

The Roles of Gender Role Conflict and Internalized Heterosexism in Gay and Bisexual Men's Psychological Distress: Testing Two Mediation Models

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Many gay and bisexual men struggle with unique issues related to being both a man and a sexual minority person. The purpose of this study was to use feminist theory to test two mediation models examining the roles of both gender role conflict and internalized heterosexism (IH) in gay and bisexual men's psychological distress. Findings from the best fitting model revealed that gender role conflict was both directly and indirectly (through IH) related to self-esteem, and self-esteem was directly and indirectly (through avoidant coping) related to psychological distress. Research and practice implications are discussed.

Keywords: internalized homophobia, masculinity feminist theory, self-esteem, coping

Feminist theorists (cf. Brown, 1994; Szymanski, 2005; Szymanski, Kashubeck-West, & Meyer, in press a; Worell & Remer, 2003) assert that traditional gender role socialization can negatively influence the mental health of women and men, and that experiences of both external and internalized oppression can negatively influence minority group members' psychological well-being. Several feminist theories, including Liberal, Cultural, Radical, and Lesbian, have been influential in articulating the various ways that traditional gender role socialization supports sexism and limits a person's potential. For example, Liberal feminism postulates that the cause of sexism is a result of rigid gender role socialization and irrational prejudices about the inferiority of women in relation to men, Cultural feminism posits that sexism stems from devaluation of feminine characteristics and relational qualities, and Radical feminism postulates that the cause of sexism is male domination, patriarchy, male control over women's bodies, and the systemic devaluation of women (Enns, 2004; Henley, Meng, O'Brien, McCarthy, & Sockloskie, 1998). In addition, Lesbian feminism posits that heterosexism acts as a

weapon of sexism by enforcing rigid gender roles and compulsory heterosexuality. Lesbian feminists assert that antigay prejudice is based on sexism and call for the need to challenge sexist attitudes and behaviors and transform traditional gender roles in order to eradicate heterosexism (Pharr, 1988). Although these various feminist theories differ in their conceptualizations of gender based oppression, they all point to the need to transform traditional gender role socialization practices that restrict the range of traits and behaviors that are culturally acceptable and that maintain sexism (Worell & Remer, 2003).

Most of the research examining the relationship between aspects of traditional masculine gender role socialization and mental health has focused on presumably heterosexual men (cf. Good, Robertson, Fitzgerald, Stevens, & Bartels, 1996; Good & Wood, 1995; Hayes & Mahalik, 2000; Mahalik & Cournoyer, 2000). In addition, most of the research on sexual minority men (i.e., men who experience same-sex attraction) has ignored the influence of gender role socialization, focusing primarily on the relationships between external and internalized heterosexism (IH) and psychosocial distress (cf. Herek, Cogan, Gillis, & Glunt, 1998; Herek, Gillis, & Cogan, 1999; Meyer, 1995). However, it is important to note that how a sexual minority male constructs his notion of being a man is likely to influence his sexual identity development and his attitudes and feelings about being a gay or

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bisexual man. The purpose of this study was to use feminist theory to test two mediation models examining the roles of both gender role conflict and IH in gay and bisexual men's psychological distress.

Gender Role Conflict and Psychosocial Distress

As a result of both rigid gender role socialization and learned sexism, many men will experience gender role conflict (O'Neil, 1981). Gender role conflict occurs when the internalization of rigid, sexist, and restrictive cultural messages about what it means to be a man results in personal restriction, devaluation, or violation of self and others (O'Neil, Helms, Gable, David, & Wrightsman, 1986). Englar-Carlson (2006) asserted that men typically experience gender role conflict when they try to meet or fail to meet gender role norms of masculinity; violate or deviate from gender role norms; experience discrepancies between their real and ideal self-concepts, based on gender role stereotypes; personally restrict, devalue, or violate themselves or others because of gender role norms; and experience personal restrictions, devaluations, or violations from others.

O'Neil (1981) asserted that a devaluation of feminine attitudes, values, and behaviors, sexism, and a learned fear of femininity in men's lives are at the core of gender role conflict. O'Neil and his colleagues (1986) argued that a fear of femininity produces male gender role conflict along several dimensions including restrictive emotionality, obsession with success and achievement, restrictive affectionate and sexual behavior, and control, power and competition issues. Research has found that more gender role conflict is related to more depression, anxiety, emotional distress, loneliness, anger, conduct problems, substance abuse, and family and interpersonal problems in presumably heterosexual boys and men (Blazina, Pisecco, & O'Neil, 2005; Blazina & Watkins, 2000; Cournoyer & Mahalik, 1995; Good et al., 1996; Good & Wood, 1995; Hayes & Mahalik, 2000; Sharpe & Heppner, 1991). Among gay men, greater gender role conflict is related to more anxiety, depression, and anger (Simonsen, Blazina, & Watkins, 2000).

Gender Role Conflict and Heterosexism

Given conceptualizations of sexism and heterosexism as central constructs within traditional masculine gender role ideology (Kilianski, 2003; O'Neil et al., 1986), it seems likely that sexual minority men's experiences of gender role conflict can lead to IH or negative feelings and attitudes about being a gay or bisexual man. Homosexuality and bisexuality violate the gender role norms of traditional masculinity, in part, because male homosexuality is often erroneously equated with femininity (O'Neil, 1981). Boys and men are often shamed, ridiculed, and called derogatory names referring to gay men if they express signs of personal vulnerability or deviate from these masculine gender role norms (Good, Thomson, & Brathwaite, 2005). Thus, sexual minority men as well as their heterosexual counterparts receive strong messages that it is not okay to be gay/bisexual and that being gay or bisexual means you are "not a real man."

