18. Feeling no interest in things	0	1	2	3	4
19. Feeling fearful	0	1	2	3	4
20. Your feelings being easily hurt	0	1	2	3	4
21. Feeling that people are unfriendly or dislike you	0	1	2	3	4
22. Feeling inferior to others	0	1	2	3	4
23. Nausea or upset stomach	0	1	2	3	4
24. Feeling that you are watched or talked about by others	0	1	2	3	4
25. Trouble falling asleep	0	1	2	3	4
26. Having to check and double-check what you do	0	1	2	3	4
27. Difficulty making decisions	0	1	2	3	4
28. Feeling afraid to travel on buses, subways, or trains	0	1	2	3	4
29. Trouble getting your breath	0	1	2	3	4
30. Hot or cold spells	0	1	2	3	4
31. Having to avoid certain things, places, or activities because they frighten you	0	1	2	3	4

32. Your mind going blank	0	1	2	3	4
33. Numbness or tingling in parts of your body	0	1	2	3	4
34. The idea that you should be punished for your sins	0	1	2	3	4
35. Feeling hopeless about the future	0	1	2	3	4
36. Trouble concentrating	0	1	2	3	4
37. Feeling weak in parts of your body	0	1	2	3	4

0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
IN THE PAST WEEK, HOW MUCH WERE YOU DISTRESSED BY:

38. Feeling tense or keyed up	0	1	2	3	4
39. Thoughts of death or dying	0	1	2	3	4
40. Having urges to beat, injure, or harm someone	0	1	2	3	4
41. Having urges to break or smash things	0	1	2	3	4
42. Feeling very self-conscious with others	0	1	2	3	4
43. Feeling uneasy in crowds, such as shopping or at a movie	0	1	2	3	4
44. never feeling close to another person	0	1	2	3	4
45. Spells of terror or panic	0	1	2	3	4
46. Getting into frequent arguments	0	1	2	3	4
47. Feeling nervous when you are left alone	0	1	2	3	4
48. Others not giving you proper credit for your achievements	0	1	2	3	4
49. Feeling so restless you couldn't sit still	0	1	2	3	4
50. Feelings of worthlessness	0	1	2	3	4
51. Feeling that people will take advantage of you if you let them	0	1	2	3	4
52. Feelings of guilt	0	1	2	3	4
53. The idea that something is wrong with your mind	0	1	2	3	4

ERNESTO NOAM LIRA

EDUCATION

- University of Wisconsin-Milwaukee Sept 2010 – August 2017
- Doctoral Candidate, Counseling Psychology
Dissertation: Examining the Intersections of Gay Male Identity, Ethnic Identity, and Spirituality and their Relationship with Internalized Heterosexism
 - Bachelor of Arts, Psychology Aug 2006 - May 2010

APA ACCREDITED CLINICAL PSYCHOLOGY INTERNSHIP

NYC Health + Hospitals Sept 2015 –August 2016
Woodhull Medical and Mental Health Center
Training Director: *Carla D’Aiello, Psy.D.*

- Provided individual and family psychotherapy in English and Spanish to ethnically and cultural diverse clients in the Adult Outpatient Department, Child/Adolescent Outpatient Department, Adult Inpatient Department, HIV Clinic, and Mobile Crisis Team.
- Responsible for conducting comprehensive intake evaluations of adult and child/adolescent patients, psychological assessments, and providing crisis interventions across inpatient and outpatient settings. Familiar with conducting crisis assessments to patient’s with severe and persistent mental health concerns and providing appropriate referrals to connect patients to mental health treatment.
- Worked closely with multidisciplinary team of psychologists, psychiatrists, social workers, and nurses and consulted with treatment teams about patient care. Provided treatment recommendations to treatment teams and utilized clinical case conceptualizations and diagnostic impressions using the DSM-V.
- Responsible for the administration, scoring, and writing of psychological evaluations of child and adult patients in outpatient and inpatient departments including the use of personality, cognitive, academic, and neuropsychological measures.
- Participated in treatment team meetings, grand rounds, didactic seminars, department meetings, and cultural context seminars. Conducted staff training on depression and suicide prevention across the lifespan.

