Investigating the Effects of Heteronormativity and Minority Stress on Mental Health, Well-Being, Disclosure, and Concealment of Non-Gay Identifying and [Behaviorally] Bisexual Men

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Abstract

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The purpose of this research was to explore social hardships of non-gay identifying, [behaviorally] bisexual, and "other" marginal LGBTQ+ men who are sexually intimate with men in a heteronormative and [toxic] masculine world. Relatedly, hegemonic masculinity dominates the patriarch through regulating behavioral norms that often stigmatize and discriminate opposing traits, ideologies, or groups, such as LGBTQ+. This has been known to affect and mediate health outcomes and "outness." Therefore, this study explored how minority stressors impact self-concept, mental health, well-being, and motivations to disclose and/or conceal. Data collection involved survey and interview formats (mixed-methods cross-sectional design) that assessed internalized homophobia, conformity to masculine norms, subjective masculinity stress, disclosure, and concealment in relation to lifestyle and social context. While all variables had expected linear associations, not all were causal. Those who conformed to masculine norms significantly experienced internalized stigma/homophobia. Hence, it can be hypothesized that participants who conformed sought to conceal stigma under pressure of heteronormative culture and the patriarch. However, subjective masculinity stress was nonsignificant, exemplifying hegemonic influence as more defining to their self-concept than their own. Further, minority stress constructs (masculine norms, internalized stigma/homophobia, and subjective masculinity stress), when age, regional location, and faith were controlled, significantly predicted less disclosure and more concealment in social contexts. This reinforces the power of modern

patriarchy/masculine norms/minority stress and its adverse effects on mental health, well-being, and outness in marginalized populations of LGBTQ+. Relatedly, qualitative data validated these quantitative findings but generally over the lifecycle of "coming out" as opposed to respondents' current growth and development in outness, mental health, and well-being. However, to further affirm such quantitative findings, both survey and interview data did report distress regarding modern day masculinity and its ill standards that place unrealistic expectations on men, which continue to create disparities among and between many communities and humanity.

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Dedication

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Chapter 1: Introduction

Historically, lesbian, gay, bisexual, transgender, and queer (LGBTQ) populations have undergone extreme harassment, violence, discrimination, and social injustice. These individuals have not been understood and accepted within the normal spectrum of the human condition, and are often stereotyped as deviants (Institute of Medicine, 2011, p. 14). The main commonality across these diverse groups is their members' historically marginalized social status relative to society's cultural norm of the exclusively heterosexual individual who conforms to traditional gender roles and expectations (Institute of Medicine, 2011, p. 13). Their "otherness" is the basis for stigma and its attendant prejudice, discrimination, and violence, which underlie society's general lack of attention to their health needs and many health disparities (Institute of Medicine, 2011, p. 13). For some, this "otherness" may be complicated by additional dimensions of inequality such as race, ethnicity, and socioeconomic status, resulting in stigma at multiple levels (Institute of Medicine, 2011, p. 13).

As of 2021, violence, racism, transphobia, sexual assault and harassment, poverty, mental health and suicide, denial of inclusive identities, trauma and familial conflict, isolation and hostility, representation, and overburdening were key contributors to LGBTQ injustice (NSVRC, 2021, Fact Sheet on Injustice in the LGBT Community, para 1-11). Comparatively, heterosexuals experienced such factors at unequal rates. For instance, LGBTQ people are still four times more likely to experience violence in their life than straight [populations] (NSVRC, 2021, Violence, para 1). Further, [resulting from stress and prejudice], LGBTQIA+ individuals are twice as likely to experience mental health issues in their life, and have more than double the rate of depression than heterosexuals (NSVRC, 2021, Mental Health and Suicide, para 6). Moreover, suicide is a leading cause of death for LGBTQIA+ people ages 10-24, and across their

lifespan, LGBTQIA+ people attempt suicide at disproportionate rates (NSVRC, 2021, Mental Health and Suicide, para 6). Further, LGBTQIA+ youth are [over] five times more likely to die by suicide than their heterosexual peers (NSVRC, 2021, Mental Health and Suicide, para 6). Relatedly, forty-six percent of homeless LGBTQIA+ youth ran away because they were disowned by their family due to their sexual orientation or gender identity; 43% were kicked out of the house by their parents; and 32% faced physical, emotional, or sexual abuse at home (NSVRC, 2021, Trauma and Familial Conflict, para 8). Lastly, concerning race or intersectionality, people of color face discrimination from within the LGBTQIA+ community, while narratives and positions of power are often monopolized by white middle and upper class members of the community, resulting in discrimination of representation (NSVRC, 2021, Racism, para 2).

Ecologically, domestic and global experiences also create social disabilities and threats to their health and safety. Forty-two percent of LGBT people report living in an unwelcoming environment in the USA and face potential hostility when traveling abroad (NSVRC, 2021, Isolation and Hostility, para 9). In a 2014 survey, 97% of gay and bi men and 99% of lesbians chose discrimination as their greatest concern when travelling (NSVRC, 2021, Isolation and Hostility, para 9). Twenty-one percent of transgender travelers reported anxiety about air travel due to intrusive security checks, identification or misnaming/misgendering, and general discrimination, while 45% of travelers feared being physically or verbally abused or harassed due to being transgender (NSVRC, 2021, Isolation and Hostility, para 9). Furthermore, society often has the unjust assumption that LGBTQIA+ people are obligated to educate others on social issues, or that it's okay to over-ask questions about their sexuality or gender identity (NSVRC, 2021, Overburdening, para 11). Relatedly, thirty-three percent of transgender patients reported

that they had to teach their doctor about transgender issues in order to receive appropriate care, while they're also overburdened in doing the work of whistleblowing, activism, LGBTQIA+ scholarship, and in ensuring inclusive spaces for the community at large (NSVRC, 2021, Overburdening, para 11).

The above depicts quite overt yet ill effects and injustices of "stigma," demonstrating inversions, perversions, and diversions of our humanity whereby compassion, conscious awareness, and socially acuity are void. While experiences of stigma can differ across sexual and gender minorities, stigmatization touches the lives of these groups in important ways and thereby affects their health (Institute of Medicine, 2011, p. 14). Relatedly, but more specifically, little attention is placed on "other" populations both within and without LGBTQ+ whom have limited to nil group identification. For instance, non-gay identifying (NGI), behaviorally bisexual (BB), and/or those closeted who are only attracted to men or both sexes and/or have their own personalized matrix around gender and sexuality, may not identify or have limited commonalities with LGBTQ+. This may result from their inherent disposition, heteronormative conditioning, influences of toxic masculinity, and/or the patriarchy.

Heteronormativity refers to norms and values that structure gender and sexuality thereby maintaining high premium on compulsory heterosexuality and patriarchy (Tadele, 2011, p. 458). It describes how opposite-sex romance, sexual and marriage relations, or heterosexuality are privileged and supported by social institutions such as religion, family, economy, education and politics (Tadele, 2011, p. 458). In other words, it's status quo and is defined within governing parameters of traits and behaviors that solely belong to opposite sex pairing or engagement in terms of emotional and physical intimacy. More importantly, heteronormativity is both subtly and physically enforced at global scale, pervading all nations with sociocultural limits and

controls. Therefore, heteronormativity regulates our social matrix and not only subordinates LGBTQ+ but creates greater turmoil for NGI, BB, and the closeted, who present more inhibited expression or diverse and complicated sexual identities.

As heteronormative ideals influence all intimate relationships, there's no way to see the lifestyle as removed from this larger social, cultural, political, and economic context (Frank, 2008, p. 436). Frank (2008) interrelates homophobia with inversion theories such as investigating whether behavioral constructs like "swinging," correlate to "literally having a fear of homosexuals" or "having a fear of being homosexual" (p. 437). Frank (2008) questions if institutional factors inhibit men's expression of emotion or sexual desire for other men and if "homophobia is simply intrinsic to contemporary heterosexual masculinity," thus, fearing to be homosexual and facing punitive responses? (p. 437). Other critics have argued that characterizing men who self-identify as heterosexual as repressing same-sex desires, desires that they supposedly would act on if social dictates did not militate against doing so, or being motivated by internalized homophobia if they choose to avoid sexual contact with men, relies on particular essentialist readings of identity (Frank, 2008, p. 437). Reading a lack of same-sex behavior or professed desire in any sexualized context as resulting simply or primarily from homophobia can also essentialize homophobia itself (Frank, 2008, p. 437). Another problem with the concept lies in the fact that the processes by which homophobia might be internalized by men often rely on simplistic understandings of human psychology, leaving us unable to explain variations in belief and attitude, individual changes over time, how boundaries become eroticized and sexually motivating, or the ways that personal history intertwines with cultural norms (Frank, 2008, p. 437).

Due to patriarchal and masculine norms of society, some straight, NGI, BB, and closeted men may experience self-judgment, cognitive dissonance, and/or complete denial of their sexuality so that status quo is met, avoiding their inherent truth. Therefore, homophobia may be a defense mechanism to shadow their fundamental nature and cause concealment. However, heteronormativity and masculine norms aren't the only factors affecting mental health and "coming out." "Toxic masculinity" is a contributor to ailing affective states and the causes of all noted above.

To understand toxic masculinity, it's important to define and explain the "patriarch" and "hegemonic masculinity." The patriarch is a social system in which the role of the male as the primary authority figure is central to social organization, and where males hold authority over women, children, and property (as cited in Rawat, 2014, p. 44). It can be seen as the depowerment of women that is linked to the belief and practice of subjugating them at various levels – political, economic, social, and cultural (Rawat, 2014, p. 43). In all, it's a social and ideological construct which considers men (who are the patriarchs) as superior to women (Rawat, 2014, p. 43). Relatedly, hegemonic culture relates to the predominate actions, behaviors, views, and/or ways of life in groups, communities, and societies, overtime. Therefore, hegemonic masculinity is the dominant notion of masculinity in a particular historical context (Kupers, 2005, p. 716). Today's hegemonic masculinity in the United States and Europe includes a high degree of ruthless competition, an inability to express emotions other than anger, an unwillingness to admit weakness or dependency, devaluation of women and all feminine attributes in men, homophobia, and so forth (as cited in Kupers, 2005, p. 716). It's conceptual and stereotypic in the sense that most men veer far from the hegemonic norm in their actual idiosyncratic ways, but even as they do so, they tend to worry lest others will view them as

unmanly for their deviations from the hegemonic ideal of the real man (Kupers, 2005, p. 716). Relatedly, other hegemonic masculine traits are faced with stigma, such as being intellectual, artistic, unathletic, sensitive, submissive, and quiet. It can be understood that hegemonic masculinity is developed by subordinate perspectives of its construct. For instance, the dominating, yet falsified patriarchal/sociological consensus of "weak men" corroborates as emotional, mental, and lifestyle traits of women.

Moreover, true divine masculinity embodies inclusivity and is non-toxic. After all, there is nothing especially toxic in a man's pride in his ability to win at sports, to maintain solidarity with a friend, to succeed at work, or to provide for his family (Kupers, 2005, p. 716). There is the caring man, there is the man who is in touch with his "feminine" attributes, and there is a father's dedication to his children (Kupers, 2005, p. 716). Toxic masculinity is everything opposite and is "constructed of those aspects of hegemonic masculinity that foster domination of others and are, thus, socially destructive" (Kupers, 2005, p. 717). Unfortunate male proclivities associated with toxic masculinity include extreme competition and greed, insensitivity to or lack of consideration of the experiences and feelings of others, a strong need to dominate and control others, an incapacity to nurture, a dread of dependency, a readiness to resort to violence, and the stigmatization and subjugation of women, gays, and men who exhibit feminine characteristics (Kupers, 2005, p. 717). Sculos (2017) noted that toxic masculinity is often associated with hyper-competitiveness, individualistic self-sufficiency (often to the point of isolation nowadays, but still, and more commonly in the pre-internet days, in a parochial patriarchal sense of the male role as breadwinner and autocrat of the family), tendency towards or glorification of violence (real or digital, directed at people or any living or non-living things), chauvinism (paternalism towards women), sexism (male superiority), misogyny (hatred of women), rigid conceptions of

sexual/gender identity and roles, heteronormativity (belief in the naturalness and superiority of heterosexuality and cis-genderness), entitlement to (sexual) attention from women, (sexual) objectification of women, and the infantilization of women (treating women as immature and lacking awareness or agency and desiring meekness and "youthful" appearance) (p. 1).

Given the social instances and behavioral constructs noted, it's understandable that NGI, BB, and the closeted may undergo dynamic, complicated, and unstable experiences in disclosing and concealing their sexual identities. Relatedly, their sexuality may result from inherent traits, interests, or behaviors caused by genetics and/or social conditioning. This may cause deviations from heteronormative or [toxic] masculine standards that trigger stress, anguish, denial, and other mental health imbalances which cause internalized homophobia. Moreover, this contrast between themselves and the greater patriarchal narrative could weaken emotional, mental, social, and physical health as identity is impacted by ecological networks. Relatedly, the most significant factor in cultivating character is emotional intimacy with self. Hence, the vital nature between emotions and self-concept in NGI, BB, and closeted men's health. Whether platonic or romantic, having such relations establishes pathways to deeper understanding of self by acknowledgement and reflection from others. Relationally, emotional intimacy shared with one's partner is considered to be a fundamental component of romantic relationships (as cited in Sevic, Ivankovic, & Stulhofer, 2016, p. 1260). It is, therefore, not surprising that empirical research showed the association between intimacy and multiple beneficial personal and relationship outcomes, including psychological well-being, physical health, and a greater marital and relationship satisfaction (as cited in Sevic, Ivankovic, & Stulhofer, 2016, p. 1260). This substantiates how emotional depth in social context influences health and relationships.

Moreover, how such moderates disclosure and concealment in environments that promote stigma, judgment, and discrimination.

Relatedly and more recently, researchers have suggested that individuals who are able to conceal their stigmas (i.e., remain closeted) face many of the same challenges as do individuals who are unable to conceal their stigmas (Schwitters & Sondag, 2017, p. 122). In fact, in concealing a stigma such as same-sex sexual activity, individuals suffer not only from the negative effects related to concealment, but also from the loss of the beneficial, self-protective effects of being 'out' (as cited in Schwitters & Sondag, 2017, p. 122). Men who choose to remain closeted must deal with the stress of anticipating the possibility of being found out, making decisions about disclosing one's hidden status and feeling isolated and detached from one's true self (Schwitters & Sondag, 2017, p. 122). Often, they suffer from heightened concerns regarding anonymity, confidentiality and stigma (as cited in Schwitters & Sondag, 2017, p. 122). Higher levels of stigma have been associated with less likelihood of disclosing one's sexual orientation as well as a decreased likelihood of seeking healthcare, which may be even more pronounced among men living in rural environments in the USA, where increased stigma and the need to conceal same-sex behavior can become significant barriers (as cited in Schwitters & Sondag, 2017, p. 122). These affective states may cause resistance to LGBTQ+ labeling or connection, fragmenting them from this historically segregated community. Non-identifiable, eccentric, unique, idiosyncratic, unorthodox or just general closeted sexuality that lacks resonance with LGBTQ+ may make men feel even more marginalized with greater internalized homophobia. They may experience fear, loneliness, depression, and isolation. Hence, why they're almost always overlooked by society, whether it be disregard or lack in social acuity.

In association, the detrimental effects of internalized homonegativity or bi-negativity on various mental and physical health outcomes have been well-documented, particularly lesbian and gay people, and to a lesser extent, bisexual individuals (Antebi-Gruszka & Schrimshaw, 2019, p. 2). Among others, internalized homonegativity is associated with poorer mental health (e.g., depression and anxiety), lower well-being and social support, nondisclosure of bisexual identity, greater concealment and lower identity affirmation, self-esteem, substance abuse, suicide and suicidal ideation, risky sexual behavior, and difficulty in intimate relationships (as cited in Antebi-Gruszka & Schrimshaw, 2019, p. 2). Some researchers even suggested that avoidance of relationships and intimacy, anonymous sex, hypersexual behavior, and substance use can all serve as a distraction from dealing with one's internalized homonegativity (as cited in Antebi-Gruszka and Schrimshaw, 2019, p. 2). A significant amount of studies have evidenced that bisexual men (loosely defined by identity, behavior, or attractions) have higher risk for mental health imbalances than gay men (Schrimshaw, Siegal, Downing, & Parsons, 2013, p. 2). In fact, Schrimshaw, Siegal, Downing, and Parsons (2013) found that bisexual men are more likely to conceal their sexual orientation and in doing so, "may have detrimental effects on mental health" (p. 2). Relatedly, such postulates questionable social implications and new foundations for research as gay men are more likely than bisexual men to report instances of victimization, discrimination, and rejection (Schrimshaw, Siegal, Downing, & Parsons, 2013, p. 2).

As noted, internalized homonegativity and bi-negativity affects outness levels of NGI and BB men. Relevantly, disclosure and concealment status affects how they engage and behave in society and may change in accordance to dynamic or unpredictable circumstances in everyday experiences. For instance, some bisexual men may want to conceal their same-sex behaviors

from their female partners and even the general public, but may also confide in a few friends or family members (Schrimshaw, Siegal, Downing, & Parsons, 2013, p. 2). Other bisexual men may not anticipate highly negative reactions and therefore do not desire to conceal their same-sex behaviors, but have not disclosed their same-sex behaviors to parents, friends, or female partners for a variety of reasons (e.g., religion, not seeing it as a major part of their self-identification) (Schrimshaw, Siegal, Downing, & Parsons, 2013, p. 2).

Despite theoretical consensus that greater disclosure and lower concealment of one's sexual orientation should be beneficial for mental health, the empirical research has been inconsistent (Schrimshaw, Siegal, Downing, & Parsons, 2013, p. 3). Whereas several studies have documented a positive association between disclosure of sexual orientation and mental health, other work has either found no association or a negative association (Schrimshaw, Siegal, Downing, & Parsons, 2013, p. 3). Concealment, while less examined, has been consistently negatively associated with mental health (Schrimshaw, Siegal, Downing, & Parsons, 2013, p. 3).

Although there is extensive literature on the potential role of disclosure and concealment of sexual orientation on mental health, exceedingly little research has examined this issue among bisexual men separately from gay men or lesbians (Schrimshaw, Siegal, Downing, & Parsons, 2013, p. 3). Given the fact that NGI, BB, and closeted men may have limitations within, not identity with, or are in denial of their sexuality or connection to LGBTQ+, it would suffice to say, little research has explored the role of disclosure and concealment on their mental health and well-being. Indeed, the vast majority of research has been conducted on samples of gay men who were largely open about their sexual identity and behavior (Schrimshaw, Siegal, Downing, & Parsons, 2013, p. 3). As such, the inconsistent findings between disclosure and mental health may be partly due to the lack of variability in disclosure/concealment in these samples

(Schrimshaw, Siegal, Downing, & Parsons, 2013, p. 3). Overall, concealment and mental health among bisexual men remains unexamined (Schrimshaw, Siegal, Downing, & Parsons, 2013, p. 3).

The unexamined nature of this topic fosters potential disparities in emotional, mental, and even physical health of NGI and BB men. As highlighted, stress and depression can cause a multitude of adverse reactions that limit ability to function and maintain individual roles in society. More serious measures from such instances are as drastic, like suicide. Suicide significantly contributes to high mortality rates in LGBQT+. Although NGI and BB men may be on the fringe of LGBQT+, social impact, such as mental health/affective disparity, discrimination, and/or violence, among others, are of similar trajectory. Reported previously, suicide is the leading cause of death for LGBTQIA+ people ages 10-24, and across their lifespan, LGBTQIA+ people attempt suicide at a disproportionate rate (NSVRC, 2021, Mental Health and Suicide, para 6). Moreover, males in the United States are more likely to take their own life at nearly four times the rate of females and represent 79% of all U.S. suicides (CDC, 2016, Gay and Bisexual Men's Health, para 2). Further, suicide is the seventh leading cause of death for males in the United States (CDC, 2016, Gay and Bisexual Men's Health, para 2). Gay, bisexual, and other men who have sex with men are at even greater risk for suicide attempts, especially before the age of 25, while a study of youth in grades 7-12 found that lesbian, gay, and bisexual youth were more than twice as likely to have attempted suicide as their heterosexual peers (CDC, 2016, Gay and Bisexual Men's Health, para 2).

To conclude, there's a potential correlation to why NGI and/or BB remain under the radar, more inhibited, less disclosed, more concealed, and even "in the closet." The most obvious is for concealing stigma, protecting against shame, ridicule, and discrimination.

Though, being closeted or less disclosed and more concealed creates an imposter or "alter ego" that could render negative implications for mental, emotional, and physical health. Relatedly and as found herein, greater concealment and less disclosure are theorized to serve as barriers to resolving negative attitudes about one's sexuality (i.e., internalized homophobia) and eliciting social support from friends and family (as cited in Schrimshaw, Siegal, Downing, & Parsons, 2013, p. 3). It's known that gay/bisexual men and lesbians have reported less internalized homophobia and greater social support with more disclosure and less concealment. However, few studies have examined the role of internalized homophobia and social support as mediating mechanisms that potentially explain the association between disclosure and concealment and mental health and none have done so among bisexual samples (Schrimshaw, Siegal, Downing, & Parsons, 2013, p. 3). Not only does this research gap require attention but particularly amongst such a disjointed population, like NGI and BB. Generally, these groups are ignored or unknown to society due to prevailing heteronormative and LGBTQ+ narratives. They're left unannounced and undisclosed, potentially left on the fringes of society and LGBTQ+ or "hiding in the closet," fearing judgment and discrimination from all gender and sexual orientations. As evidenced, this often leads to detrimental implications, such as experiencers of violence, negative affective states, and suicide, among others.

Whether they're inhibited to express themselves or facing denial or fears of "coming out," they deserve a voice and a platform; one that openly accepts and wholly embraces their inherent nature; defying and transforming status quo, promoting "authenticity," "diversity," and most importantly, "community." Acknowledging and conducting research amongst NGI, BB, and closeted men could improve emotional, mental, and physical health, lifestyles, and cultivate matured outcomes over the lifecycle and continuum of human development. NGI, BB, and

closeted men are often unknown, rarely recognized, even disregarded, and/or potentially unaccepted within the already segregated LGBTQ+ community. Non-gay identifiable, behaviorally bisexual, or other unconventional same sex interests are dynamic social constructs that establish implications for further research. Investigating the association between disclosure, concealment, mental health, and well-being in connection to heteronormativity and [toxic] masculinity and/or any other moderating factors are needed to uphold the human rights and freedom of expression in such a highly marginalized group.

The current dissertation will seek to fill this gap in knowledge, by answering the following research questions:

1. Drawing on survey and qualitative data assessing the lived experiences of a sample of NGI and BB men, describe the impact of heteronormativity and [toxic] masculine norms on their mental health and well-being?
2. Across a sample of NGI and BB men, what types of social support, therapies and/or specific resources does this population describe as needed to support mental health, well-being, and safety?
3. Drawing on the perspectives and lived experiences of a sample of NGI and BB men, what presently determines their identification and how do these experiences shape their emotional intimacy?
4. Drawing on survey and qualitative data of a sample of NGI and BB men, what are the factors and self-reported motivations for disclosing and/or concealing sexuality in social contexts?

The subsequent chapters will provide a comprehensive review of the peer-reviewed literature, present the methods used, detail the results, and summarize the context and implications for the study's findings via a thorough discussion.