Several areas of research support this theorized link between traditional masculinity and heterosexism. First, consistent gender differences have been found in studies examining heterosexual persons' attitudes toward sexual minority persons. These findings indicate that heterosexual men hold more negative antigay attitudes than women (Herek, 1994; Kite & Whitley, 1998). Second, gender role conflict and traditional gender role attitudes have been significantly correlated with antigay beliefs among heterosexual men (Walker, Tokar, & Fischer, 2000; Whitley, 2001; Wilkinson, 2004). Furthermore, Wilkinson found that the relationship between dimensions of masculinity and male antigay attitudes was due to heterosexual men's fear of appearing feminine rather than concerns over masculine status. Third, two studies that examined gender differences in IH among sexual minority persons found that gay and bisexual men scored higher than lesbian and bisexual women on IH (D'Augelli, Grossman, Hershberger, & O'Connell, 2001; Herek et al., 1998). Fourth, gender role conflict and traditional masculine gender role attitudes have been significantly correlated with IH among sexual minority men (Ervin, 2004; Kimmel, 2004; Sanchez, 2005).

Both Sanchez (2005) and Ervin's (2004) dissertation studies found that gay men's greater

IH was related to being concerned with power and dominance and having more difficulties with expressing emotions, being affectionate with other men, and balancing school/work and home life. In a related dissertation study, Kimmel (2004) found that sexual minority men's IH was positively related to conformity to stereotypical masculine norms (i.e., masculine norms of self-reliance, emotional control, winning, power, dominance, pursuit of status, and disdain for sexual minority persons). Thus, the internalization of traditional masculine gender role ideology in gay and bisexual men seems to be related to their internalization of negative messages about homosexuality. Feminist theorists (cf., Brown, 1988; Szymanski, 2005) assert that this internalized oppression can then lead to poorer mental health. Supporting this contention, studies have consistently found that IH is related to higher levels of psychological distress among gay and bisexual men (Shidlo, 1994; Wagner, Brondolo, & Rabkin, 1996; Wolcott, Namir, Fawzy, Gottlieb, & Mitsuyasu, 1986).

Two Feminist Theory Driven Mediation Models

Integrating aspects of sexual identity development (i.e., Cass, 1979) and sociological theory (i.e., Cooley, 1956; Mead, 1934) into feminist theory, Szymanski et al. (in press a) postulated that IH will have direct and/or mediated (through self-esteem, social support, and coping) effects on psychological distress. They posited that gay and bisexual men who are aware that they are regarded negatively by specific individuals or by the wider culture will incorporate those negative attitudes (e.g., IH) into their self-concept, and consequently, will exhibit lower levels of self-esteem. Furthermore, they postulated that sexual minority men with more IH may be less likely to reach out to others for support and to feel satisfied with their social support system and be more likely to engage in avoidant coping strategies, such as restricting awareness of or exposure to information regarding lesbian, gay, and bisexual (LGB) persons and culture, inhibiting same-sex behavior, and passing as or pretending to be heterosexual. Thus, IH is likely to negatively influence one's self-esteem, lead to the use of ineffective coping strategies, and limit a sexual minority person's

access to community and social support systems, which in turn, will lead to more psychological distress. Supporting this notion, researchers have consistently found that greater IH among gay and bisexual men is related to lower self-esteem, less social support, less satisfaction with social support, and more avoidant coping (see Szymanski, Kashubeck-West, & Meyer, in press b, for a review).

Three studies have examined the mediational roles of self-esteem, social support, and/or avoidant coping in the link between IH and psychological distress among lesbians and bisexual women. McGregor et al. (2001) found that path analysis models were consistent with the notion that lesbian and bisexual women's IH leads to psychological distress through lower self-esteem and less perceived availability of social support. Using structural equation modeling (SEM), Szymanski and Kashubeck-West (in press) found that self-esteem and social support fully mediated the relationships between sexual minority women's IH and psychological distress. Finally, Szymanski and Owens (in press) found that avoidant coping partially mediated the relationship between IH and psychological distress among lesbian and bisexual women. They found no support for the mediating role of problem solving coping in the link between IH and psychological distress. Although these findings provide support for the theorized mediational roles of self-esteem, social support, and avoidant coping in the link between IH and psychological distress among sexual minority women, we do not know if they generalize to gay and bisexual men.

In accordance with Feminist Theory and empirical findings with sexual minority women, we hypothesized that gender role conflict would lead to more IH, which in turn would lead to less self-esteem, less social support, and more avoidant coping, which in turn would lead to more psychological distress among gay and bisexual men (See Figure 1). Given theoretical and empirical links between gender role conflict and self-esteem (Blazina, 2001; Courmoyer & Mahalik, 1995; Mahalik, 1999; Sharpe & Heppner, 1991) and between self-esteem and social support and avoidant coping (Lefkowitz, 2003; Nicholson & Long, 1990; Nyamathi, Wayment, & Dunkel-Schetter, 1993), we also tested an alternative model in which IH would partially mediate the