VETERAN COUNSELING EXPERIENCE

Clement J. Zablocki VA Medical Center Sept 2013 – May 2014

- Spent primary clinical rotation within the LGBT Mental Health Clinic by providing LGBT+ affirmative healthcare to self-identified LGBT+ veterans. Specialized in providing cognitive behavioral therapy for a range of mood disorders, anxiety, adjustment, and trauma-related disorders. Worked closely with clinical supervision in providing psychological evaluations to self-identified transgender veterans for cross-sex hormone therapy psychological evaluations. Provided individual therapy to transgender veterans seeking support during cross-sex hormone replacement therapy, as well with adjustment to transitioning concerns.

- Worked with the suicide prevention team to provide mental health services for veterans with past and current suicidal ideation. Specifically, co-facilitated an ongoing suicide prevention group that focused on providing support, psychoeducation, and depression/suicide management techniques. Utilized a cognitive-behavioral approach to design curriculum for group therapy as well as to provide veteran with concrete skills and techniques to implement healthy coping strategies.
- Received ongoing didactic training on veteran-specific issues, such as PTSD, post-deployment, LGBT concerns, evidence-based treatments for a range of mental health disorders. Additionally, received education around the U.S. involvement in various wars and specific historical issues pertinent to veteran's well-being.

TRAUMA COUNSELING EXPERIENCE

The Healing Center

June 2011 – Aug 2012

- Provided individual and group cognitive behavioral therapy to male and female survivors of sexual abuse/trauma. Utilized bilingual (Spanish) and bicultural skills to provide culturally appropriate interventions and therapy to Spanish speaking clients. Strengthened counseling and clinical skills through discussions of theory and intervention in individual and group supervision.
- Developed in-depth understanding of how to implement interventions and therapeutic strategies based on theory. Completed two full day trainings prior to beginning counseling on biology of trauma, symptom treatment, evidence-based interventions, and local resources for trauma survivors. Received ongoing didactic training in implementation of and strengthening of trauma skills and information training and CBT strategies such as cognitive restructuring, modifying goals and developing action plans as well as safety planning and contracting.

COMMUNITY & MEDICAL COUNSELING EXPERIENCE

Sixteenth Street Community Health Center

July 2014 – Sep 2014

- Worked with predominately Spanish speaking, Latino/a clients that sought medical and mental health services in a community health center. Provided behavioral health consultations and short-term interventions to individuals referred by medical providers. This included psychoeducation on mental health concerns, treatment adherence for chronic health conditions, as well as support in coping with traumatic life events.
- Administered psychological assessments to individuals referred by mental health counselors. Knowledgeable in administering various cognitive and personality psychological assessments, such as the WAIS, WEAS, MMPI-II and MMPI-II-A, Bender Gestalt, and Folstein Mini-Mental Status.

St. Rose

June 2013 – Aug 2013

- Worked with adolescent boys and girls in a residential treatment facility. Administered both intelligence (WISC) and personality (MMPI-II-A) assessments and wrote comprehensive, integrative reports that were reported to the medical and mental health teams to determine treatment plans and interventions for residents.

Walker's Point Clinic

Sep 2012 – July 2014

- Provided individual, family, and group therapy to Latino/a adults and adolescents. Utilized bilingual and bicultural skills to provide culturally appropriate interventions and therapy to Spanish speaking

clients. Worked within multidisciplinary medical team to address client's medical and family needs in therapy. Developed Latino male survivors of sexual trauma, depression management, and Type 2 diabetes stress management groups.

- Provided guidance and information in Spanish about mental health illness and how psychotherapy works to Spanish speaking patients at a community medical clinic. Administered Perceived Health Questionnaires (PHQ-9) to and interpreted assessment intent and outcomes and result meanings. Built rapport with patients to allow for gentle and helpful referral to mental health services and other community resources. Addressed barriers to psychological help seeking for depression and chronic health conditions.
- Assisted with psycho-educational groups for Latinos with Type 2 Diabetes and chronic conditions. Presented information on impact of lack of medical and mental health services for Latino client, treatment adherence, and adjustment to long-term illness. Provided psycho-educational presentations and discussion facilitation in a multi-disciplinary run support group setting. Presentation and process discussion topics included understanding and coping with stigmatization, modifying diets in culturally sensitive manners, and dynamics of gender roles in adhering to learned or desired behaviors.

