

THE ROLE OF MASCULINITY-BASED STRESS AND MINORITY STRESS IN THE
MENTAL HEALTH OF ASIAN AND PACIFIC ISLANDER GAY AND BISEXUAL MEN IN
THE U.S.

by

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Abstract

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Nhan Truong

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Gay and bisexual Asian and Pacific Islander (API) men in the U.S. face prejudice and discrimination in their everyday lives. This partially stems from cultural stereotypes that cast them as men who do not fit the heterosexual White masculine ideal. The resulting stress that is produced from their experiences of conflict between the gay Asian stereotypes and the hegemonic masculine ideal may lead to a decline in their mental health. This dissertation study explores API gay and bisexual men's unique cultural experiences of masculinity-related stress and examines the relationships between masculinity-related stress, minority stress, and mental health among these men.

Eight gay and bisexual API men participated in semi-structured pilot interviews to assess the extent to which the masculinity-based stress measures reflect the lived experiences of API gay and bisexual men, and to refine the online survey questionnaire. Two-hundred twenty three gay and bisexual API men in the U.S. completed the refined online survey questionnaire. The

online survey examined how masculinity-related stress and minority stress serve as social psychological mechanisms. An additive model of mental health was proposed whereby both masculinity-related stress and minority stress were predictive of depression and psychological well-being.

The pilot interviews revealed that overall the API gay and bisexual men were not distressed about the masculine body ideal, and suggested that these men negotiated the stigma attached to their bodies by reframing it in a positive manner. This was evident in their narratives about (1) learning to embrace their body type, and (2) using an internal locus of control by reframing distress over the masculine body ideal into something they have control over, that is concern over their physical health.

Factor analyses on the Masculine Body Ideal Distress Scale and Masculine Gender Role Stress Scale items indicated that the measures fit the experiences of API gay and bisexual men. Multiple regression analyses showed that the three masculinity-related stress measures (masculine body image distress, masculine gender role stress, and distress over gay Asian stereotypes) and four of the six minority stress measures (internalized racism, internalized homophobia, stigma consciousness, and gay Asian stereotype consciousness) significantly predicted mental health. Consistent with Yoshikawa et al's findings on his sample of gay and bisexual API men, sexual orientation based discrimination did not predict mental health. Also, racism-related stress did not affect mental health.

The present study also explored minority stress, generation status, and ethnicity as moderators of the relationship between masculinity-related stress and mental health. Only ethnicity was found to be a moderator. Filipino/Indian vs Other API moderated the relationship

between gay Asian stereotype consciousness and psychological well-being, and Chinese/Taiwanese vs Filipinos moderated the relationship between gay Asian stereotype consciousness and depression. Implications for culturally sensitive interventions on gay and bisexual API men's mental health are discussed.

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Chapter 1: Introduction

“After I came out at twenty-two, I realized how much the gay male community fetishized masculinity. ‘Be straight-acting,’ the ubiquitous gay male personals line read. ‘If I were into femmes, I’d date women.’ I thought, perhaps wrongly, that if I wanted to date in this world, I would have to acquire a ‘straight-acting’ body. So I hit the gym. What pleasure I found there! I realized there was no mystery to inhabiting a man’s body—I just needed to pick up heavy objects and put them down again. This I could do. I let the truncated banister of the StairMaster guide me upward into manhood.” (Kenji Yoshino in his memoir, “Covering,” pg. 81).

1-1. Aims and objectives

The above quote by Kenji Yoshino, a gay Japanese-American male academic in the field of law, from his memoir echoes the pressures of gay and bisexual Asian/Pacific Islander (API) men in the United States to adhere to strict masculine standards in the face of cultural stereotypes of gay Asian men that portray gay and bisexual API men as being weak, passive, and submissive “bottoms,” or the receivers of anal intercourse (Sanitioso, 1999). All of these characteristics mark them as not meeting the hegemonic masculine ideal male who is in control, aggressive and assertive, and athletic with a strong personality (Cheng, 1996). As a result of the conflict between stereotypes and the cultural ideal, API gay and bisexual men experience masculinity-related stress. This may contribute to the significant mental health problems of this population. In a recent large sample study of API gay men, 45% were at clinical risk for depression (Yoshikawa, Wilson, Chae, & Cheng, 2004) compared to 21% in Radloff’s (1977) original study on the development of the Center for Epidemiologic Studies Depression scale (CES-D).

Prejudice and discrimination directed toward gay and bisexual API men are widespread in the U.S. Experiences of ethnic and sexual orientation based discrimination may, for some gay and bisexual API men, result in internalizing the stigma associated with their ethnic and sexual minority statuses. In addition, some gay and bisexual API men may be more conscious of the stigma attached to their sexual and ethnic minority statuses. These are all aspects of chronic stress that stem from the stigma of being a member of a minority group(s), which have been termed minority stress. Minority stress has been known to result in lowered mental health in gay, lesbian, and bisexual African-American, Latino, and White men and women (Meyer, 1995; 2003). This may also lead to lowered mental health for API gay and bisexual men.

In addition to established masculinity-related stress concepts (e.g. masculine body ideal distress and masculine gender role stress) and minority stress concepts (e.g. internalized homophobia and racism, experiences of homophobia and racism, and stigma consciousness), this study posits that gay Asian stereotypes in the U.S. has contributed to masculinity based stress and minority stress in API gay and bisexual men. Gay and bisexual API men experience internal psychological conflicts between the cultural stereotypes and the masculine ideal, resulting in stressful tensions between opposing identities— weak versus strong, passive versus aggressive, and dominant “tops” versus submissive “bottoms.” This concept measures gay and bisexual API men’s experiences of stress at the intersection of gender, race and sexuality. This unique stressor, which may be incorporated into the masculinity-based stress and minority stress concepts, may also lead to lowered mental health for gay and bisexual API men.

This study focuses on the mental health outcomes of API gay and bisexual men as they face unique challenges related to the stigma of their ethnic and sexual minority statuses, and as they struggle with being forced to contend with White heterosexual hegemonic masculinity,

while simultaneously negotiating with their ethnicity and sexuality. Drawing on theories of masculinity, stress, cultural adaptation, and mental health from a wide range of disciplines including social and cultural psychology, sociology, and literary and queer studies, this study examines the relationship between mental health, minority stress, and masculinity-related stress.

The study addresses two aims:

- 1) To assess the content validity of the masculinity-based stress measures that would identify concerns unique to the cultural experiences of API gay and bisexual men.
- 2) To identify social psychological mechanisms underlying the relationship between masculinity-related stress, minority stress, and mental health among API gay and bisexual men.

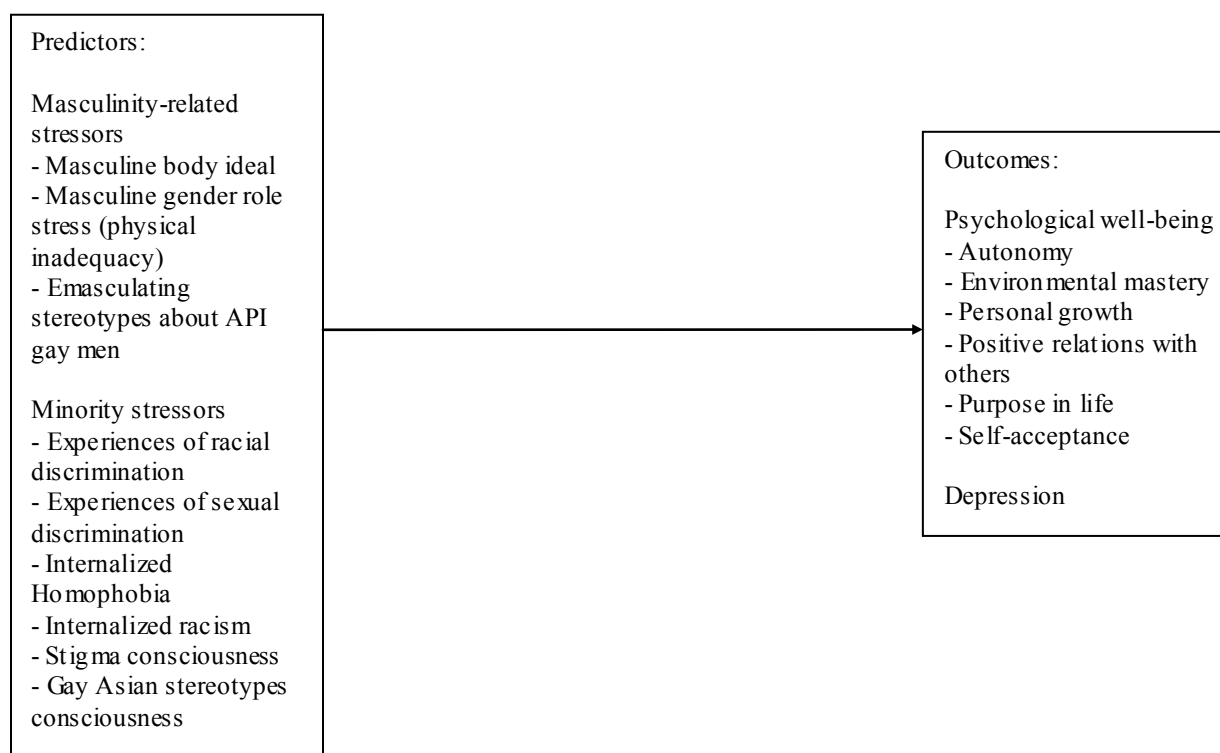
These aims will be accomplished through pilot semi-structured interviews with API gay and bisexual men, and an online survey questionnaire that has been refined from the pilot interviews with API gay and bisexual men. The questionnaire will enable an assessment of how both masculinity-related stress and minority stress influence the mental health of these men.

The two aims are addressed with the following research questions and hypotheses:

- 1.) Do the masculinity-related stress measures reflect the experiences of API gay and bisexual men? I hypothesize that situations involving physical inadequacy and stereotypes about gay Asian men will reflect the experiences of API gay and bisexual men. However, I expect that distress over the masculine body ideal will not fully reflect the experiences of these men.
- 2.) Do masculinity-based stressors predict psychological well-being and depression? I expect that masculinity-based stress will predict psychological well-being and depression, such that the higher the masculinity-based stress experienced by API gay and bisexual men, the lower their psychological well-being and the greater their depression.

3.) Do minority stressors predict psychological well-being and depression? I expect that minority stress will predict psychological well-being and depression, such that the higher the minority stress experienced by API gay and bisexual men, the lower their psychological well-being and the greater their depression.

I propose an additive model, whereby both masculinity-related stress and minority stress are predictive of mental health (see diagram below).



This study also explores the following potential moderators:

4.) Does masculinity-based stress moderate the relationship between minority stress and mental health? I expect that masculinity-based stress will be a moderator, whereby minority stress will have a more negative effect on the mental health of gay and bisexual API men with higher masculinity-based stress than those with lower masculinity-based stress.

5.) Does generation status (immigrant versus American-born) moderate the relationship between masculinity based stress and minority stress on mental health? I expect that generation status will be a moderator, whereby masculinity-related stress and minority stress will have more a negative effect on the mental health of American-born men than immigrants.

6.) Do Asian ethnic groups moderate the relationship between masculinity-based stress and minority stress on mental health? I expect that Asian ethnic groups will be a moderator for masculine body ideal distress among Filipinos and Indians versus Other API men, where the masculine body ideal will have a more negative effect on the mental health of other API gay and bisexual men than Filipino and Indian gay and bisexual men.

This following section discusses the historical development of gay Asian stereotypes in the U.S. A review of the literature focuses on mental health of gay and bisexual API men in the U.S., then social stress and mental health, masculinity-based stress and minority stress and finally, on the effects of generation status and Asian ethnic groups.