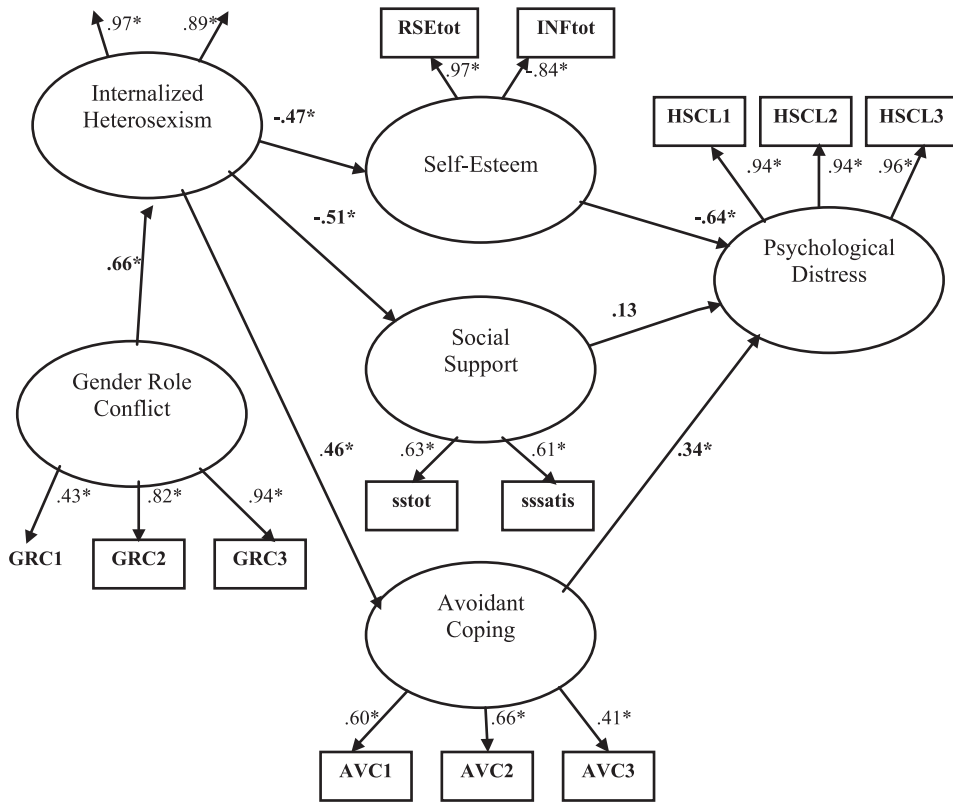


Figure 1. Hypothesized first model. GRC1, GRC2, GRC3 = Gender Role Conflict Subscales (Success, Power, and Competition; Restrictive Emotionality; Restrictive Affectionate Behavior Between Men); IHNI = Internalized Homonegativity Inventory; IHP = Internalized Homophobia Scale; RSE = Rosenberg Self-Esteem Scale; FIS_SR = Self Regard subscale of the Feelings of Inadequacy Scale; SS_tot = number of social supports; SS_sat = satisfaction with social supports; AVC1, AVC2, AVC3 = COPE Inventory Avoidant coping subscales (Denial, Behavioral Disengagement, and Mental Disengagement). HSCL = Hopkins Symptom Checklist; HSCL1, HSCL2, and HSCL3 = parcels of test items assessing psychological distress. All coefficients are standardized values. * $p < .05$.

relationship between gender role conflict and self-esteem, and social support and avoidant coping would partially mediate the relationship between self-esteem and psychological distress (see Figure 2). That is, many men learn to evaluate their adequacy on the basis of their ability to regulate their behavior in accordance with their learned masculine gender role schemas. Given that these stereotyped societal norms about masculinity are often contradictory and unattainable, many men will have reduced self-esteem as a result of not being able to live up to these unrealistic gender role norms of masculinity (Mahalik, 1999). Thus, how one feels as a man and how one feels as a sexual

minority are likely to affect how one feels about the self. In addition, it seems likely that men who have low self-esteem will be less likely to seek out social support systems and be more likely to use ineffective or avoidant coping strategies, which in turn, will lead to poorer mental health. Supporting this assertion, two studies found that avoidant coping and social support partially mediated the link between self-esteem and distress among African American women at risk for human immunodeficiency virus (HIV) infection (Nyamathi et al., 1993), and between self-esteem and college adjustment among first year undergraduates (Lefkowitz, 2003).