Chapter 2: Literature Review

In recent times, the LGBTQ+ community has evolved into a spectrum of gender and sexual identities, enriching an historically dynamic group. While diversity may create advantageous effects for society, it may also create shortcomings. Non-conformity to status quo of both majority and minority groups typically creates stigma and discrimination. Relatedly, members of the LGBTQ+ community vary in terms of race, religion, ethnicity, nationality and socioeconomic class, where such intersectionality creates diversity of thought, perspective, understanding and experience (National Alliance on Mental Illness, 2022). This complexity is important to understand as a unique and valuable aspect of LGBTQ+ that can result in a strong sense of pride and resiliency (National Alliance on Mental Illness, 2022). Hence, social ease is not guaranteed as many variations of expression are embodied and challenge hegemonic constructs and conditions that prevail and determine "acceptance."

Regardless of social group, relative normativity is determined by mass acceptance towards schools of thought, actions, and behaviors. These "standardized" measures are developed from macro and micro cultures of social order, such as government, institution, religion, media, community, and race, etc. (e.g., social determinants of health). Nonetheless, it's implicit that all social groups are "expected" to behave in accordance to their principles. Ultimately, this inhibits individuals from expressing their inherent and authentic nature, and leaves them choosing to operate inside or outside such thresholds. If one decides to live outside, they may be faced with oppression, discrimination, prejudice, judgment, ridicule, opposition, and/or violence, etc. If one decides to live inside, they may face repression, and both cases encourage potentiality of health disparities.

Relatedly, NGI, BB, and closeted men are marginalized populations of LGBTQ+, operating inside and outside LGBTQ+ constructs but align within range of sexual preferences. This means that, although same-sex preference is similar, specific beliefs, perspectives, behaviors, and actions may differ toward sexual orientation. This may look like differing states of expression, which may not conform to LGBTQ+ standards, causing more concealment, less disclosure, and/or greater segregation. Whether concealed or disclosed or something in between, they may defy common behavioral and/or lifestyle attributes of heteronormative and LGBTQ+ groups and may fear social implications of such. For instance, NGI, BB, or closeted men may feel uncomfortable in pride movements, unsubscribe to flamboyant behavior, dress differently, and think, behave, or have interests or lifestyles that greatly contrast what the majority personifies. As noted prior, such differences may result from, but are not limited to, innate disposition, heteronormative culture, internalized homophobia, and/or effects from toxic or hegemonic masculinity. Unfortunately, these are significant factors in how, what, where, and when their sexuality is embodied and expressed.

As NGI, BB, and closeted men are integrated into society, they will, and already are, challenging heteronormativity, [toxic] masculine norms, and LGBTQ+ constructs. As a result, their diverse and distinctive sexual and behavioral attributes may trigger mass consciousness, potentially eliciting more awareness and testing cognitive dissonance. Nonetheless, it can only be society's intention of greater comprehension, compassion, and love for diverse humans that will create union for all and faithfully eradicate stigma and negative connotations around emergent gender and sexuality.

2.1 Importance of Topic

There are important mental health risk factors for LGBTQ+ relating to "coming out" (e.g., concealment or disclosure). According to National Alliance on Mental Illness, LGBTQ+ individuals may experience repression, isolation, trauma, substance use, homelessness, inadequate mental health care, and suicide as a result of rejection, stigma, discrimination, harassment, and assault (National Alliance on Mental Illness, 2022). Furthermore, socioeconomic and cultural conditions may enhance the above symptoms, especially "those with intersecting racial or economic identities" (National Alliance on Mental Illness, 2022). Unfortunately, repeated exposures can lead to sustained levels of stress and internalized shame, and ultimately have serious impacts on the mental health of LGBTQ+ people (National Alliance on Mental Illness, 2022).

Concerning NGI and BB men, and as previously noted, a substantial number of studies have documented that bisexual men (variously defined by identity, behavior, or attractions) are at greater risk for lower levels of mental health than gay men (as cited in Schrimshaw et al., 2013, p. 2). This is somewhat surprising given that gay men are more likely to report experiences of victimization, discrimination, and rejection than bisexual men, resulting in uncertainty as to what may account for the lower levels of mental health found among bisexual men (Schrimshaw et al., 2013, p. 2). One potential explanation is that bisexual men have been found to be less likely to disclose, and more likely to conceal, their sexual orientation from others (as cited in Schrimshaw et al., 2013, p. 2). Theories of sexual identity development or the "coming out process" have emphasized the benefits of disclosure on health and well-being (Schrimshaw et al., 2013, p. 2). Moreover, "minority stress theory" and related [philosophies] focused on concealment of sexual

orientation have posited that [such] may have detrimental effects on mental health (Schrimshaw et al., 2013, p. 2).

Minority stress theory advocates that sexual minorities, including but not limited to NGI, BB, and closeted men, undergo distinctive stressors related to stigmas that may cause mental health imbalances. Sexual orientation concealment is one of these unique stressors (in addition to discrimination, internalized stigma, and expectations of rejection) and, as noted, concealment is particularly common among bi+ people (as cited in Feinstein et al., 2020, p. 2). Scholars have proposed that the process of concealing a stigmatized identity is a source of psychological stress with negative consequences (e.g., preoccupation with one's stigmatized identity, engagement in impression management behaviors, symptoms of anxiety and depression; as cited in Feinstein et al., 2020, p. 2). Further, consistent with this proposed construct, many studies have evidenced that concealment does result in mental health imbalances, not only among sexual minorities but specifically, bisexual individuals. Still, very few studies have examined people's motivations for concealing their sexual orientation and the extent to which different motivations are associated with these negative mental health outcomes (Feinstein et al., 2020, p. 2).

Previous quantitative studies have revealed that sexual orientation concealment is associated with higher levels of internalized stigma, acceptance concerns, and rejection sensitivity as well as lower levels of identity centrality, affirmation, and strength (as cited in Feinstein et al., 2020, p. 2). Therefore, such findings suggest that concealment can be both motivated by stigma and unrelated to stigma. Further, in previous qualitative studies, gay and bisexual men have described diverse motivations for not disclosing their sexual orientation (Feinstein et al., 2020, p. 2).

It is important to note that "not disclosing" one's sexual orientation is not the same as concealing, or actively attempting to prevent others from knowing one's sexual orientation (as cited in Feinstein et al., 2020, p. 2). Despite this important difference, non-disclosure and concealment are related constructs, conceptualized as components of the broader construct of outness (e.g., openness about one's sexual orientation; as cited in Feinstein et al., 2020, p. 3). It has been learned that motivations of non-disclosure can still highlight motivations for concealment. For example, in one study, gay and bisexual men reported that they had not disclosed their sexual orientation to their mother because they had pessimistic expectations about her reaction, they did not want to burden or upset her, they were not ready, they did not think she needed to know, and their relationship was distant (as cited in Feinstein et al., 2020, p. 3). In more recent studies, behaviorally bisexual men have also described diverse motivations for not disclosing their sexual orientation, such as to avoid stigmatizing reactions and rejection and because it is personal information that other people do not need to know (as cited in Feinstein et al., 2020, p. 3). Of note, motivations for concealing one's sexual orientation may depend on other aspects of one's identity (e.g., race/ethnicity), such as bi+ people of color facing unique challenges related to having multiple marginalized identities (e.g., a lack of belonging, invalidation related to one's sexual orientation and one's race/ethnicity; as cited in Feinstein et al., 2020, p. 3). Reasonably so, one can surmise that motivations to conceal or disclose may vary among diverse populations based on respective demographics and cultural influences.

The consequences of concealing a stigmatized identity depend on an individual's perception of risk in a given situation (as cited in Feinstein et al., 2020, p. 3). For example, if an individual believes that the discovery of their concealable stigmatized identity could lead to rejection, discrimination, or violence, then they are likely to experience distress in that situation

or to avoid that situation altogether (Feinstein et al., 2020, p. 3). Relatedly, if an individual is motivated to conceal their sexual orientation to avoid these stigma-related experiences, then doing so may contribute to negative mental health outcomes (Feinstein et al., 2020, p. 3). In contrast, if an individual conceals their sexual orientation for non-stigma-related reasons (e.g., because it is not an important part of their identity), then doing so may not influence mental health (Feinstein et al., 2020, p. 3). Furthermore, it's possible that an individual's motivation for concealing their sexual orientation could influence the extent to which they experience negative mental health consequences, but this remains an empirical question (Feinstein et al., 2020, p. 3).

Relatedly and to conclude, research by the American Psychiatric Association (APA) states that bisexual people are underrepresented in clinical studies on mental health, although bisexuals are considered the largest segment of LGBTQ+ community (Noble, 2020). Data on disparities among bisexuals (with a focus on men) indicated that in 2016:

- bisexual individuals in comparison with heterosexual, gay, or lesbian individuals report increased experience of depression and suicide
- lifetime rates of mood and anxiety disorders are higher among bisexual identified men (36.9% for mood disorders, 38.7% for anxiety disorders) compared with heterosexual men (19.8% for mood disorders, 18.6% for anxiety disorders), but rates were similar to gay men (42.3% for mood disorders, 41.2% for anxiety disorders)
- risk of suicide in bisexual populations is higher than that of heterosexuals, gay, and lesbian individuals
- bisexual males are more likely than heterosexual males to have experienced physical abuse and or non-consensual sex in their childhood. They have 143-204% the odds of being threatened or injured with a weapon compared with heterosexual males. They are also 24-57% more likely to suffer these forms of bullying compared to exclusively homosexual males
- substance use shows that bisexual individuals are generally at increased risk for substance use/disorders compared to monosexual individuals
- prevalence of problem drinking patterns is 31.2% and 30.5% illicit substance use among bisexual individuals

- rates of alcohol dependence and other drug use/dependence were higher among bisexual-identified men compared with heterosexual men. Although rates were similar for bisexual-identified men compared with gay-identified, rates were higher for behaviorally bisexual men compared with behaviorally gay men

(Noble, 2020)

To summarize, NGI, BB, bisexual and non-monosexual/bi+ people pose higher risk for depression, mood disorders, anxiety, suicide, non-suicide harm, and substance use and abuse when compared to gay, lesbian, and heterosexual populations. Such disparities result from experiencing stigmas, concealment or disclosure issues, and exposure to other discriminatory stressors, like prejudice, from heterosexual, gay, and lesbian individuals. Despite evidence that concealment is a particularly salient stressor for non-monosexual/bi+ people, there has been a lack of empirical attention to their motivations for concealing their sexual orientation (Feinstein et al., 2020, p. 3). Therefore, more needs assessment, extensive research, and study are required to better understand their social determinants to health while developing solutions to remove stigma and normalize all sexual orientations.

Lastly, education and training that promotes mutuality between the provider-patient relationship is necessary to build knowledge and cultivate protocols that specifically address health inequities faced by NGI, BB, and closeted men. Even NGO's or non-profit organizations and institutions serving LGBTQ+ have ignored such group's needs and the systemic stress endured living within various cultures and society at large. Moreover, the lack of research in NGI, BB, and closeted men bypasses the ideation and reality of their health and social dynamics. Needs assessment and therapeutic approaches tailored to their identity, behavior, and experiences could target resources that specifically resolve health disparities and injustice for this less known, yet highly marginalized population.

2.2 Purpose of Review

This review will examine the determining factors, if any, of disclosure and concealment, among other contributing associations. The research question is: "What are the determining factors that influence disclosure and concealment of sexual orientation in NGIMSM and/or BBM?" The purpose of this review is to: 1) to discover if different motivations of NGI and BB men's disclosure or concealment status have varying outcomes in mental health 2) to detail the emotional and mental health disorders that are outcomes of concealment and disclosure status 3) to create additional awareness and highlight the impact of stigma and discrimination among NGI and BB men 4) to report significant lessons learned and new knowledge for psychiatric therapy 5) provide a primer for psychiatric practitioners, institutions, and non-governmental organizations who are addressing needs assessment for LGBTQ+ therapeutic programs.

2.3 Article Selection/Methodology

Inclusion Criteria

The following criteria must have been met for the analysis of this review: 1) studies included must have been published between 2012-2022 2) limitations held only with gender (e.g. males that are bisexual, behaviorally bisexual, and/or non-gay identifying men who have sex with men) but could incorporate samples with other male sexual orientation (e.g. gay, queer, non-monosexual, same-gender loving, transgender men, non-identified, pansexual, etc. due to lack of research on topic 3) study outcomes based on psychosocial symptoms of disclosure and concealment of sexual orientation.

Search Strategy

Studies for this review were selected through the Academic Search Premiere and database on EBSCO and Google Scholar. Selected studies were published during the years of

2012-2022 and were the result of the following keyword search: bisexual men and mental health, bisexual men and stigma, bisexual men and discrimination, bisexual men and suicide, behaviorally bisexual men and mental health, bisexual men and heteronormativity, bisexual men and sexual fluidity, bisexual men and toxic masculinity, bisexual men and minority stress, behaviorally bisexual men and stigma, behaviorally bisexual men and discrimination, behaviorally bisexual men and suicide, behaviorally bisexual men and heteronormativity, behaviorally bisexual men and sexual fluidity, behaviorally bisexual men and toxic masculinity, behaviorally bisexual men and minority stress, non-gay identified men who have sex with men and mental health, non-gay identified men who have sex with men and stigma, non-gay identified men who have sex with men and discrimination, non-gay identified men who have sex with men and suicide, non-gay identified men who have sex with men and heteronormativity, non-gay identified men who have sex with men and sexual fluidity, non-gay identified men who have sex with men and toxic masculinity, non-gay identified men who have sex with men and minority stress, LGBTQ and mental health, LGBTQ and stigma, LGBTQ and discrimination, LGBTQ and suicide, LGBTQ and heteronormativity, LGBTQ and sexual fluidity, LGBTQ and toxic masculinity, LGBTQ and minority stress.

2.4 Results and Discussion

A total of 70 studies were identified and retrieved from search parameters in determining factors of disclosure and concealment in non-gay identifying men who have sex with men and behaviorally bisexual men. Twenty-five studies were included. The remaining 45 were excluded due in part by a predominant focus on affect and clinical health outcomes related to sexual behavior risks related to physical disease or mixed samples and populations with very low percentage of NGI, BB, and/or bisexual men. The twenty-five included studies examined the

predictors, determining factors, and strategies around sexual orientation disclosure and concealment in different social-relational and socio-cultural contexts relating to heteronormativity, minority stress, race, internalized sexism, phobias, mental health, and self-identity.

All interventions were qualitative, qualitative with thematic analysis, or mixed-methods (e.g. qualitative and quantitative analyses). Eighty percent of the interventions had sample populations with predominant ethnic minority races, such as African-American, Latino, Chinese, Filipino, Sub-Sahara African-Italian, respectively, while two studies included ethnically mixed groups (African-American, Latino, Asian, Native American, and White). Fifty-five percent of the studies assessed had sexual orientation identities of "NGI or BB men only" while the remaining 45% were bisexual or diversified (e.g. a combination of gay, bisexual, not identified/undecided, same gender loving, pansexual, queer, and/or fluid, respectively). Of these studies, two included transgendered men in their diversified samples. The methodological aspects included interviews that were general in nature, semi-structured focus, computer assisted self-guided, computer assisted self-guided with questionnaire, physical in-depth, interview administered questionnaire, and surveys.

In conclusion, studies predominately examined disclosure and to a lesser degree, concealment from friends, family, and female partners, while addressing factors and strategies that support the disclosure and concealment process. Further, socio-relational and cultural context were analyzed to understand how they influence such processes. Relatedly, and in some cases, mental health was assessed as a secondary outcome to the mechanisms that influence disclosure and concealment, such as phobias, status quo, stigma, minority stress, discrimination, and behavioral risks. Lastly, same-sex relationship strategies were explored, concerning

direction, order, patterning, maintenance, and how interpersonal scripts cultivated and formed intimacy within their relationships.

2.5 Findings

Research evidences that disclosure is linked to both positive and negative consequences. On one hand, it may promote social support that may improve self-worth and emotional states while decreasing the rate of the most dire, such as suicide. On the other hand, it may also be the catalyst for stigma, discrimination, isolation, and violence. Further, concealment could create mental health imbalances through stress and strategies to hide sexual orientation from friends, family, colleagues and various social contexts. Relevantly, stigma and hegemonic culture could negatively influence sexual minorities, as approval is sought from greater society which likely causes less disclosure and more concealment. Therefore, in all cases, levels of acceptance and feelings of safety are factors in determining how likely individuals will disclose or conceal. Mobilizing efforts in education and inclusivity while supporting individuals in the process of empowerment to self-acceptance is dire. This foundation allows for the cultivation of pathways toward healthy coping and resilience when faced with minority stress, such as stigma and discrimination.

Relatedly, Scrimshaw et al. (2018) noted that most men in their sample were not uncertain about their identity or attractions, but rather offered the stigmatization of same-sex attractions and behavior and the potential for adverse reactions as the primary motive for their non-disclosure to friends, family, and especially female partners (p. 229). Men offered a number of reasons why they had not told, and in many instances, intended to never tell their friends, family or female partners about their sexual orientation, due to: 1) anticipation of negative emotional reactions 2) anticipation negative changes in relationships 3) belief that others held

stigmatizing attitudes toward homosexuality 4) having witnessed or experienced negative disclosures in the past 5) wanting to maintain others' perceptions of them 6) fear that others will disclose to additional people and 7) fear of rejection due to culture or religion (Scrimshaw et al., 2018, pp. 229-230).

In correlation to above, Bry et al. (2017) note that five of ten participants were hassled by family members to change gender non-conforming behaviors even after their disclosure, with one participant explicitly linking this treatment directly to disclosure and stated, "when, I did like, come out... they noticed certain things more, obviously because they were looking for it... just natural habits that I had... they were seeing them through gay eyes now" (p. 10). Furthermore, four of ten participants described experiences where, prior to coming out, members of their family or social networks would make derogatory remarks about LGBT individuals (Bry et al., 2017, p. 10). Dodge et al. (2012) revealed similar findings when a participant elaborated on his fear of others finding out by indicating those around him are judgmental, "it's just coming out in the open is a big step of doing that so that's the people that I'm around, they are very judgmental, especially of black bisexual men" (p.9). While he expressed members of his community finding out, the primary issue seemed to be his family indirectly finding out from others because of their shared community (Dodge et al., 2012, p. 9). Some men indicated that if they were to be "found out" they would literally lose everything, as a participant stated, "no, no, because I'm, again, have to be extremely discreet because if it got out, I would lose, I literally, would lose everything, my job, my wife, my kids, my home, everything" (Dodge et al, 2012, p. 9). Further, two of the ten participants were asked or encouraged to change their same-sex attractions and explore heterosexuality and one participant described being subjected to conversion therapy (Bry et al., 2017, p. 10). Comparably, Bry et al. (2017) cited that five out of

ten individuals noted disclosure had limited their communication with others, and a subsequent loss of social support was associated; for instance, one participant stated:

> "I haven't spoke to my auntie in months. She don't even have my new number... the only time I see her is when I go home for Sundays and it's a kiss on the cheek 'hey auntie.' I don't even hold a conversation with her. That, that bothers me, because that's my blood auntie" (p. 10).

However, Wagner et al. (2013) indicated most of their Lebanese sample described their families as being supportive once they knew of the respondent's sexual orientation, including 55% or 17 of 31 men who have sex with men and women (p. 4). Nevertheless, 13% or 4 of 31 participants stated that were estranged from their families, with little or no contact with parents or other key members of the family; two refused to talk about their family members and the other two stated that this estrangement was a result of the family's disapproval of their sexual orientation (Wagner et al., 2013, p. 4). One respondent described being afraid of physical violence if his family found out, "If they know I am homosexual, especially my brother, [they] will kill me; if I knew he found out, I'd escape" (Wagner et al., 2013, p. 4).

Additionally, and comparably, Dodge et al (2012) stated that men expressed intense fears of losing their family members, especially children, if their bisexuality was "discovered," having to conceal their bisexuality in order to maintain social relationships with their families (p. 8). This is especially significant for specific ethnic populations where ethics, morals, and legacy embedded within and between family for generations may be founded on certain traditions, religiosity, and other cultural conditions. For example, one participant stated:

> "when I came out to my mother, they wanted to send me back to Mexico and get a hormone treatment to be 'changed.' I did not want that at all, I knew what I wanted and I knew that no one could change me. My mother sent me to Guadalajara and they paid for my flight there, once I got there, my sister took me to a doctor without my consent and knowing the situation. Once I found out about this trick, I got really upset and did not decide to proceed with the medical treatment" (Dodge et al, 2012, p. 9).

Furthermore, Dodge et al. (2012) emphasizes how such above incidents could cause the compartmentalization of sexuality, stating that it's often difficult for men to accept their own bisexuality because of perceptions of "morality" and bisexual behavior, stereotypes of bisexuality, and lack of acceptance of bisexuality from larger society (p.7). One mechanism for coping with bisexuality was to attempt to mirror socio-cultural norms by enacting either "straight" or "gay" identities or compartmentalizing sexuality into binary roles, as found in another recent study of Latino bisexual men (M. A. Muñoz-Laboy, 2008) (Dodge et al, 2017, p. 7). Many participants across racial/ethnic groups described feelings of separating their sexual self into two parts, not only to others, but also to themselves as one participant mentioned, "when I am with somebody, I feel like I am doing something wrong, like it is not me, like homosexuality is bad" (Dodge et l., 2017, p. 7). Not only does this participant describe having difficulty accepting his bisexuality, specifically, sexual interactions with men, he also suggests that what he is doing is "not him," which is compartmentalization, and found to be common for many of our participants (Dodge et al, 2017, p. 7). These types of cognitive distortions could become larger issues and have detrimental effects on biopsychosocial health.

Regarding biopsychosocial health and its associations with bisexual identity and behavior, stigma has negative outcomes among diverse contexts. For instance, Keene et al. (2020) found that bisexual black men consistently reported lower levels of sexual identity disclosure relative to gay men in all six contexts of family, friends, neighbors, religious community, work and online (p. 1). Friedman et al. (2019) found disparities among stigmatization of bisexual behavior among black men in these contexts, such as polydrug use, intimate partner violence, physical assault, and depression symptoms (p. 9). Furthermore, black bisexually-behaving men experience multiple, intersecting stigmas that include both racial and

sexual minority status, and often additional stigma related to substance use, mental health, HIV status, and poverty (as cited in Friedman et al., 2019, p. 9). Accordingly, Benoit et al., (2012) affirms most of these stigma-related issues with non-gay identifying black men who has sex with men and women, implying that the most effective prevention approaches for this population are those that target risk behaviors without focusing on disclosure of sexual identities (p. 1). It's important to note that these known layers of stigma may enhance the potential of triple-sourced discrimination, sourced from gay, straight, ethnic and/or social communities, respectively. This can be exemplified through Castro and Carnasalle (2019) via the narratives of "bi+ people of color (PoC)," who migrated from Sub-Saharan Africa and South America to Northern Italy. Research has found that some individuals often fetishize racialized backgrounds and skin tones, and that negative stereotypes are proscribed through social practices and relational networks, in heterosexual and LGBTQ+ groups (as cited in Castro & Carnasalle, 2019, p. 20). In both real or online spaces, people with migratory backgrounds are more and more sexualized in positive or negative ways (as cited in Castro & Carnasalle, 2019, p. 20). For instance, one participant reported many episodes of being perceived as a sex worker in gay bars or on dating apps, which often led to being denied access to bars or discos (Castro & Carnasalle, 2019, p. 20). The mixture of being perceived as "exotic" and sex-workers, or easy to access occasional sex, is a common experience for bi+ PoC in Italy and participants reported situations in which potential occasional partners, for instance, via dating apps, offered money or other compensations while eroticizing skin tone:

> "this guy (met in an online app) told me that he is sexually attracted only to black people. He feels this perversion towards these people, but he knows that he is not gay, he knows that he is absolutely not gay (smiling), he wanted to stress this point. (He said that) simply needs to pour out sometimes (laughing), but he does that only with black people (laughing again)" (as cited in Castro & Carnasalle, 2019, p. 20).