1-2. Historical Background

Cultural stereotypes about gay Asian men in the U.S. emerged from pre- World War II immigration exclusion policies that allowed only Chinese men to enter U.S. soil and thus formed “bachelor communities”, and labor conditions that limited immigrant Asian men to take on domestic jobs that were considered “feminine”, such as launderers and cooks (Espiritu, 1998). In the 1920s, service workers, mostly in laundry and restaurant businesses, consisted of 58% Chinese, in comparison to 5% White-Americans and 10% White foreigners (Takaki, 1989). The internment of the Japanese Americans during World War II took away the first generation Issei men of their role as breadwinner in the family, and decreased male power over women. In

addition, Chinese men's traditional dress, which included full dress like pants and long ponytails (or queues), were considered inappropriate male dress from the Westerners perspective and thus added to the feminine image of the Asian male.

The meaning of "Asian" was socially constructed, and stemmed primarily from what Westerners considered to be normal versus foreign (Han, 2006). The image of an Asian tended to be stereotypical and one dimensional. Despite their diversity in cultural and historical backgrounds, Asians have in the Western imagination been one and the same. From a postcolonial perspective, the stereotypical image of the Oriental "promoted the difference between the familiar (Europe, the West, 'us') and the strange (the Orient, the East, 'them')" (Said, 1978, pg. 43), which served to encourage, reinforce and maintain Western superiority (Han, 2006). Narratives in Orientalist discourse included the Asian male body as feminine in appearance. This has brought national media attention such as in David Henry Hwang's (1989) play *M. Butterfly*, about a gay Asian man named Song Liling, who was able to deceive a French diplomat into thinking that he was a woman for almost 20 years.

In the mainstream gay culture, there is an emphasis on being masculine. This is clear in gay personal advertisements, where gay and bisexual men use in their description for what they are looking for phrases such as "straight acting" and "no femmes" (Han, 2006). The hypermasculinization of what is considered a desirable gay male dates back to the "gay clone" in the 1970s and 1980s (Levine, 1998). The image of the gay clone was a muscular White male who wore a beard, and acted like "the manliest of men."

In the U.S., Asian men are thought of as one and the same, as weak, small-endowed, and effeminate. A more recent Asian male stereotype emerged with the introduction of martial artists in the media like Bruce Lee and Jet Li. Asian-American scholars have argued that this

hypermasculinized image of the Asian-American man is a controlling image which serves to further pigeon-hole Asian-American men. Jackson Chan (2001) notes the Bruce Lee stereotype has limited Asian-American men in playing martial arts roles in the mainstream media. What scholars have failed to mention is that the hypermasculine kung fu stereotype pertains to the *heterosexual* API man, and not the gay or bisexual API man. All of the Asian-American men who have starred in martial arts movies in the U.S. have played the role of the *heterosexual* martial artist. Gay and bisexual API men are excluded from the hypermasculine stereotype and therefore continue to be pigeon-holed with stereotypes that serve to emasculate their sense of manhood.

1-3. Literature Review

1-3-1. *Mental health among API gay and bisexual men*

The existing literature on the mental health of API gay and bisexual men is scarce, which may have in part resulted from the focus on social and cultural HIV risk factors in response to the rise of reported AIDS among this population in the 1990s (Wortley, Metler, Hu, & Fleming, 2000). In addition, the stigma regarding sex among Asian-American communities may have prevented research on issues related to homosexuality in API gay and bisexual men (Nakajima, Chan, & Lee, 1996). This section discusses the challenges that API gay and bisexual men face as a result of cultural differences, adoption of U.S. cultural norms and values, and social, familial and institutional forms of discrimination. These factors may negatively affect the mental health of gay and bisexual API men.

The first factor involves differences in Asian and Western philosophies around sexuality. In many Asian countries, sexual orientation, gender identity, and sexual behavior is more fluid

and less easily distinguishable than in Western societies (Nakajima, Chan, & Lee, 1996). For instance, cross-dressing and effeminacy was prevalent in Japanese and Chinese culture, which was evident in traditional Chinese opera and Japanese theaters. It was not until API gay and bisexual men assimilated into the mainstream gay culture in the U.S. that they began to view cross dressing and effeminacy in a pejorative way. Filipino gay men who adopted the gay White standards of masculinity in the U.S. tended to perceive the “Bakla,”— men who cross dress and act effeminate— in a negative manner and therefore distanced themselves from their native culture.

The second factor is related to differences in Eastern and Western philosophies around masculinity. In East Asian cultures such as China, Japan, and Korea, the teachings of Confucianism influence gay Asian men’s interpersonal relationships and practices. In Confucianism, the scholar gentry is emphasized and valued, and is as equally important to a man’s sense of masculinity as physical brawn (Louie, 2002). This comes in direct conflict with the standards of masculinity in the mainstream gay White culture, which emphasizes muscularity. Confucianism also instills the importance of maintaining harmony within the Asian community and the family, and the eldest son’s filial duty to pass on the family name. For API gay and bisexual men to disclose their sexual orientation can at once threaten group harmony and bring shame to the family. “Loss of face” as a result of coming out of the closet can lead to feelings of guilt and shame.

Finally the third factor involves social, familial, and institutionalized forms of discrimination. Racism and homophobia against API gay and bisexual men in the U.S. is perpetuated through gay Asian stereotypes in the media. For instance, stereotypes of gay Asian men as being passive and submissive have been maintained and reinforced through gay

pornography. In Richard Fung's (1998) analysis, the few instances of gay Asian men in American gay pornography were portrayed as passive partners having sex with White men. API gay and bisexual men also face homophobia from American society, as well as within the Asian-American community, and even worse from their own families. Since many contend with the fear of being rejected and disowned from their family as a result of disclosing their homosexuality, these men tend to perceive the Asian-American community as homophobic, and turn to other social support networks. Connie Chan (1989) found that gay and lesbian Asian-American men and women had a difficult time coming out to other Asian Americans and were more likely to participate in gay and lesbian organizations than in Asian-American organizations.

1-3-2. *Social stress and mental health*

The concept of stress has been of interest among researchers since the 1950s with Selye's "The Stress of Life" (Wheaton, 1999). Half a century has past and there is still confusion around the meaning of the term stress. Scholars who study stress are yet to agree on a unified definition of the construct (Dougall & Baum, 2001). How do the concepts among the stress process relate to each other (Wheaton, 1999)? Furthermore, in developing stress measures there is the issue of consensus on which life events and situations would be considered stressful. How do we, as researchers, choose between what is a stressor from what is not?

There are primarily two literatures on stress, physiological stress that is biologically based, and social stress that affect mental health without resulting in physiological stress. This study examines the latter of the two types of stressors, that is social stressors that affect the mental health of gay and bisexual API men. Most stress researchers would say that stress is associated with threatening or harmful events, and results in negative feelings and emotions.

Lazarus and Folkman (1984) define stress as the “particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being.” (p. 19). Wheaton (1999) defines a stressor as “a condition of threat, demand, or structural constraint that, by its very occurrence or existence, calls into question the operating integrity of the organism” (p. 281). Such structural constraints may include not having the means to attain goals or ideals, experiences of discrimination, and the pressures to play certain normative roles defined by society or within communities. A stressor is an event or situation that would challenge the individual if it is beyond the “elastic limit” of the individual, that is the point at which the individual can no longer cope with the stress. Therefore nonstressors are events or situations that: (1) are weak in challenging the individual, and (2) are not as valued or important enough to be considered problematic by the individual.

Stress may come in a variety of forms. A life event is the most common operational definition for the stress concept. Wheaton (1999) operationalizes stress as “the life change event, a discrete, observable, and ‘objectively’ reportable event that requires some social and/or psychological adjustment on the part of the individual” (p. 282). However, life is continuous and dynamic and therefore a social stressor may not necessarily be an event, but a state that slowly develops over time (Wheaton, 1999). As such, a stressor can be an event as well as a condition. Wheaton distinguishes between six different forms of stressors: events, chronic stressors, daily hassles, nonevents, traumas, and ecological stressors. Life events are discrete and observable events that involve significant life changes and have a clear starting point and ending point, whereas chronic stressors are conditions that slowly develop and generally have a longer time frame than life events. Daily hassles differ from chronic stressors in that they involve minor stresses that occur in everyday life. Nonevents involve something that is desired and is normative

to a particular group of people, but does not occur. This type of stress can be seen as a form of chronic stressor as well as an event. Traumas are stressors that are more severe in threat to the individual than the other types of stressors. They may also be an event or a chronic problem, and have a potentially greater impact on the individual in the long term than the other types of stressors. Finally, ecological stressors are contextual stress, whereby the environment in which the individual is situated leads to stress. The unit of analysis here is above the individual level, and has appropriately been termed macrostressors or system stressors. Ecological stressors include both isolated events as well as chronic conditions.

Research evidence has shown that stress has a significant impact on the physical and mental health, as well as performance of individuals. In Lazarus and Folkman's (1984) stress model, the individual appraises or perceives the event as threatening which in turn leads to aversive feelings or emotions. In the stress literature, the stress model has also included coping resources as part of the stress process. Wheaton (1999) argues that coping should be a separate issue in the stress model, and perhaps with separate predictors. In the stress model for my study, I only present social stressors as predictors of mental health outcomes (See p. 7). Concepts employed in my study to assess social stressors in the lives of gay and bisexual API men are masculinity-related stress and minority stress.

1-3-3. *Masculinity-related stress among API gay and bisexual men*

Sociologist Robert Connell (1995) defines the term masculinity in relation to the roles that men play in society, and traits that men possess as defined by that particular society. Hegemonic masculinity is a configuration of gender practice that reifies, reinforces and legitimizes patriarchy. White, middle class, heterosexual men constitute the standard in which all

men are measured against. Thus hegemonic masculinity is not only rooted in sexism, but also racism and homophobia (Kimmel, 1994). Connell and other contemporary scholars of masculinity have recognized the wide range of experiences of men on the basis of race, class, and sexual orientation, and have used the plural “masculinities” to refer to the existence of many different forms of masculinity (e.g. Nardi, 2000; Connell, 1995; Chan, 2001).

Connell suggests that ethnic and sexual minorities are excluded from the hegemonic masculine group of men, and thus constitute other forms of masculinities. His theory of masculinities is framed from a gendered lens and is thus limited when it comes to race. According to Connell, gay men are subordinated by heterosexual men and thus can never meet the standards of hegemonic masculinity. Men of color are marginalized by White men, and as a result they both culturally and socially do not have access to institutional and individual power. From a racial lens, one could argue that racial minority men are subordinated by White men, and gay men are marginalized from the dominant hegemonic masculine group. From this perspective, “for the dominant race in a particular society, membership and its privileges are first determined by whether one belongs to that race. A gay man who belongs to that race of power may be more tolerated than a straight man of another race.” (Phua, 2007, p. 910).¹ Viewing masculinity from a racial lens may help to better understand the experiences of API gay and bisexual men. These men face double jeopardy because of their lowered status in the racial and gender hierarchies of masculinity, never meeting the standards of hegemonic masculinity that is the *White* heterosexual male ideal. Their lowered status in the hierarchies of masculinity is maintained

¹ In fact, Connell (1995) acknowledges that the usage of his terms may not be the most ideal in that it does not address the intersections of race and gender. Perhaps the term subordinated masculinities makes more sense to address the inherent connections between race and gender masculinities.

through the cultural stereotypes of gay Asian men that at once serve to emasculate them and prevent them from having access to institutional and individual power.

Constructions of masculinities among API gay and bisexual men, as well as API heterosexual men, also involve the notion of Americanism (Liu & Chang, 2007). This idea not only involves national identity, but it is also a “raced and gendered cultural project” (pg. 198). The term “cultural project” has been defined as how a particular society acts and frames certain cultural groups in ways that serve to maintain, reinforce, and encourage the marginalization of those groups. Perpetuating the stereotypes of gay and bisexual API men as asexual and effeminate are cultural projects that marginalize these groups of men.

API gay and bisexual men are faced with stereotypes that contradict hegemonic masculinity in the United States, and serve to reinforce and encourage the marginalization of these men. This psychological conflict may become a source of stress for this group of men. Concepts which can be used to assess masculinity-related stress in API gay and bisexual men are masculine gender roles, gay Asian stereotypes, and the masculine body ideal.