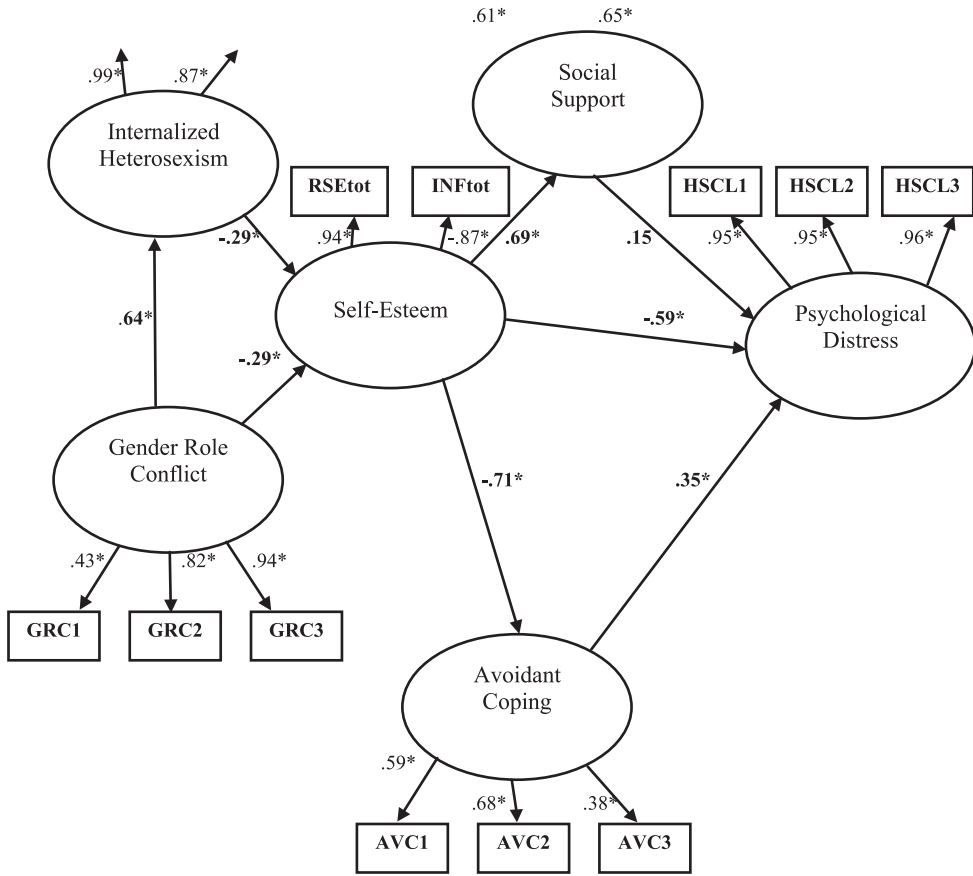


Figure 2. Hypothesized second model. GRC1, GRC2, GRC3 = Gender Role Conflict Subscales (Success, Power, and Competition; Restrictive Emotionality; Restrictive Affectionate Behavior Between Men); IHNI = Internalized Homonegativity Inventory; IHP = Internalized Homophobia Scale; RSE = Rosenberg Self-Esteem Scale; FIS_SR = Self Regard subscale of the Feelings of Inadequacy Scale; SS_tot = number of social supports; SS_sat = satisfaction with social supports; AVC1, AVC2, AVC3 = COPE Inventory Avoidant coping subscales (Denial, Behavioral Disengagement, and Mental Disengagement). HSCL = Hopkins Symptom Checklist; HSCL1, HSCL2, and HSCL3 = parcels of test items assessing psychological distress. All coefficients are standardized values. * $p < .05$.

Method

Participants

The participants were 210 men of whom 86% identified themselves as gay, 13% as bisexual, and 1% as not sure. Participants ranged in age from 18 to 82 years, with a mean age of 36.33 years ($SD = 15.24$). The sample was 2% African American/Black, 5% Asian American/Pacific Islander, 3% Hispanic/Latino, 1% Native American, 85% White, 3% Multiracial, and 1% Other. The levels of

education completed by participants included 28% high school diploma, 11% 2-year college, 29% 4-year college, and 32% graduate/professional school. About half of the sample (45%) was currently university or college students. Participants' total household income included 33% under \$29,999; 26% \$30,000 to \$59,999; 17% \$60,000 to \$89,999; and 24% \$90,000 and above. Participants resided in the West (27%), Midwest (19%), Northeast (21%), South (27%), and outside the United States (6%).

Measures

Gender role conflict. Gender role conflict was assessed using the Gender Role Conflict Scale (GRCS; O'Neil et al., 1986), which consists of 37 items assessing masculine role conflict along four dimensions: Success, Power, and Competition (e.g., "Moving up the career ladder is important to me"); Restrictive Emotionality (e.g., "I have difficulty telling others I care about them"); Restrictive Affectionate Behavior Between Men (e.g., "Affection with other men makes me tense"); and Conflict Between Work and Family Relations (e.g., "I feel torn between my hectic work schedule and caring for my health"). Each item is rated on a 6-point Likert scale from 1 (*strongly disagree*) to 6 (*strongly agree*). Higher mean scores indicate greater levels of gender role conflict. Reported alphas for the four factors ranged from .75 to .85. Test-retest reliabilities over a four-week period ranged from .72 to .86 (O'Neil et al., 1986). Validity was supported via exploratory and confirmatory factor analyses and by correlating the GRCS with measures assessing attitudes about masculinity, fear of intimacy, and social desirability (Good et al., 1995; Moradi, Tokar, Schaub, Jome, & Serna, 2000; O'Neil et al., 1986). However, because of potential concerns about the construct validity of the Conflict Between Work and Family Relations subscale (Good et al., 1995; Walker et al., 2000), this subscale was omitted from the analyses of this study. For the current sample, alphas for scores for the three GRCS subscales used were .90 (Success, Power, and Competition), .91 (Restrictive Emotionality), and .87 (Restrictive Affectionate Behavior Between Men).

Internalized heterosexism. To assess IH, two measures were used: the Internalized Homonegativity Inventory (IHNI; Mayfield, 2001) and the short form of the Internalized Homophobia scale (IHP; Herek, Cogan, & Gillis, 2000; Martin & Dean, 1987). Mayfield's IHNI consists of 23 items that assess negative attitudes that gay men have toward homosexuality in general and toward such aspects in themselves. We modified several of the IHNI items to be bisexual inclusive. Examples of items (with modifications in italics) include "When I think about my attraction toward men, I feel unhappy" and "I feel ashamed of my

homosexuality/bisexuality." Each item is rated on a 6-point Likert scale from 1 (*strongly disagree*) to 6 (*strongly agree*). Higher mean scores indicate greater levels of IH. Reported alpha for scores on the IHNI full scale was .91. Validity was supported by exploratory factor analysis and by correlating the IHNI with another measure of IH and measures assessing gay identity development and percentage of LGB friends. In addition, Mayfield demonstrated that the IHNI was conceptually distinct from social desirability, neuroticism, and extroversion. Alpha for IHNI scores for the current sample was .94.