Relatedly, Ding et al. (2020) noted how Chinese culture is highly conservative, rejects homosexual behavior, and imposes strong ethical measures to extend family lineages and creating legacies. Moreover, men who have sex with men (MSM) in China, may be removed from jobs, social groups, and housing, if sexual orientation is disclosed (Ding et al., 2020, p. 15). Within such context, Garcia et al., (2014) highlighted that 10 participants or 17% of their sample stated it was easier to express their sexual desires in the United States than in their country of origin (p. 8). One participant stated that in Mexico he had to:

> "hide [his bisexuality] from his family" because "even though Latino continue to bring their culture, there are not the same taboos, it is more open here [in New York], they respect gay people more...It is not as badly looked upon as in our countries" (Garcia et al., 2014, p 8).

Another participant stated the same about his life in Argentina:

> "had sex a couple of times [with men], but it is more open here. Here there are bars; there it is a bit open, but when I came here...it was very different… and "the law is in the books (protection for homosexuals); but in reality, the culture still does not accept it" (Garcia et al., 2014, p. 8).

In association, Wagner et al. (2013) indicated that stigmatized experiences of men from Lebanon typically came in the form of looks of disgust or remarks of ridicule in public settings, jokes about homosexuality made in the workplace or at school, or being labeled as gay because of appearance or mannerisms (p. 5). One respondent, an artist who often leads seminars and workshops at universities, reported work-related discrimination because he was gay, stating "once a university refused that I give a conference because I'm gay. I went to see the Dean and made a scandal. A lot of establishments don't want to have anything to do with me because I'm gay" (Wagner et al., 2013, p. 5).

Contrary to such, concealment has caused just as much internal and external strife. The primary reason why concealment occurs is fear of exposure and the effects of stigmatization. Generally, social character or heterosexuality and masculinity needs to be upheld. For example,

Wagner et al. (2013) revealed that some in their sample attempted to avoid stigma and its aftermath by concealing their sexual orientation and trying to pass as heterosexual, either by dating or having relationships with women, or simply flirting with women when in the company of their heterosexual friends (p. 7). As described by one man, "when I am with my straight friends and a girl starts to flirt with me, I have to flirt back. It is not like I am interested. It is because I have to. I have to act like I am interested in the girl" (Wagner et al., 2013, p. 7). Moreover, concealment is used to cover infidelity when men are in heterosexual relationships with women. They do not disclose their same-sex behavior due to distress and potential closure of their partnership. This can cause additional tension as strategic role playing is required in order to preserve both relationships. This was evidenced by Scrimshaw et al. (2013) as researchers indicated enhanced stress among men who lived with a wife or girlfriend, men who think of themselves as heterosexual, and men who have lower frequency of sex with men as more likely to conceal their same-sex behavior (Scrimshaw et al., 2013, pp. 150-151). Further, stress with strategy also plays a role in attracting a male partner for non-disclosing/concealing men. A man will have to disclose his sexual orientation in secrecy, whether that be online, venues, and/or within geographical locations, which gives them "ability to control personal information and reduce the risks that others they may know will discover their same-sex behavior" (Scrimshaw et al., 2013, p. 3).

Lastly, Scrimshaw et al. (2013) found that concealment is indirectly associated with lower levels of mental health by way of greater internalized homophobia, which may suggest that mental health of non-disclosing bisexual men may be facilitated by helping them to accept their sexual orientation (e.g., reduce the guilt and desire to change their sexual orientation), reduce the hypervigilance associated with the perceived need to conceal, and more realistically

assess the potential consequences of a failure to conceal (p. 150). However, these findings do not mean disclosure isn't an appropriate therapeutic goal; it's just that bisexual men who have previously addressed their own internalized homophobia, remedy disclosure as one step further in facilitating self-acceptance.

Relatedly and furthermore, mental health issues resulting from disclosure and concealment status may place burden or deflect men from emotional intimacy with one another. Emotional intimacy is best understood as the "perception of closeness to another that allows sharing of personal feelings, accompanied by expectations of understanding, affirmation, and demonstrations of caring" (as cited in Guschlbauer et al., 2019, p. 858). Men characterized by high levels of internalized homonegativity are perceived as less attractive partners and are, thus, less likely to be in a committed same-sex romantic relationship conducive to the development of emotional intimacy (as cited in Sevic, Ivankovic, Stulhofer, 2016, p. 1265). Mohr and Daly (2008) found that homonegativity may contribute to the deterioration of relationship commitment by reducing the degree to which the partner and relationship are enjoyed and viewed positively rather than by reducing investments in the relationship and barriers to leaving the relationship (p. 1002). Internalized homonegativity is closely linked to shame and has been associated with syndemic factors that often co-occur with sexual compulsivity and are linked to HIV risk, including depression, anxiety, and substance use (as cited in Rendina et al., 2019, p. 621). Shame, among the other noted factors, can create instances of emotional instability and cause avoidance or lack of intimacy between two men in relationship. Relatedly, D'Avanzo et al. (2017) highlighted that emotions such as worry and anxiety or experiencing discrimination, harassment, and stigma, may create tendency toward social avoidance and distrust, lending to

personality disorders (p. 191) that can even inhibit physical connection, relations, and/or intimacy, altogether.

Although studies of emotional intimacy in same-sex couples are limited, a small number of studies have consistently indicated that emotional intimacy is the most important predictor of relationship satisfaction in this population (as cited in Guschlbauer, 2019, p. 859). However, when we consider NGI and BB or closeted men, this may factor in worse as they may be married or single but uncommitted. In monogamous and committed relations, Sevic, Ivancovic, and Stulhofer (2016) state that intimacy was associated with internalized homonegativity and that a majority of the gay/bisexual coupled men sampled in their study have already developed methods and acquired skills needed to cope with social intolerance and stigma of homosexuality (p. 1265). It's plausible to wonder whether NGI and BB men are more physical than emotional or both. Relatedly, Siegel and Muenier (2019) found non-disclosing BB men to be sexually adventurous, assertive, aggressive, dominant, and less interested in emotional connection, while they viewed women as sexually reserved, passive, submissive, and more interested in a committed intimate relationship than sexual gratification. Many of them were attracted to women's nurturing and affectionate qualities and to men's sexual assertiveness and aggressiveness (Siegel & Munier, 2019, p. 341). This conveys that specific qualities attributed through gender norms play a role in their emotional intimacy. Perhaps if men in this study both presented nurturing and affectionate qualities, it may have led to different findings, such as longer commitments and deeper intimacy. Furthermore, Sevic, Ivancovic, and Stulhofer (2016) found that when taken together, lower levels of internalized homonegativity and higher levels of social support among bisexual men appear to enable relatively high levels of emotional intimacy and sexual satisfaction even in a rather homonegative society (p. 1265).

To conclude, self-acceptance is a process of liberation from within that involves radical approval of self. This involves navigating emotional and mental states keenly with purpose to embody authentic nature and organic expression for optimal life experiences. However, this is under grave danger as research and therapeutic direction are limited with disproportionate rates of poor mental health, suicide, violence, racism, phobias, assault, harassment, poverty, non-inclusivity, trauma, familial conflict, isolation, hostility, representation, and overburdening. Such prevails in a rather unjust society that is dominated and regulated by exclusivity, exploitation, [toxic] masculinity, and heteronormativity.

This literature review did have limitations. First, there was a lack in generalizability as the total sample was predominately African-American and Latino living within and around the New York City metropolitan area. Therefore, cultural, community, and ecological factors may mediate differently based on the respective population's geographical area and racial identity. Further, due to the limited research in this field, a little over half or 11 studies involved NGI and/or BB men only. Approximately, 9 or 45% of the studies included samples that identified as wholly or a combination of gay, bisexual, same gender loving, bisexual transgender female, transgender female, pansexual, queer, fluid, and other. This limitation may foster bias and confounding variables, potentially affecting study outcomes based on research goals. Relatedly, this is why the "sexual identities" of NGI or BB men are one of the most significant factors in this qualitative research as their feelings/emotions, perspectives, and views drive reliability and validity of data collection and results. Another limitation in validity are the 4 studies that utilized self-assisted online questionnaires or surveys. This lacked personal, one on one, physical interaction where the interviewer or researcher can act as a meaningful mediator in data collection. Lastly, main thematic of research were the effects of stigmatization under minority

stress stemming from sexuality and race and how specific mediating factors influenced disclosure and concealment. Although mental health and social environments were explored in relation to fear, depression, and behavior, emotional and mental states in connection to participants' authenticity were not entirely assessed with in-depth focus. While personal statements and other qualitative and quantitative data gave insight to the participants' experiences, more data collection based in "affect" is needed to effectively support the known detrimental effects of stigmatization that causes ongoing injustice and ill health, such as lack of authenticity/alter programming, anxiety, depression, discrimination, isolation, safety issues/violence, and suicide.

This review has evidenced a gap in literature providing implications for further research. There is a lack of study in NGI and BB men as it relates to disclosure and concealment of sexual orientation. Moreover, there is limited representation of both geographical location and racial populations outside the New York City metropolitan area and African-American and Latino, respectively. Therefore, future research may expand to new regions and/or other racial groups or a combination thereof based on intent of study. Geography, culture, and community play important roles in social determinants to health, which have an effect on the mind, body, and behavior. Relatedly, additional study is needed to assess emotional and mental states, such as embodying authentic expression, self-acceptance, depression, anxiety, well-being, etc. and how they mediate disclosure and concealment.

Chapter 3: Methodology

Historically, NGI and BB men have faced oppression, suppression, and repression in hegemonic culture. Moreover, research has shown that they've had similar distressing experiences in settings that have sought to be inclusive of the LGBTQ+ population. Indeed, it's documented that NGI and BB men have difficulty integrating into this community, which has led to marginalization from holding beliefs, perspectives, behaviors, and actions that differ or lead astray from their norms. For instance, Dodge et al. (2017) found that BB men of ethnic backgrounds described feelings of separating their sexual self into two parts, not only to others, but also to themselves, suggesting compartmentalization, stating when they are behaviorally bisexual it is "not them" (p. 7). Additionally, Castro and Carnasalle (2019) found that PoC (people of color) in Italy are seen as exotic or even sex workers, as one participant explained how a BB man wanted to have sex with him but explained he was absolutely not gay, just sexually attracted to black people and needed to "pour out" sometimes (p. 20). Again, these beliefs, perspectives, behaviors, and actions may be the result of, but not limited to, innate disposition, heteronormative conditioning, internalized homophobia/internalized homonegativity/bi-negativity, and/or influences of [toxic] masculine norms. These factors play significant roles in how non-gay identifying and behaviorally bisexual men cultivate and embody character, expression, and sexuality in relation to health disparities. The following chapter describes the methodology of this study (including the study design, sampling frame, data collection, and analysis processes) in detail.

3.1 Study Design

The present study investigated social hardships through observational and exploratory research by analyzing the views, ideas, and life experiences of NGI and BB men through a

mixed-methods approach of survey and one-on-one online Zoom interviews. The survey process provided the ability to quantitatively measure associations and correlations between predictor and outcome variables while interviews evoked emotions, thoughts, perceptions, experiences, stories, and narratives that helped support the qualitative nature of the study, and both demonstrating participants' quality of life so that conclusions can be drawn for meaningful inferences. Lastly, collection of data was at "one-point-in-time," known as cross-sectional. The research questions are as follows:

5. Drawing on survey and qualitative data assessing the lived experiences of a sample of NGI and BB men, describe the impact of heteronormativity and [toxic] masculine norms on their mental health and well-being?
6. Across a sample of NGI and BB men, what types of social support, therapies and/or specific resources does this population describe as needed to support mental health, well-being, and safety?
7. Drawing on the perspectives and lived experiences of a sample of NGI and BB men, what presently determines their identification and how do these experiences shape their emotional intimacy?
8. Drawing on survey and qualitative data of a sample of NGI and BB men, what are the factors and self-reported motivations for disclosing and/or concealing sexuality in social contexts?

3.2 Setting

The setting was online utilizing PsychData survey software and a private individual Zoom interview. As noted, it was a mixed methods observational study, where participants responded to survey questions, and thereafter, a subset of 10 participants were interviewed online, individually. To support ethics and validity, participants had their cameras off in Zoom for privacy and/or sensitivity issues.

3.3 Recruitment and Informed Consent Procedures

The researcher promoted free and paid advertisements on Facebook and the online forum and listserv, Reddit. Further, emails were sent to the American Institute of Bisexuality and Bisexual Resource Center to inform them of study recruitment and to seek assistance with internal and external correspondence within their networks. All text, material, advertisements, and emails used for promotion were approved by the Teachers College IRB, under protocol 23-141. Lastly, "snowball sampling" was employed, which is a recruitment technique asking active/enrolled participants to inform acquaintances, friends, family members, and/or other social connections. At survey conclusion, participants had the option to send these parties the PsychData link via a site generated email notification. To enhance recruitment, compensation was offered in the form of a lottery incentive where 3 participants were drawn from the sample and gifted a $100 Amazon gift card, respectively. To further scale 10 interviews, potential participants were reminded of the greater chance to win a $100 Amazon gift card due to the lower pool of 10 in the sample. Two gift cards were drawn for the larger survey only process and one gift card was drawn for the 10 interviewee pool, only. Interviewee identities were removed from the survey only drawing in order to control for double counting.

Recruitment traffic via posts and advertisements brought online users to the PsychData platform, linking them to the description of the study and if interested, onto the online informed consent where information on the purpose of the study and participant expectations were detailed. Additionally, study and research requirements were disclosed for full comprehension of intervention principles so that ethical standards were established. The researcher was available by email and phone for inquiries to no avail. The informed consent required an e-signature from potential participants before moving onto the lottery and interview incentive

pages and the remaining questionnaires within the survey process. Again, and lastly, Teachers College IRB approved the entirety of this study under protocol 23-141.

3.4 Participant Description

The present study examined the well-being of adult (18 and older) NGI and BB self-identified men whose sexual orientation, on the basis of data collection for this research was gay, bisexual, queer, straight/heterosexual, questioning, and "other." No other restrictions on the sample, other than "adult NGI or BB men," were applicable.

3.5 Measures/Instrumentation

Demographic Questionnaire

A demographics questionnaire was utilized to obtain descriptive information about the participants, such as age, gender, race/ethnicity, current geographical region, sexual orientation, outness level, employment status, relationship status, and faith status.

Internalized Homophobia Scale (IHP-R)

Internalized stigma was measured using the Revised Internalized Homophobia Scale or the IHP-R, which is a shortened scale of the original Internalized Homophobia Scale (IHP) (Herek et al., 1998). The updated version can appropriately assess lesbians, bisexuals, and gay men, whereas the original was developed for gay men only. Based on the Diagnostic and Statistical Manual of the American Psychiatric Association (1980), third edition, items (5 in total) are self-reported and focuses on participants' level of internalized sexual stigma and the rate at which they accept such as their identity and personal value system. The questionnaire utilizes a 5 point likert-scale system ranging from 1 (strongly disagree) to 5 (strongly agree). Higher scores denote more negative attitudes with self-concept (mental health). In this present sample, Cronbach's alpha for IHP-R was .86.

Conformity to Masculine Norms Inventory (CMNI-22)

The adherence to hegemonic [toxic] masculinity was measured using the 22 item CMNI survey, which is a short form to the original. It's widely used and assesses changes across 11 domains (winning, emotional control, risk-taking, pursuit of status, primacy of work, violence, power over women, dominance, "playboy," self-reliance, and homophobia) and aspects of following traditional western masculine norms and values (Mahalik et al, 2003). Its utilization helps predict behavioral outcomes based on predominant psychosocial attributes that lends to identification of "toxic masculinity" in research. The questionnaire utilizes a 4 point likert-scale system ranging from 0 (strongly disagree) to 4 (strongly agree). Higher scores indicate greater conformity to masculine norms. In this present sample, Cronbach's alpha for CMNI was .87.

Subjective Masculinity Stress Scale (SMSS)

The way participants experience their gender or "what it means to be a man" was assessed using the SMSS, a questionnaire that leads the participant with 10 statements of "As a man…," with responses/sentences of what it means to be a man to them. These are very short open-ended statements, which probed the participant to think of how they exist and personally experience life. As its purpose was intended, participants were encouraged to write whatever comes to mind and let go of logic, while allowing natural emotions and feelings to surface. Thereafter, a personal assessment of their statements was required, asking them "how often this experience was stressful for them." Measurement was among a 5 point likert-scale system ranging from 1 (never/almost never) to 5 (always/almost always). This scale provides a global assessment of the frequency of stress related to the participants' subjective experiences and scores are computed on the average ratings of the 10 frequency of stress items rather than the participants' open-ended responses (Wong et al., 2014, pp. 563-564). Higher scores denote

more frequent personalized masculinity stress. In this present sample, Cronbach's alpha for SMSS was .94.

Nebraska Outness Scale (NOS)

Disclosure and concealment were measured using the Nebraska Outness Scale (NOS), an assessment of outness or openness with same sex behavior. The questionnaire has 10 items within 2 subscales (5 in each of NOS-Disclosure, NOS-D and NOS-Concealment, NOS-C). Such items assess outness levels among social contexts/five groups of people, such as immediate family, extended family, friends, colleagues, and strangers. The NOS-D section utilizes a quantitative assessment ranging from 0% to 100%, measuring the percent of people in the social context/group that are aware of their sexual orientation. The NOS-C section provides a 5 point likert-scale system ranging from 1 (never) to 5 (always), measuring how often participants avoid speaking about or anything that indicates their sexual orientation. The NOS was conceptualized by Meidlinger and Hope (2014) through a review of literature and an in-depth analysis on data of the Outness Inventory (OI) (Mohr & Fassinger, 2000). The conceptualization of NOS by Meidlinger and Hope (2014) evidenced "good internal reliability, discriminant, convergent, and predictive validity" (p. 489). In this present sample, Cronbach's alpha for NOS-D was .87 while NOS-C was .79.

One-on-One Private Zoom Interviews

There were 10 phenomenological semi-structured interviews conducted in a private one-on-one Zoom call. Questions were open-ended and explored participants' personal life and experiences with stigma, coping, self-concept/sexual identity, and disclosure and concealment to further elicit how masculinity, authentic nature, mental health, well-being, relationships, and

lifestyle were affected. Details of interviews and related data are highlighted further in this research.

3.6 Data Collection Procedures

As noted, the researcher implemented a mixed-methods approach, consisting of survey and one-on-one online Zoom interviews with a subset of 10 participants. PsychData software was used to create and administer forms and surveys. Data was collected at one-point-in-time and was categorized, saved, and stored under IRB standard security and privacy configurations, upholding compliance and codes of ethics. PsychData provided options for exporting data into various file formats to further analyze on other software or statistical programs, such as Microsoft Word and IBM SPSS (SPSS).

3.7 Data Management and Organization

Since subject matter was sensitive to participants, the researcher anonymized and safeguarded personal information as well as interview and survey data in a locked electronic Word, Excel, and/or SPSS file, respectively. To minimize assessment errors of interview responses, transcriptions and coding of data were performed with Atlas.ti software. This also established an electronic trail to better assess, interpret, categorize, and organize, accordingly. Data files were name coded, abbreviated, and identified with alphanumerical references familiar to the researcher for seamless retrieval and helped create accuracy in finalizing and presenting data. Like PsychData, Atlas.ti operates under IRB standard security and privacy configurations, upholding compliance and codes of ethics.

3.8 Data Analysis Plan

Quantitative Analysis Method

The primary purpose of this study was to examine the effects of heteronormativity and masculine norms on NGI and BB men while evaluating how minority stress factors shape mental health and well-being, and how such explains motivations to disclose or conceal their sexual orientation. Analyses were performed to extrapolate significance and other inferential statistics while integrating qualitative data from participant interviews to make assumptions and further assess implications. To support the quantitative research, two hypotheses were tested:

Model 1. H_1: Masculine norms have an adverse relationship with mental health and well-being of NGI and BB men, regardless of level in conformity.

Model 2. H_2: Minority stress constructs (conformity of masculine norms, subjective masculinity stress, and internalized stigma/homophobia) have a negative effect with disclosure and a positive effect with concealment among social contexts when moderating for age, regional location, and faith.

Statistical Methods to Measure Associations and Test Hypotheses

To further investigate H_1 and H_2, categorical and continuous data from the likert-based IHP-R, SMSS, CMNI, and NOS questionnaires required data cleaning and numerical recoding, as needed, to process in SPSS. Thereafter, associations were measured at the bivariate level by Spearman's p (rho) coefficient. Spearman's is the non-parametric version of Pearson r test of linearity and was used due to non-normality and assessing the correlation between both continuous and categorical variables. This was followed by 4 separate analysis of variance tests (univariate ANOVA; Model 1) to determine the relationships of categorical levels in conformity to masculine norms (CMNI) on mental health (internalized stigma/homophobia, e.g. IH) and

well-being (subjective masculinity stress, e.g. SMSS), which are proposed factors that influence outness (disclosure and concealment, e.g. NOS-D and NOS-C). Next, a multiple hierarchical linear regression (multivariate; Model 2) was applied to test significance on the combined effect of conformity to masculine norms (CMNI), internalized stigma/homophobia (IH; mental health), and subjective masculinity stress (SMSS; well-being) on disclosure (NOS-D) and concealment (NOS-C), while controlling for covariates of age, regional location, and faith.

Statistical Assumptions

In order to process the above univariate and multivariate analyses accurately, assumptions needed to be met. When violated, results of variable outcomes may be interpreted incorrectly and cause the researcher to draw false conclusions. Regarding ANOVA (Model 1; 4 separate one-way tests), the first assumption states dependent measures are to be continuous, which means it can have a value across a wide range and can have any value within that range (Emerson, 2022, p. 585). Both dependent variables, IH and SMSS, are ordinal continuous ranked along likert scale ranging from 1-4/5. Therefore, no violation was reported. The second assumption is of "normality," which states that data for each group is drawn from a normally distributed population (Emerson, 2022, p. 585). Both data samples violated this assumption (see corrections in "Results" section). IH and SMSS were statistically significant under the Shapiro-Wilk test of normality at $p = .001$ and $p = .007$, respectively. A $p < .05$ result states that the sample is significantly different from a normal distribution. Normality of data should generally look like a bell curve when it's plotted. The shape of the bell curve has characteristics called "skewness," considered more symmetrical and "kurtosis," referencing how pointy the curve is (Emerson, 2022, p. 585). If the bell curve of the plotted data is too lopsided (skewness of more than 1 or less than −1) or if it is too pointy (kurtosis of more than 3), then the sample of data is

probably not normally distributed and another statistical test needs to be used (Emerson, 2022, p. 585). For IH, a histogram revealed a positively skewed distribution (lopsided to left) and although visually leaning toward the normal distribution "bell curve," the histogram for SMSS faired more negatively skewed (lopsided to right). The third assumption is that of independence, which means that the data in one group are not influenced by the data in another group and that the data in each group was gathered using random sampling (Emerson, 2022, p. 585). This is generally assumed and already exists within this study. The final assumption for ANOVA is that of equal variances, which a Levene's test (as well as many other tests) has been developed to assess whether the variances among groups of data in a dataset are within acceptable bounds (called "homogeneity of variances") (Emerson, 2022, pp. 585-586). The Levene's outcome is based on testing the null hypothesis that error variances of the dependent variables are equal across groups. At the ANOVA independent variable test 1 level of CMNI (conformity of masculine norms), both IH and SMSS did not violate this test with significance results of $p = .329$ and $p = .06$, respectively. Hence, we retain the null as the above evidence p values are greater than .05. At the independent variable test 2 level of SO (sexual orientation), IH violated while SMSS did not violate the homogeneity of variances assumption (see IH corrections in "Results").