Gender roles are formed through cultural messages such as restricting emotions, and being tough, competitive, successful, aggressive, fearless, invulnerable, and independent (Good, Sherrod, & Dillon, 2000). The pressures to adhere to male gender roles are a source of stress in men’s lives and ultimately lead to a decline in their mental health (Eisler, Skidmore, & Ward, 1988; Dillon, 2003; Copenhaver & Eisler, 1996; Tang & Lau, 1996). Social context plays a significant role in the relation between masculinity-related stress and health. Eisler and Skidmore’s (1987) notion of masculine gender role stress identified men whose masculine ideology made them susceptible to stress in certain situations. Situations that men identify as stressful are those they perceive as involving inadequacy in their performance, subordination to

women, and challenges to their independence, power, and control. Masculine gender role stress was assessed on situations that the general White male population would experience as stressful. Some of these situations may not be relevant in contexts demanded by API gay or bisexual men. Physical inadequacy appears to be the only category of stressful situations for this group of men because they reflect some of the gay Asian stereotypes such as being sexually inferior and nonathletic.

Exposure to negative cultural stereotypes can affect the self-perceptions of individuals whose groups are being portrayed (Do, 2006). API gay and bisexual men face emasculating stereotypes around being sexually inferior and physically weak among others. API gay and bisexual men who are chronically exposed to gay Asian stereotypes may internalize the stereotypes and experience stress due to the psychological conflicts between their perceived demasculine self and the White heterosexual masculine ideal.

In the U.S. muscularity is a core body ideal for men (Pope, Olivardia, Gurber, & Borowiecki, 1999), which often results in negative evaluations of one's body (Kimmel & Mahalik, 2004). Masculine body ideal distress involves the stress that men experience from failing to meet the standards of the masculine body ideal (e.g. not having six pack abs). These include seven general areas involving the body: arms, legs, chest, abdominals, weight, muscle definition, and strength. For API gay and bisexual men, their feelings of distress toward the masculine body ideal may not only stem from the challenges of being gay, but also from being API.

The first research question asks do the three masculinity-related stressors reflect the lived experiences of API gay and bisexual men? I anticipate that narratives from the pilot interviews will show that emasculating stereotypes about gay Asian men, and situations involving physical

inadequacy reflect the experiences of API gay and bisexual men. However, I expect that these men's concerns over the masculine body ideal are culturally unique and differ from non-API gay and bisexual men. I argue that conceptions of distress over the masculine body ideal for this group of men need to account for its inherent connections with gay Asian stereotypes. API gay and bisexual men face ethnic-related stress over the masculine body ideal above and beyond the gay-related stress experienced by all gay and bisexual men.

API gay and bisexual men are viewed as constructing their masculinities through actively searching for meaning as men, negotiating between hegemonic masculinity and their own unique cultural experiences of masculinities (Gregg, 1998). As social agents, these men do not passively absorb the American notion of the body ideal. Rather American's ideology of hegemonic masculinity interact with their concerns over differences in their ethnic physical characteristics (e.g. lacking facial and body hair and having a slim body) and in their own culture's social organization of masculinity (e.g. the scholarly man is valued as a masculine characteristic and chubbiness symbolizes wealth and success) (Louie, 2002). Physical attributes that gay API men are stereotyped with include having slanted or almond shaped eyes, silky straight hair, a smooth hairless body, a small penis, a small body frame, and soft and tan/brown skin (Phua, 2007). Sociological theories around ethnic and sexual minority experiences of masculinities have distinguished between two forms of hierarchies, gendered masculinity and racialized masculinity. Gendered masculinity involves attitudes, behaviors and values that are considered masculine and feminine. Racialized masculinity involves emasculating stereotypes that involve physical and mental characteristics, which are less valued than White male characteristics. API gay and bisexual men may not feel so distressed over being fat (e.g. having love handles and a belly), but may instead feel more distressed over phenotypic features that are devalued as a result

of their lowered status in the gender masculinity hierarchy (e.g. lacking facial hair, having a smooth body and a small body frame), and racial masculinity hierarchy (e.g. having almond shaped eyes and silky straight hair). The pilot interviews will also test this first hypothesis.

1-3-4. *Masculinity-related stress and mental health*

Joseph Pleck's (1981) male gender role strain model of masculinity proposes that the failure to meet the expected cultural standards of masculinity produces lower psychological well-being for men, which he terms "gender role discrepancy". Following Pleck's theory of gender role discrepancy, researchers such as Eisler and Skidmore (1987) have approached stress in terms of cognitive appraisal or perceptions of specific situations as being stressful for men. If a man experiences a gender role discrepant situation, his appraisal of the situation as being stressful determines the mental health outcome.

Masculinity-related stress has been associated with lower mental health among heterosexual White men. Masculine gender role stress has been associated with greater levels of anxiety, anger, and various health risk behaviors (Eisler, Skidmore, & Ward, 1988). Masculine body ideal distress has been associated with higher levels of body dissatisfaction among heterosexual White men (Kimmel & Mahalik, 2004). API gay and bisexual men's experiences of masculinity-related stress may not only stem from the challenges of their gender status, but also from the struggles of their sexual and ethnic minority statuses. These men experience gender role discrepancy on two levels. They are socialized to think and believe that their sexuality is morally wrong and unacceptable and therefore inferior to heterosexual men, and that their racial minority status reduces them to even less of a man than gay White men. Their experiences of incongruity

between the gay Asian stereotypes and the masculine ideal result in perceiving these gender role discrepant situations as stressful, which may then lead to lowered psychological well-being.

Gay men have been found to report higher dissatisfaction with their bodies and muscularity than compared to heterosexual men (Kaminski, Chapman, Haynes, & Own, 2005) as a result of the gay mainstream culture's emphasis on physical appearance (Drummond, 2005). API gay and bisexual men may perceive their corporeal bodies as even less aesthetically pleasing as a consequence of their lowered status on the gendered and racial hierarchies of masculinity. Drummond's (2005) qualitative study of gay Asian-Australian men and their experiences of masculinity found that these men felt their bodies were inferior to gay White-Australian men. These men talked about feelings of stigma attached to being a gay Asian man and being "too skinny." Some also internalized the gay Asian cultural stereotypes in Australia, which was evident in one of the participant's perceptions of his body as "feminine", and more "passive" and "submissive" than the "dominant" and "masculine" gay White men (p. 295). The narrative findings of this study suggest that API gay and bisexual men's body dissatisfaction and decline in mental health may be a consequence of not only have to deal with being gay, but also with their internalized racism and "understanding their 'Asianess' in a white, anglo, heterosexual culture" (Drummond, 2005, p. 298).

Following Pleck's theory of gender role discrepancy, API gay and bisexual men who perceive themselves or people of their race and sexual orientation as sexually inferior, weak, and effeminate, may experience psychological conflicts between the demasculinized perceptions of their self and the White heterosexual masculine ideal self. Research evidence suggest that Asian-American cultural stereotypes influence Asian-American men's mental health. In one study, Asian-American men who endorsed stereotypes about themselves were associated with lowered

self-esteem and a lowered sense of pride and confidence in their ethnic identity (Do, 2006).

These men endorse stereotypes around their own ethnic group perhaps because they perceive themselves in relation to those stereotypes, and therefore feel low self-worth toward their sense of manhood and racial identity. Internalizing the gay Asian stereotypes produces psychological conflict between the perceived self and hegemonic masculinity, which may be stressful for API gay and bisexual men. The stress may in turn lead to lower psychological well-being.

The second research question asks do masculinity-related stressors predict mental health among gay and bisexual API men? I expect that masculinity-based stress will predict mental health, whereby the greater their masculine gender role stress, the greater their distress over the masculine body ideal, the greater their self-endorsement of stereotypes, the lower their psychological well-being and the greater their levels of depression.

1-3-5. *Minority stress and mental health*

Ethnic and sexual minority persons who live in a predominantly White, heterosexual society experience chronic stress related to their stigmatization. Minority stress emerges from negative life events that are related to the minority individual's stigmatization, and from his experience in the dominant society. Minority members are likely to experience psychological conflicts because the dominant culture, norms, and values tend to differ from minority persons. For example, social institutional practices like marriage are only afforded to heterosexuals and not sexual minority members. My life history analysis on the autobiography of Yi-Fu Tuan, a gay Chinese immigrant academic geographer, reveals the psychological pain he experiences as a result of not being afforded the opportunity to take part in marriage and parenthood (Truong, 2006).

The assumptions underlying the minority stress concept are that minority stress is: (1) unique, (2) chronic, and (3) socially based (Meyer, 2003). Among gay men, these stressors include internalized homophobia, stigma, and experiences of discrimination (Meyer, 1995). As gay/bisexual and API men, not only do these men face minority stress that all gay and bisexual men in general experience, but they are also challenged with the additive stress related to their race/ethnicity, that is experiences of racial discrimination and feelings of internalized racism. Minority stress is also chronic, in that these stressors come from “relatively stable underlying social and cultural structures” (pg. 676). Finally, these stressors include experiences of both race and sexual-orientation based discrimination, which are socially based in that they “stem from social processes, institutions, and structures beyond the individual rather than individual events or conditions that characterize general stressors or biological, genetic, or other nonsocial characteristics of the person or the group” (pg. 676).

Meyer (2003) distinguishes between distal and proximal minority stressors. Distal minority stressors involve objective events or environmental conditions, such as racist and homophobic events experienced by the minority member. Proximal minority stressors relate to subjective cognitive appraisals, which are manifestations of distal environmental conditions. Internalized homophobia, internalized racism, and stigma consciousness are considered proximal minority stressors.

The idea of distal and proximal minority stressors is similar to Herek and Garnets’s (2007) model of sexual stigma, which consists of enacted, felt, and internalized stigma. Although they discuss these three types of stigma within a sexuality framework, I argue that these terms can be employed within the context of race as well. Enacted stigma involves direct experiences of minority stress from the minority individual, what Meyer calls distal minority stressors, that is

race-based discriminatory events and sexual orientation-based discriminatory events. Felt stigma involves indirect experiences of minority stress, such as stigma consciousness and stereotype threat (Steele & Aronson, 1995). Internalized stigma refers to the acceptance of the minority member's stigma as part of his self-concept. This differs from felt stigma in that felt stigma stems from the minority member's awareness of the stigma that is attached to his minority status(es), irrespective of whether or not he accepts the stigma as part of his self-concept. Felt and internalized stigma could be considered two types of proximal minority stressors.

Research evidence on gay, lesbian, and bisexual men and women suggest that the greater the minority stress, the lower their mental health, including depression and suicidal ideation. Interactions with society provide gay and bisexual API men information on how the heterosexual and queer communities operate, including their values, rules, and regulations. When information about the heterosexual community and the queer community are incongruent with the gay and bisexual API men's own experiences of the world, then their mental health may be lowered.

In qualitative studies of gay and bisexual API men, one common theme has been narratives on how the Asian community shuns away from homosexuality and how the mainstream White gay community ostracizes Asians (Choi et al, 1999; Nemoto et al, 2003; Wilson & Yoshikawa, 2004). Gay and bisexual API men living in large cities in gay communities that are largely White (e.g. San Francisco, New York City, and Melbourne, Australia) have provided similar narratives about feeling invisible in the gay community (Choi et al, 1999; Nemoto et al, 2003; Ridge, Hee, & Minichiello, 1999; Wilson & Yoshikawa, 2004). In one interview study, one man responded, "Sometimes it makes me feel bad, because I find it like, it would have been better if I had been a White guy" (Wilson & Yoshikawa, 2004, p. 76). Some gay and bisexual API men remain "closeted" in the family and within the Asian community as a

way to cope with homophobia. In another study, one man responded, “There’s a lot of stigma in the Asian community, and losing face because of being gay... If you’re gay, you’re not fulfilling the family obligation” (Nemoto et al., 2003, p. 11). These qualitative studies suggest that race and sexual-orientation based discrimination may have a detrimental effect on the mental health of this population.

The following subsections discuss quantitative studies on minority stressors— racism, homophobia, internalized racism, internalized homophobia, and stigma consciousness —and mental health. I also discuss an additional minority stressor unique to gay and bisexual API men, what I call gay Asian stereotype consciousness.