TEACHING EXPERIENCE

Multicultural Knowledge of Mental Health Practices: May 2014 – May 2015

Working with LGBTQ Individuals

- Developed curriculum for LGBT mental health practices course for licensed mental health professionals seeking to enhance clinical skills and education with LGBT+ individuals. Focused on expanding student's understanding of LGBT mental health concerns and the impact of identity development on individual's experiences within the healthcare system. Utilized materials on LGBT+ identity, internalized homophobia, and LGBT+ terminology to increase student's awareness. Provided weekly supportive feedback to facilitate student's learning and understanding of the course material.

Counseling: Theory and Issues Jan 2014 – May 2014

- Assisted faculty member in co-teaching introductory level counseling theories course to first year community and school counseling master students. Prepared lectures on various theoretical orientations, such as person-centered, cognitive behavioral therapy, and feminist therapy that focused on the basic tenants of each theory as well as examples of techniques from each theoretical orientation. Facilitated class discussions related to theoretical orientations and application of each theory to various mental health concerns. Focused on multicultural strengths and limitations of each theory covered in course material.

Counseling: Multicultural Counseling Sep 2013 – Dec 2013

- Co-taught masters level advanced multicultural course community and school counseling students. Assisted professor with preparing course lectures, assigning readings, and leading class discussions to increase student's awareness on multicultural issues and specific populations. Specifically, led discussion on microaggressions and their impact on client's wellbeing as well as experience in therapy. Also facilitated discussion on identity development as it pertained to racial/ethnic groups and LGBT+ identities. Worked collaboratively with professor to grade course assignments, such as continuous reflection journals based on student's immersion experiences with other socially marginalized groups.

OTHER WORK EXPERIENCE

Center for Community-Based Learning, Leadership, and Research June 2013 – June 2015
Graduate Assistant

- Responsible for developing community partner relationships with Milwaukee nonprofit organizations to create service-learning opportunities for undergraduate students. Conducted literature review on best practices in service-learning and presented research findings to service-learning faculty. Developed workshops that focused on cultural diversity, cultural group stereotypes, and privileged identities for service-learning students. Provided staff with training on diversity issues related to first-generation college students, how to identify distressed students, as well as list of referral centers for students with mental health concerns.

RESEARCH EXPERIENCE

Research Assistant

Sep 2010 – May 2016

- Served as a research assistant to Dr. Marty Sapp. Conducted extensive literature reviews and analyzed national health reports to investigate effects of type 2 diabetes in minority populations. Received training and supervision while utilizing hypnosis as a treatment modality in research and in counseling. Practiced and led ego strengthening and stress reduction hypnosis inductions with research members. Worked with Southeastern Oneida Tribal Services in a culturally adapted smoking cessation intervention with hypnosis. Received didactic and experiential training on historical trauma for American Indians, history of American Indians in Wisconsin, and cultural values and traditions.

Research Team Member

June 2009 – May 2016

- Served as a research team member to Dr. Shannon Chavez-Korell. Research focused on exploring factors that contribute to health disparities in the Latino community and exploring ethnic identity as it contributes to health behaviors. Tasks included: reviewing past literature on Latino ethnic identity, collecting data within the Latino community during eight weeks, and analyzing data using SPSS and running ANOVA and correlation analysis.

Research Team Member

June 2008 – May 2016

- Served as a research team member to Dr. Azara Santiago-Rivera. Research focused on identifying the factors that contribute to Latino college student's low enrollment in higher education. Helped recruit Latino college students and administer surveys. Research also included exploring Behavior Activation Therapy with depressed Latinos at the Sixteenth Street Community Health Clinic. Tasks included: collecting data within the Latino community and analyzing qualitative data for research manuscript.