The IHP short form consists of five items that were derived from diagnostic criteria for ego-dystonic homosexuality. Example items include "I have tried to stop being attracted to men in general" and "I feel that being gay/bisexual is a personal shortcoming for me." Each item is rated on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Higher mean scores indicate greater levels of IH (Herek et al., 2000; Martin & Dean, 1987). Reported alpha for scores on the IHP short form with a gay male sample was .88 (Kashubeck-West & Szymanski, in press). Herek and colleagues (Herek et al., 2000; Herek, Cogan, Gillis, & Glunt, 1998) indicated that scores on the 5-item IHP had acceptable validity, as evidenced by correlations with the 9-item IHP and with measures of how open a person was about his or her sexual orientation, connection with and feelings toward the lesbian/gay/bisexual (LGB) community, perceived stigma related to one's sexual orientation, self-esteem, and depression. Alpha for scores on the IHP for the current sample was .88.

Self-esteem. To assess self-esteem, two measures were used: the Rosenberg (1965) Self-Esteem Scale (RSE) and the Self-Regard subscale of the Feelings of Inadequacy Scale (FIS_SR; Fleming & Courtney, 1984; Janis & Field, 1959). The RSE consists of 10 statements reflecting self-worth and self-acceptance. Example items include "I feel that I have a number of good qualities." and "I feel that I am a person of worth, at least on equal plane with others." Each item is rated on a 4-point Likert scale from 1 (*strongly disagree*) to 4 (*strongly agree*). Higher mean scores indicate greater self-esteem. Reported reliability coefficient of reproducibility was .93 and scalability was .73 for

scores on the RSE. Validity of RSE scores was supported by correlating the RSE with measures of anxiety, depression, and peer-group reputation (Rosenberg, 1965). Alpha for RSE scores for the current sample was .90.

The FIS_SR consists of seven items intended to measure self-esteem by asking respondents to indicate how badly they feel about themselves. Example items include "How often do you feel inferior to most of the people you know?" and "How often do you have the feeling that there is nothing you can do well?" Each item is rated on a 7-point Likert scale from 1 (*never*) to 7 (*always*). Higher mean scores indicate lower levels of self-esteem. Reported alpha and test-retest reliability for scores on the Self-Regard subscale were .82 and .81, respectively. Validity of FIS scores was supported by exploratory factor analysis and by correlating the FIS full scale and subscale scores with measures assessing self-esteem, anxiety, anomie, and depression (Fleming & Courtney, 1984; Janis & Field, 1959). Convergent validity of scores on the FIS_SR was also supported by its strong correlation with the RSE (Szymanski & Kashubeck-West, in press). Alpha for FIS_SR scores for the current sample was .88.

Social support. Social support was assessed using the short form of the Social Support Questionnaire (SSQ6; Sarason, Sarason, Shearin, & Pierce, 1987), which consists of 12 items, six assessing number of social supports and six assessing satisfaction with social support. Example items include "Whom can you really count on to help you feel more relaxed when you are under pressure or tense?" and "Whom can you really count on to help you feel better when you are feeling generally down-in-the-dumps?" Participants were instructed to list all sources of support for a given question and then rate how satisfied they are with those social supports on a 6-point Likert scale from 1 (*not at all satisfied*) to 6 (*very satisfied*). Higher mean scores indicate greater number of and satisfaction with social supports. Reported alphas for scores on the SSQ6 with different samples ranged from .90 to .93 for both number and satisfaction. Validity of SSQ6 scores was supported by correlating scores on the SSQ6 with the original (27 item) Social Support Questionnaire, other measures of social support, and a variety of measures assessing social competence and personality variables (Sarason et al.,

1987). For the current sample, alpha was .94 for scores for the number of social supports and .91 for scores for satisfaction with social support.

Avoidant coping. Avoidant coping was assessed using the avoidant coping factor of the COPE Inventory- dispositional form (Carver, Scheier, & Weintraub, 1989; Dunn, Whelton, & Sharpe, 2006), which consists 12 items representing the three subscales (i.e., Denial, Behavioral Disengagement, and Mental Disengagement) of the avoidant coping factor. Example items include "I pretend that it hasn't really happened" and "I go to movies or watch TV, to think about it less." Participants indicate what they generally do and feel, when they experience stressful events using a 4-point Likert scale from 1 (*I usually don't do this at all*) to 4 (*I usually do this a lot*). Higher mean scores indicate more avoidant coping. Reported alphas for avoidant coping subscales were .71 (Denial), .63 (Behavioral Disengagement), and .45 (Mental Disengagement). Validity was supported by correlating the COPE subscale scores with measures of anxiety, self-esteem, Type A personality, hardiness, and optimism (Carver et al., 1989). Alphas for scores for the three avoidant coping subscales for the current sample were .77 (Denial), .82 (Behavioral Disengagement), and .62 (Mental Disengagement).

Psychological distress. Psychological distress was assessed using the Hopkins Symptom Checklist (HSCL; Derogati, Lipman, Rickets, Uhlenhuth, & Covi, 1974), which consists of 58 items reflecting psychological distress across five symptom dimensions: depression, anxiety, somatization, interpersonal sensitivity, and obsessive-compulsive. Example items include "A feeling of being trapped or caught" and "Feeling hopeless about the future." Participants indicate how often they have felt each symptom during the past several days using a 4-point Likert scale from 1 (*not at all*) to 4 (*extremely*). Higher mean scores indicate greater levels of psychological distress. Reported alphas for scores on the HSCL ranged from .84 to .87. Test-retest reliability ranged from .75 to .84. Validity of the HSCL was supported by studies reflecting the factorial invariance of HSCL symptom dimensions, between group differences, and the HSCL's sensitivity to the use of psychotherapeutic drugs (Derogatis, Lipman, Rickets, Uhlenhuth, & Covi, 1974). Alpha for HSCL scores for the current sample was .97.