Racism:

The majority of quantitative studies on race-based discrimination among ethnic minorities in the U.S. have shown a relationship between greater experiences of racism and lower mental health. In one recent nationally representative study of Asian adults in the U.S., more experiences of perceived racial discrimination were correlated with lowered psychological well-being (Yip, Gee, & Takeuchi, 2008). Another study on gay Latino men living in three cities has shown that experiences of racism lead to greater psychological symptoms (Diaz, Ayala, Bein, Henne, & Marin, 2001). In a large sample study of gay and bisexual API men living in NYC, greater overt experiences of racism was related to higher levels of depressive symptoms based on the CES-D (Yoshikawa, Wilson, Chae, & Cheng, 2004).

The present study employs a different construct of racism, racism-related stress or ethnic stress. One study on the development of the Asian-American Racism Related Stress Inventory (AARRSI) found that among a sample of Asian-American men and women, the AARRSI was not related to lower self-esteem and greater psychological symptoms (Liang, Li, & Kim, 2004).

Clearly it seems that for the Asian American population, experiences of racist events and racism-related stress are two distinct constructs that have differential outcomes on mental health.

However, the AARRSI has not been tested on the gay and bisexual API population. Perhaps for gay and bisexual API men, their experiences of racism-related stress are more heightened as a result of their dual minority statuses, thus resulting in decreased mental health.

Homophobia:

The relation between sexual orientation-based discrimination and mental health among gay and bisexual API men contradict studies on non-API gay and bisexual men. One study found that among gay men, experiences of anti-gay violence and AIDS-related discrimination predicted greater levels of demoralization, greater feelings of guilt, higher suicidal ideation and/or behavior, and greater AIDS-related trauma (Meyer, 1995). In another study among Latino, African-American, and White gay and bisexual men, greater experiences of homophobia were related to lowered mental health (Meyer, 2003). However, in Yoshikawa et al's (2004) study of gay and bisexual API men in NYC, there was no relationship between experiences of homophobia and mental health.

Perhaps for gay and bisexual API men, experiences of sexual-orientation based discrimination is not perceived as relevant to their identity than compared to White, Latino and African-American gay and bisexual men and women. Therefore, gay and bisexual API men may not attribute these experiences to their own self-concept. They may also use coping strategies that protect them from psychological damage when encountering homophobia. Wilson and Yoshikawa (2004) found that the majority of gay and bisexual API men in their sample responded to experiences of sexual-orientation based discrimination by using a social network based response, such as friends, to cope with homophobia, and that the use of this response type

was linked to lower HIV risk behaviors. This suggests that perhaps talking to their friends about their encounters with homophobia prevents them from developing feelings of low self esteem and depression.

Internalized racism:

Internalized racism refers to “self-blame and feeling responsible in the context of racism” (Carter, 2007, p. 36). It also involves marginalized ethnic minorities accepting the negative stereotypes about their ethnic group (Williams & Williams-Morris, 2000). Suzette Speight (2007) argues that experiencing racism is not required for ethnic minority members to internalize society’s stereotypes about themselves. Furthermore, internalized racism may inflict more psychological injury to the ethnic minority individual than race-based discrimination. Clinical psychologist Na’Im Akbar (1984) compares this to Black slavery in the 1800s that internalized racism is “psychological slavery” or “slavery that captures the mind” and is more psychologically damaging than the pain from experiencing racism, what he refers to as “chattel slavery”.

There are currently no studies to my knowledge on the relationship between internalized racism and mental health among the API heterosexual and gay and bisexual populations. However, studies on the African-American population have shown the detrimental psychological consequences of internalized racism. One study on the mental health of an urban sample of African-American women found that greater internalization of White stereotypes about Blacks led to greater levels of various psychological symptoms, including depression (Taylor & Jackson, 1991).

Internalized homophobia:

Internalized homophobia is understood as the self-directing of society's negative attitudes toward homosexuality (Meyer, 1995). Internalized homophobia develops as early as adolescence when they start to feel same or both sex attractions, and begin to self-identify as gay, lesbian, or bisexual. They then begin to direct the negative attitudes towards themselves, and may experience psychological injury such as shame, guilt, and self-loathing as a result of not being able to measure up to the heterosexual norm.

No quantitative studies on gay and bisexual API men have examined the relationship between internalized homophobia and mental health. Internalized homophobia among this population has been focused on HIV sexual risk behaviors. However, studies on internalized homophobia and mental health among gay and bisexual men have shown that higher levels of internalized homophobia have been related to lowered mental health. In an earlier study on the mental health consequences of minority stress, Meyer (1995) had shown that higher levels of internalized homophobia predicted five aspects of psychological distress—greater feelings of demoralization, greater feelings of guilt, greater sex difficulties, greater suicidal ideation and or behavior, and AIDS-related traumatic stress response. In fact, he found that internalized homophobia was a more powerful predictor of psychological distress than the other two minority stressors, experiences of sexual-orientation and AIDS based prejudice and expectations of sexual-orientation based discrimination.

In a more recent study on Canadian gay and bisexual young adults, negative feelings towards their homosexuality predicted increased anxiety and depression (Igartua, Gill, & Montoro, 2003). A study of elderly LGB adults 60-91 years of age, who were primarily recruited from services and organizations in the U.S. (one participating agency was from Canada), found

that greater negative feelings about their LGB identity predicted higher lifetime suicidal ideation (D'Augelli, Grossman, Hershberger, & O'Connell, 2001).

Stigma consciousness:

Stigma consciousness refers to the level at which the minority individual expects to be stereotyped. This concept is similar to stereotype threat, which have shown that African-Americans' awareness of stereotypes of intellectual inferiority have led to lowered performance on tests that were believed to measure intelligence (e.g. Steele & Aronson, 1995). The difference is that in stereotype threat, the target of stereotypes has feelings of fear about behaving in ways that confirm the stereotype, whereas an individual who has high stigma consciousness means that he expects to be stereotyped, despite his own behaviors.

No studies have examined the relationship between stigma consciousness and mental health with gay and bisexual API men. However, one study on minority stress and mental health among gay men has shown that greater stigma consciousness led to lowered mental health (Meyer, 1995). Greater expectations of sexual-orientation based discrimination predicted greater feelings of demoralization, greater feelings of guilt, higher suicidal ideation and/or behavior, and greater AIDS-related traumatic stress.

Gay Asian stereotype consciousness:

Minority stress theory emerged from a culmination of several different theories, including the looking glass self and social comparison theory (Meyer, 2003). Cooley's (1902/1922) concept of the looking glass self refers to the idea that one's own self-evaluative processes reflect others' position toward the self. Social comparison theory would suggest that a minority group member's self-evaluation and judgment is a reflection of the dominant group's position. Within the gay community, the dominant group is considered to be the gay White men. Based on

the looking glass self and social comparison theory, gay White men's negative evaluation of gay Asian men-- gay Asian stereotypes, and race and sexual orientation-based discrimination—would reflect gay and bisexual API men's evaluation and judgment of themselves. Gay and bisexual API men with high levels of gay Asian stereotype consciousness may even be a reflection of their expectations to being stereotyped in these ways. If this is so, then the level of consciousness gay and bisexual API men have about gay White men's negative perceptions of gay Asian men may result in compromised mental health.

The third research question asks does minority stress predict mental health? My hypothesis is that the more bothered gay and bisexual API men are with their experiences of racist events, the higher their internalized racism, the higher their internalized homophobia, and the more conscious they are about the stigma attached to their minority statuses, the lower their psychological well-being and the greater their levels of depression. In addition, the greater gay and bisexual API men's agreement with gay White men's negative perceptions of gay Asian men, the lower their psychological well-being and the greater their depression. However, experiences of sexual-orientation based discrimination will not predict lowered mental health.

1-3-6. *Masculinity-related stress, minority stress, and mental health*

Masculinity-related stress has been found to be related to minority stress. One Internet based study in the U.S. found that among gay men, several minority stress factors predicted masculine body ideal distress and body image dissatisfaction (Kimmel & Mahalik, 2005). Higher levels of internalized homophobia, greater expected sexual-orientation based stigma, and having experienced an anti-gay physical attack all lead to greater distress over the masculine body ideal

and greater body image dissatisfaction. This suggests that the minority stress process is related to body image issues for gay men.

The fourth research question asks does masculinity-related stress moderate the relationship between minority stress and mental health. I expect that masculinity-related stress will moderate the relationship between minority stress and mental health, such that for API gay and bisexual men with higher levels masculinity-related stress, greater levels of minority stress will lead to lower psychological well-being and greater depression than API gay and bisexual men with lower levels of masculinity related stress.

1-3-7. *Generation status and Asian ethnic groups on mental health*

Stress researchers have suggested models for buffers that function to ameliorate the impact of social stressors (e.g. Wheaton, 1985; Yoshikawa et al, 2004). Generation status has been shown to buffer against compromised mental health and physical health. In one recent nationally representative study on Black Caribbeans in the U.S. using data from the National Survey of American Life (NSAL), first generation immigrant Black Caribbean men displayed lower rates of psychiatric disorders, including depression than compared to U.S. born Black Caribbean men (Williams et al, 2007). Another study compared first generation immigrant and third plus generation Eastern European/European American and Caribbean/African American women residing in New York City on body image issues and risk for eating disorders (Sussman, Truong, & Lim, 2007). For the European descended women, the third plus generations exhibited lower body esteem, lower body parts satisfaction and higher risks for eating disorders than the first generation Eastern European women. However, for the African descended women, the third

plus generations had higher body esteem, higher body parts satisfaction, and lower risks for eating disorders than compared to their first generation Caribbean counterpart.

Within ethnic groups differences have also been found on health outcomes. In one unpublished literature review, I argued the importance of studying within Asian ethnic group differences on high sexual risk behaviors among gay and bisexual API men. Differences in the type of sexual risk behaviors that are pervasive among certain API populations produced differing levels of HIV sexual risk behaviors. For instance, in Vietnam fellatio is the most pervasive sexual risk behavior among gay and bisexual men, whereas in the U.S. anal intercourse is the most widespread sexual risk behavior among gay and bisexual men (Carrier, Nguyen, & Su, 1992). Therefore, API men in the U.S. are more likely to be at risk for HIV than compared to API men in Vietnam. In addition to the differing effects of within Asian ethnic groups on HIV risk, generation status may also function as a buffer against HIV sexual risk behaviors. Immigrant API men from Vietnam may be at lower risk for HIV than compared to API men in the U.S. because they are less likely to adopt anal intercourse into their sexual repertoire.

The fifth research question asks does generation status moderate the relationships between masculinity related stressors and mental health and between minority stressors and mental health. I predict that for U.S. born gay and bisexual API men, masculinity-related stress and minority stress will lead to lower psychological well-being and greater levels of depression than immigrant gay and bisexual API men.

Among API gay and bisexual men masculinity-related stress, specifically in relation to the body, may involve concerns with their physical characteristics, such as having slanted eyes and a smooth body, because they are incongruent with the masculine ideal image of the hairy White male. Physically, Indian and Filipino men generally do not seem to fit the characteristics

of having slanted eyes, and a smooth body for Indians in particular. However these stereotypical characteristics are part of the experiences of South and East Asian men (e.g. Chinese, Taiwanese, Korean, Japanese, and Vietnamese) and Pacific Islander men (e.g. Polynesian and Melanesian) because they possess these stereotypical physical attributes. In this way, at the very least, I think that South and East Asian and Pacific Islander gay and bisexual men's experiences of masculinity are distinct from those of Filipino and Indian gay and bisexual men. Pilot interviews will provide insight on whether South and East Asian and Pacific Islander gay and bisexual men's experiences of masculinity are distinct from their Filipino and Indian counterparts.

The sixth research question asks does API ethnicity moderate the relationships between masculinity related stress and mental health outcomes and between minority stress and mental health outcomes? My expectation is that between Filipinos and Indians vs Other API gay and bisexual men, masculine body ideal distress will lead to lower psychological well-being and greater depression for Other API gay and bisexual men than compared to their Filipino and Indian counterparts. Although I have no hypotheses for API ethnicity as a moderator on the other masculinity-related stressors and minority stressors, these analyses will also be explored.