LEADERSHIP EXPERIENCE

National Latino/a Psychology Association (NLPA)

Sep 2013 – Aug 2014

Student Committee Member

- Worked with other graduate student committee members to plan programming for NLPA student members. Planned internship webinar focused on providing graduate students with information from clinical internship directors on the internship process, what to expect during the clinical internship, as well as ensuring a good fit between the student and the internship site. Also helped coordinate social and leadership events for student members at the biennial NLPA conference in Albuquerque, New Mexico 2014.

ARCOS

Dec 2011- June 2013

Board of Directors

- Served as a board director for a non-profit organization focused on providing leadership and international travel opportunities to youth from low-income areas of Milwaukee. Assisted in the creation of the nonprofit organization by developing mission statement and learning objectives for leadership programming. Worked with other board members to ensure that students and families had access to resources to enhance their education and social and mental wellbeing. Provided referrals for

mental health counseling for family members based on specific mental health concerns. Assisted with funding development plan to increase yearly budget for programming.

PUBLICATIONS

Alomá, A., **Lira, E. N.**, & López, M. (2013). Commercial Tobacco Use and Smoking Cessation for American Indian Communities, *Prevention and Health Promotion: Research, Social Action, Practice and Training*, 6(2) 16-26.

Hunt, J., Alomá, A., **Lira, E. N.**, Wohlers, H., López, M., & Sapp, M. (2013). Attitudes Towards Patients with a Mental Illness: A Comparative Analysis of Stigma in Counseling Students and Nursing Home Care Providers. *The Wisconsin Counseling Journal*, 27, 37-51.

PRESENTATIONS

Regional

Lira, E., & Chavez-Korell, S. (2009, July). *Psychosocial and cultural factors in predicting health and well-being among latino adults*. Poster presented at the Whitewater/Beloit/UW-Milwaukee McNair Symposium, Milwaukee, WI.

Lira, E., & Chavez-Korell, S. (2009, October). *Psychosocial and cultural factors in predicting health and well-being among latino adults*. Power Point presentation given at the American Multicultural Leadership Conference, University of Wisconsin-Steven's Point, Steven's Point, WI.

Local

Lira, E., & Chavez-Korell, S. (2009, November). *The effects of spirituality on latino adult's health and well-being*. Power Point presentation given at an undergraduate Latino Studies course, University of Wisconsin-Milwaukee, Milwaukee, WI.

Lira, E., & Chavez-Korell, S. (2009, October). *The effects of spirituality and ethnic identity status on latino adult's health*. Poster present at the University of Wisconsin-Milwaukee Annual Open House, Milwaukee, WI.

National

Lira, E. (2014). *The role of spirituality for Latino gay men*. Symposium presented at 2014 National Latina/o Psychological Association, Albuquerque, NM.

Chavez-Korell, S., & **Lira, E.** (2014). *Differences within groups: A quantitative examination of campus climate, microaggressions, campus connectedness, ethnic identity and stress among college students of color*. Symposium presented at 2014 National Latina/o Psychological Association, Albuquerque, NM.

Lopez-Flores, M., Aloma, A., **Lira, E.**, Reinders-Saeman, R., Lewis, A., Kern, L. (2014). *College students of color ethnic identity profiles influence on social connectedness and campus climate views*. Poster presented at 2014 National Latina/o Psychological Association, Albuquerque, NM.

Chavez-Korell, S., Lopez-Flores, M., Reinders-Saemen, R., Lester, K., **Lira, E.**, Aloma, A., Leon, E., Lewis, A., Salas-Pizana, S., Altamirano, L. (2014). *Examining campus climate microaggressions, campus connectedness, ethnic identity, and stress among college students of color*. Poster presented at National Latina/o Psychological Association, Albuquerque, NM.

Lira, E. N., Jackson, L., Alomá, A., & Altamirano, L. (2014). *Influence of Campus Climate and Racial/Ethnic Microaggressions on Students' of Color Perceived Stress*, Teachers College Winter Roundtable Conference 2014 Poster Presentation.

Lira, E., Tassara, M., Aloma, A., Lopez, M. et al., (2012). *Milwaukee community-based bilingual consultation group for mental health trainees and professionals*. Symposium presented at 2012 National Latino/a Psychological Association, New Brunswick, NJ.