Procedures

A Web-based internet survey was used to collect the data. As an incentive to participate, all participants were given the chance to enter three raffle drawings of \$100 each. Procedures for this Web site survey were based on published suggestions (Buchanan & Smith, 1999; Michalak & Szabo, 1998; Schmidt, 1997). Methods for protecting confidentiality included having participants access the research survey via a hypertext link rather than e-mail and the use of a separate raffle database so there was no way to connect a person's online raffle submission with his submitted survey. Methods used for ensuring data integrity included the use of a secure server protected with a firewall to prevent tampering with data and programs by "hackers" and inadvertent access to confidential information by research participants, and the use of "cookies" to identify problems associated with multiple submissions of data from the same computer. Gosling, Vazire, Srivastava, and John (2004) reported that results from Internet studies are not adversely affected by repeat or nonserious responders and are consistent with findings obtained from traditional pen-and-paper methods. Furthermore, Koch and Emrey (2001) found that their Internet sample of LGB persons compared well with data from a national LGB sample and that the demographic characteristics of respondents to their Internet survey were practically indistinguishable from non-responders.

An e-mail announcement of the study was sent to a variety of general gay and bisexual male-related listservs, groups, and organizations primarily found through Internet searches of Yahoo Groups, Gayyellowpages.com, and university and community LGB centers. The email announcements were sent to individuals on the website listed as either "listserv owner" or "contact person." This person was then asked to forward the research announcement to their listserv and to eligible colleagues and friends. These procedures for collecting data online were based on published suggestions (Birnbau, 2004a, 2004b; Riggle, Rostosky, & Reedy, 2005).

Potential participants used a hypertext link to access the survey website. After reading an informed consent, participants were instructed to complete the online survey, which included the aforementioned measures. We were able to de-

termine that 566 potential participants visited the website cover page, 427 advanced to the survey page, and 210 completed the survey. Thus, 37% of participants who visited the website cover page completed the survey.

Results

Means, standard deviations, and intercorrelations among all continuous variables assessed in this study are shown in Table 1. To test our two theory driven models (see Figures 1 and 2), we used structural equation modeling (SEM). Following Tabachnick and Fidell's (2001) recommendation for a two-step approach to analysis, we used the Amos 5.0.1 program to estimate parameters for the measurement model via confirmatory factor analysis (CFA) and for the later simultaneous estimation of the measurement and structural equation models. Because Amos 5.0.1 requires no missing data, 29 participants with substantial missing data (more than 10% of one measure) were not included in this analysis, resulting in a final sample of 181 for the CFA and SEM analyses. To check for non-normality, we evaluated skewness and kurtosis for each measure based on West, Finch, and Curran's (1995) criteria. No variable was skewed greater than 2 and no variable had a kurtosis greater than 7; thus, we determined that no substantial violations existed and no measures required transformation.

The χ^2 statistic and goodness of fit indexes such as the goodness of fit index (GFI) and normed fit index (NFI) are easily distorted by factors extrinsic to actual model misspecification (e.g., number of indicators per factor, sample size). Thus, we based the adequacy of the measurement and structural model fit on the following goodness-of-fit indexes that minimize the effect of extrinsic factors: comparative fit index (CFI), Tucker Lewis index (TLI), incremental fit index (IFI), and root mean square error of approximation (RMSEA; Martens, 2005). Models with CFI, TLI, and IFI goodness of fit indexes greater than .95 and RMSEA values below .06 indicate a good fitting model (Hu & Bentler, 1999).

In the confirmatory model, the three subscales of the Gender Role Conflict Scale (Success, Power, and Competition, Restrictive Emotionality, and Restrictive Affectionate Behavior Between Men) were constrained to load onto

Table 1
Means, SDs, and Correlations for All Study Variables

Variable	X	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. GRC1	3.62	1.04	—														
2. GRC2	3.07	1.20	.40**	—													
3. GRC3	2.64	1.07	.40**	.78**	—												
4. IHNI	1.90	.83	.20**	.50**	.61**	—											
5. IHP	1.75	.95	.23**	.47**	.86**	—											
6. RSE	3.15	.59	-.07	-.35**	-.36**	-.44**	-.40**	—									
7. FIS_SE	2.90	1.19	.12	.40**	.39**	.40**	.36**	-.79**	—								
8. SS_tot	4.48	2.54	-.01	-.28**	-.26**	-.30**	-.24**	.38**	-.35**	—							
9. SS_Satis	5.09	1.03	-.11	-.33**	-.30**	-.31**	-.23**	.43**	-.34**	.41**	—						
10. AVC1	1.52	.55	.15	.15	.26**	.28**	.27**	.27**	-.39**	.39**	-.17*	—					
11. AVC2	1.77	.62	-.02	.32**	.20**	.31**	.28**	-.43**	.46**	-.34**	-.24**	.35**	—				
12. AVC3	2.49	.69	.22	.18**	.22	.18**	.15	-.21**	.23**	-.05	-.11	.17*	.30**	—			
13. HSCL	1.67	.49	.18	.33**	.34**	.31**	.26**	-.67**	.62**	-.25**	-.34**	.48**	.42**	.21**	—		
full scale																	
14. HSCL1	1.61	.49	.15	.28**	.30**	.32**	.26**	-.65**	.59**	-.26**	-.33**	.48**	.40**	.19**	.96**	—	
15. HSCL2	1.77	.53	.19**	.36**	.37**	.30**	.25**	-.65**	.62**	-.23**	-.30**	.46**	.42**	.26**	.96**	.89**	—
16. HSCL3	1.64	.50	.16	.31**	.33**	.28**	.22**	-.64**	.57**	-.22**	-.33**	.44**	.39**	.18**	.97**	.91**	.90**