Chapter 2: Methods and Procedures

2-1. *Defining API in this study*

While I understand that API gay and bisexual men are a heterogeneous population consisting of peoples from various nationalities and ethnic/cultural backgrounds, I focus on their collective experiences. Despite ethnic differences, most Asian-Americans face similar stereotypes in part because non-Asians and even some Asian-Americans lack the knowledge and realization that the API population is comprised of rich and diverse cultures and histories. For example, one study indicated that Asian-Americans continue to be stereotyped as the model minority and are therefore perceived to be a homogeneous group (Wong, Lai, Nagasawa, & Lin, 1998). Asian-American men have also been stereotyped as being passive/submissive, domestic, feminine, and asexual (Chan, 2001).

I also recognize that within API gay and bisexual ethnic groups, some of the obstacles that they face differ as a result of ethnic and cultural group differences. One of the stereotypes that Americans have about Asians are that they all look physically alike (Liu & Iwamoto, 2006). As discussed in Chapter 1, this study will also test for within API ethnic group differences between masculinity related stress, minority stress, and mental health outcomes.

2-2. *Sampling*

The study consisted of a pilot interview phase and a survey questionnaire phase. The first research question involves performing factor analyses on the masculinity-related stress measures, which requires a minimum sample size of 200 gay and bisexual API male participants. Due to limitations in time and funding, conducting an online survey was the only feasible method for obtaining the necessary minimum sample size. Studies have found that online surveys are as

valid a method as paper and pencil questionnaires (Pequegnat et al, 2006). To be eligible for the study, participants must be men, of API descent, English-speaking, at least 18 years old, and currently residing permanently in the United States. The broadly defined ethnicity criteria may be narrowed to specific API ethnic groups based on findings from the pilot interviews.

One of the issues researchers who study the LGBT population have is the impossibility of obtaining a true random sample, which can lead to sample biases. One primary reason is that we cannot tap into the pool of “closeted” individuals. This issue becomes even more problematic when targeting a harder to reach population like gay and bisexual API men. However, the use of online survey method allows the researcher to obtain a large sample and diverse geographic locations, thus minimizing sample biases (Pequegnat et al, 2006).

The present study is one of the largest sample studies on gay and bisexual API men. The sampling strategy was to select a diverse range of known areas where API gay and bisexual men frequent. To prevent sampling bias, a diverse sample of API gay and bisexual male participants were recruited from various diverse venues across the United States, such as social and political gay API organizations, and LGBT resource centers in college campuses. Snowball sampling technique, where participants refer the study to individuals who fit the eligibility criteria, was employed to obtain participants who may not be found in public venues. Recruitment from organizations and resource centers, some of which I have an established connection, included Gay Asian and Pacific Islander Men of New York (GAPIMNY), Asian and Pacific Alliance of New York (APANY), and Asians and Friends. Recruitment e-mail messages were sent to the National Consortium of LGBT Directors in college campuses, LGBT API organizations, and friends who met the eligibility criteria. In addition, recruitment fliers were distributed at the 2008 NYC Queens Pride Festival, and at the Web, a gay and bisexual API club in New York City.

The venues that were sampled comprised of socially, politically, and culturally diverse groups of API gay and bisexual men. GAPIMNY is a political and social group for API gay and bisexual men. Based on personal observations of GAPIMNY members, these men appear to have a strong sense of empowerment, and primarily socialize with other gay or bisexual Asian men. APANY and Asians and Friends are API gay and bisexual social groups, where social events are racially mixed, primarily of Asian and White men. LGBT Resource Centers in college campuses tap into the college group of gay and bisexual API men. The Queens Pride Festival, and the Web consisted of a diverse group of gay and bisexual API men.

2-3. *Procedures for pilot interview phase*

For the pilot phase, eight gay/bisexual API men were recruited through friends and snowball referrals to participate in semi-structured interviews. Interviews were conducted in coffeeshops and in the Social-Personality Psychology conference rooms at the Graduate Center. The duration of an interview session was 1 hour on average. Prior to beginning the interview, participants read the Information Page, which discussed the nature of the study, the procedure, and potential psychological discomfort (See Appendix 1). A list of counseling services was provided in case a participant felt significant psychological discomfort and needed immediate counseling.

The pilot interviews explored masculinity-based stress that API gay and bisexual men experience (See Appendix 1 for the pilot interview protocol). Six participants were first instructed to complete a short questionnaire that included demographic questions, and three masculinity-related stress measures, Masculinity Body Ideal Distress Scale (MBIDS), Physical Inadequacy subscale of the Masculine Gender Role Stress Scale (MGRS), and emasculating

items from the Asian American Men's Stereotypes Inventory (AAMSI). Based on my theory of API gay and bisexual men's experiences of the masculine body ideal, participants were asked additional items to the masculinity ideal distress scale that included feelings about their height and weight, about their body in relation to facial hair and body hair, and self-evaluation of their body size (small, medium, or large build). The last two participants were instructed to complete the full questionnaire that had been refined based on findings from the prior six pilot interviews. All eight participants were asked about whether the items in the questionnaire fit their own experiences. After completion of all the masculinity-based stress scales, participants were asked to discuss their reaction to the scales, what items did not fit their experiences, and what were missing in the scales. At the end of the interview, participants were debriefed about the purpose of the study, and were given \$10 as monetary compensation for their time. They were asked for feedback on what was difficult for them throughout the interview process, and what they felt was more useful. The interviews provided insight on the extent to which the masculinity-related stress measures fit the unique cultural experiences of API gay and bisexual men.

2-4. *Findings from pilot interview phase*

The gay and bisexual API men who participated in the pilot interview phase varied in Asian ethnicities: five Chinese, two Filipino, and one Indian. Filipino and Indian gay and bisexual men were included in the pilot sample to test the assumption that these ethnic groups' experiences of masculinity-related stress differ from other gay and bisexual API groups. Their ages ranged from 22 to 33 years old, and their generation status consisted of four immigrants and four second generation American-born. In general, the interviewees were highly educated, and had a wide distribution of income. Their highest formal education completed was one with a high

school degree, one with an associates degree, three with a bachelors degree, two with a masters degree, and one with a MD. Their income consisted of one less than \$10,000, one between \$20,000 to \$29,000, three between \$30,000 to \$39,000, one between \$40,000 to \$49,000, one between \$50,000 to \$59,000, and one with \$60,000 or greater.

The analysis of the pilot interview data included a general thematic analysis of the interview transcripts. Interview data were organized into themes to aid in finding patterns across the transcripts. As I read through the transcripts, patterns that permeate across the interviews emerge as themes. The interview data was used to develop and refine my model and to develop a questionnaire for the full quantitative study that included measures relevant to the experiences of API gay and bisexual men.

Generally, the gay and bisexual API men interviewed were not very distressed about the various bodily conditions. They evaluated their body frames as small to medium build. When asked why they did not feel so distressed about the various bodily conditions, some of the slim gay and bisexual API men responded that their body type was immutable, and learned to embrace their body. This suggests that these gay and bisexual API men in the pilot interviews were negotiating the cultural stigma attached to their bodies by reframing their bodies in a positive manner. My observation of the gay community in New York City after having lived there for seven years now is that there appears to be two different body ideals, the muscular Chelsea boys and the slim hipster East Village boys. Perhaps also gay and bisexual API men who are slim choose to surround themselves around gay men who would accept their slender bodies, such as in the East Village gay scene.

When participants were asked why they rated certain body parts as distressed in the MBIDS, most of them responded that not having a physically attractive body was less important

than their health. For example, these gay Asian men felt distressed over the item “being fat” because they were concerned about the risk of developing cardiovascular disease. This suggests that gay Asian men may be negotiating between the pressures to attain the masculine body ideal and their physical health, whereby health risk trumps the body ideal. Gay Asian men cannot control the social stigma of not possessing the masculine body ideal. Therefore, they may be using an internal locus of control through reframing the cultural stigma as something that they have control over, that is their health. This finding may also be associated with gay and bisexual API men who embraced their body type, and thus reframed their bodies in a positive way.

The situations around the Physical Inadequacy subscale of the MGRS was chosen to be included in the pilot interviews because it appeared to be the most relevant to the experiences of gay and bisexual API men. These situations seemed to be related to the stereotypes of gay Asian men as physically inadequate (e.g. effeminate, asexual, and unathletic). Surprisingly, the gay and bisexual API men in the pilot interviews were generally not stressed about situations around physical inadequacy.

2-5. Refining the online survey

See Appendix 2 for the online survey and Consent Form. For the MBIDS, 2 experimental items were added: distress over “not having a healthy body”, and distress over “not having a physically attractive body.” These items will be useful in understanding the reason as to which gay and bisexual API men feel distressed about certain body parts. Is it mainly because of the pressures to attain a certain body ideal, as suggested by the developers of the MBIDS, or is it primarily a concern for their health as voiced by the gay Asian men in the pilot interviews? It would also be interesting to test for mean differences between these two items.

A seven-item experimental index on distress over certain bodily and physical features was developed through my theory about stereotypes of gay API men and findings from the six pilot interviews. Based on my theory, five items were generated: “having no facial hair”, “having no body hair”, “having a small body frame”, “having slanted eyes”, and “having silky straight hair”. Findings from the pilot interviews indicated that two of the items, “having slanted eyes” and “having silky straight hair” needed to be revised into more general statements because these physical features varied among gay API men. “Having slanted eyes” was modified to “the shape of your eyes”, and “having silky straight hair” was changed to “the texture of your hair”. Two additional items, “not having double eyelids” and “the size of your penis” were based on the gay and bisexual API men’s other concerns in their pilot interviews.

Interestingly, many of the gay and bisexual API men from the pilot interviews indicated that they were not distressed at all by most or all of the original five physical and bodily features, which were based on my theory of distress over stereotypes about gay Asian men. Many of these men said that they do or would not mind being smooth, having a small body frame, having slanted eyes, and having silky straight hair. Some of the gay and bisexual API men, particularly the Filipino and Indian gay and bisexual men, who have facial hair, body hair, and do not have slanted eyes or silky straight hair, responded in a positive manner that these are good features.

In the pilot interviews, the gay and bisexual API male participants generally did not experience stress around situations involving Physical Inadequacy. This suggests that other domains of masculine gender role stress needed to be explored. Therefore, the full 40-item MGRS was included in the last two pilot interviews. When the full MGRS was pilot tested on the two remaining gay and bisexual API men, both men experienced some amount of stress around these situations. One of the participants felt like a male “chauvinist” because he felt stressed

around situations involving female domination. Two experimental items related to the MGRS emerged from the pilot interviews, “appearing smaller in body frame than other men at the gym,” and “being insulted by other people related to being gay or bisexual.”

The Asian-American Male Stereotypes Inventory (AAMSI, Do, 2006) was excluded from the final survey because the statements were not clear, and the psychometric properties of the scale has not been extensively evaluated and validated. The participants in the pilot interviews were confused about the statements in the AAMSI. They were unclear about whether items were asking about their perceptions of Asian men, or the extent to which they agree with these statements as fact.

2-6. *Procedures for the online survey*

The refined survey questionnaire was placed online using www.surveymonkey.com, an online survey Internet service. The survey link was e-mailed to gay and bisexual API organizations, LGBT resource centers, and friends. The survey link was also included in gay online websites, and recruitment flyers. The sample goal was a minimum of 200 completed online survey questionnaires from participants who meet the eligibility criteria. This sample size is sufficient to perform factor analyses on the masculinity-related stress measures, and has sufficient power (.80) for the analyses that address the main hypotheses (Cohen, 1992). At the end of the questionnaire, participants had the option of providing their personal e-mail address if they wanted to take part in five drawings of \$100 electronic gift certificates each. The online survey included established and well-developed scales that measured masculinity-based stress, minority stress, depression and psychological well-being. Additional items were added to each of the two masculinity-related stress measures based on insight gained from the pilot interviews.

Experimental measures included distress over gay Asian stereotypes, and level of agreement on gay White men's perceptions of gay Asian men. These two experimental measures were modified as a result of findings from the pilot interviews. Participant demographics included age, socio-economic status, ethnicity, specific API ethnicity, sexual orientation, and generation status. Additional questions in the survey included the participant's feelings about their height and weight, feelings about their body in relation to facial and body hair, and self-evaluation of their body size (small, medium, or large build). The average duration for completing the online questionnaire was 40 minutes.