Regarding multiple hierarchical linear regression (Model 2), the first assumption states that the dependent variable (the variable of interest) needs to be using a continuous scale (Fein et al., 2022, p. 40). The dependent variables of disclosure (NOS-D), includes ratio continuous data in percentages (0%-100%) and concealment (NOS-C) includes ordinal continuous data ranked along a likert scale ranging from 1-5. Therefore, no violation was reported. The second assumption is that there are two or more independent continuous or categorical variables (Fein et

al., 2022, p. 40). Model 2 includes 2 categorical and 2 continuous variables, hence no violation was reported. The third assumption is that three or more variables of interest should have a linear relationship (Fein et al., 2022, p. 40). This was measured through a Spearman's correlation test, which calculated numerical results between all variables, signifying the presence of linearity to a degree. Therefore, no violation was reported. The fourth assumption was that data should have homoscedasticity (homogeneity of variances) or in other words, the "line of best fit" is not dissimilar as the data points move across the line in a positive or negative direction (Fein et al., 2022, p. 40). Homoscedasticity can be measured by producing standardized residual plots against the unstandardized predicted values in a scatterplot (Fein et al., 2022, p. 40). Results evidenced Loess lines for both dependent variables that were relatively flat or horizontal, which means homogeneity of variances were not violated for both dependent variables of disclosure (NOS-D) and concealment (NOS-C). The fifth assumption states that data should not have two or more independent variables that are highly correlated, known as multicollinearity and can be tested using Variance-inflation-factor or VIF values (Fein et al., 2022, p. 40). High VIF indicates that the associated independent variable is highly collinear with the other variables in the model (Fein et al., 2022, p. 40). Tolerance close to 1 indicates that there is little multicollinearity, whereas a value close to zero suggests that multicollinearity may be a threat (Senaviratna & Cooray, 2019, p. 3). As a rule of thumb, a tolerance of 0.1 or less is a cause for concern (Senaviratna & Cooray, 2019, p. 3). Values of VIF exceeding 10 are often regarded as indicating multicollinearity, but in weaker models, which is often the case in logistic regression; values above 2.5 may be a cause for concern (Senaviratna & Cooray, 2019, p. 3). For model 2, collinearity statistics of independent variables had a tolerance greater than .1 and a VIF less than 2.5, respectively. Therefore, no violation was reported. The sixth assumption declares

that there should be no spurious outliers (Fein et al., 2022, p. 40). This relates to multivariate outliers and is tested by the "Mahalanobis Distance" (MD). The MD measures the distance between a data point and a group of data points or when multiple variables can be thought of as comparable to the standard deviation. Since MD follows a chi-square distribution, its respective cumulative distribution function chi-squared was used, measuring the MD distance score and degrees of freedom of 7 (number of variables) to calculate Mahalanobis probabilities for each variable point. Cut-off probability was measured at $p = .001$, meaning anything below this value is an outlier. No multivariate outliers were identified as results upheld probabilities greater than $p = .001$. Therefore, no violation was reported. The seventh assumption is that residuals (errors) should be approximately normally distributed (Fein et al., 2022, p. 40). This is tested by visually assessing a "Normal P-P Plot of Regression Standardized Residual." If points are generally along or close to the fixed diagonal, then normality is expected. Results indicated approximate levels of normal distribution by evidencing points along and closely plotted near the fixed diagonal. Therefore, no violation was reported.

Qualitative Analysis Method

By way of "thematic" qualitative analysis, interview data assessment involved uploading the voice/video files into Atlas.ti for transcription. Thereafter, Atlas.ti functions and tools were automated for a robust evaluation of text that targeted keywords, highlighted social constructs, detailed trends in expressions, extracted participant quotes, and noted patterns in psychosocial attributes. Next, an in-depth review process was then applied to gauge what was being conveyed through developing narratives. To support this, highlighting, making notes, and mapping with admin tools, such as online and offline marking and color coding helped spot recurring ideas and constructs. This process led to the ability of generating themes that were categorized into

domains and core narratives that ultimately formulated inferences and conclusions to support the research questions.

Chapter 4: Results

The results for this study and for each of the study's aims are presented in detail below.

4.1 Data Screening

Of the 248 participants who signed the informed consent, 194, 193, 188, 177, and 145 participants completed the demographic questionnaire, revised internalized homophobia scale (IHP-R), conformity to masculine norms inventory (CMNI), Nebraska outness scale (NOS-D, NOS-C), and subjective masculinity stress scale (SMSS), respectively. After an in-depth inspection and review of the data, 55 participants did not move forward with the survey process after signing the informed consent. The finalized sample of participants totaled 124, which was computed after removing double/triple counted cases, no response/blank fields, and biological females who did not self-identify as male or men who have sex with men. Double and triple counted cases resulted from the inability to save survey progress if needed to stop and from those who wanted to increase their chances to win the lottery incentive, hence, multiple completions. No responses/blank fields were assessed as missing at random (MAR) evidencing probabilistic indication that patterns of incompleteness were due to open-ended questions and privacy from personal demographic items and "outness" levels. Imputation with variable means or other statistical approaches were not applied as the researcher sought precision, removing bias from false assumptions, such as potentially inflated or deflated numerical values.

All scales and inventories were likert-based, ranging from "strongly disagree" or "never" (measured from 0/1) to "strongly agree" or "always" (measured to 4/5), except the *percentage-based* disclosure section of the outness scale, which assessed "outness" in social contexts. The conformity to masculine norms inventory (CMNI) reverse coded 9 items of 22 that were considered non-toxic or ideally unorthodox in hegemonic masculinity. For example, "I like to

talk about my feelings" and "men and women should respect each other as equals" were reverse coded (from 0-3 to 3-0 along the "strongly disagree," measured 3, to "strongly agree," measured 0, continuum) so inversions matched the linear outcome of higher scores leaning toward greater conformity and lower scores leaning toward less conformity.

As noted, recoding variables into quantifiable items were executed for all scale items so that data processed through SPSS would be arranged to measure intentions of study and outcomes. Exported Excel/.xls and SPSS/.sav data files from the survey software program, PsychData, were denoted with a numeric of "1" to signify participants' choice along the likert-scale continuum of "strongly disagree" or "never" to "strongly agree" or "always" and for the *percentage* of "outness" within the disclosure scale. All response items coded with "1" were converted through the "Transform/Recode into Same Variables" function in SPSS to an ordinal value between 0/1-4/5 on the respective scale's likert. Further, moderators, such as age, regional location, and faith, known as confounders or covariates, typically categorical/nominal and SPSS coded as "string," were converted through SPSS function "Transform/Recode into Different Variables." These new dummy variables were now represented with a numerical value from 1-4/5 to carry distribution weights in analyses. This way, the model could now process statistical tests, accordingly and properly.

4.2 Preliminary Quantitative Analyses

Descriptive Statistics of Participant Sample

Participants were 124 self-identified males, with 32.3% (n=40) aged between 18-25, 44.4% (n=55) aged between 26-35, 15.3% (n=19) aged between 36-45, 5.6% (n=7) aged between 46-55, and 2.4% (n=3) aged between 56-65. Race consisted of 71.8% (n=89) White, 6.5% (n=8) American Indian and Alaska Native, 6.5% (n=8) Asian and South Asian, 4% (n=5)

African and African American, 0.8% (1) Native Hawaiian or Other Pacific Islander, and 10.5% (n=13) Other (as identified by participant and all were n=1, respectively, except for n=2 White and Asian; the remaining ten were African American and White, Native Hawaiian/Pacific Islander and White, Filipino, White and Asian, Mestizo, Mestizo of Mayan and Spanish descent, Human, White Caribbean, Arab, Middle Eastern Arab, Latin American, and Mixed). Participants' ethnicity were 75.8% (n=94) non-Hispanic, 22.6% (n=28) Hispanic and 1.6% (n=2) undisclosed. Fifty-seven percent (n=71) of participants resided in United States, 18.5% (n=23) in Europe, 6.5% (n=8) in Canada, Mexico, and Central/Latin America, 5.6% (n=7) in Asia, 2.4% (n=3) in South America, 2.4% (n=3) in Australia, 1.6% (n=2) in Africa, 0.8% in global capacity (Midwest US and Europe), and 4.8% (n=6) undisclosed. Gender identity of participants were 92.7% (n=115) male, 2.4% (n=3) transgender male, 1.6% (n=2) male - non-binary, and 0.8% (n=1), respectively, for male-female, transgender male – demiboy, transgender – non-binary AMAB, and undisclosed. Lastly, sexual orientation of participants were 24.2% (n=30) gay, 49.2% (n=61) bisexual, 6.5% (n=8) queer, 6.5% (n=8) straight/heterosexual, 6.5% (n=8) questioning, and 7.3% (n=9) other (all n=1, except for n=2 undisclosed: homoromantic, omniromantic demisexual, pansexual, sexually interactive with males, straight/gay/bisexual, male gender lesbian, male gender gay/bisexual/lesbian), and undisclosed.

Table 1: Sample Demographic Characteristics (N=124)

AGE	Count	n %	FAITH	Count	n %
18-25	40	32.3%	Religious	23	18.5%
26-35	55	44.4%	Spiritual	14	11.3%
36-45	19	15.3%	Both	13	10.5%
46-55	7	5.6%	Neither	74	59.7%

56-65	3	2.4%	

RACE	Count	n %	SO	Count	n %
American Indian or Alaska Native	8	6.5%	Gay	30	24.2%
Asian/South Asian	8	6.5%	Bisexual	61	49.2%
African or African American	5	4.0%	Queer	8	6.5%
Native Hawaiian or Other Pacific Islander	1	0.8%	Straight/ Heterosexual	8	6.5%
White	89	71.8%	Questioning	8	6.5%
Other	13	10.5%	Other	9	7.3%

REGION	Count	n %
United States	71	57.3%
North America	8	6.5%
Europe	23	18.5%
South America	3	2.4%
Asia	7	5.6%
Australia	3	2.4%
Africa	2	1.6%
Global	1	0.8%
Undisclosed	6	4.8%

Descriptive Statistics of Variables

Investigating the effects of heteronormativity and masculine norms on disclosure and concealment of NGI and BB men involved the exploration of intercorrelated relationships between mental health, well-being, and outness. Therefore, scales of internalized stigma/homophobia and subjective masculinity stress measured negative self-attitudes (mental

health) and global stress from life experiences related to their masculine self-concept (well-being), respectively. Conformity to masculine norms were measured through domains considered to be hegemonic and toxic in nature while "outness" was measured through the percentages of disclosure (amount of people aware of their sexual orientation) and levels of concealment (how often participants avoid acknowledging or conceal topics related to their sexual orientation) in social contexts.

Results from the IHP-R scale reported a mean score of 2.18 (SD = 1.08), evidencing overall "less negative self-attitudes" towards internalized stigma/homophobia on a 5 point likert-scale system ranging from 1 (strongly disagree/less negative self-attitudes) to 5 (strongly agree/greater negative self-attitudes). The SMSS scale reported a mean score of 3.26 (SD = 1.01), evidencing a "more neutral stress," or "stressed sometimes" regarding their masculine self-concept among a 5 point likert-scale system ranging from 1 (never/almost never stressed) to 5 (always/almost always stressed). The CMNI scale reported a mean score of 1.25 (SD = .288), evidencing "less conformity" to [toxic] masculine norms on a 4 point likert-scale system ranging from 0 (strongly disagree/less conformity) to 3 (strongly agree/greater conformity). Regarding the NOS-D and NOS-C scales, the outness mean score related to disclosure was 45% (SD = .294), signifying "almost half" of people within their overall social contexts (family, social, professional, and outside world/strangers) were aware of their sexual orientation. Outness mean score related to concealment was 2.79 (SD = 1.28), evidencing a "more neutral concealment" or approximately "half the time," overall, they avoid speaking about or acknowledging anything that indicates their sexual orientation.

Table 2: Descriptive Statistics of Variables

Variable	Count/N	Mean	SD	Variable	Count/N	Mean	SD
CMNI	124	1.25	0.29	NOS-D	124	0.45	0.29
IH	124	2.18	1.08	NOS-C	124	2.79	1.28
SMSS	124	3.26	1.01	REGION	124	2.4	2.17
AGE	124	2.02	0.96	FAITH	124	1.6	0.49

Note: higher scores indicate greater levels of the respective variable measured; Age, region, and faith mean score measured to respective value in SPSS matrix, signifying predominance of ages 26-35, North America and Europe, and less faith. SD=standard deviation; CMNI: Conformity to Masculine Norms; IH: Internalized Homophobia; SMSS: Subjective Masculinity Stress; NOS-D/C: Nebraska Outness Scale – Disclosure/Concealment

Associations Between Variables With Spearman's p (rho) Correlation

Due to the violation of normality and inclusion of both continuous and ordinal/categorical variables, bivariate analysis of correlations were tested using the non-parametric version of Pearson r coefficient, called "Spearman's rank correlation coefficient." This statistic was computed to assess the associations between variables and supported both hypotheses and research questions, respectively. The first hypothesis (H_1) predicted that regardless of conformity level, masculine norms would have an adverse relationship on mental health and well-being. The second hypothesis (H_2) predicted that all minority stress constructs (masculine norms, internalized stigma/homophobia, subjective masculinity stress) had a negative effect with disclosure and a positive effect with concealment among social contexts when moderating for age, regional location, and faith.

Regarding H_1, Spearman's p reported positive correlations between conformity to masculine norms and internalized stigma/homophobia ($r(122) = .25, p = .003_{\text{1-tailed}}$) and subjective masculinity stress ($r(122) = .13, p = .078_{\text{1-tailed}}$). These correlates indicate that

greater conformity to masculine norms were significantly associated with greater negative self-attitudes but not with subjective stress.

Regarding H_2, Spearman's p reported positive and negative correlations between conformity to masculine norms and disclosure ($r(122) = .03, p = .377_{\text{1-tailed}}$) and concealment ($r(122) = -.08, p = .185_{\text{1-tailed}}$), respectively. Both internalized stigma/homophobia and subjective masculinity stress resulted in negative correlations ($r(122) = -.11, p = .109_{\text{1-tailed}}$) ($r(122) = -.22, p = .008_{\text{1-tailed}}$) with disclosure, respectively while both resulted in positive correlations ($r(122) = .29, p < .001_{\text{1-tailed}}$) ($r(122) = .29, p < .001_{\text{1-tailed}}$) with concealment, respectively. Regarding controlled moderators in H_2, Spearman's p reported that age was positively correlated with disclosure ($r(122) = .35, p < .001_{\text{1-tail}}$) and negatively correlated with concealment ($r(122) = -.28, p < .001_{\text{1-tail}}$). Faith was positively correlated ($r(122) = .02, p = .435_{\text{1-tail}}$) with disclosure and negatively correlated ($r(122) = -.03, p = .381_{\text{1-tail}}$) with concealment. Regional location was positively correlated ($r(122) = .02, p = .422_{\text{1-tail}}$) with disclosure and negatively correlated ($r(122) = -.03, p = .384_{\text{1-tail}}$) with concealment. Overall, H_2 correlates showed that greater conformity to masculine norms are associated with more disclosure and less concealment, but nonsignificant. Further, more negative self-attitudes and more subjective masculinity stress were significantly associated with greater concealment and less disclosure. However, only subjective masculinity stress evidenced significant association with disclosure. Additionally, moderator results indicated that increasing age had a significant association with both greater disclosure and less concealment. More faith was associated with greater disclosure and less concealment but non-significant while higher regional density evidenced more disclosure and less concealment but was also non-significant.

Table 3: Spearman's Rho Intercorrelation Matrix

	Variables	1	2	3	4	5	6	7	8	9
1	IH									
2	CMNI	.25**								
3	NOS-D	-.11	.03							
4	NOS-C	.29**	-.08	-.42**						
5	SMSS	.35**	.13	-.22**	.29**					
6	AGE	-.13	.11	.35**	-.28**	-.12				
7	REGION	-.02	.09	.02	-.03	-.01	-.14			
8	FAITH	-.29**	-.36**	.01	-.03	-.08	-.03	.18*		
9	SO	.08	.14	-.17*	-.04	.10	-.02	.02	-.15*	

Note: **Correlation is significant at the 0.01 level (1-tailed). *Correlation is significant at .05 level (1-tailed); CMNI: Conformity to Masculine Norms; IH: Internalized Homophobia; SMSS: Subjective Masculinity Stress; NOS-D/C: Nebraska Outness Scale – Disclosure/Concealment; SO: Sexual Orientation.

4.3 Primary Quantitative Analyses (Main Effect)

Model 1

As noted, the first model's H_1 was: Masculine norms have an adverse relationship with mental health and well-being of NGI and BB men, regardless of level in conformity. Relatedly, the Spearman's *p* correlation indicated associations between the independent and dependent variables, which were significant for greater internalized stigma/homophobia (negative self-attitudes; mental health) and nonsignificant for subjective masculinity stress (perceived stress of self-concept; well-being) (see Table 3). Additionally, four separate one-way analysis of variance (ANOVA) tests were performed to compare the relationship or impact in both categorical variables of sexual orientation identity (SO) and conformity level of masculine norms (CMNI) on the continuous dependent variables of internalized stigma/homophobia (IH) and subjective masculinity stress (SMSS), respectively. The reason why four separate iterations were run was

due to violations of other univariate, multivariate, and unfitted non-parametric tests. As stated in preliminary analyses, assumptions violated for ANOVA were normality and homogeneity of variance. Normality was violated for both dependent variables of IH and SMSS while homogeneity of variance was violated between sexual orientation (SO) and internalized stigma/homophobia. In order to accurately report outcomes utilizing ANOVA and remove any doubt in a significant result, the non-parametric equivalent independent-samples Kruskal-Wallis (normality) and Welch and Games-Howell (homogeneity of variance) tests were run to assess if ANOVA resulted in similar outcomes. Both non-parametric model results were analogous, hence the ANOVA was used to test H_1.

ANOVA iteration 1 tested the relationship of sexual orientation (SO; predictor) on internalized stigma/homophobia (IH). Comparisons were made between bisexual, gay, queer, questioning, straight/heterosexual, and "other" sexual orientations. The overall model predicted that there was a significant difference among internalized stigma/homophobia with sexual orientation at the $p < .05$ for the six identities $F(5, 118) = 3.14, p = .011$. SO post hoc test results revealed the queer group as having significantly lower levels of negative self-attitudes/internalized stigma and homophobia ($M = 1.43, SD = .5898$), than the gay ($M = 2.0481, SD = .98183$) and bisexual ($M = 2.17, SD = 1.047$) groups when compared to the straight/heterosexual group who evidenced greater negative self-attitudes/internalized stigma and homophobia ($M = 3.31, SD = 1.345$). There was no significant difference among internalized stigma/homophobia between straight/heterosexual, questioning, and "other" groups.

Table 4: ANOVA Iteration 1 Tests of Between-Subjects Effects

Sexual Orientation (SO) and Internalized Homophobia (IH)

Source	Type III Sum of Squares	df	Mean Square	F	p
Corrected Model	16.843a	5	3.369	3.143	.011
Intercept	340.14	1	340.14	317.374	<.001
SO	**16.843**	**5**	**3.369**	**3.143**	**.011**
Error	126.464	118	1.072		
Total	733.987	124			
Corrected Total	143.307	123			

Note: a. R Squared = .118 (adjusted R squared =.080); computed using significance of .05 level; dependent variable: IH

Table 5: ANOVA Iteration 1 Tukey HSD Post Hoc Test

Sexual Orientation (SO) & Internalized Homophobia (IH)

SO 1	**SO 2**	Mean Difference	SE	p
Gay	**Straight/Heterosexual**	-1.26802	0.41194	.030
Bisexual	**Straight/Heterosexual**	-1.14558	0.38928	.044
Queer	**Straight/Heterosexual**	-1.89107	0.51762	.005

Note: Mean difference is significant at .05 level; dependent variable: IH

ANOVA iteration 2 tested the relationship of sexual orientation (SO; predictor) on subjective masculinity stress (SMSS). Comparisons were made between bisexual, gay, queer, questioning, straight/heterosexual, and "other" sexual orientations. The overall model predicted that there was a significant difference in subjective masculinity stress among sexual orientation at the $p < .05$ for the six identities $F(5, 118) = 3.20, p = .010$. SO post hoc test results revealed that the queer group had significantly lower levels of subjective masculine stress ($M = 2.55, SD = 1.198$) than the gay group ($M = 3.06, SD = .9901$) when compared to the

"questioning" group who evidenced greater subjective masculine stress ($M = 4.21, SD = .6273$). There was no significant difference in subjective masculinity stress between the bisexual, straight/heterosexual, and "other" groups.

Table 6: ANOVA Iteration 2 Tests of Between-Subjects Effects

Sexual Orientation (SO) & Subjective Masculinity Stress (SMSS)

Source/Variable	Type III Sum of Squares	df	Mean Square	F	p
Corrected Model	14.962a	5	2.992	3.201	.010
Intercept	719.576	1	719.576	769.68	<.001
SO	**14.962**	**5**	**2.992**	**3.201**	**.010**
Error	110.319	118	0.935		
Total	1439.544	124			
Corrected Total	125.281	123			

Note: a. R squared =.119 (adjusted R squared =.082); computed using significance of .05 level; dependent variable: SMSS

Table 7: ANOVA Iteration 2 Tukey HSD Post Hoc Test

Sexual Orientation (SO) & Subjective Masculinity Stress (SMSS)

SO 1	**SO 2**	Mean Difference	SE	p
Gay	**Questioning**	-1.15110	0.38474	.039
Queer	**Questioning**	-1.66650	0.48345	.010

Note: Mean difference is significant at .05 level; dependent variable: SMSS

ANOVA iteration 3 tested the relationship of masculine norms (CMNI; predictor) on internalized stigma/homophobia (IH). Comparisons were made between non-conformity, neutrality, and increasing conformity of masculine norms. The overall model predicted that there was a significant difference among internalized stigma/homophobia with conformity of masculine norms at the $p < .05$ for the three levels $F(2, 121) = 10.86, p < .001$. CMNI post hoc test results revealed that the non-conformity group had a significantly lower level of conforming ($M = 2.00, SD = .9701$) compared to the increasing conformity group ($M =$

$3.17, SD = 1.04$). There was no significant difference in level of masculine norms conformity between the neutral and both non-conformity and increasing conformity groups.

Table 8: ANOVA Iteration 3 Tests of Between-Subjects Effects for H_1

Conformity of Masculine Norms (CMNI) & Internalized Homophobia (IH)

Source	Type III Sum of Squares	df	Mean Square	F	p
Corrected Model	21.801a	2	10.9	10.855	<.001
Intercept	202.095	1	202.095	201.253	<.001
CMNI	**21.801**	**2**	**10.9**	**10.855**	**<.001**
Error	121.506	121	1.004		
Total	733.987	124			
Corrected Total	143.307	123			

Note: a. R squared =.152 (adjusted R squared =.138); computed using significance of .05 level; dependent variable: IH

Table 9: ANOVA Iteration 3 Tukey HSD Post Hoc Test for H_1

Conformity of Masculine Norms (CMNI) & Internalized Homophobia (IH)

CMNI 1	**CMNI 2**	Mean Difference	SE	p
non-conformity	**increasing conformity**	-1.16796	0.2508	<.001

Note: Mean difference is significant at .05 level; dependent variable: IH

ANOVA iteration 4 tested the effect of masculine norms (CMNI; predictor) on subjective masculinity stress (SMSS). Comparisons were made between non-conformity, neutrality, and increasing conformity of masculine norms. The overall model predicted a nonsignificant difference in subjective masculinity stress among conformity of masculine norms at the $p < .05$ for the three levels $F(2, 121) = 2.40, p = .095$.