Note. GRC1, GRC2, GRC3 = Gender Role Conflict Subscales (Success, Power, and Competition; Restrictive Emotionality; Restrictive Affectionate Behavior Between Men); IHNI = Internalized Homonegativity Inventory; IHP = Internalized Homophobia Scale; RSE = Rosenberg Self-Esteem Scale; FIS_SR = Self Regard subscale of the Feelings of Inadequacy Scale; SS_tot = number of social supports; SS_sat = satisfaction with social supports; AVC1, AVC2, AVC3 = COPE Inventory Avoidant coping subscales (Denial, Behavioral Disengagement, and Mental Disengagement). HSCL = Hopkins Symptom Checklist; HSCL1, HSCL2, and HSCL3 = parcels of test items assessing psychological distress.

* $p < .05$. ** $p < .01$.

the Gender Role Conflict factor, the two scales of IH (IHNI and IHP) were constrained to load onto the IH factor, the two scales assessing self-esteem (RSE and FIS_SR) were constrained to load on the Self-Esteem factor, and the two subscales of the SSQ6 (SSQ6_total and SSQ6_satisfaction) were constrained to load on the Social Support factor, and the three subscales of the avoidant coping factor of the COPE Inventory (Denial, Behavioral Disengagement, and Mental Disengagement) were constrained to load on the Avoidant Coping factor.

The items from the psychological distress measure were randomly distributed into three item parcels (HSCL1, HSCL2, and HSCL3) and were constrained to load on the Psychological Distress factor. The six factors were permitted to correlate with one another. Fit statistics for the measurement model indicated an excellent fit of the data: CFI = .98, TLI = .97, IFI = .98, and RMSEA = .056. In addition, each measure significantly loaded on its intended latent factor (absolute factor loadings ranged from .38 to .99). Therefore, we moved to the next stage of the analysis, examination of the structural models and their fit to the data.

In the first model, gender role conflict was hypothesized to lead to more IH, which in turn would lead to less self-esteem, less social support, and more avoidant coping, which in turn would lead to more psychological distress (See Figure 1). Fit statistics for this model did not meet Hu and Bentler's (1999) criteria for a good fitting model: CFI = .94, TLI = .92, IFI = .94, and RMSEA = .087. All paths were significant except for the path from social support to psychological distress.

In the second model, IH was hypothesized to partially mediate the relationship between gender role conflict and self-esteem, and social support and avoidant coping were hypothesized to partially mediate the relationship between self-esteem and psychological distress (See Figure 2). Fit statistics for this second model indicated a good fit of the data: CFI = .97, TLI = .97, IFI = .97, and RMSEA = .057. All paths were significant except for the path from social support to psychological distress. To determine which of the two competing models provided the best fit for the data, we examined the Akaike Information Criterion (AIC) values for each model. As noted by Weston and Gore (2006), smaller AIC values indicate better-fitting mod-

els. The AIC for the first model was 269.54, whereas the AIC for the second model was 206.42. Based on the values for goodness of fit indexes, criteria for a good fitting model, and the AIC values, the second model was retained as a better fit to the data.

To test whether the indirect effects in the retained second model were significant, we used the Test of Joint Significance (TJS) as recommended by Mallinckrodt, Abraham, Wei, and Russell (2006). After comparing 14 methods used to test mediation, MacKinnon, Lockwood, Hoffman, West and Sheets (2002) concluded that the TJS exhibited the best balance of statistical power and Type I error. In addition, research suggests that the TJS may perform better than the bootstrap method with respect to Type I error, particularly when one of the component paths of the indirect effect is not equal to zero in the population (MacKinnon, Lockwood, & Williams, 2004; Mallinckrodt et al., 2006). The TJS is a variant of the causal steps approach but requires that only the paths from predictor to mediator and from mediator to outcome both be statistically significant. There is a significant indirect effect if both coefficients are statistically significant (Mallinckrodt et al., 2006). Thus, the indirect effect of gender role conflict on self-esteem (via IH) was statistically significant, $\beta = -.19$ (i.e., $.64 \times -.29$). The indirect effect of self-esteem on psychological distress (via avoidant coping) was also statistically significant, $\beta = -.25$ (i.e., $-.71 \times .35$). The indirect effect of self-esteem on psychological distress (via social support) was not significant.

Forty-one percent of the variance in IH was explained by gender role conflict, 27% of the variance in self esteem was explained by gender role conflict and IH, 47% of the variance in social support was explained by self-esteem, and 50% of the variance in avoidant coping was explained by self-esteem. In addition, the squared multiple correlation for psychological distress was .62, which indicated that the variables in the model accounted more than half of the amount of variance in psychological distress scores.

Discussion

The present study aimed to extend earlier research by examining unique issues that sexual minority men face based both on their gender and sexual orientation. More specifically, we

hypothesized that a sexual minority male's construction of gender and masculinity would be related to how he feels about being a gay or bisexual man. In addition, our study extends prior research by testing a more comprehensive framework that included the mediating roles of IH, social support, and avoidant coping in the links between gender role conflict, self-esteem, and psychological distress among sexual minority men.