2-7. *Ordering of the online survey*

Before participants filled out the online survey, they read the Consent Page on the first page of the survey. The demographics page followed, so that participants who did not meet the eligibility criteria could discontinue from completing the survey. The next section included the mental health measures, PWBS and CESD. The mental health items were placed before the masculinity and minority stress measures because of the potential influence of the stress measures on the participants' responses to the mental health items. Completing the stress measures before the mental health measures may bias the participants' responses on the PWBS and CESD items. Responding to the stress measures first may lead to feelings of sadness, which in turn could affect how they respond to the PWBS and CESD (e.g. lower psychological well-being and greater depression).

2-8. *Survey instruments*

Masculine body ideal. Kimmel and Mahalik's (2004) Masculine Body Ideal Distress Scale

(MBIDS) was used to assess the level of distress over the muscular body ideal. The scale consists of eight items that involve features of certain body parts on a four point scale from 1 = "not distressing at all" to 4 = "very distressing" (e.g. "being fat," and "having scrawny legs"). The development of the MBIDS was tested primarily by heterosexual White men and showed high reliability, $\alpha = .80$. The items were sum scored, where higher scores reflected greater distress. The possible range of scores is from 8 to 32. Recently, Kimmel and Mahalik (2005) tested the MBIDS on a predominantly gay White male sample and showed high reliability as well, $\alpha = .89$. However, the scale has not been tested on gay Asian men. Therefore, the content validity of the scale was assessed to fit the unique cultural experiences of API gay and bisexual men.

Masculine gender role stress. Eisler and Skidmore's (1987) 40-item Masculine Gender Role

Stress scale was utilized to assess stress along five dimensions: Physical Inadequacy (e.g. "Feeling that you are not in good physical condition"), Emotional Inexpressiveness (e.g. "Admitting that you are afraid of something"), Subordination to Women (e.g. "Being outperformed at work by a woman"), Intellectual Inferiority (e.g. "Having to ask for directions when you are lost), and Performance Failure (e.g. "Being unable to perform sexually"). The MGRS was slightly adapted to include the experiences of gay and bisexual male population because the scale was designed to test heterosexual male samples. For example, the original item, "being with a woman who is much taller than you" was modified to "being with a man or woman who is much taller than you". The scale is based on a seven-point Likert scale ranging from 1 = "Not at all" stressful to 7 = "Extremely" stressful, and has shown high reliability, $\alpha = .90$ (Eisler, Skidmore, & Ward, 1988). The items were sum scored, where higher scores reflected

greater stress. The MGRS has also been used in the gay and bisexual African American male population and has shown high reliability, $\alpha = .93$ (Crawford, Allison, Zamboni, & Soto, 2002).

However, the MGRS has not been validated on gay Asian men. Therefore, the content validity of the scale was assessed to fit the unique cultural experiences of API gay and bisexual men.

Stigma. I adapted Pinel's (1999) 10-item Stigma Consciousness Questionnaire (SCQ) for gay men and lesbians, which assesses the extent to which gay men and lesbians expect to be stereotyped, to measure the extent to which API gay and bisexual men expect to be stereotyped (e.g. "Most people have a problem viewing gay Asian men as equals"). The measure is based on a seven-point scale ranging from 0 = "Strongly Disagree" to 6 = "Strongly Agree". The items were sum scored, where higher scores reflected greater stigma consciousness. Some items were reverse scored, so that the higher scores would indicate greater stigma consciousness. The SCQ was modified to include the gay and bisexual API male population, where the term "homosexual" was replaced with "gay/bisexual" and/or "Asian/Pacific Islander men", and the term "homophobic" was replaced with "thoughts about gay/bisexual and/or Asian/Pacific Islander men" or "prejudiced toward gay/bisexual and/or Asian/Pacific Islander men". The SCQ has shown high reliability, $\alpha = .81$.

Experiences of Sexual Discrimination (SOD). In Meyer, Schwartz, and Frost's (unpublished manuscript) paper, a modified version of Williams et al. (1997) eight-item measure was used to assess experiences of discriminatory events (e.g. "being treated with less courtesy than others"). Meyer et al modified the scale to apply to all social groups in their study (gender, race/ethnicity, and sexual orientation). API gay and bisexual men will be asked how often they experienced any of eight everyday discriminatory events and then whether or not the event involved sexual-

orientation based discrimination (Yes = 1, No = 0). The items were sum scored, so that higher scores indicated greater experiences of sexual orientation based discrimination.

Ethnic Stress. Liang, Li, and Kim's (2004) Asian-American Racism-Related Stress Inventory (AARRSI) was utilized to assess the level of stress over race-based discrimination. The scale consists of 29 items that encompass three factors: Socio-historical racism (e.g. "You learn that most non-Asian Americans are ignorant of the oppression and racial prejudice Asian Americans have endured in the U.S."), general racism (e.g. "A student you do not know asks you for help in math"), and perpetual foreigner racism (e.g. "You are asked where you are really from"). The AARRSI is based on a five-point scale ranging from 1 = "This event has never happened to me or to someone I know" to 5 = "This event happened and I was extremely upset". The items were mean scored, where the higher scores indicated greater stress over the race based discriminatory events. The AARRSI showed high reliability, $\alpha = .90$ overall, $\alpha = .82$ for socio-historical racism, $\alpha = .75$ for general racism, and $\alpha = .84$ for perpetual foreigner racism.

Internalized Homophobia. Currie, Cunningham, and Findlay's (2004) Short Internalized Homonegativity Scale (SIHS) was used to assess participants' feelings toward their own and others' sexual orientation. The scale consists of 12 items, which comprise of three factors: Public Identification as Gay (e.g. "I am comfortable about people finding out that I am gay"), Sexual Comfort with Gay Men (e.g. "Most gay men prefer anonymous sexual encounters"), and Social Comfort with Gay Men (e.g. "I feel comfortable in gay bars"). The SIHS was slightly adapted to include the experiences of the bisexual male population. For example the original item "I am comfortable about people finding out that I am gay" was modified to "I am comfortable about people finding out that I am gay/bisexual." The SIHS is based on a seven-point Likert scale ranging from 1 = "Strongly Disagree" to 7 = "Strongly Agree". The items were mean scored,

where the higher scores indicated greater internalized homophobia. Some items were reverse scored, so that the higher scores would reflect greater internalized homophobia. The SIHS has shown adequate reliability, $\alpha = .78$ overall, $\alpha = .77$ for Public Identification as Gay, $\alpha = .68$ for Sexual Comfort with Gay Men, and $\alpha = .72$ for Social Comfort with Gay Men.

Internalized Racism. I adapted the Pre-Encounter Self Hatred subscale of William Cross and Beverly Vandiver's (2001) Cross Racial Identity Scale (CRIS) to assess internalized racism among API gay and bisexual men. The Pre-Encounter Self Hatred subscale assesses African-American's subjective feelings about their race/ethnicity. The items in the subscale can be generalized to self-hatred among other ethnic groups by modifying the race categories (from "Black" to "Asian"). For example, one of the items, "I sometimes have negative feelings about being Black" would be changed to, "I sometimes have negative feelings about being Asian". The subscale consists of seven items and is based on a seven-point Likert scale, ranging from 1 = "Strongly Disagree" to 7 = "Strongly Agree". The items were mean scored, where higher scores reflected greater internalized racism. The CRIS has been shown to have high reliability in the African American population, $\alpha = .86$.

Psychological Well-Being. The Wisconsin Longitudinal Study (Marks, 1996) 42-item shortened version of Ryff and Keyes's (1995) 84-item Psychological Well-Being Scale (PWBS) was employed to assess six dimensions of psychological well-being: autonomy (e.g. "I am not afraid to voice my opinions even when they are in opposition to the opinions of most people"), environmental mastery (e.g. "I am quite good at managing the many responsibilities of my daily life"), personal growth (e.g. "I think it is important to have new experiences that challenge how you think about the world"), positive relations with others (e.g. "Most people see me as loving and affectionate"), purpose in life (e.g. "I am an active person in carrying out the plans I set for

myself”), and self-acceptance (e.g. “I have made some mistakes in the past, but feel that all in all everything has worked out for the best”). The PWBS is based on a six-point Likert scale, ranging from 1 = “Strongly Disagree” to 6 = “Strongly Agree”. The items were sum scored, so that higher scores reflected greater psychological well-being. The negative items were reverse scored, so that the higher scores indicated greater psychological well-being. Unlike most psychological studies which focused on negative mental health outcomes, such as depression, anxiety, and somatic complaints, the PWBS is a more comprehensive measure of mental health that includes both negative and positive aspects of psychological well-being. Autonomy refers to ones self determination, resistance to social pressure, self-regulation of behavior, and self-evaluation of personal standards. Environmental mastery refers to ones sense of mastery and competence in dealing with their surrounding environment. Personal growth involves ones feelings of continued development and realization of ones potential. Positive relations with others involve ones interpersonal relations. Purpose in life involves ones goals in life and sense of directedness. Self-acceptance refers to ones attitude toward the self. The subscales of the 42-item PWBS have shown acceptable reliability, where alpha coefficients for autonomy = .70, environmental mastery = .72, personal growth = .77, positive relations with others = .78, purpose in life = .79, and self-acceptance = .79.

Depression. Lenore Radloff’s (1977) 20-item Center for Epidemiologic Studies Depression Scale (CES-D) assesses depressive symptoms (e.g. “I was bothered by things that usually don’t bother me”). The CES-D is based on a Likert scale ranging from 0 = “Rarely or None of the Time (Less than 1 Day)” to 3 = “Most or All of the Time (5-7 Days).” The items were sum scored, so that higher scores indicated greater levels of depression. The positive statements were reversed scored, so that the higher scores indicated greater depression, consistent with the negative

statements. The sum scores range from 0 to 60. Radloff made an arbitrary clinical cutoff score of 16, and found that 70% of the clinical sample had a sum CES-D score of 16 or above, compared to 21% in the general population sample. The CES-D is a commonly used scale, and has been used in studies on API gay and bisexual men (e.g. Yoshikawa et al, 2004). The measure has shown high reliability within this population ($\alpha = .93$).

Experimental Predictors:

Additional MBIDS items. Two additional items related to the MBIDS were based on findings from the pilot interviews. These two items were distress over “not having a healthy body”, and distress over “not having a physically attractive body.” Consistent with the MBIDS, the experimental items were on a four point scale from 1 = “not distressing at all” to 4 = “very distressing”.

Additional MGRS items. Two additional items related to the MGRS were based on findings from pilot interviews. These two items were level of stress over “appearing smaller in body frame than other men at the gym,” and “being insulted by other people related to being gay or bisexual.” Consistent with the MGRS, the experimental items were on a seven-point Likert scale ranging from 1 = “Not at all” stressful to 7 = “Extremely” stressful.

Distress over Gay Asian Stereotypes (DGAS). Seven questions were developed by the researcher based on the present study’s pilot interviews that assessed API gay and bisexual men’s level of distress toward certain stereotypical bodily features (e.g. “Having a small body frame”). Following the scale format of the MBIDS, the experimental DGAS was based on a four-point Likert scale from 1 = “Not distressing at all” to 4 = “Very distressing.” The items were mean scored, where higher scores indicated greater distress. The gay and bisexual API male sample in this study showed acceptable reliability ($\alpha = .71$).

Gay Asian Stereotypes Consciousness Scale (GASCS). Five questions were developed by the researcher based on the present study's pilot interviews that assessed API gay and bisexual men's level of agreement on gay/bisexual White men's stereotypical perceptions of gay Asian men (e.g. "White gay and bisexual men perceive me as not as sexually desirable than White gay and bisexual men"). The experimental GASCS was based on a four-point Likert scale from 1 = "Strongly disagree" to 4 = "Strongly agree." The items were mean scored, where the higher scores indicated greater agreement about gay White men's stereotypical perceptions of gay Asian men. The gay and bisexual API male sample in this study showed high reliability ($\alpha = .82$).