Table 10: ANOVA Iteration 4 Tests of Between-Subjects Effects for H_1

Conformity of Masculine Norms (CMNI) & Subjective Masculinity Stress (SMSS)

Source	Type III Sum of Squares	df	Mean Square	F	p
Corrected Model	4.782a	2	2.391	2.401	.095
Intercept	392.717	1	392.717	394.349	<.001
CMNI	**4.782**	**2**	**2.391**	**2.401**	**.095**
Error	120.499	121	0.996		
Total	1439.544	124			
Corrected Total	125.281	123			

Note: a. R squared =.038 (adjusted R squared =.022); computed using significance of .05 level; dependent variable: SMSS

Model 2

As noted, the second model's H_2 was: Minority stress constructs (conformity of masculine norms, subjective masculinity stress, and internalized stigma/homophobia) have a negative effect with disclosure and a positive effect with concealment among social contexts when moderating for age, regional location, and faith. Relatedly, the Spearman's p correlation indicated associations between all independent and dependent variables as well as covariates. Spearman results revealed greater concealment (NOS-C) with more negative self-attitudes (IH) and was significant. Further, as subjective masculinity stress (SMSS) increased, concealment increased and disclosure decreased and both were significant. Additionally, as age increased, disclosure increased and concealment decreased and both were significant. Lastly, as sexual orientation (SO) became more diverse, disclosure decreased and was significant. All other variable associations within H_2 were evidenced but without statistical significance (see Table 3).

In order to solve for H_2, two separate multiple hierarchical linear regressions were performed to compare the combined effect of categorical and continuous predictors while controlling for covariates on continuous outcome variables of disclosure (NOS-D) and

concealment (NOS-C), respectively. As stated in preliminary analyses, no violations occurred across all assumptions. This type of "hierarchical" regression involves "blocking," where specific variables are isolated at coordinated times of the iteration or run in sequential order to control for their effects based on what the researcher is trying to predict. In this instance, covariates of age, regional location, and faith were isolated in block 1 to control for their moderation effect while the remaining predictor variables (conformity of masculine norms, internalized stigma/homophobia, subjective masculinity stress, and sexual orientation) were entered in block 2 to produce interaction effects on the dependent/outcome variables of disclosure and concealment, respectively.

Regarding disclosure (NOS-D), results indicated that step/block 1 was significant $F(3, 120) = 2.90, p = .038, R^2 = .07$. Age was significantly associated with disclosure ($\beta = .25, t = 2.84, p = .005$) while regional location ($\beta = .10, t = 1.06, p = .292$) and faith ($\beta = -.01, t = -.056, p = .956$) were nonsignificant, respectively. Step/block 2 revealed significant results $F(4, 116) = 1.59, p = .041, R^2 = .063$. Results from sexual orientation ($\beta = -.079, t = -.886, p = .377$), internalized stigma/homophobia ($\beta = -.054, t = -.562, p = .575$), and conformity to masculine norms ($\beta = .020, t = .201, p = .841$) were nonsignificant, respectively, while subjective masculinity stress ($\beta = -.184, t = -1.99, p = .049$) denoted a significant outcome. The overall regression model for disclosure was statistically significant and predicted approximately 12% of the variance in disclosure (NOS-D) $R^2 = .116, F(7,116) = 2.18, p = .041$.

Table 11: Hierarchical Regression Analysis Predicting Disclosure (NOS-D) for H_2

Variables	B	SE B	β	t	R^2	$\triangle R^2$	**p**
STEP/BLOCK/MODEL 1							**.038***
AGE	.077	.027	.252	2.841			.005
REGION	.013	.012	.095	1.059			.292
FAITH	-.003	.053	-.005	-.056			.956
STEP/BLOCK/MODEL 2					.116	.063	**.041***
AGE	.067	.027	.218	2.440			.016*
REGION	.014	.012	.102	1.122			.264
FAITH	-.023	.058	-.039	-.397			.692
SO	-.016	.018	-.079	-.886			.377
IH	-.015	.026	-.054	-.562			.575
CMNI	.020	.100	.020	.201			.841
SMSS	-.053	.027	-.184	-1.991			.049*

a. Dependent variable: NOS-D

b. Model 1 Predictors: Age, Region, Faith

c. Model 2 Predictors: Age, Region, Faith, SO, IH, CMNI, SMSS

d. NOS-D: Nebraska Outness Scale – Disclosure; SO: Sexual Orientation; IH: Internalized Homophobia; CMNI: Conformity to Masculine Norms; SMSS: Subjective Masculinity Stress Scale

e. $* p < .05$ one-tailed; $** p < .01$ one-tailed

Regarding concealment (NOS-C), results indicated that step/block 1 was nonsignificant $F(3, 120) = 2.60, p = .055, R^2 = .06$. Age was significantly associated with concealment ($\beta = -.25, t = -2.79, p = .006$) while regional location ($\beta = -.03, t = -.310, p = .757$) and faith ($\beta = -.01, t = -.160, p = .873$) were nonsignificant, respectively. Step/block 2 revealed significant results $F(4, 116) = 4.55, p < .001, R^2 = .188$. Results from sexual orientation ($\beta = -.058, t = -.684, p = .495$) and conformity to masculine norms ($\beta = -.150, t = -1.61, p = .111$) were nonsignificant, respectively, while internalized stigma/homophobia ($\beta = .236, t = 2.54, p = .012$) and subjective masculinity stress ($\beta = .224, t = 2.53, p = .013$) denoted

significant outcomes, respectively. The overall regression model for concealment was statistically significant and predicted approximately 19% of the variance in concealment (NOS-C) $R^2 = .188, F(7,116) = 3.85, p < .001$.

Table 12: Hierarchical Regression Analysis Predicting Concealment (NOS-C) for H_2

Variables	B	SE B	β	t	R^2	$\triangle R^2$	**p**
STEP/BLOCK/MODEL 1							**.055**
AGE	-.330	.118	-.248	-2.787			.006**
REGION	-.016	.053	-.028	-.310			.757
FAITH	-.037	.233	-.014	-.160			.873
STEP/BLOCK/MODEL 2					.188	.139	**<.001*** **
AGE	-.246	.114	-.185	-2.156			.033*
REGION	-.017	.052	-.029	-.333			.739
FAITH	-.020	.244	.008	.081			.936
SO	-.051	.075	-.058	-.684			.495
IH	.280	.110	.236	2.540			.012*
CMNI	-.671	.418	-.150	-1.606			.111
SMSS	.284	.112	.224	2.532			.013*

a. Dependent variable: NOS-C

b. Model 1 Predictors: Age, Region, Faith

c. Model 2 Predictors: Age, Region, Faith, SO, IH, CMNI, SMSS

d. NOS-C: Nebraska Outness Scale - Concealment; SO: Sexual Orientation; IH: Internalized Homophobia; CMNI: Conformity to Masculine Norms; SMSS: Subjective Masculinity Stress Scale

e. $* p < .05$ one-tailed; $** p < .01$ one-tailed; $*** p < .001$ one-tailed

4.4 Preliminary Qualitative Analysis

As noted, 10 phenomenological semi-structured individual interviews were conducted in a private one-on-one Zoom call. Five open-ended questions explored participants' personal life, experiences, views, and feelings toward sexual identity and disclosure and concealment status in relation to stigma, coping mechanisms, self-concept, stress, emotional intimacy, authentic nature,

advocacy, and safety. After engaging advertisements and posts on social media and forums, potential participants landed on the description of study page, then the informed consent, and e-signed, if interested. The next page provided each participant an opportunity to enter a random lottery ($100 Amazon gift card) at their discretion as an incentive for joining. Moreover, a brief description and link also prompted them to enroll in the interview process for a greater chance to win the incentive (separate gift card from survey process incentive and smaller sample drawing). If interested, they were directed to the scheduling site to enter day, time, and email address. The survey process began after this step. The interviewee sample was capped at 15 when reached but resulted in 10 participants, due to five absent/no shows. All interviews were on Zoom, audio only, and recorded with consent. Interviews lasted between 15-30 minutes with the exception of one that was approximately 70 minutes (highly participatory with extensive responses). All interviews were transcribed for thematic analysis and locked in an electronic file on a password protected laptop. Results are detailed further below.

Table 13: Demographic Characteristics of Interview Respondents (N=10)

Pseudonym	Age/ Status	Orientation	Gender	Race	Region	Faith
AL08	18-25/ Single	Bisexual	Male	Filipino	Philippines/Asia	Spiritual
JT07	18-25/ Single	Bisexual	Male	White	USA/Northeast	No faith
RA06	18-25/ Single	Bisexual	Male	White Hispanic	UK/Europe (by way of Spain)	No faith
VI05	18-25/ Single	Omniromantic demisexual	Male, transgender demiboy	African/ African-American & White Hispanic	USA/East	No faith
AK03	26-35/ Single	Bisexual	Male	African-American	USA/Midwest	Spiritual & Religious

Pseudonym	Age/ Status	Orientation	Gender	Race	Region	Faith
JP10	26-35/ Married	Queer	Male	White	USA/East	Undisclosed
MI01	26-35/ Single	Bisexual	Male, non-binary	White	Netherlands/ Europe	No faith
ZA04	26-35/ Single	Queer	Male	White	USA/ Southeast	No faith
ER02	36-45/ Separated	Bisexual	Male	White	USA/ Northeast	Spiritual
JA09	46-55/ Married	Bisexual	Male	Human	Canada/ Northeast	No faith

Note: ER02, JP10, and JT07 also identify as polyamorous

Table 14: Variable Scores of Interview Respondents (N=10)

Pseudonym	CMNI	IH	SMSS	NOS-D	NOS-C
AL08	1.74	2.40	4.30	0.60	2.80
JT07	1.14	2.60	4.00	0.04	5.00
RA06	0.90	2.20	2.40	0.18	4.40
VI05	1.00	2.17	4.20	0.22	1.80
AK03	1.36	1.80	3.70	0.60	3.40
JP10	1.20	1.87	3.48	0.40	3.10
MI01	1.00	1.00	2.30	0.94	1.00
ZA04	1.00	2.20	4.17	0.26	4.40
ER02	1.36	1.00	3.00	0.58	1.80
JA09	1.31	1.50	3.27	0.12	3.40

Note: higher scores indicate greater levels of the respective variable measured; CMNI: Conformity to Masculine Norms (likert: 0-3); IH: Internalized Homophobia (likert: 1-5); SMSS: Subjective Masculinity Stress (likert: 1-5); NOS-D & C: Nebraska Outness Scale – Disclosure (0%-100%); Concealment (likert: 1-5)

4.5 Primary Qualitative Analysis (Main Effect)

Atlas.ti was utilized for transcription and analyses and as previously noted, adheres to all standardized IRB requirements concerning safeguarding and confidentiality. The qualitative

data was stored in a forum-based web application that automatically generated specific assessment formats for each interview, such as full text transcription, code words, and quotations. Within these measures, the researcher was able to conduct individual and collective analyses while electronically marking up, commenting, and organizing words, phrases, and/or quotations with various formatting tools, such as color coding, bolding, inserting, sorting, filtering, ordering, adding, grouping, and cross referencing.

During the qualitative analysis, each interview text document was assessed, separately. Irrelevant redundancies and correspondence were omitted. Robust and mutually shared ideas and constructs were honed in on and highlighted using the tools noted above. Thereafter, code words were evaluated and grouped or linked with developing ideas and constructs. Two more iterations of analyzing transcribed interviews and code words were executed to finalize the extraction of main topics. The last phase involved hand written mapping of ideas, constructs, and code words to consolidate information and cultivate domains and core narratives of the data, which was followed by pulling interview text and quotations that supported such. This was a derivative process that produced significant themes with evidence and context and is denoted below in further detail

Four domains emerged from the qualitative analyses: (1) Attraction and Disposition, (2) Determinants of Relationship Health and Well-being, (3) Regression, Oppression, and Suppression, and (4) Education and Advocacy. Each domain and its core construct represented the overall themes that participants' expressed during the interview process. While the semi-structured interviews served to answer research questions two and three, it also supported research questions one and four, to a degree. However, the open-ended response section of the

Subjective Masculinity Stress Scale (SMSS) was analyzed for qualitative purpose and supported both thematic analysis and research questions.

Table 15: Qualitative Domains/Themes and Core Constructs

Domain/Theme 1: Attraction and Disposition
Core Constructs
Fluidity and multidimensionality
Straight and/or masculine presenting
Ambiguous, neutral and generally confident
Domain/Theme 2: Determinants of Relationship Health and Well-being
Core Constructs
Polyamory
Emotional intelligence and intimacy
Domain/Theme 3: Regression, Oppression, and Suppression
Core Constructs
Patriarchal stress and ostracization
Systemic marginalization
Domain/Theme 4: Education and Advocacy
Core Constructs
LGBTQ+ support groups in local community
Comprehensive sex education in schools and community
Media empowerment, public service announcements, and anti-propaganda campaigns

Attraction and Disposition

Attraction and disposition included core constructs that were multidimensional in nature, meaning it took on various characteristics along a spectrum. Generally, there were no exact or common denominators that represented their "type" or what caused them to be "attracted" to their potential mate or partner. Disposition faired similarly regarding specificity level, as they were neither overt or covert, rather ambiguous yet confident and authentic in how they presented themselves. However, most mentioned or alluded to being masculine presenting in terms of

physicality. Further, disposition also reflected the experience and roles between themselves, their partners, and their peers/family.

Fluidity and multidimensionality. While eight participants identified as bisexual and two as omni-romantic and queer demisexual, respectively, all ten have exemplified fluidity and multidimensional attractions. Sexual fluidity is defined as a capacity for situation-dependent flexibility in sexual responsiveness, which allows individuals to experience changes in same-sex or other-sex desire, over both short-term and long-term time periods (Diamond, 2016, p.1). The existence of sexual fluidity does not imply that everyone is bisexual, or that sexual orientation does not exist but rather a construct that does not rigidly predict each and every desire an individual will experience over the lifespan (Diamond, 2016, p.1). There is no direct way to measure an individual's capacity for sexual fluidity or its prevalence within a specific population (Diamond, 2016, p. 2). Yet we can indirectly assess sexual fluidity by looking for the following three phenomena, which are its most common manifestations: (1) nonexclusive sexual attractions, (2) change in sexual attractions over time, and (3) inconsistencies among sexual attraction, behavior, and identity (Diamond, 2016, p.1). One respondent mentioned, "I experience attraction to men, women and non-binary people but in different ways and with different tastes, it's not purely sexual on either end of the spectrum - I'm romantic as well. ER02 further explained:

> "So, I would go on a date with a guy I would, you know, hold hands walking at the beach - with a guy or girl. Okay, so typically, a pansexual person will say I'm attracted to the person, not the gender, and I don't identify as pan because my attraction to men feels different than my attraction to women, but it is nonetheless there."

ZA04 stated:

> "it's more if I hang out with somebody, and I get along with somebody, I might be sexually attracted to them. And I might not. So it's, it's one of those things of, I couldn't tell you, you know, I can't, I can't have sex with people that I'm not attracted to. But I do

> experience sexual attraction. It's just not an always thing. It's like, my brain doesn't always switch to an on mode. The only thing I know is if I'm close to people and hanging out and spending time like a friendship, I might develop sexual attraction to them."

Further, AL08 noted that he doesn't feel generalized attractions that most may feel, "or anything mutually exclusive to any specific sex features many would consider attractive," while ER02 said being attracted to one gender is too "limiting." RA06 indicated he experienced change in sexual attractions overtime, noting:

> "when I was younger, I'm not sure if it's just because I didn't really think about it, but I was more attracted to women. And I felt that these past maybe like 10 years, I felt more like my attraction to men became even bigger."

A major thematic development from all participant views and experiences is the multidimensionality of their attractions. All of them revealed that they're more naturally inclined toward "whole being" attractions with less emphasis on physicality. Common interests, emotionality, open-mindedness, and character play greater roles in their level of appeal. Relatedly, and to further support this significance, VI05 mentioned that their attractions "depend on the person and the personality, I guess - it's more about the person who is in the body."

Straight and/or masculine presenting. Generally, nine participants either stated or alluded to having a straight or masculine disposition. This was validated by some being in the closet and in heterosexual relationships or engagements for many years. In American society, men's masculinity is often tied with sexuality. Therefore, presentation of effeminate traits or behaviors deemed by the patriarch as feminine will have men judged, ridiculed, mocked, discriminated, and even faced with violence for "the idea" or "assumption" that they may be homosexual. However, MI01 from the Netherlands experienced the opposite, stating:

> "I come across as fairly straight, like people assume I'm straight, even if I'm wearing nail polish and I have also been approached by people at gay bars who were like, yo, it's so

> cool that you're here supporting your friends. And I'm like, what do you mean supporting my friends? I'm here with my partner, that guy over there talking."

ER02 explains: "bisexuality does seem to lend to lead to a lot of confusion, especially for a very, very typically straight presenting, you know, very masculine guy like me. I've had a lot of people say, Oh, I would have never guessed." This is reflected in AK03's experience after coming out to a friend who showed signs of homophobia and wasn't aware of the respondent's sexuality due to his presentation. Further, when AK03 realized he was not straight while in a heterosexual relationship, his girlfriend offered to be his "beard" (a term used for "cover up") to help support concealment, inherently affirming his straight or masculine presenting stature.

Ambiguous, neutral, and generally confident. When confronted with disclosure or vocalizing their sexual identity, eight participants were open about their sexuality and two somewhat struggle and minimally disclose and conceal while one struggles at their workplace and fully conceals only there. However, all eight participants were generally ambiguous, neither overt or covert about their sexuality. This means that they did not feel the need to actively express their sexuality in conversation or in general social instances. If the topic surfaced organically, they were comfortable acknowledging this part of their lives but most didn't feel the need to inform or educate others on their sexuality. AK03 noted, "I stopped holding myself responsible for having to explain things to people, then they're obliged not to understand." JT07 indicated, "I haven't been ever been overt about it – about my sexuality in public, or even my non-monogamy." MI01 highlighted context to their obscurity, stating:

> "there are obviously situations where it doesn't need to come up. Like, if I'm interviewing for a job or something, I wouldn't immediately come out and go, oh, hi, I'm bisexual. But then, when talking to people, if it comes up in conversation, it's, it's just a part of me. I don't hide it."

He further explained that his ambiguity once led to stress from his peers to "come out" after they became aware of his bisexuality when he left a heterosexual relationship and entered a homosexual one. He expressed his experience:

> "I had to go through hell, versus, I'm not just trying something else. And I'm not coming out of the closet as gay. I'm bisexual, and now I'm in a same-sex relationship. And who knows what the future brings?"

Similarly, RA06 comments on their disclosure experiences:

> "I don't if someone asks me; I won't tell them I'm straight. But I wouldn't tell them I'm bisexual or whatever. I will just probably, well, I won't like either, confirm or deny. I guess. If it's like a very, very close person to me, I will say, okay, I don't really have a preference or whatever."

Determinants of Relationship Health and Well-being

All participants evidenced strong values with authenticity, communication, openness, intimacy, awareness, understanding, respect, and honor related to their relationships. The health and well-being of such was determined by their capacity to emotionally connect with themselves and their partners within the context of liberating and expansive psychosocial experiences.

Polyamory. Three of ten participants were polyamorous, which is consensual non-monogamy, where a person desires and chooses to have multiple romantic and/or intimate partners. Each partnership is respected in its own right and all are aware of the other partnerships. There are conditions to polyamory and many follow or create what's comfortable between all. This type of arrangement does not mean that all are in relationship with another although it could happen but typically isn't the case. ER02, JP10, and JT07 expressed that polyamory created and added value to their personal lives and were determinants of a heathy relationship. For instance, ER02 noted, "I thrive in a polyamorous dynamic, monogamous dynamic is, is adequate, it's fulfilling, it's rewarding. It's enough. But a polyamorous dynamic is optimal." Further, he mentioned that being able to relate to multiple relationships allows him to:

> "make people happy and seeing two partners who love spending time with me who I can make happy by my mere presence and by being thoughtful and kind and considerate and loving – well, the crew creates a positive feedback loop, and it makes me feel better about myself. It makes me feel better about you know, my value to the world. My partner's especially. And that makes me a happier, more considerate, more thoughtful person. I have more, I have more emotional reserves to draw on to be an even better partner."

JT07 noted that polyamory is for the emotionally mature, where you adopt a perspective of sharing but in ethical ways. He mentioned that it's solved areas of his monogamous marriage that weren't satisfying and that:

> "lots of people would have just said, oh, well, get a divorce. But that doesn't seem reasonable. I mean, we're, we get along so well (his current marriage), in every other aspect of our interpersonal relationship, it just doesn't make sense to throw it all away. For one thing, as long as we can come to a reasonable agreement, I guess. Yeah. We get to define our own relationship."

Emotional intelligence, wellness, and intimacy. All ten respondents presented what perceived to be high levels of emotional intelligence, wellness, and intimacy, with such being very much expected in their relationships. Emotional intelligence is "an array of interrelated emotional and social competencies and skills that determine how effectively individuals understand and express themselves, understand others and relate with them, and cope with daily demands, challenges, and pressures (Bar-on, 2010, p. 57)." Relatedly, emotional intelligence creates the foundation for emotional wellness. In order for one to be at a balanced emotional state, they must be aware of their emotions and be able to properly cope and communicate what their feeling to their partners. This establishes depth and maturity of emotional intimacy, and from what respondents indicated, is founded on trust and nonjudgment/acceptance, which provides a safe zone for vulnerability.

All participants highly valued emotional intimacy and deemed it the most important factor for a healthy and sustainable relationship. They defined what it meant in accordance to their own personal experiences. MI01 stated, "I would say it's feeling safe with people and just

being able to be yourself. Being able to explain yourself, but not feeling judged. Being able to be open and free to talk about problems, but not just problems." ER02 noted,

> "you're not afraid to cry in front of them, you're not afraid to be afraid in front of them and share all your vulnerabilities, you share how you're really feeling and you make it a safe place for them to do the same."

AK03 mentioned,

> "it can even be the way that you are being held, like the tenderness and sometimes it's your most vulnerable moments knowing that you went to the right person knowing that this is it. Like, yes, I could get through with this on my own, but God am I happy that you're here."

Emotional intimacy as the basis for health and sustainability of a relationship was summed up by ZA04, asserting, "I have to have that emotional component. Otherwise, nothing's gonna happen."

Regression, Oppression, and Suppression

This domain was supported by the subset of ten participant responses and the open-ended commentary in the Subjective Masculinity Stress Scale, which affirmed interview data. All ten interviewees and survey participants expressed two core constructs of regression, oppression, and suppression: patriarchal stress and systemic marginalization and ostracization. These can be viewed as byproducts of one another, but for the purpose of this research, differentiation is between emotional/mental (patriarchal stress and ostracization) and social (systemic marginalization). Origin points may arise from familial, social, professional, communal, and even personal (internalized stigma and homophobia). Relatedly, various social inequities supported the two core constructs, such as pressure to conceal sexuality, double standards and equality concerns, institutional and community expectations, disdain, judgment, mockery, bullying, isolation, and loneliness.

Systemic marginalization. Minority stress that NGI and BB men/LGBTQ+ face is often systemic and is bred into various societal structures. While federal and state, quasi-

governmental, non-governmental, and non-profit agencies aide and foster social justice initiatives, people and other social mechanisms still perpetuate prejudice and discrimination that causes marginalization. Seven interviewees presented significant cases of such. ZA04 mentioned that both his LGBTQ+ students and himself as a [concealed at work] teacher faced discrimination by administrative peers. He stated, "I'm pretty sure the reason that I wasn't rehired was because a lot of my gay students were getting bullied and I stuck up for them. That led to lots of clashes with my admin team." He further explains:

> "And that was challenging, because one, if it got out that I was gay, it would have been very problematic for me. But also because I couldn't help the students as much because I had to play sides as far as what was best for the students and what was working with people that weren't supportive of homosexuality."