Consistent with feminist theory and empirical studies on gender role conflict, IH, and/or psychological distress (cf., Good et al., 1996; Simonsen et al., 2000; Szymanski et al., in press b), results from the best fitting model revealed that gender role conflict was both directly and indirectly (through IH) related to self-esteem, and that self-esteem was directly and indirectly (through avoidant coping) related to psychological distress. These findings suggest that individuals who experience high degrees of gender role conflict are more likely to internalize negative attitudes and feelings about homosexuality. This relationship suggests that O'Neil's (1981) notion of "a learned fear of femininity" is important not only to heterosexual men's lives but also to sexual minority men's lives. In addition, it supports lesbian feminists call to challenge and transform traditional gender role beliefs and behaviors in order to eradicate both external and internalized heterosexism (Pharr, 1988).

The findings of our study also suggest that internalizing restrictive messages about manhood and negative messages about being gay/bisexual are likely to diminish one's self-esteem. This provides empirical support for Blazina's (2001) assertions that a man's masculine self is separate but related to his overall sense of self, and that traditional gender role socialization leaves men with a sense of psychic fragileness due to the prescription of overly restricted gender roles and emotional disconnection. Our results also indicate that those who experience low self-esteem will be less likely to seek out and be satisfied with their social supports and be more likely to engage in avoidant coping strategies. Furthermore, the findings suggest that those who have poor self-esteem will utilize more avoidant coping strategies, which in turn results in poorer mental health.

The findings of our study direct practitioners' efforts toward reducing sexual minority male

clients' gender role conflict as a root cause of psychosocial distress. More specifically, the findings suggest that interventions designed to decrease sexual minority male clients' gender role conflict may be important in helping to decrease clients' IH and increase their self-esteem and well-being. Thus, psychologists need to (a) be knowledgeable about the cultures of masculinity, (b) be able to detect, identify, explore, and challenge the variety of ways that limiting gender role messages manifest in gay and bisexual male clients, (c) link these messages about masculinity to the larger sociocultural context in which their clients live in order to lessen victim blame, (d) assist sexual minority male clients in seeing how their traditional masculine gender role socialization may be related to their IH and their psychological distress, and (e) provide corrective emotional experiences to heal wounds often created by restrictive male gender role socialization (Blazina, 2001; Good, Thomson, & Brathwaite, 2005; Kashubeck-West et al., in press; Worell & Remer, 2003). In addition, they suggest that interventions aimed at increasing a sexual minority male's self-esteem may lead to decreases in their use of avoidant coping strategies and in their psychological distress levels.

In the bivariate analyses, social support was negatively related to psychological distress; however, when self-esteem, social support, and avoidant coping were examined concurrently in predicting psychological distress social support was no longer related to psychological distress. In addition, no support was found for the mediating role of social support in the link between self-esteem and psychological distress. This suggests that social support may be less important than poor self-esteem and dysfunctional coping styles in contributing to psychological distress levels. It could also be other factors, such as LGB or male social supports, may be more important than general social support in predicting psychological distress levels.

As with the majority of studies on gay and bisexual men, this study is limited by the use of self-report measures and a convenience sample that was primarily White and middle class. It may be that the results would be quite different with a sample that was more racially and ethnically diverse, more likely to report higher levels of IH, and less connected to the gay and bisexual communities. Several strategies may help to increase diversity, such as offering fi-

nancial incentives to all participants for survey completion, use of non-Internet surveys, conducting targeted recruitment through community resources frequented by sexual minority men, and including questions about gender role conflict and IH on a general survey of men's mental health (Szymanski & Owens, in press).

Another limitation is a fairly lengthy survey. Participants who volunteered to take a lengthy survey may be less demoralized and more motivated than nonparticipants. A final limitation has to do with the cross-sectional design of the study that precludes any conclusions about the directional nature of the relationships in the model. Although the data are consistent with the relationships proposed by the models, the data might also be consistent with a model in which the direction of the relationships was reversed. In addition, it is important to acknowledge that the mediational relationships found in this study might not have been evident if other variables that cause IH, self-esteem, social support, avoidant coping, and psychological distress had been included in the model. Finally, our study is limited by the low reliability for scores on the COPE Mental Disengagement subscale. Future research examining the mediational model proposed in the current study using different methods of assessing coping are needed.

In addition to self-report, research using methods (e.g., trained raters, significant others, clinicians), could add to the empirical findings in this area. Research on gender role conflict and IH among racial and ethnic sexual minority individuals is sorely needed, as we know little about the experience of gender role socialization and multiple oppressions, especially as those experiences might relate to psychosocial distress. Since factors associated with traditional male gender roles are likely to be affected by social class, education, and age (Cournoyer & Mahalik, 1995), future research using samples of noncollege educated sexual minority men from poor and working-class socioeconomic statuses and from various age groups is warranted. Future longitudinal research examining the relations of gender role conflict, IH and psychological distress and potential mediators over time is needed. In addition, future research might also examine other potential mediators, such as connection with the gay and bisexual communities, degree of outness, and involvement in antioppression activities in the

relationship between gender role conflict, IH, and psychological distress.

In conclusion, the model retained in this study provided a good fit to the data, accounting for a large proportion of the variance in gay and bisexual men's psychological distress. The findings of this study highlight the importance of attending to gender role socialization and heterosexism in the lives of gay and bisexual men.

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