Chapter 3: Analysis Plan for the Online Survey

For the survey questionnaires, I employed SPSS, a statistical software program for the social sciences to analyze the data. Complete data was necessary to perform hierarchical multiple regressions in subsequent analyses. Therefore, imputation of missing data was dealt with prior to examining the main research questions. Since less than 5% of the data were missing for any of the variables in the dataset, mean substitution was an appropriate method (Roth & Switzer, 1999). Independent samples t-tests were computed to test for Asian ethnic group (Filipino/Indian vs Other API Asian groups) and generation status (immigrant vs U.S. born) differences on the masculinity-related stress predictors, MBIDS, MGRS, and DGAS, the minority stress predictors, AARRSI, SOD, PESH, SIHS, SCQ, and GASCS, and the mental health outcomes, PWBS and CESD.² Mean substitution by subgroup was employed for any differences in Asian ethnic groups and generation status.³

3-1. *Analyses*

Descriptive statistics were computed such as frequencies of participant demographics and mean scores of measures. The scale statistics of my data (mean and standard deviation) were compared to Kimmel and Mahalik's (2004) sample of heterosexual men for the MBIDS, and to Eisler, Skidmore, and Ward's (1988) sample of undergraduate men for the MGRS. Reliabilities of measures on masculinity-related stress, minority stress, and psychological well-being were

² Based on my theory that the experiences of gay and bisexual Filipinos and Indians are different from other API ethnic groups, I wanted to test for differences on the predictor and outcome measures, and mean substitute by subgroup if necessary.

³ Employing mean substitution by subgroup is better than substituting across the total sample as it saves more of the variance and provides a better estimate of the values (Acock, 2005).

also generated. Pearson's Product Moment Correlations were computed between participant demographics, masculinity-based stress measures, psychological well-being subscales, minority stress measures, and generation status.⁴ Demographic variables that were correlated with psychological well-being were used as covariates in the analyses.

Three separate exploratory factor analyses were conducted on items from the Masculine Body Ideal Distress, Masculine Gender Role Stress, and Distress over Gay Asian Stereotypes scales to extract factors that are relevant to the experiences of API gay and bisexual men. The sample size is adequate to perform a factor analysis.⁵ Factor loadings of .40 and above are considered high loads. To interpret the factor analysis, I performed both oblique and orthogonal rotations. Oblique rotation is employed when the researcher feels that conceptually, the items should and are expected to interrelate to each other. Orthogonal rotations are employed when the researcher believes that the factors formed are independent of each other or are uncorrelated. Since I was unsure of the resulting factors, I chose to use both oblique and orthogonal rotations.

Separate multiple regression analyses were performed to test whether each of the masculinity related stressors, masculine body ideal distress, masculine gender role stress, and gay Asian stereotype distress, predicted psychological well-being and depression. For each of the mental health outcomes, the masculinity related stressor was added into the model along with covariates that were correlated with the mental health outcome.⁶

⁴ To achieve power of .80 with $\alpha = .05$ and a medium effect size for a significant r coefficient, the required sample size is $N = 85$ (Cohen, 1992).

⁵ A minimum of 5 cases per item is required to perform a factor analysis. In my revised MBIDS scale, there would be a maximum of 13 items, $N = 110$, which is a sufficient sample size to perform the analysis.

⁶ To achieve power of .80 with $\alpha = .05$ and a medium effect size for a multiple regression with five independent variables (stress measure along with four covariates), the sample size needs to be at least $N = 91$ (Cohen, 1992). With $\alpha = .01$ and a medium effect size, the required $N = 126$.

Separate multiple regression analyses were performed to test whether each of the minority stressors, Asian-American racism-related stress, sexual orientation discrimination, internalized racism, internalized homonegativity, stigma consciousness, and gay Asian stereotype consciousness, predicted psychological well-being and depression. For each of the mental health outcomes, the minority stressor was added into the model along with covariates that correlated with the mental health outcome.

Separate hierarchical multiple regression analyses were conducted to test whether masculinity related stressors (not including the experimental Distress over Gay Asian Stereotypes measure) moderated the relationship between minority stress (not including the experimental Gay Asian Stereotypes Consciousness measure) and mental health. Masculinity related stress and minority stress scores were standardized by converting them into z-scores (Mean = 0, SD = +1 or -1). Standardizing helps reduce multicollinearity among the predictor variables, and provides an easier way to interpret the predictor and moderator effects. A two-step model was employed, whereby the main effect variables, z-scored masculinity-related stress and z-scored minority stress were entered into the first step as first order effects, and the interaction term, z-scored Masculinity Related Stress X z-scored Minority Stress was entered into the second step. The unstandardized β s are used to interpret the results because the β s for the interaction variables are not accurately standardized.

The steps to establish moderation are based on guidelines by Frazier, Tix, and Barron (2004). For the first set of regressions, the outcome psychological well-being was regressed on the z-scored masculinity-related stress moderator and z-scored minority stressor in the first step, and the interaction term in the second step. In the first step zero order effects, the masculinity-related stressor and the minority stressor were entered into the model along with psychological

well-being. In the second step, the interaction between and masculinity-related stressor and the minority stressor was added into the model. I wanted see whether the interaction variable was significant and how much it explained additional variance in psychological well-being above and beyond the variance explained by the first order effects of the masculinity-related stressor and minority stressor alone. The same procedure was followed for the mental health outcome CES-D. Effect size of the models were included when reporting results with the interaction terms. Effect size refers to the change in R^2 between the first order main effects and the addition of the interaction. An acceptable effect size is .02 or higher (Frazier, Tix, & Barron, 2004).

Separate hierarchical multiple regressions were computed for the moderator variable generation status on each of the three masculinity-related stress predictors and the mental health outcomes, and on each of the six minority stress predictors and mental health outcomes. Effects coding was employed to recode generation status into -1 = Immigrant and 1 = U.S. Born. With effects coding, the main effects of generation status and masculinity-related stress are interpreted as average effects, whereby each group mean is compared with the grand mean (Frazier, Tix, & Barron, 2004). This is equivalent to interpreting main effects using ANOVA. For the first set of regressions, the mental health outcome psychological well-being was regressed on the dichotomous moderator variable generation status and the standardized z-scored masculinity-related stressor in the first step, and the interaction term in the second step. In the first step zero order effects, generation status and the standardized z-scored masculinity-related stressor was added into the model along with psychological well-being. In the second step, the interaction between generation status and the standardized z-scored masculinity-related stressor was added into the model. The same procedure followed for the mental health outcome CESD. The second

set of hierarchical regressions for the generation status and minority stressors on the mental health outcomes also followed the same procedure.

Finally, separate hierarchical multiple regressions were performed to test whether Asian ethnic group moderated the relationships between masculinity-related stress and the mental health outcomes and between minority stress and the mental health outcomes. The first set examined a subset of the study sample, Filipino/Indian ($n = 50$) and Other Asian ($n = 162$), with a total $N = 212$. Gay and bisexual API men who were a mix of different Asian ethnic groups were excluded from this set of analyses ($n = 11$). They were excluded for two reasons. First, the experiences of gay and bisexual mixed Asian men may be quite different from those with one Asian ethnic group. Second, they were all a mixture of Filipino and one or more Asian ethnic group(s). Therefore, one cannot disentangle whether the experiences of these gay and bisexual mixed Asian men were more similar to Filipinos or other Asians, or whether they affiliated with their Filipino identity, or with their other Asian identity(ies).

For the first set of regressions, the mental health outcome psychological well-being was regressed on the dichotomous moderator variable Filipino/Indian vs Other API and the standardized z-scored masculinity-related stressor in the first step, and the interaction term in the second step. In the first step zero order effects, Filipino/Indian vs Other API and the standardized z-scored masculinity-related stressor was added into the model along with psychological well-being. In the second step, the interaction between Filipino/Indian vs Other API and the standardized z-scored masculinity-related stressor was added into the model. The same procedure followed for the mental health outcome CESD. The second set of hierarchical regressions for the Filipino/Indian vs Other API moderator variable and minority stressors on the mental health outcomes also followed the same procedure.

A second set of hierarchical multiple analyses were performed for the gay and bisexual Chinese/Taiwanese ($n = 85$) vs Filipino ($n = 45$) groups. These two ethnic groups were chosen for exploratory analysis because each group was among the largest in sample size. The procedures followed the first set of analyses on Filipino/Indian vs Other API ethnic groups.

Significant moderator effects were interpreted as line graphs. This was done by computing the mean of each moderating group at low (-1 SD from the mean) and high (1 SD from the mean) values of the continuous stress predictor variable. The regression formula for calculating the low and high mean scores on stress for each moderating group (e.g. Filipino/Indian vs Other API ethnic groups) is as follows:

Filipino/Indians with High stress: $Y = \text{Constant} + B_{\text{Filipino/Indian}} (-1 \text{ [the code for Filipino/Indian]}) + B_{\text{stress}} (1 \text{ [code for High levels of stress]}) + B_{\text{interaction}} (-1 \text{ [product of the Filipino/Indian and High levels of stress codes]})$

Filipino/Indians with Low stress: $Y = \text{Constant} + B_{\text{Filipino/Indian}} (-1 \text{ [the code for Filipino/Indian]}) + B_{\text{stress}} (-1 \text{ [code for Low levels of stress]}) + B_{\text{interaction}} (1 \text{ [product of the Filipino/Indian and Low levels of stress codes]})$

Other API with High stress: $Y = \text{Constant} + B_{\text{Other API}} (1 \text{ [the code for Other API]}) + B_{\text{stress}} (1 \text{ [code for High levels of stress]}) + B_{\text{interaction}} (1 \text{ [product of the Other API and High levels of stress codes]})$

Other API with Low stress: $Y = \text{Constant} + B_{\text{Other API}} (1 \text{ [the code for Other API]}) + B_{\text{stress}} (-1$

$[\text{code for Low levels of stress}]) + B_{\text{interaction}} (-1 \text{ [product of the Other API and Low levels of stress codes]})$

Chapter 4: Results of the Online Survey

Before examining the main research questions, participants who did not meet the eligibility criteria and did not complete the survey were excluded from the study analyses. Survey completion was defined as a participant with less than 25% missing items on any of the main predictors, experimental predictors, and outcome measures: MBIDS, MGRS, AARRSI, PESH, SIHS, SCQ, SOD, DGAS, GASCS, PWBS, and CESD. The total sample consisted of 223 participants. Less than 4% of the data for each variable in the dataset were missing (See Appendix 3). Therefore, mean substitution method was employed for imputing missing data. Differences in the means and standard deviations of items for each of the main measures before and after mean substitution were negligible (See Appendix 3).

Independent samples t-tests were performed for generation status (Immigrant vs American-born) and ethnicity (Filipino/Indian vs Other Asian) on the predictor and outcome measures. Immigrants and American-born gay and bisexual API men differed significantly on the PESH ($M = 2.58$ and $M = 3.11$, respectively; $p < .05$). Filipino/Indian and Other Asian gay and bisexual API men differed significantly on the AARRSI ($M = 2.98$ and $M = 2.71$, respectively; $p < .05$). Therefore, mean substitution was performed for PESH by generation status (Immigrants vs American-born), and mean substitution was performed for AARRSI by ethnicity (Indian/Filipino vs Other Asian).

Table 1 displays the frequencies and percentages, and means and standard deviations of the demographic variables. The Asian ethnic makeup of the study sample consisted of several different groups: Chinese/Taiwanese, Vietnamese, Japanese, Korean, Thai, Filipino, Indian, mixed Asian, and Other Asian. The majority of the Asian ethnic groups were Chinese/Taiwanese (38.1%) and Filipino (20.2%). Participants primarily self-identified as gay (93% gay and 7%

bisexual). The number of immigrants and American-born gay and bisexual API participants were fairly equal, where 48% were immigrants and 52% were born in the U.S. Most of the American-born gay and bisexual API men were second generation (87.1%). In general, the API gay and bisexual participants were highly educated, with 71% having at least a Bachelors degree. The distribution of salary range tended to be either on the lowest end or at the highest end, whereby 30.5% of the gay and bisexual API participants had an income of less than 10,000 and 30.5% had an income of 60,000 or greater. The distribution of salary ranging between 20,000 and 59,000 tended to be fairly even. Participants heard the study through a diverse range of venues: gay and bisexual API organizations, LGBT Resource Centers, gay online websites, friends, online network websites, Asian and Pacific Islander Coalition for HIV and AIDS, boyfriends, higher education listserve, parents, NYC Queens Pride Day, and various other organizations. The majority of the participants heard the study through gay API organizations (24%), gay online websites (22%), and friends (37%). The participants' Body Mass Index (BMI) ranged between 16.46 and 37.12 (Mean = 23.38, SD = 3.56).⁷ BMI between 25 and 29.9 is considered overweight, and BMI of 30 or higher is considered medically obese. Therefore the mean BMI for this sample is considered healthy.