Additionally, he noted that if he wasn't there to mediate, "students would engage in self-policing but it was more teachers and administration that caused major issues." Further, AK03 spoke to "power of men" in the patriarch and double standards, indicating that "if a woman claims she's a lesbian, she's put, hypothetically [by men and the patriarch], in a category with older women, disabled women, and women that don't receive compassion from men in society as a whole." He further explained that when men are partnered with or dating men, the paradigm shifts to "am I the most important person in this relationship?...because how am I going to be with another autonomous being?" This topic around marginalization and inequality raises concern for both males and females within and without the LGBTQ+ community and was often articulated in the open-ended section of the subjective masculinity stress scale. Comments from participants highlighted concern and stress endured by their hierarchical placement above other genders/sexes. Nevertheless, it was of greatest belief that women deserve to be treated equal regardless of sexuality and some men even admitted having adopted a level of guilt for being a man. Moreover, participants also revealed their dislike of judgment and discrimination from

within LGBTQ+ toward other members in relation to sexual labeling, identities, and lifestyles. For instance, JP10 spoke about how his roommate came out as bisexual after disclosing his same-sex relationship with another man within their network. Their friends who identified as queer and gay talked behind his back, stating he really wasn't bisexual, that he was homosexual and just "saying that" to protect against the stigma of being gay. This puts pressure on individuals and inhibits them from coming out due to judgement, false assumptions, and projections. Relatedly, JT07 noted:

> "there's, I think, a lot of disconnect, even within the queer community about the perception of bisexuals, because we get a lot of, we get a lot of abuse, both from the street community as well as the gay community."

In a similar context, labeling has caused friction between LGBTQ+ members. JP10 stated:

> "like, you'll tell somebody you're bi, and then they find out that you've dated a non-binary person. And they'll say, oh, well, you're not bi, you're actually pansexual. Like, right, just let people use the term that they're going to use."

In a different context, RA06 highlighted a hate crime in his home country of Spain that court judges and officials tried to debunk. He said:

> "I think it was maybe two years ago, there was this guy in the north of Spain who was beaten to death, and people were trying to kill him. I think they were also, like, insulting him and saying, like, maybe homophobic slurs."

He alluded that the level of denial, disregard and dismissal of prejudice and discriminative behavior by the local government was shocking and incomprehensible.

Patriarchal stress and ostracization. Gender and behavioral stress from hegemonic culture are major issues facing both heterosexual and homosexual populations. This is primarily due to set standards and behaviors deemed acceptable and expected by the patriarch. For example, when AK03 came out to his parents, they automatically expressed their opinions from a religious and biological perspective of procreation. They drew from doctrines and noted how

males and females were born to create life and a family unit. Relatedly, ZA04 spoke about a conversation he once had with his mother:

> "My mom is very conservative Christian, but, you know, their view is that homosexuality is a choice. It's a choice. And, you know, I finally asked my mom one day like, sorry, are you attracted to women? She goes, well, you know, everybody's attracted to both genders. But you got to make the right decision and, and it's like, that's also a thing with some generations, they just kind of assumed that, but that's, that's sinful, so we don't do it, right?"

Similarly, when discussing religious influence on family and peers' views of their loved one's sexual behavior, MI01 noted:

> "I have met people here (Netherlands) who are also kind of like that. The Dutch tolerate a lot. But tolerating kind of means, you know, they won't actively hate on you, but in their heads or behind closed doors, they will be a little bit weird about it."

Education and Advocacy

Participants felt that hegemonic culture needs to be deconstructed and restructured with conscious-based principles, focusing on inclusivity through educational and advocacy platforms. This means evoking higher awareness through progressive schools of thought that foster acceptance, comprehension, and motivation for change. All respondents raised issues that require agency toward dismantling hate and social toxicity, which even play out in the LGBTQ+ community. Implementation of education and advocacy were suggested through two avenues: a ground-up approach by local community institutions, organizations, and change makers as well as greater society via media and celebrity outlets. The main pillars of education and advocacy that were predominate among interview exchanges and/or felt were most highly impactful are LGBTQ+ support groups in community, comprehensive sex education in schools and community, as well as media empowerment, public service announcements, and anti-propaganda campaigns.

LGBTQ+ support groups in local community. As in any support group, self-help is always of utmost importance as when one serves themselves and heals, they open more space and will to help others and change the world. AK03 noted,

> "there's so much power that comes from "knowledge of self" that helps you show up in community better, and that's what has happened over the last 10-20 years, by an expansion in how well-known queer issues are in various communities."

ER02 commented on hierarchy within the LGBTQ+ community, and said:

> "it seems like a hierarchical thing [sexuality]. Like it's men within the bisexual community, within the queer community seem to need the most support. Not saying that other groups don't need as much support or even more, but there seems to be a particular stigma or particular lack of supportive community with that particular group."

VI05 mentioned activism in local community supporting self-expression and congregation of communal interest:

> "I don't know many of the laws of my town or my area. But I know that there's like some people that are trying to push for like, some more strict laws against LGBT festivals and stuff, so I want, you know, protection for those festivals or those events."

Furthermore, after explaining an occurrence of LGBTQ+ violence in their home country of Spain, RA06 spoke to the importance of community support and education focused on bringing awareness to culturally ignorant populations that may not be exposed to homosexual relationships or are taught that it's wrong. He noted that support and activism should go toward policies that set in motion programs to integrate common decency and respect among citizens.

Comprehensive sex education in schools and community. There was significance placed on the need for comprehensive sexual health education in both community and schools. This type of education is delivered through curriculum, focusing on specific sexual orientation and health constructs held within context so that people have appropriate and evidential data to make informed decisions regarding their sexual lifestyle. This is especially important for gay men in community settings as respondents indicated that their sexual health is exploited while

their mental and emotional health are disregarded, leaving them feeling empty, neglected, and sexualized in various social environments.

MI01 vocalized his concern with early childhood education and how heteronormative culture and its systemic effects cause lack of conscious-based and critical thought when it comes to intimacy and inclusivity in schools. He said:

> "globally, there's a whole push now like, oh, we shouldn't teach children, young children in schools about sexuality, because, you know, they shouldn't be confronted with that. But then again, on the other hand, it's always like, as soon as you see a young boy and a girl, playing together, it's like, oh, they're so cute together, and they're gonna lead together. But if you do that with any kind of queer contexts, immediately people start hating on it. And I think that has a lot to do with the fact that we're not educating people in schools, about the fact that, hey, these people exist. And like, you know, it's okay that we exist. And you might be one of them. And it's fine if you if you do find out that you're one of them; you should also be able to feel safe."

Further, ZA04, who is a teacher, commented on the value of comprehensive sex education in schools:

> "it isn't so much the mechanics of sex, you know, my aunt was a kindergarten teacher for decades, she taught comprehensive sex education, it's everything from this is how you wipe your butt to this is safe sex to this is how relationships work. So many of my kids [students] just don't have the basic knowledge of sexuality, and how to have good relationships. Colorado has been doing it for nearly a decade, at this point. And they've had everything from teen pregnancy to sex rates decrease. It's really simple, just sex education."

Media empowerment, public service announcements (PSA), and anti-propaganda campaigns. Participants felt that a restructuring of media management and content could positively influence public health. The goals would be to improve sexual health literacy through education and advocacy by creative outreach via television spots, PSA's, and celebrity influence and exposure. For example, JP10 mentioned the power of propaganda and how to solve for a more educative and socially just media experience. He asserted:

> "maybe there's room for, you know, public service announcement kind of things, or media, like a lot of times media have style guides, that declare how exactly a particular

> organization is going to talk about a subject. And, have it encouraging, where large media organizations adopt style guides, that just describe people, the way they describe themselves. I think it would be helpful, because, the media shouldn't play into weird infighting over, like, what quote on quote, "terms" really mean, you know, it's a lot of propagating of divisiveness related to labels."

Furthermore, JT07 spoke similarly:

> "there's a need for public service announcements of, you know, scientific inquiry, like you're doing [researcher], I think this would help a lot and make people aware that the popular societal perspective of heterosexuality as the more "normal" isn't quite the case. And I think that would embolden a lot more people to, you know, introspection, and, admit to themselves even, that they might be [non-heterosexual]."

Lastly, RA06 mentioned how celebrities "coming out" and doing outreach created meaningful impact on his life, stating:

> "when I see a celebrity or someone I follow suddenly come out, and they share their experience and their struggles, I guess I can relate to that. And I feel supported. And I feel understood. But, yes, when I see a celebrity or someone I follow, or a friend or whatever coming out, and they're getting lots of likes [on social media], and support, and then being very confident about it. That's a positive experience for me."

4.6 Findings to Research Questions

1. Drawing on survey and qualitative data assessing the lived experiences of a sample of NGI and BB men, describe the impact of heteronormativity and [toxic] masculine norms on their mental health and well-being?

Overall, quantitative sample data evidenced that conformity to masculine norms had a significantly adverse impact on internalized stigma/homophobia (negative self-attitudes/mental health) and while there was an association with subjective masculinity stress (global stress on self-concept/well-being), it was nonsignificant. In terms of sexual orientation, the straight/heterosexual group evidenced significantly greater negative self-attitudes/internalized stigma and homophobia compared to the queer, gay, and bisexual groups, who had significantly lower levels of negative self-attitudes/internalized stigma and homophobia. As for subjective masculinity stress, the "questioning" group evidenced significantly greater subjective masculine

stress compared to the queer and gay groups, who had significantly lower levels of subjective masculine stress.

Relatedly, as heteronormativity and masculine norms are bred within the patriarch, the adverse impact and association to mental health and well-being, respectively, were affirmed by qualitative data. The subset of interviewed participants underwent patriarchal stress and ostracization as well as systemic marginalization (emotional, mental, and social effects). While all had confirmed internalized stigma/homophobia and subjective masculinity stress at some point in their lives, two respondents indicated experiencing some level of internalized stigma/homophobia (mental health) and subjective masculinity stress (well-being) at the current time. One of the two respondents noted their mood, behavior, and self-worth shift negatively when their peers questioned his sexuality and personal life while speaking undesirably about homosexuality. He's felt ostracized and marginalized in personal settings from such and has referenced feeling the same in his community, when becoming aware of a homosexual hate crime that was disregarded at the local government level. Another respondent expressed the most prevalent stressors in his life are emotional, mental, and social as a result of being closeted to all but two people. Albeit resilient with managing his sexual health issues, not having support leaves him feeling isolated and leading a solitary life.

Lastly, the sample associated masculine norms to patriarchal stressors, which were consistently corroborated by open-ended responses in the SMSS. Generally, many participants commented on how heteronormative culture of men is appalling and toxic in nature. According to them, modern-day manhood:

- Expects strength among emotional, mental, and physical health (suppression of emotions, show no weakness, must protect)
- Downplays self-awareness, emotional intelligence, concern for beauty/aesthetics
- Demands sexual vigor and vitality (needing and wanting sex all the time)

- Requires men to be a "provider/head of household," warriorlike, interested in sports, "handy," and competitive with "looks," musculature/fit body, and height
- Rejects platonic intimacy between men (emotionally, words of compassion, love, and physical touch)
- Represents privilege, safety, and hierarchy
- Is hostile, violent, and domineering (as a result of emotional suppression and demands)
- Is exhausting and disconnected from reality

These specific social and behavioral constructs were highlighted as significant causes of pressure, shame, and emasculation that left participants feeling demoralized, isolated, and lonely.

2. Across a sample of NGI and BB men, what types of social support, therapies and/or specific resources does this population describe as needed to support mental health, well-being, and safety?

According to qualitative data, education and advocacy were reported as the most effective resources to support NGI and BB men. The subset sample expressed that operational systems, such as LGBTQ+ support groups in community, comprehensive sex education in schools and community, media empowerment, public service announcements, and anti-propaganda campaigns would be effective mediums to distribute information and promote social justice. Overall, respondents articulated that such avenues would enhance agency toward dismantling prejudice and social toxicity among society and the LGBTQ+ community.

It's important to note the powerful effects of technology with being the fundamental driver for education and advocacy. Coupled with globalization, the effects of merging LGBTQ+ curriculum and digital media marketing are exponential and offer a sound approach and meaningful impact on literacy and wellness among domestic and international markets. Whether distributed in community settings, online, or through social media, technology is central to how people receive, relate, and retain information. Curriculum and media can be interactive and creative, lending to experiential learning of topics across all age groups where depth and breadth are easily digestible.

Lastly, respondents highlighted significant core competencies toward a lifecycle in acceptance, which understanding and comprehension are naturally inherent. Comprehensive sex education starting in early childhood development was advocated. Progressive and all-encompassing curriculum that is expansive was noted as significant to the learning experience, where guidance on self-expression, intimacy, and sexuality is without conditions, limitations, and non-indoctrinating. Further, self-help was suggested, where understanding and loving oneself provides an understanding and love for others, thereby encouraging inclusivity. Additionally, activism toward promoting men's emotional and mental health while eradicating exploitation around such as being purely physical and sexual. Relatedly, social justice movements protecting human rights, self-expression, and communal engagement while utilizing media for support without divisive propaganda was assertively suggested. Lastly, participants proposed educative and scientific PSA's or TV/media spots led by celebrities as advantageous catalysts for conscious-based approaches to help cure emotional/mental health issues, create safe zones, and improve the well-being and health of our humanity. As people look to celebrities or high profile individuals as role models or "influencers," having them advocate, inform, and/or fight for social justice or a humanitarian cause gives the underserved and those without a voice position to be heard and seen, experience inclusivity, come out of the closet, access resources, gain greater knowledge, and/or take steps toward a pathway into greater healing, self-discovery, and/or freedom.

3. Drawing on the perspectives and lived experiences of a sample of NGI and BB men, what presently determines their identification and how do these experiences shape their emotional intimacy?

According to qualitative data, respondents generally reported their identification as masculine presenting, dynamic, and fluid in nature. Eight participants identified as bisexual and

two as omni-romantic and queer demi-sexual, respectively. While most mentioned their journey into identity was explorative and a discovery process for many years, they've been able to accept and honor their authenticity with confidence, even if it results in being outcasted or marginalized. Further, their character and physical disposition can be viewed as ambiguous or neutral, meaning neither overt or covert about their sexual orientation. They didn't feel that their romantic or sexual interests needed announcement but were also not inhibited to speak about such openly in conversation. Only two of the ten respondents minimally disclosed, one exposing their sexual orientation to two people and the other to close friends but both were fairly emotionally and mentally stable within reason of predicament.

Further, all sought open-mindedness with their relationships, very much so that three of the eight bisexuals were polyamorous. One respondent found heterosexuality and homosexual monogamy as limiting and not optimal since discovering polyamory enhances his well-being. He viewed polyamory as a mechanism for honesty and openness in a feedback loop of acceptance that reinforces values and creates happiness and greater self-esteem. It should be noted that polyamorous respondents take their relationships seriously where awareness between partners is known, fulfilling the necessary measures of respect that these relationships require. One respondent referred to it as "ethical non-monogamy."

Respondents' lived experiences shaped their emotional intimacy in dynamic ways. Being touched by oppression and suppression in a [toxic] patriarchal world, respondents exemplified strength and resilience by following their inner calling and desiring their true feelings. Through this, they've defied their "masculine presenting status" for "straightness" by expressing themselves confidently in their sexuality, demonstrating acceptance, honesty, and intimacy with self. Further, as a result of trauma, discrimination, and marginalization, their maturity, strength,

and both conscious and critical thought led them to cultivate emotional intelligence and wellness. This was evident through interview exchanges as depth to their insight with life experiences, yet analytical in nature, were met and assessed with sensitivity and compassion. This was a catalyst to emotional intimacy with self, and reflected into their relationships as sensitivity defined the fabric of their partnerships. Hence, emotional capacity were predictors to the quality, state, and sustainability of their relations. This reinforces that relations of NGI and BB men are not purely based on physical needs, which are typically portrayed in both media and literature.

Respondents have evidenced that emotional intimacy is the most important aspect of the relationship and that their attractions are multidimensional, meaning the embodiment of wholeness or the spectrum of non-physical attributes their partner personifies. Overall, they found vulnerability, acceptance, understanding, respect, trust, nonjudgment, support, openness, warmth, particular ways of touch, and safety as key contributors to partnership and the makings of emotional intimacy.

4. Drawing on survey and qualitative data of a sample of NGI and BB men, what are the factors and self-reported motivations for disclosing and/or concealing sexuality in social contexts?

Overall, quantitative sample data of minority stress constructs (conformity to masculine norms, internalized stigma/homophobia, subjective masculinity stress) and sexual orientation while controlling for age, regional location, and faith evidenced a negative effect (less) with disclosure ($p = .041$) and a positive effect (greater) with concealment ($p < .001$) among social contexts. In other words, after adjusting for confounding influence of covariates, the combined effects of minority stress and sexual orientation had significantly adverse effects on disclosure and concealment.

Concerning disclosure (NOS-D), collectively, age, regional location, and faith had a significant impact. However, independently, age seemed to be the only significant predictor of disclosure. Moreover, when these covariates were controlled for, minority stress constructs of internalized stigma/homophobia and conformity of masculine norms with sexual orientation did not significantly predict disclosure, respectively. However, independently, subjective masculinity stress was the only construct that significantly predicted disclosure. As noted above, the *overall model, which includes all variables, indicated a significant adverse effect on disclosure*.

Concerning concealment (NOS-C), collectively, age, regional location, and faith had a nonsignificant impact. However, independently, age seemed to be the only significant predictor of concealment. Moreover, when these covariates were controlled for, the minority stress construct of conformity of masculine norms with sexual orientation did not significantly predict concealment, respectively. However, independently, internalized stigma/homophobia and subjective masculinity stress were the only constructs that significantly predicted concealment. As noted above, *the overall model, which includes all variables, indicated a significant adverse effect on concealment*.

Additionally, qualitative data from the subset sample showed that motivations for disclosure and concealment supported factors noted above (conformity to masculine norms, internalized stigma/homophobia, subjective masculinity stress, and sexual orientation) but was dependent on the lifecycle. For example, most respondents conformed to masculine norms, experienced some level of internalized stigma, and underwent subjective masculinity stress from their sexual orientation during earlier stages of their lives, when growing up, living with family, and/or attending college. It was during these times when they concealed, mostly due to

judgement, discrimination, and religious or other constraints resulting from parental guidance. It was over the course of their intimate self-explorative or discovery process where they engaged themselves more and went deeper into their authentic selves. It was commonly noted that an inner calling led them to feel and be who they found within and show up to the world as that regardless of what family, peers, and the world thought. Once they came to terms and felt comfortable with themselves, disclosure followed. One respondent noted he was raised in a household that was progressive and sexual orientation was a common discussion topic, so much so that he grew up thinking that everyone was bisexual. Therefore, motivation to disclose or conceal his sexuality was never even an issue. However, this wasn't the case for two of the ten respondents where one is mostly concealed and the other disclosed to only those he feels comfortable with. Concealment for the aforementioned respondent was due to family and peers' lack of understanding, support/help, and empathy while the latter only felt comfortable disclosing to those who were generally accepting and non-confrontational.

Chapter 5: Discussion

The following chapter presents the discussion for this dissertation, including a summary of the study's key findings, the study's limitations, and implications of this work for both research and practice.

5.1 Summary of Key Findings

It was found that those who conformed to masculine norms experienced internalized stigma/homophobia (mental health) at significant levels while subjective masculinity stress (well-being) was nonsignificant. Thus, it could be postulated that the effects of heteronormative culture resulted in concealing stigma due to negative self-attitudes. Additionally, individuals' self-concept was dominated by the patriarch as they weren't in distress regarding intrapersonal assessment of their sexuality and/or selves. Further, minority stress constructs (masculine norms, internalized stigma/homophobia, and subjective masculinity stress), when age, regional location, and faith were controlled, significantly predicted less disclosure and more concealment in social contexts. Relatedly, these findings are validated through this study's qualitative data, denoting oppression as causing initial distress over the lifecycle in mental health, well-being, and outness. However, their will and perseverance toward authenticity and personal truth were the catalysts to continued self-preservation through remedying the trials and tribulations of life in a sexually marginalized world. This led most respondents to higher states of consciousness and wellness.

Mental Health and Well-being

Model 1. H_1: Masculine norms have an adverse relationship with mental health and well-being of NGI and BB men, regardless of level in conformity.

As noted, heteronormativity refers to norms and values that structure gender and sexuality and describes how opposite-sex romance, sexual and marriage relations, or heterosexuality are privileged and supported by social institutions such as religion, family, economy, education and politics (Tadele, 2011, p. 458). Masculine norms, as described in related literature and this research are considered toxic in nature and represent "the patriarch." This may include but not limited to extreme competition and greed, insensitivity to or lack of consideration of the experiences and feelings of others, a strong need to dominate and control others, an incapacity to nurture, a dread of dependency, a readiness to resort to violence, and the stigmatization and subjugation of women, gays, and men who exhibit feminine characteristics (Kupers, 2005, p. 717). Given the minority stress and exponential level of marginalization NGI and BB men experience, it's understandable why they face emotional, mental, and physical distress. Hence, the demand of resources to alleviate stigma, discrimination, harm, and violence for greater opportunities to live harmoniously in mind and body with security and a sense of safety.

Mental Health: Effects of Masculine Norms (CMNI) on Internalized Stigma/Homophobia (IH)

Relative to this research, masculine norms were related to 11 domains of traditional western values of winning, emotional control, risk taking, pursuit of status, primacy of work, violence, power over women, dominance, playboy, self-reliance, and homophobia. Although on average, participants conformed to masculine norms less ($M = 1.25/3$ with lower internalized stigma/homophobia ($M = 2.18/5$), masculine norms were found to be significantly correlated to negative self-attitudes/internalized stigma/homophobia (mental health). Relatedly, a total of eight participants in the straight/heterosexual group evidenced significantly greater negative self-

attitudes (internalized stigma/homophobia) compared to the bisexual, gay, and queer groups, who demonstrated significantly lower levels. Results from the straight group logically coincides as they identify as heterosexual but are sexually interactive with men (SIM), while potentially enduring pressures from the above eleven domains. Moreover, two heterosexuals were married and two had live-in partners while one was in a committed relationship. The literature review indicated that those who are married or in committed relationships undergo stress to conceal and generally have greater internalized homophobia. In all, it's understood why results have shown that the straight/heterosexual group would have significantly greater negative self-attitudes (internalized stigma/homophobia) and no significant subjective masculinity stress. Hence, they're more likely to perceive themselves as straight/heterosexual causing little to nil stress on self-concept but when thinking or perceiving their SIM status, negative attitudes of self could arise. Literature also evidenced that regional locations' cultural customs, traditions, and values may lead to minority stress as well. Regional diversity was represented; out of the eight heterosexuals, one was American, two were either Canadian, Mexican, or Latin American, three were European, one was Asian, and one was African. These regions have substantial differences in customs outside the global patriarch and may further cause the same noted above as well as inhibit authenticity and disclosure to varying degrees. Relatedly, faith as a contributor to greater internalized stigma/homophobia was also considered, being that 3 were religious, 1 was both religious and spiritual, and 4 were neither.