Parisot, M., **Lira, E.**, Lopez, M., & Aloma, A. *Latina/os in a PhD program: Sharing multiple perspectives*. Roundtable presented at the 2012 National Latino/a Psychological Association, New Brunswick, NJ.

Lira, E., DePratt, T.M., Sapp, M., Lui, J., Chien, L., Bernfeld, S., Kihlslinger, D. (2011, August). *Hypnosis, Diabetes, and Latinos*. Paper presented at the American Psychological Association, Washington D.C.

Lira, E., Chavez-Korell, S., Illes, R., Reyes, W., Benson, G. (2010, November). *Examining spiritual health practices, latino ethnic identity, and education*. Poster presented at the National Latino/Latina Psychological Association Biennial Conference, San Antonio, TX.

Lira, E., Abdullah, M., Parisot, M., Moreno, E., (2010, November). *Completing your undergraduate degree: Navigation to graduation*. Roundtable presentation be presented at the National Latino/Latina Psychological Association Biennial Conference, San Antonio, TX.

Domenech-Rodriguez, M., Santiago-Rivera, A., **Lira, E.** (2010, November). Getting into graduate school: The master's and doctorate. Symposium presentation³ be presented at the National Latino/Latina Psychological Association Biennial Conference, San Antonio, TX.

Santiago-Rivera, A., Illes, R., Chavez-Korell, S., Reyes, W., Rico, M., **Lira, E.**, Palreddy, S., Benson, G., DeRose, T., & Hernandez, M. (2009, August). *The relationships among quality of life, physical health and depression outcomes on latino elders*. Poster session presented at the American Psychological Association (APA) conference, Toronto, Canada.

Santiago-Rivera, A., Chavez-Korell, S., Reyes, W., Illes, R., DeRose, T., Benson, G., Palreddy, S., **Lira, E.**, & Rico, M. (2008 November). *Effects of ethnic identity, acculturation and familismo on health outcomes of latino elders*. Poster session given at the NLPA 2008 conference, Costa Mesa, CA.

Lira, E., & Chavez-Korell, S. (2009, November). *Psychosocial and cultural factors in predicting health and well-being among latino adults*. Power Point presentation given at the 18th Annual McNair Research Conference and Graduate Fair, Presented by MAEOPP and the University of Wisconsin-Milwaukee, Delevan, WI.

PROFESSIONAL/ACADEMIC AFFILIATIONS

Division 17 Society of Counseling Psychology Member

Division 30 Society of Psychological Hypnosis, Member

Division 44 Society for the Psychological Studies of Lesbian, Gay, Bisexual, and Transgender Issues, Member

APAGS, Member

National Latina/o Psychological Association, Student Subcommittee Member

American Psychological Association- Student Member

Latino Student Union, Co-Chair – Student Member
Research For Change at UW-Milwaukee, Research Assistant

HONORS AND AWARDS

School of Education Graduate Award \$10,000
Advanced Opportunity Fellowship
Hispanic Professionals of Greater Milwaukee Graduate Award
McNair Post baccalaureate Achievement Program

SERVICE

June 2014	Invited Speaker for Roberto Hernandez Center Nonprofit Leadership Program. Latino Mental Health
July 2014	Panelist, McNair Graduate Student Preparing for Graduate School Panel. Sponsored by University of Wisconsin-Milwaukee McNair Post Baccalaureate Achievement Program (July 11 th , 2012).
June 2012	Conducted workshop “Reflections on Race and Social Justice within Sexual Violence Work” for the Wisconsin Coalition Against Sexual Assault members at the Southeastern Regional Training.
April 2012	Developed travel grant proposal for Counseling Psychology Student Association for student members to attend 2012 National Latino/a Psychological Association Biennial Conference.
March 2012	Conducted workshop “Multicultural Issues in Counseling Psychology” for University of Wisconsin-Milwaukee Center for Urban Initiatives and Research staff at Brown Bag Training.
May 2011	Conducted workshop “First Generation Latino College Students” for Latino Student Union members at general meeting.
May 2011	Volunteer, Assisted Walker’s Point Community Health Center Psychologist in administering Perceived Health-Questionnaires to clinic patients, co-facilitated diabetes focus groups, and provided relaxation training to patients.