Reasons why bisexual, gay, and queer groups evidenced significantly lower negative self-attitudes could be from their community presence, distinctiveness, or more liberal orientation, challenging status quo with a longstanding narrative and justice movement (gay) and progressive perspectives with greater intimate range (bisexual and queer). Therefore, relations with diverse

populations may help nurture their confidence and assured self-attitude, although literature states that bisexuals are the most discriminated group of LGBTQ+ and face greater internalized homophobia. However, "straight and masculine presenting" were found to be common traits among the bisexual respondents (subset sample herein), which assisted in keeping them concealed for years before they disclosed. When keeping sexuality discreet, discrimination and other stressors may be kept at bay, though, ability of coping is what will determine the effects of suppression and repression, if acknowledged and experienced. Conversely, the eight straight/heterosexual participants noted above (part of the larger sample) would be, technically, "behaviorally bisexual." The literature review found that behaviorally bisexual populations evidenced suppressed emotions, endured stress to conceal, and experienced greater negative self-attitudes (internalized stigma/homophobia). Moreover, it's suspect that such participants underwent or undergo such given 5 of 8 straight/heterosexuals are married, in a committed relationship, or share living space with their partners. Lastly and to conclude, there was no significant difference among internalized stigma/homophobia between straight/heterosexual, gay, questioning, and "other" groups.

Well-being: Effects of Masculine Norms (CMNI) on Subjective Masculinity Stress (SMSS)

As stated previously, on average, participants conformed to masculine norms less ($M = 1.25/3$), and were "moderately stressed" or stressed "sometimes" ($M = 3.26/5$) in relation to their subjective masculine self-concept. Moreover, there were no significant associations or correlations between conformity to masculine norms and subjective masculinity stress (well-being). However, there was a significant difference in subjective masculinity stress between sexual orientation with queer and gay groups revealing lower levels compared to the

"questioning" group, who reported greater levels. There was no significant difference between the bisexual, straight/heterosexual, and "other" groups.

Queer and gay participants' lower levels of subjective masculinity stress can be attributed to various reasons. Regarding the gay group, their community is known to report victimization and discrimination at potentially higher rates and they've earned decades of accolades from advocacy with established narratives that have brought justice in many corners of society. This created collective resilience and safety for such group, allowing those who identify or "coming out" as a gay feel solace and confidence, potentially lessening subjective masculine stress by forging commonalities and unified identity. The queer group generally exhibits progressive views around multidimensional expression and sexual experience, which makes them open and highly inclusive to diversity within the LGBTQ+ community. This may translate naturally to less subjective masculine stress from more willpower to embody their true character and resist status quo, stigma, and discrimination.

The "questioning" group reported significantly greater levels of subjective masculinity stress, which sensibly and naturally exist with someone who may be in denial or fluctuating between uncertain feelings of emotion and attraction. Heteronormativity and patriarchal dominance can influence these instances at great proportion, leaving confusion, acceptance of self, and uncertainty of outcomes to challenge personal integrity and dignity. This was portrayed by two respondents in the subset sample of 10 interviewees. Both respondents underwent subjective masculinity stress with their "outness." One stated that the biggest stressor in his life was lack of support, empathy, and understanding. Even with minimal disclosure to two friends, little has helped him feel at ease due to deficits in emotional and mental range of his peer network. Similarly, the other respondent, while only disclosing to those who honored or were

obliging toward same sex attraction, felt stressed, agitated, and confused about his self-concept and sexuality due to bullying, judgment, and mockery.

Disclosure and Concealment

Model 2. H_2: Minority stress constructs (conformity of masculine norms, subjective masculinity stress, and internalized stigma/homophobia) have a negative effect with disclosure and a positive effect with concealment among social contexts when moderating for age, regional location, and faith.

As previously stated, non-disclosure is *not the same* as concealment. When one discloses, this does not mean they're completely "out" and when one is concealed, it does not mean they're completely "in the closet." For example, individuals may disclose to friends who are open-minded and conceal to family members due to disapproval. However and for example, individuals may conceal for reasons of safety or being stigmatized in acquiring employment and not due to internalized stigma/homophobia. Motivations to conceal or disclose may be different among populations based on respective demographics, environments, and situations. Moreover, these terms do have similar connotations but are defined by narratives within specific context. As denoted prior, disclosure was measured by the percentage of those aware of their sexuality within social context of family, friends, professional network, and public/strangers. Concealment was measured by how often participants avoid talking about topics that indicate their sexuality to these groups of people. Regarding disclosure, 45% or "almost half" of people in family, social, professional, and public/strangers were aware of participants' sexual orientation. Concealment, where avoidance in speaking about or acknowledging anything that indicates sexual orientation, was evidenced approximately "half the time" ($M = 2.79/5$).

Effects of Minority Stress Constructs and Confounding Factors on Disclosure and Concealment

Disclosure. The combined minority construct variables of conformity of masculine norms, internalized stigma/homophobia, and subjective masculinity stress coupled with moderators of age, regional location, and faith (e.g. overall hierarchal regression model) were significantly correlated to disclosure ($p = .041$). Therefore, minority stress, when moderating for age, region, and faith caused participants to *disclose their sexual orientation less among social contexts.*

More precisely, block/step 1 of the hierarchal regression (age, region, and faith) was significantly correlated to less disclosure ($p = .038$). Within intercorrelations of age, region, and faith and their effect, age was the only predictor of disclosure. Therefore, block/step 1 confirms that the lifecycle overtime (age related) or journey to "coming out" in connection to regional dispersion of LGBTQ+ and faith has a negative effect on disclosure in social contexts. However, Spearman's rho showed a positive linear relationship between age and disclosure. To corroborate the positive Spearman's rho correlate, most interview respondents were in the closet and came out in both young and mid-adult life, one as recent as a few years ago, well into their forties. Regional location and faith had positive linear Spearman's rho correlates with disclosure but were nonsignificant, respectively. Relatedly, all interview respondents either mentioned or alluded to LGBTQ+ community presence/dispersion, support, or culture as positive influences to their disclosure. Faith had interpersonal effects on some respondents, keeping them concealed at home and disclosed to others overtime until full disclosure. This, again, was within context, as few experienced Christian parents who opposed homosexuality and unorthodox lifestyles.

After controlling for step/block 1, block/step 2 (overall hierarchal regression model) resulted with age (moderator) and subjective masculinity stress (well-being) as the only significant predictors of disclosure ($p = .016; p = .049$). Therefore, independently, age and subjective masculinity stress significantly predicted less disclosure in the model. Again, aging over time remains significant in less disclosure when intercorrelated with other variables in the overall model. Further, Spearman's rho reported a negative linear correlate between disclosure and subjective masculinity stress, validating the above result and showing strong statistical power throughout.

To qualitatively substantiate such results above, two interview respondents stated they were currently stressed by peers and at greater constituent levels, such as municipal and federal outlets, respectively. Further, open-ended responses from survey data indicated that the toxic nature of masculinity had affected their emotional and mental states, which have contributed negatively to their behavioral health. Lastly, given the results of the overall hierarchal regression model (step/block 2) and Spearman's rho correlation matrix, it's evident, yet often overlooked, that ecology or some level of social determinants to health are contributing to disclosure of NGI and BB men.

Concealment. The combined minority construct variables of conformity of masculine norms, internalized stigma/homophobia, and subjective masculinity stress coupled with moderators of age, regional location, and faith (e.g. overall hierarchal regression model) were significantly correlated to concealment ($p < .001$). Therefore, minority stress, when moderating for age, region, and faith caused participants to *conceal their sexual orientation more among social contexts.*

More precisely, block/step 1 of the hierarchal regression (age, region, and faith) was nonsignificant with more concealment ($p = .055$). Within intercorrelations of age, region, and faith and their effect, age was the only predictor of concealment. Again, inversed to disclosure, aging over time remains significant in *more concealment* when intercorrelated with other variables in the overall model. Therefore, block/step 1 confirms that the lifecycle overtime (age related) or journey to "coming out" in connection to regional dispersion of LGBTQ+ and faith shows association to more concealment in social contexts but is nonsignificant. However, Spearman's rho showed a negative linear relationship between age and concealment. Therefore, as an independent construct, increasing age is associated with less concealment. When assessing block/step 2 only (overall hierarchal regression model), age (moderator), internalized stigma/homophobia (mental health) and subjective masculinity stress (well-being) were the only significant predictors of more concealment ($p = .033; p = .012; p = .013$). Therefore, independently, these variables significantly predicted more concealment in the model. Again, aging over time remains significant in more concealment when intercorrelated with other variables in the overall model. Further, Spearman's rho reported a negative linear correlate between age and concealment and positive linear correlates between internalized stigma/homophobia and subjective masculinity stress, respectively. Such validates the above.

To qualitatively confirm results, interview respondents documented such within context of their personal and professional lives. Two had a mixture of religious and cultural standards placed on them by peer networks and/or general societal engagements within Europe that caused internalized stigma/homophobia and subjective masculinity stress. Conversation in passing at a social engagement resulted in mockery of homosexuality, leaving the respondent feeling inhibited to disclose and leaned toward concealment. This left them insecure and questioning

their sexuality. Further, although managed, another respondent experienced daily stress regarding their lack of support, connection, and community, often creating internalized stigma and negative views of their sexuality and life. This led to concealment in most social contexts. Furthermore, regional density of LGBTQ+ was a determinant to one respondent's professional concealment at a municipal institution/school, due to highly conservative Christian "Bible Belt" influence and lack of LGBTQ+ presence/distribution and support within the educational and surrounding physical communities. Lastly and as stated in the disclosure section above, given the results of the overall hierarchal regression model (step/block 2) and Spearman's rho correlation matrix, it's evident, yet often overlooked, that ecology or some level of social determinants to health are contributing to concealment of NGI and BB men.

Overall Regression Models of Disclosure and Concealment

The overall regression models predicted disclosure and concealment, which infers that when intercorrelated, minority stress, while controlling for moderators, caused less disclosure and more concealment, respectively. Minority stress and concealment had a very strong correlation ($p < .001$), while disclosure was weaker, yet still significant ($p = .041$). Relatedly and as reported previously, the process of concealing a stigmatized identity is a source of psychological stress with negative consequences (e.g., preoccupation with one's stigmatized identity, engagement in impression management behaviors, symptoms of anxiety and depression; as cited in Feinstein et al., 2020, p. 2). As noted, research evidences that disclosure is linked to both positive and negative consequences. On one hand, it may promote social support, which can improve self-worth, emotions, and mental states while preventing the most dire, suicide. Conversely, it may catalyze stigma, discrimination, isolation, and violence. Furthermore, as statistically substantiated herein, conformity to masculine norms significantly impacts

internalized stigma/homophobia and is associated with subjective masculinity stress. Such outcomes can repress emotions and cause health disparities that perpetuate cycles of minority stress and symptom suppression, which keep men psychologically unwell and concealed.

Lastly, individuals also conceal due to exploitation and safety reasons. Not only are LGBTQ+ faced with oppression, prejudice, judgment, ridicule, and opposition, but violence and multiple-sourced discrimination. As noted prior in this research, NSVRC reported violence, among others, as a key contributor to LGBTQ+ injustice. Moreover, intersectionality or multiple-sourced discrimination have led to social inequities. Intersectionality is when two or more of minority status in gender, race, sexuality, and social class are met with greater exploitation and discrimination. For example, the literature review reported on migrant bisexual Africans in Italy who were victims of negative stereotyping. Local Italians created inequities as they exploited Africans by fetishizing them as sexual and "exotic" while projecting them as sex workers due to their bisexuality. This was substantiated by the only African-American interview respondent herein who indicated how black men are publicly sexualized and are expected to "show up" in a particular way. Relatedly, conversation followed regarding "down-low" or "low-down," where African-American men have "underground" same-sex relations while living heterosexual single or relationship/married status, and while vastly known, is kept hidden. This is an example of personal and community concealment where both suppression of behavior and repression of emotions/feelings occurs and are relieved in secrecy due to discrimination, cultural standards, and heteronormativity/masculine norms. Hence, the perpetuation of minority stress.

Qualitative: Oppression, Sexual Identity, Relationship Health, Education, and Advocacy

Mental health and well-being are associated with behavioral outcomes, including one's level of disclosure and concealment. Qualitative data showed that when experiencing stressors

of the patriarch and navigating oppression and systemic marginalization, it takes an emotionally secure individual to attain higher states of wellness and to fully disclose. Although all respondents underwent some level of internalized stigma and subjective masculinity stress while conforming to masculine norms at some point in their lives, it was their inherent strength and resilience that remedied their internal struggle toward authenticity. In order to "come out," much courage was needed but more so, emotional intelligence and intimacy. These capacities allowed respondents to reach a level of self-acceptance, sovereignty, and liberation. Whether they were born with such traits or developed character over time with astuteness to endure noted stressors, it's a testament to authenticated embodiment and pledged allegiance to diversity.

Furthermore, as the literature review highlighted, emotional intimacy creates positive outcomes in personal and romantic dynamics as well as mental and physical health. All respondents displayed emotional maturity, intelligence, and intimacy with coping mechanisms that established pathways to healing. This shaped their sexual identity and brought texture and more meaning to their relationships. Understanding themselves deeply through self-inquiry via oppression coupled with their resilience, awareness, and emotional depth created dignity, independence, and desire to seek their multidimensional expression in others and the world. This was exemplified through their fluid attractions and generally masculine presenting disposition held in confidence, creating and embracing intimacy among partnerships. Relatedly, almost all respondents noted the need of emotional connections to have meaningful, sustainable, and fully satisfying relationships. Moreover, a few practiced polyamory ethically and reported this multi-approach as enhancing self-expression, personal value, and individual growth.

Overall, emotional intelligence and intimacy were significant contributors to better mental health and well-being, which played positive roles in respondents' disclosure and coping,

when concealed. Their ability to transcend stigma and discrimination, while cultivating self-esteem to embody their sexuality was profound. This was their compass towards greater health, well-being, and outness regardless of their trials and tribulations. Relatedly, respondents discussed LGBTQ+ education and advocacy as beneficial resources and central for developing support groups, comprehensive sex education, PSA's, and TV/media spots led by celebrities to remedy ignorance, stigma, discrimination, and violence, among others.

In connection to education and advocacy, community health platforms are integral to its members and foster bottom-up approaches that have shown effectiveness for social change. Without intentional propaganda, media platforms coupled with state, federal, and celebrity outlets, can have ubiquitous impact on reform and enact sexual and social rights for all. Moreover, like every affirmative action, it takes the victims themselves to uphold integrity, dignity, and the divine righteousness needed to revolutionize the patriarch. This involves becoming leaders, role models, and agents of change for a socially just society that continually remains inclusive, sincere, and loyal to our humanity.

5.2 Limitations of Study

This study did have multiple limitations that ought to be considered when interpreting the study's findings. First and regarding the sample, approximately 72% of participants were white, resulting in a largely monoracial assessment. And the literature review evidenced a predominance of disclosure and concealment studies with non-gay identifying and behaviorally bisexual men of African-American and Latino descent residing in the New York City metropolitan area. This limitation is dependent on the purpose and methodology of research. Moreover, approximately 85% of the sample were from "Western" countries. Therefore, generalizability is poor when considering "Western influence," on participants' life experiences,

values, identity and the symbiotic relationship they have with community, society, and respective nation. Further, response bias was evident in multiple instances. For example, approximately 77% of participants were between the ages of 18 and 35, resulting in a narrow margin of middle-aged and older men. Over the lifecycle, these participants may have navigated and experienced patriarchal/minority stressors differently than their younger peers thereby lacking in detection of significant statistical power to represent valid outcomes. Therefore, poor generalizability for such population is realized. Relatedly, while interview respondents touched on sexuality, disclosure, and concealment during childhood or teenage years, this research did not measure and investigate such factors as causal instances to mental health, well-being, disclosure, and concealment. Additionally, when asked to recall on historical experiences, responses from interviewees may not have been accurately conveyed due to memory loss, subjective views within context, emotional triggers, and social desirability bias. Furthermore, random sampling is the gold standard in experimental designs and provides equal opportunity for each individual in a population to participate. Although this study is quasi-experimental design, recruitment methods were entirely different to attract "closeted," non-gay identifying, [behaviorally] bisexual, and other sexual orientations of men who do not use or are overly attached to identity labels, exist amongst the disclosure and concealment spectrum, or are "out" but neutral or subjective within context to their outness. Therefore, the anonymity and privacy that online spaces offer left this avenue as the most reliable and desirable method to recruit participants. Online sampling procedures applied IRB approved advertisements, social media posts, and emails to forums, listservs, social media, and organizations, respectively. Due to targeting a specific sample, opportunity to recruit more participants may have been lost from missing those without internet service and only tailoring to researcher's chosen outlets of 2 online spaces and 2 organizations.

Moreover, the online nature of data collection not only created risk for untruthful survey and interview responses from denial in participants' unconscious and subconscious beliefs but also for confirmation in age, sexual orientation, and gender, among other demographics. Lastly, participants did not report education level and were mostly recruited from Reddit, a network of online forums and communities focused on interests and topics of discussion related to domestic and global lifestyle, community, and news. Relatedly, Reddit attracts those with interest in discourse, learning, knowledge, connection, and sharing, whereby intellectualism is more common than not. Hence, the sample of participants could be more educated than the generalized population. Educated people may have more introspection and awareness of methods to cope with minority stress from degrees, certifications, and/or professional outlets related to university or vocational training. Therefore, this study may have more intellectual and conscious-based participants with health literacy, neglecting those who lack education, knowledge, and/or expertise to help themselves, even with use of technological resources and taking advantage of organizational, community, state, and federal incentives.

Further, there were limitations with research design and survey scales. First, the cross-sectional nature of this study required a one-point-in-time collection of data. Therefore, a longitudinal design to test causal inferences revealed herein may offer more validity. Further, attrition occurred for approximately 124 participants, which is half of the 248 initial enrollment. However, 55 participants stopped after informed consent and 69 participants failed to respond accordingly or didn't fill out the subjective masculinity stress scale's open-ended response section (assessed as missing at random: MAR), accounting for a final sample of 124. Since MAR was suspected, a limitation could've been attributed to survey content and choice of administrative intake related to literacy, relatability, comfortability, and open-ended responses

(privacy or time sensitive issues). Hence, such should be of keen interest to attract and retain participants when collecting data, accordingly.

To conclude, and not necessarily a limitation, aside from attracting bisexuals, the intention for sample enrollment was to recruit non-gay identifying men who were homosexual, did not identify with labels of sexuality or the term gay, were "straight and/or masculine presenting," and may or may not have been aligned with LGBTQ+. To scale for such sample, those who were "in-the-closet" or in greater concealment were highly encouraged to participate. Privacy and confidentiality were assured to better support their decision to enroll. Recruitment strategy did inform on such noted details and collected data on 19 sexual orientations that were separated into 6 categories of gay, bisexual, queer, straight/heterosexual, questioning, and "other." While the study may not have drawn a predominate amount of "in-the-closet" or highly concealed men, it did represent other significant attributes the researcher intended to analyze in accordance with variables studied. Future research related to "non-gay identifying" men as it relates to the researcher's above noted focus could require more robust recruitment strategies in social media and forums by strategically targeting "in-the-closet" or highly concealed populations through creative digital marketing approaches. This may provide the necessary methods to better attract such an unknown yet hidden and potentially unwilling niche of men.

5.3 Implications for Future Research

While this study contributed to filling existing research gaps, there are many implications of this work for future research and study in this area. First, there's a lack of study in NGI, BB, and closeted men as it relates to disclosure and concealment and even more so with concealment in relation to measuring its effects on mental health and well-being. Feinstein et al. (2020) noted [in the literature review] that very few studies have examined people's motivations for

concealing sexual orientation and the extent to which different motivations are associated with negative mental health outcomes (p. 2). This study has done so and found conformity to masculine norms to be significant in predicting internalized homophobia (mental health) while motivations to conceal (among interview respondents) were associated with judgement, discrimination, and religiosity from mostly parents/familial influence over their lifecycle more than any other social context. Therefore, additional study should explore concealed stigma in social context over the lifecycle from child, teen, and young adult years to present for measuring mental health and well-being outcomes. Moreover, minimal research is available on NGI, BB, and "other" men's emotional health and intimacy regarding "outness" and homosexual relationships, respectively. Furthermore, while the intent of this study was to target men who were same sex attracted monosexual but "other" or non-conforming to LGBTQ+ standards, and/or fluid in their sexuality without concern for labels or strict adherence to ideology, it's important that more research focus on those marginalized from LGBTQ+ to cultivate more awareness and inclusivity whether closeted, along the continuum of outness, or have beliefs, actions, behaviors, or lifestyles that oppose standards of or are fringe LGBTQ+. This study has filled such gaps in literature and provides foundation for additional exploratory analyses.

Concerning NGI, BB, and closeted populations, more disclosure and concealment studies should investigate diversity in race and regional location, which this study demonstrated. Although faith and regional location did not predict disclosure and concealment as independent variables, and regional location was attributed to frequency of participants in one locale, some regional customs and cultures have known to indoctrinate and shame, causing harm and further perpetuating minority stress and its ill effects. As noted, the sample was predominantly from Western nations and more representation from non-Western should be a goal as these regions

may have greater disparity due to the above noted instances. Therefore, location and culture should be critical factors of study. More importantly, multiple-sourced discrimination or intersectionality was evidenced in this study and the literature review. There's responsibility to account for this socioeconomic threat, which would require a diverse sample of race and represented regions. Faith should be considered for further examination since there's a lack of study within this context and could be vital in mediating mental health, well-being, disclosure, and concealment.

Additionally, it's important that future studies focus on men who are middle-aged and older due to different exposures of lifecycle stressors related to masculinity and sexuality that prevailed in previous decades of the patriarch. Regardless of sexuality, many of these generations were raised in eras of systemic emasculation. Men were discriminated, ridiculed, and mocked for being emotional, sensitive, expressive, attracted to feminine activities, uninterested in sports, unathletic, creative, philosophical, artistic, introverted, and quiet, among many other traits. Coinciding, there's an older population of men closeted or struggling along the disclosure and concealment continuum needing support and more than anything, community that's inclusive to their authenticity and who they were born to be. Relatedly, authenticity, according to the person-centered approach in psychology, includes having a conscious awareness of "the true self," "behaving and expressing in such a way that is consistent with" that true self, and "being true to oneself in most situations and living in accordance with one's values and beliefs" (as cited in Riggle et al, 2017, p. 56). This was validated through this research as all interview respondents navigated intrapersonal depths to connect with their true identity and values toward a life in full expression. Qualitative research has suggested that feelings of authenticity are an important part of positive LGB identity and well-being for LGB individuals

(as cited in Riggle et al, 2017, p. 56). However, measures of LGB-specific authenticity have been scarce and thus there is little empirical investigation of its impact on well-being and distress (as cited in Riggle et al, 2017, p. 56). Hence, future research should explore how authenticity and emotional intelligence/intimacy mediates disclosure, concealment, relationships, and "whole" health from an intrapersonal and interpersonal basis.

To sum, regardless of one's sexuality or masculine norms, societal stressors, and patriarchal governance, the most significant goal of future research is positioning men to truly live authentic lives from inside out. Relatedly, more depth and breadth of heteronormativity and masculine norms and its effects on NGI, BB, and closeted men are needed to establish domains and core constructs within human sexuality research. Moreover, future correlational mixed-method and longitudinal research are essential to corroborate findings herein and also within the respective mixed-method studies. This design is especially fundamental for cultivating literature that can articulate both quantifiable constructs and life experiences, sexual identity, and incidents with oppression, suppression, and repression. Lastly, as found herein, and crucial to NGI and BB men's sustainable health and safety, is formulating studies on how education and advocacy can impact mental health, well-being, disclosure, and concealment as well as raise awareness, and eradicate or alleviate stigma and discrimination from within and without LGBTQ+.

5.4 Implications for Practice

Results found conformity of masculine norms had a significantly adverse relationship with internalized stigma/homophobia (negative self-attitudes/mental health). Furthermore, minority stress while controlling for age, regional location, and faith caused less disclosure and more concealment. Therefore, professionals and clinical health applications must address how to navigate the constant, prevalent, and hegemonic nature of masculine norms and its dynamic

effects. For example, straight/heterosexual and "questioning" groups reported significantly greater adverse relationships with internalized stigma/homophobia (mental health) and subjective masculinity stress (well-being) , respectively. This demonstrates that straight/heterosexual men who are sexually interactive with men (SIM) are at risk for greater negative self-attitudes, most likely from concealing stigma and judging themselves. Whereas the "questioning" group are more likely to embrace their identity and behavior but at risk for greater subjective masculinity stress due to lack of self-realization from mixed feelings and uncertainty. More importantly, the largest group of participants herein were bisexuals representing 49.2% (61/124) of the sample. Although they reported significantly lower negative self-attitudes than the straight/heterosexual group, historically, with regard to generalizability, and as highlighted in the literature review, bisexual men have demonstrated in comparison to heterosexual and gay men, greater depression and suicide with risk of suicide also being higher (Noble, 2020). Further, bisexual men have evidenced greater dependence for alcohol and drug use (Noble, 2020). Being that bisexuals are the largest group in LGBTQ+, least understood and underrepresented, disparities could be exponential. Relatedly, health professionals must be prepared to adapt and hone their skills, knowledge, and therapeutics while working towards greater depth and breadth of non-gay identifying, [behaviorally] bisexual, straight/heterosexual/SIM, questioning, queer, and "other" orientations. This can afford an effective patient-provider relationship that's realized where minority stress is engaged and resolved in remarkable ways.

The journey to full disclosure without concealment takes a life of its own, isn't necessarily linear, and can be correlated to obvious and/or unforeseen factors from individuation and ecological frameworks. It's important that professionals understand systemic marginalization and disparities related to social determinants of health for effective application

of therapeutics. For example, triple and multiple-source discrimination is a notable minority stressor that NGI, BB, and LGBTQ+ experience. Professionals must be well-equipped to serve those who face intersecting prejudice or discrimination between sexuality, gender, race, and class. This can result in rejected employment to violence and everything in between. Moreover, such population can be straight and masculine presenting but fluid in nature or have unexpected sexual range and perspectives that are not obvious as their LGBT peers. This may present itself in mixed and matched forms of gender or sexuality with neutrality or ambiguity in expression. Consequently, professionals must be adept in theoretical frameworks of psychology, sociology, and behavioral health with flexibility to tailor therapy in diverse circumstances and have competence of multicultural populations. As stated in chapter 1, advocacy and leaders within the LGBTQ+ community are typically dominated by white "higher" class members, leaning racially discriminative by representation. This could cause less activism for race in research and social justice, which may block or delay access to human rights initiatives for members and evidence-based practice for practitioners while propagating segregation.

Relatedly, symptoms of oppression challenge professionals to have broad range in expertise and knowledge and from emerging identities of NGI, BB, bi+, non-monosexual, and "other" LGBTQ+, bottom-up community approaches may be just as effective. For example, education and advocacy within community that fosters discourse and mutuality practiced in patient care but applied in support or focus group settings may be advantageous for both participants and professionals. Additionally, comprehensive sex education in schools and community settings could improve literacy levels by clearing up misconstrued ideas and teaching on facets of human sexuality in connection to social determinants of health. Advancing pedagogy to comprehensive and conscious-based curriculum at appropriate stages of child and

teen development may foster more inclusive settings for current and future timelines. Lastly, continued efforts in research studies and clinical application could provide evidenced-based practice that generates new knowledge and diagnostic tools for therapy. Therefore, practitioners, community, institutions, and governmental organizations who are seeking therapeutic programming for emergent sexual orientations would be able to address needs assessment more appropriately.

Conclusion/Epilogue

Investigating how heteronormativity and masculine norms affect disclosure and concealment of NGI and BB men involves addressing multiple underlying factors, such as emotional, mental, behavioral, physical, religious, spiritual, and community health. Hence, patriarchal constraints (masculine norms), negative self-attitudes (internalized stigma/homophobia), stress from self-concept (subjective masculinity stress), age, faith, and regional location (confounding factors) were statistically tested and assessed to measure effects on health and "outness." Further, secondary qualitative analyses were conducted to explore how participants' motivations, decisions, actions, behaviors, and experiences moderate and shape their identity, emotional intimacy, personal needs, disclosure, and concealment in social contexts.

Relatedly, statistical results indicated that those who conformed to masculine norms experienced significant effects to internalized stigma/homophobia and in a separate assessment, the intercorrelation of minority stress constructs with controlled confounding variables evidenced less disclosure and more concealment. Qualitatively, it was found that most respondents did navigate oppression throughout the lifecycle resulting in suppression and repression. Conversely, in the current time, they were generally confident and assured of themselves from years of self-inquiry, engaging relationship dynamics, and the will to become who they were meant to be. Further, emotional intelligence and intimacy were found to be substantial determinants to personal development and relationship health, which built strong coping mechanisms that were corroborated through times of resilience and growth. Moreover, this equipped respondents with more intellectualism, critical thinking skills, and values that led some to mentor, educate, and teach other men how to deal with the ill effects of marginalization.

Although our domestic and global society has matured with demonstration of inclusivity over the past two decades, sexuality still remains under intense scrutiny within sociopolitical and economic domains, causing unnecessary disparities in health and behavior. As this study evidenced, NGI BB men are less out, overall, due to less disclosure and more concealment when facing minority stressors. It can be assumed that past "church" and "state" or historical eras in the turn of the century were responsible for setting strong sociopolitical and economic standards that were responsible for indoctrination and social conditioning with proclivity to heteronormative and patriarchal values and morals based on religious predominance of that time. Hence, all public narratives were delivered through such a lens and if led astray, judgment and discrimination were imposed. This only grew stronger over time and has been enforced on global scale, residing within sociocultural limits and controls. If men are not meeting standards in masculinity and sexuality, they're typically emasculated. This leaves NGI and BB men and the LGBTQ+ community in subordination and turmoil, especially populations who are in-the-closet and/or straight and masculine presenting with undefining or multifaceted sexual and romantic interests.

Future mixed-method studies are needed to assess mental health and well-being and their moderating effects on outness. Many men reside along the spectrum of disclosure and concealment within the LGBTQ+ community but also outside its parameters. For example, non-gay identifying, behaviorally bisexual, bisexual, queer, questioning, closeted, and even straight/heterosexual/SIM are labels men use to self-identify with same-sex relations whom can be marginalized from the LGBTQ+ community and society within context. It's the duty of LGBTQ+ researchers to establish a field of work that cultivates narratives to employ justice. Historically, men have experienced much social trauma but this generally goes unnoticed. Non-

heterosexual men whether closeted or "out" hold more of that burden and feel unsafe expressing their true nature among family, friends, professionals, and the world at large. As Frank (2008) states, heteronormative ideals influence all intimate relationships, there is no way to see the lifestyle as removed from this larger social, cultural, political, and economic context (p. 436). Our goal as educators, researchers, humanitarians, and stewards but most of all, divine humans, is to defy such by normalizing idiosyncrasy, unorthodox, and foreign to uphold diversity. Fostering a world where incubating affirmative action leaders is commonplace to mobilize resources for "coming out" *of any closet* should be standard. Revolutionizing sexuality and all social monopolies (e.g. misogyny, etc.) to disrupt and fragment patriarchal governance, heteronormative culture, and toxic masculinity with purpose for unification, not segregation, should be realized. Guiding society in pragmatic yet critical ways that open new doors of perception and worldviews which better shape sexual health literacy and our humanity is vital. This should open symbiotic pathways to liberation for those who remain closeted, submissive, inferior, and shameful of their existence, which needs no place in our modern civilization. We must rise in courage, strength, resilience, and grace for ourselves and our future generations so that living in a regressed, heteronormative, socially toxic, and sexually marginalized world becomes, history.

References

Antebi-Gruszka, N. and Scrimshaw, E.W. (2019). Negative attitudes toward same-sex behavior inventory: An internalized homonegativity measure for research with bisexual, gay, and other non-gay identified men who have sex with men; *Psychology, Sexual Orientation, and Gender Diversity,* (2): 156-168.

Bar-on, R., (2010). Emotional Intelligence: An integral part of positive psychology. *South African Journal of Psychology*, 40 (1), 54L62.

Benoit, E., Pass, M., Randolph, D., Murray, D., & Downing, M. (2012). Reaching and engaging non-gay identified, non-disclosing black men who have sex with both men and women. *Culture, Health, and Sexuality*, 14(9), 975-990.

Bry, L., Mustanski, B., Garofalo, R., & Burns, M. (2017). Management of a concealable stigmatized identity: A qualitative study of concealment, disclosure and role flexing among young, resilient sexual and gender minority individuals. *Journal of Homosexuality*, 64(6), 745-769.

Castro, A. & Carnassale, D. (2019). Loving more than one color: Bisexuals of color in italy between stigma and resilience. *Journal of Bisexuality*, 1-31.

Centers for Disease Control and Prevention (CDC). (February 29, 2016). Gay and Bisexual Men's Health; Suicide Prevention. Center for Disease Control and Prevention.

D'Avanzo, P., Barton, S., Kapadia, F., J., & Halkitis, P. (2017). Personality and its relation to mental and psychosocial health in emerging adult sexual minority men: The P18 cohort study. *Behavioral Medicine*, 43, 191-199.

Diamond, L. (2016). Sexual fluidity in males and females. *Current Sexual Health Reports*, 1-8.

Ding, C., Chen., X., Wang, W., Yu, B., Yang, H., Li, X., Deng, S.,Yan, H., & Li, S. (2019). Sexual minority stigma, sexual orientation concealment, social support and depressive symptoms among men who have sex with men in china: A moderated mediation modeling analysis. *Aids and Behavior*, 24, 8-17.

Dodge, B., Schnarrs, P., Reece, M., Martinez, O., Goncalves, G., Malebranche, D., Van der Pol, B., Nix, R., & Fortenberry, J.D. (2012). Individual and social factors related to mental health concerns among bisexual men in the midwestern united states. *Journal of Bisexuality*, 12(2), 223-245.

Emerson, R. (2022). ANOVA assumptions. Journal of Visual Impairment and Blindness, 116(4), 585-586.

Fein, E., Gilmour, J., Machin, T., & Hendry, L. (2022). Statistics for Research Students. International license; University of Southern Queensland.

Feinstein, B., Hall, C., Dyar, C., & Davila, J. (2020). Motivations for sexual identity concealment and their associations with mental health among bisexual, pansexual, queer, and fluid (bi+) individuals. Journal of Homosexuality, 20(3), 324–34.

Frank, K. (2008). 'Not Gay, but not homophobic': Male sexuality and homophobia in the 'Lifestyle'; *Sexualities* (4), 435–454.

Friedman, R., Bikowski, L., Eaton, L., Matthews, D., V.Dyer, T., Siconolfi, D., & Stall, R. (2019). Psychosocial health disparities among black bisexual men: Effects of sexuality, nondisclosure, and gay community support. *Archives of Sexual Behavior*. 48(1), 213-224.

Garcia, J., Muoz-Laboy, M., Parker, R., & Wilson, P. (2014). Sex markets and sexual opportunity structures of behaviorally bisexual latino men in the urban metropolis of new york city. *Archives of Sexual Behavior*, 43(3), 597-606.

Guschlbauer, A., Smith, N., DeStafano, J., & Soltis, D. (2019). Minority stress and emotional intimacy among individuals in lesbian and gay couples: Implications for relationship satisfaction and health. Journal of Social and Personal Relationships, 36(3), 855-878.

Identity and Cultural Dimensions/LGBTQI. (2022, April). National Alliance on Mental Illness. April 2, 2022, https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/LGBTQI

Institute of Medicine. (2011). *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: The National Academies Press. https://doi.org/10.17226/13128.

Keene, L., Heath, R., & Bouris, A. (2021). Disclosure of sexual identities across social-relational contexts: Findings from a national sample of black sexual minority men. *Journal of Racial and Ethnic Health Disparities*, 1-14.

Kupers, T.A. (2005). Toxic masculinity as a barrier to mental health treatment in prison; *Journal of Clinical Psychology,* (61): 713-724.

Mahalik, J. R., Locke, B. D., Ludlow, L. H., Diemer, M. A., Scott, R. P. J., Gottfried, M., & Freitas, G. (2003). Development of the Conformity to Masculine Norms Inventory. *Psychology of Men & Masculinity, 4*(1), 3–25. https://doi.org/10.1037/1524-9220.4.1.3

Meidlinger, P. C., & Hope, D. A. (2014). Differentiating disclosure and concealment in measurement of outness for sexual minorities: The Nebraska Outness Scale. Psychology of Sexual Orientation and Gender Diversity, 1(4), 489–497. doi:10.1037/sgd0

Mohr, J. & Fassinger, R. (2006). Sexual orientation identity and romantic relationship quality in same-sex. *Society for Personality and Social Psychology*, 32(8), 1085-1099.

Mohr, J. & Daly, C. (2008). Sexual minority stress and changes in relationship quality in same-sex couples. *Journal of Social and Personal Relationships*, 25(6), 989-1007.

National Sexual Violence and Resource Center (NSVRC). (June 24, 2021). Fact Sheet on Injustice in the LGBTQ Community. NSVRC.

Noble, S. (2020). *Mental Health Facts on Bisexual Populations*. American Psychiatric Association. https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-Bisexual-Populations.pdf

Rawat, P.S. (2014). Patriarchal beliefs, women's empowerment, and general well-being. Vilkapa, 39 (2), 43-55.

Rendina, J. H., Lopez-Matos, J., Pachankis, J. E., Wang, K., & Parsons, J. (2019). The role of self-conscious emotions in the sexual health of gay and bisexual men. *Journal of Sex Research*, 56, 620–631.

Riggle, E., Rostosky, S., Black, W., & Rosenkrantz. D. (2017). Outness, concealment, and authenticity: Associations with LGB individuals' psychological distress and well-being. *Psychology of Sexual Orientation and Gender Diversity,* 4 (1), 54-62.

Schwitters, A. and Sondag, K.A. (2017). The lives and sexual risk behaviours of rural, closeted men who have sex with men living in Montana; *Culture, Health, and Sexuality,* (1): 121-134.

Scrimshaw, E., Downing, M., & Cohn, J. (2018). Reasons for non-disclosure of sexual orientation among behaviorally bisexual men: Non-disclosure as stigma management. *Archives of Sexual Behavior,* 47, 219-243.

Scrimshaw, E., Downing, M., Siegel, K. & Parsons, J. (2013). Disclosure and concealment of sexual orientation and the mental health of non-gay-identified, behaviorally bisexual men. *Journal of Consulting and Clinical Psychology,* 81(1*)*, 141-153.

Sculos, Bryant W. (2017) "Who's afraid of 'Toxic Masculinity'?," Class, Race and Corporate Power: 3 , Article 6. Available at: htp://digitalcommons.iu.edu/classracecorporatepower/vol5/iss3/6

Senaviratna, N.A.M.R. & Cooray, T.M.J.A. (2019). Diagnosing multicollinearity of logistic regression model: *Asian Journal of Probability and Statistics,* 5(2), 1-9.

Sevec, S., Ivankovic, I., & Stulhofer, A. (2016). Traditional sex and gender stereotypes in the relationships of non-disclosing behaviorally bisexual men: *Archives of Sexual Behavior,* 48, 333-345.

Siegel, K. & Muenier, E. (2019). Emotional intimacy among coupled heterosexual and gay/bisexual creation men: Assessing the role of minority stress. *Archives of Sexual Behavior,* 45, 1259-1268.

Suicide and Violence Prevention/Gay and Bisexual Men's Health, (2022). Center for Disease Control and Prevention. July 19, 2022, https://www.cdc.gov/msmhealth/suicide-violence-prevention.htm

Tadele, G. (2011). Heteronormativity and 'troubled' masculinities among men who have sex with men in Addis Ababa; *Culture, Health, & Sexuality* (4): 457–469.

Wagner, G., Aunon, F., Kaplan, R., Karam, R., Khouri, D., Tohme, J., & Mokhbat, J. (2013). Sexual stigma, psychological well-being and social engagement among men who have sex with men in beirut, lebanon. *Culture, Health, and Sexuality*, 15(5), 570-582.

Wong, J., Liu, T., Tsai, P.C., & Zhu, Q. (2014). Male asian international students' perceived racial discrimination, masculine identity, and subjective masculinity stress: A moderated mediation model. *Journal of Counseling Psychology*, 61(4), 560-569.

Appendix A: Demographic Questionnaire

1. Age:
    a. 18-25
    b. 26-35
    c. 36-45
    d. 46-55
    e. 56-65
    f. Older than 65

2. Race:
    a. American Indian or Alaska Native
    b. Asian/South Asian
    c. African or African American
    d. Native Hawaiian or Other Pacific Islander
    e. White
    f. Other (please specify)
    g. Prefer not to respond

3. Ethnicity:
    a. Hispanic
    b. Non-hispanic

4. Gender:
    a. Male
    b. Female
    c. Transgender
    d. Other: Please specify
    e. Prefer not to respond

5. Sexual Orientation:
    a. Bisexual
    b. Gay
    c. Lesbian
    d. Straight/Heterosexual
    e. Queer
    f. Questioning
    g. Other (please specify)
    h. Prefer not to respond

6. What region of the United States or world are you from?
    a. Northeast
    b. Northwest
    c. Southeast
    d. Southwest
    e. Midwest

f. West
g. East
h. Europe
i. South America
j. Asia
k. Australia
l. Africa

7. Employment:
    a. Employed
    b. Self-employed
    c. Unemployed
    d. Other

8. Gross Income:
    a. Less than $25,000
    b. $26,000-$35,000
    c. $36,000-$45,000
    d. $46,000-$55,000
    e. $56,000-$65,000
    f. $66,000-$75,000
    g. $76,000-$85,000
    h. $86,000-$100,000
    i. Over $100,000

9. Marital or Living Situation Status:
    a. Single
    b. In a relationship
    c. Married
    d. Separated
    e. Divorced
    f. Widowed
    g. Live in partner

10. Faith:
    a. Religious
    b. Spiritual
    c. Both
    d. Neither

Appendix B: Conformity to Masculine Norms Inventory (CMNI)

Q: Thinking about your own actions, feeling and beliefs, please indicate how much you personally agree or disagree with each statement by circling SD for "Strongly Disagree", D for "Disagree", A for "Agree" and SA for "Strongly Agree". There are no right or wrong answers and it is best if you respond with your first impression when answering.

1. My work is the most important part of my life	SD	D	A	SA
2. I make sure people do as I say	SD	D	A	SA
3. In general, I do not like risky situations*	SD	D	A	SA
4. It would be awful if someone thought I was gay	SD	D	A	SA
5. I love it when men are in charge of women	SD	D	A	SA
6. I like to talk about my feelings*	SD	D	A	SA
7. I would feel good if I had many sexual partners	SD	D	A	SA
8. It is important to me that people think I am heterosexual	SD	D	A	SA
9. I believe that violence is never justified*	SD	D	A	SA
10. I tend to share my feelings*	SD	D	A	SA
11. I should be in charge	SD	D	A	SA
12. I would hate to be important*	SD	D	A	SA
13. Sometimes violent action is necessary	SD	D	A	SA
14. I don't like giving all my attention to work*	SD	D	A	SA
15. More often than not, losing does not bother me*	SD	D	A	SA
16. If I could, I would frequently change sexual partners	SD	D	A	SA
17. I never do things to be an important person*	SD	D	A	SA
18. I never ask for help	SD	D	A	SA
19. I enjoy taking risks	SD	D	A	SA
20. Men and women should respect each other as equals*	SD	D	A	SA
21. Winning isn't everything, it's the only thing	SD	D	A	SA
22. It bothers me when I have to ask for help	SD	D	A	SA

Appendix C: Revised Internalized Homophobia Scale – IHP-R

(a) I wish I weren't lesbian/bisexual [gay/bisexual].

(b) I have tried to stop being attracted to women [men] in general.

(c) If someone offered me the chance to be completely heterosexual, I would accept the chance.

(d) I feel that being lesbian/bisexual [gay/bisexual] is a personal shortcoming for me.

(e) I would like to get professional help in order to change my sexual orientation from lesbian/bisexual [gay/bisexual] to straight.

Appendix D: Subjective Masculinity Stress Scale (SMSS)

The following questions are about gender issues. Please describe your personal experience of what it means to be a man by completing the following sentence, "As a man . . ." 10 times. Just give 10 different responses.

Respond as if you were giving the answers to yourself, not to somebody else. There are no right or wrong responses. Don't worry about logic or importance, and don't overanalyze your responses. Simply write down the first thoughts that come to your mind.

1. As a man . . .
2. As a man...
3. As a man...
4. As a man...
5. As a man...
6. As a man...
7. As a man...
8. As a man...
9. As a man...
10. As a man...

Please refer to your responses above. For each "As a man . . ." response, indicate how OFTEN this experience is STRESSFUL for you.

	Never/Almost Never	Rarely	Sometimes	Often	Always/Almost Always
"As a man..." Response 1	1	2	3	4	5
"As a man..." Response 2	1	2	3	4	5
"As a man..." Response 3	1	2	3	4	5
"As a man..." Response 4	1	2	3	4	5
"As a man..." Response 5	1	2	3	4	5
"As a man..." Response 6	1	2	3	4	5

“As a man...” Response 7	1	2	3	4	5
“As a man...” Response 8	1	2	3	4	5
“As a man...” Response 9	1	2	3	4	5
“As a man...” Response 10	1	2	3	4	5

Appendix E: Nebraska Outness Scale (NOS-D/C)

(NOS-D) What percent of the people in this group do you think are aware of your sexual orientation (meaning they are aware of whether you consider yourself straight, gay, etc.)?

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Members of your immediate family (e.g., parents and siblings)	o	o	o	o	o	o	o	o	o	o	o
Members of your extended family (e.g., aunts, uncles, grand- parents, cousins)	o	o	o	o	o	o	o	o	o	o	o
People you socialize with (e.g., friends and acquaintances)	o	o	o	o	o	o	o	o	o	o	o
People at your work/school (e.g., coworkers, supervisors, instructors, students)	o	o	o	o	o	o	o	o	o	o	o
Strangers (e.g., someone you have a casual conversation with in line at the store)	o	o	o	o	o	o	o	o	o	o	o

(NOS-C) How often do you avoid talking about topics related to or otherwise indicating your sexual orientation (e.g., not talking about your significant other, changing your mannerisms) when interacting with members of these groups?

	Never					Half of the Time					Always
Members of your immediate family (e.g., parents and siblings)	o	o	o	o	o	o	o	o	o	o	o
Members of your extended family (e.g., aunts, uncles, grandparents, cousins)	o	o	o	o	o	o	o	o	o	o	o
People you socialize with (e.g., friends and acquaintances)	o	o	o	o	o	o	o	o	o	o	o
People at your work/school (e.g., coworkers, supervisors, instructors, students)	o	o	o	o	o	o	o	o	o	o	o
Strangers (e.g., someone you have a casual conversation with in line at the store)	o	o	o	o	o	o	o	o	o	o	o

Appendix F: Phenomenological Semi-Structured Interview Questions

1) Can you think of a time or an experience that you found challenging in the context of your sexual identity? Explain.

2) Conversely, can you think of a time or experience when you have felt supported?

3) What do you think would be helpful from a community, program, and/or policy perspective to better support your safety and mental health?

4) If you felt comfortable, how would you describe or explain your sexual identity to a friend?

5) How would you define "emotional intimacy?"