Table 2 displays the means and standard deviations of the main and experimental predictors, and the mental health outcomes. Compared to Kimmel and Mahalik's (2004) sample of primarily Caucasian heterosexual men, my sample of gay and bisexual API men was slightly less distressed around the masculine body ideal (Mean = 18.18, SD = 5.75 vs Mean = 20.32, SD = 5.32). Similarly, compared to Eisler, Skidmore, and Ward's (1988) sample of undergraduate

⁷ BMI was calculated using the following formula:

BMI = (Weight in lbs / (Height in inches X Height in inches)) X 703 (Centers for Disease Control and Prevention, 2009).

men, my sample of gay and bisexual API men was less stressed about situations that may lead to stress in men (Mean = 127.28, SD = 33.12 vs Mean = 264.98, SD = 48.05). Reliabilities of measures on masculinity-related stress, minority stress, and psychological well-being were all acceptable to high (alpha coefficients for MBIDS = .88, MGRS = .92, AARRSI = .93, PESH = .96, SOD = .74, SIHS = .84, SCQ = .85, PWBS = .94, and CESD = .92).

Bivariate correlations were performed between participant demographics, masculinity-based stress measures, CES-D, PWBS, minority stress measures, and generation status. Age, education, and income were significantly correlated with both PWBS and CES-D, whereby participants who were older, more highly educated, and had greater income had higher psychological well-being ($r = .26, p < .001$; $r = .31, p < .001$; $r = .31, p < .001$, respectively) and were less depressed ($r = -.25, p < .001$; $r = -.27, p < .001$; and $r = -.25, p < .001$, respectively). Participant's perceived level of masculinity/femininity was significantly correlated with PWBS, whereby the more they perceived themselves as masculine, the higher their psychological well-being ($r = -.20, p = .004$). Therefore age, education, and income were used as covariates for regression analyses on the outcome measure CES-D, and the above three demographic variables in addition to self-perceived masculinity/femininity were used as covariates for regression analyses on PWBS.

The CES-D sum scores for the study sample ranged from 0 to 50, with a mean of 13.43 and standard deviation of 10.7. The clinical cut off-score for depression with the CES-D is one method to assess the proportion of API gay and bisexual men who are at clinical risk for depression in this study. 36% of the gay and bisexual API men were at clinical risk for depression with a sum score of 16 or above. This sample study's percentage at clinical risk for depression was lower than Yoshikawa et al's (2004) sample of gay and bisexual API men, which

was 45%. Both Yoshikawa et al's (2004) sample and this study's sample had a lower percentage at or above the clinical cutoff of 16 compared to Radloff's clinical sample, which was 70% (1977). However, the percentage cutoff of clinical depression in this study's sample was higher than Radloff's general population sample, which was 21% (1977).

Two separate principle components factor analyses, an exploratory factor analysis, were conducted for the eight-item MBIDS and the 40-item MGRS. Both varimax and direct oblimin methods of rotation were used. Initial factor analysis for MBIDS showed two possible factors, but did not indicate distinct patterns. When forced to display one factor, the MBIDS showed high factor loadings of above .40 for all eight items. This suggests that the eight-item MBIDS fit the experiences of gay and bisexual API men. For MGRS, initial factor analysis indicated ten possible factors. When forced to display five factors, the number of subscales in the original MGRS, two items did not load highly (factor loadings of less than .40). These items were "being with a man or woman who is much taller than you" (factor loading of .38), and "admitting to friends that you do housework" (factor loading of .32). When forced to display one factor, four items did not load highly: "having a female boss" (factor loading of .35), "admitting to friends that you do housework" (factor loading of .34), "being with a man or woman who is much taller than you" (factor loading of .36), and "being unemployed" (factor loading of .38). Since, in the one forced factor analysis, only four out of 40 items had factor loadings that were slightly low, ranging between .34 and .38, the 40-item MGRS appears to fit the experiences of gay and bisexual API men. In the original psychometric study of the MGRS, factor loadings ranged from .33 to .70.

4-1. Relationships between the main variables

Pearson's Product Moment correlations were performed between the main predictor variables (See Table 3). Among the main predictors MBIDS, MGRS, PESH, SIHS, and SCQ were significantly positively correlated with each other (at $p < .01$ or $p < .001$), indicating an association between masculine body ideal distress and masculine gender role stress ($r = .45$), internalized racism ($r = .34$), internalized homophobia ($r = .20$), and stigma consciousness ($r = .29$); masculine gender role stress and internalized racism ($r = .34$), internalized homophobia ($r = .44$), and stigma consciousness ($r = .32$); internalized racism and internalized homophobia ($r = .26$), and stigma consciousness ($r = .54$); and internalized homophobia and stigma consciousness ($r = .22$). AARRSI was significantly positively correlated with MBIDS ($r = .21, p < .01$), MGRS ($r = .22, p < .01$), PESH ($r = .24, p < .001$), SCQ ($r = .45, p < .001$), and SOD ($r = .16, p < .05$). SOD was significantly positively correlated with MGRS ($r = .14, p < .05$), AARRSI ($r = .16, p < .05$), PESH ($r = .16, p < .05$), and SCQ ($r = .31, p < .001$).

Pearson's Product Moment correlations were performed between the main predictor and outcome variables (See Table 3). As predicted, the masculinity-based stress predictors MBIDS and MGRS, were significantly correlated with the mental health outcomes, PWBS and CESD, indicating that the greater distress over the masculine body ideal, the lower the psychological well-being ($r = -.21, p < .01$), and the greater the depression ($r = .29, p < .001$); and the greater the masculine gender role stress, the lower the psychological well-being ($r = -.47, p < .001$), and the greater the depression ($r = .45, p < .001$). Also as predicted, the minority stress predictors PESH, SIHS, and SCQ, were significantly correlated with PWBS and CESD, indicating that the greater internalized racism, the lower the psychological well-being ($r = -.31, p < .001$), and the greater the depression ($r = .31, p < .001$); the greater internalized homophobia, the lower the psychological well-being ($r = -.52, p < .001$), and the greater the depression ($r = .42, p < .001$);

the greater stigma consciousness, the lower the psychological well-being ($r = -.28, p < .001$), and the greater the depression ($r = .27, p < .001$). Consistent with Yoshikawa et al's (2004) study of gay and bisexual API men, SOD did not correlate with PWBS and CESD. However, contrary to the hypothesis, the predictor AARRSI was not correlated with the two mental health outcomes.

4-2. *Analyses of the main predictors on psychological well-being and depression*

Four separate multiple regressions were performed for each of the masculinity-related stress predictors, MBIDS and MGRS, on each of the mental health outcomes, PWBS and CESD (See Table 6). Age, education, income, and level of masculinity/femininity were included in the regression model as covariates for PWBS, while age, education, and income were included in the regression model as covariates for CESD. As predicted, MBIDS significantly predicted PWBS ($\beta = -0.19, p = .003$) explaining 17.4% of the variance, and CESD ($\beta = 0.26, p < .001$) explaining 15.7% of the variance. The greater the gay and bisexual API men's distress over the masculine body ideal, the lower their psychological well-being and the greater their levels of depression. Also as predicted, MGRS significantly predicted PWBS ($\beta = -0.41, p < .001$) explaining 28.8% of the variance, and CESD ($\beta = 0.40, p < .001$) explaining 23.5% of the variance. The greater the gay and bisexual API men's masculine gender role stress, the lower their psychological well-being and the greater their depression.

Ten separate multiple regressions were performed for each of the minority stress predictors, AARRSI, PESH, SOD, SIHS, and SCQ, on each of the mental health outcomes, PWBS and CESD (See Table 6). The same covariates were included in these regressions as with masculinity related stress, where age, education, income, and level of masculinity/femininity were included for the regressions on PWBS, while age, education, and income were included for

the regressions on CESD. As hypothesized, three minority stressors predicted mental health. PESH significantly predicted PWBS ($\beta = -0.27, p < .001$) explaining 21.0% of the variance, and CESD ($\beta = 0.29, p < .001$) explaining 17.6% of the variance. The higher the gay and bisexual API men's internalized racism, the lower their psychological well-being and the greater their levels of depression. SIHS significantly predicted PWBS ($\beta = -0.47, p < .001$) explaining 33.5% of the variance, and CESD ($\beta = 0.36, p < .001$) explaining 21.3% of the variance. The higher the gay and bisexual API men's internalized homophobia, the lower their psychological well-being and the greater their levels of depression. Stigma consciousness significantly predicted PWBS ($\beta = -0.27, p < .001$) explaining 21.0% of the variance, and CESD ($\beta = 0.27, p < .001$) explaining 16.4% of the variance. The more gay and bisexual API men are conscious about the stigma attached to their minority statuses, the lower their psychological well-being and the greater their levels of depression. Consistent with past findings (Yoshikawa et al, 2004), SOD did not predict PWBS and CESD. However, contrary to the hypothesis, AARRSI did not predict the two mental health outcomes.

Twenty separate hierarchical multiple regressions were performed to test the interaction between masculinity-related stress and minority stress on the mental health outcomes. Contrary to the hypothesis, none of the interactions significantly predicted PWBS and CESD. This suggests that masculinity-related stress does not moderate the relationship between minority stress and mental health.

4-3. Factor analyses of the experimental measures

Two separate principle components factor analyses were conducted for the experimental seven-item index on distress over gay Asian stereotypes (DGAS) and five-item index on level of

agreement with gay White men's perceptions of gay Asian men (GASCS). Both varimax and direct oblimin methods of rotation were used. Initial factor analysis for the seven-item stereotypes index indicated two possible factors, facial and body features as one factor and body features as a second factor. No distinct pattern was found for the two factors. When a second factor analysis forced the items to group into one factor, all seven items loaded highly, with factor loadings of .40 or greater. Therefore, a one factor DGAS is appropriate. Initial factor analysis for the five-item perceptions index showed that all five items loaded highly into one factor, with factor loadings of .40 or greater. This suggests that a one factor GASCS is appropriate.

4-4. *Relationships between the experimental variables, main variables, and outcome variables*

Pearson's Product Moment correlations were computed between the experimental and main predictors (See Table 4). The experimental predictors, DGAS and GASCS were not correlated with each other. For the masculinity-related stress predictors, DGAS and GASCS were significantly positively correlated with MBIDS and MGRS (at $p < .01$ or $p < .001$), indicating an association between distress over gay Asian stereotypes and distress over the masculine body ideal ($r = .50$), and masculine gender role stress ($r = .42$); and between level of agreement on gay White men's stereotypical perceptions of gay Asian men and distress over the masculine body ideal ($r = .18$), and masculine gender role stress ($r = .23$). For the minority stress predictors, the experimental predictor DGAS was significantly positively correlated with PESH, SIHS, and SCQ (at $p < .05$ or $p < .001$), indicating an association between distress over gay Asian stereotypes and internalized racism ($r = .33$), internalized homophobia ($r = .31$), and stigma consciousness ($r = .17$). DGAS was not correlated with AARRSI and SOD. The

experimental predictor GASCS was significantly positively correlated with all five of the minority stress predictors, AARRSI, PESH, SIHS, SCQ, and SOD (at $p < .001$), indicating an association between level of agreement on gay White men's stereotypical perceptions of gay Asian men, and racism ($r = .28$), internalized racism ($r = .41$), internalized homophobia ($r = .26$), stigma consciousness ($r = .49$), and sexual orientation-based discrimination ($r = .31$).

Pearson's Product Moment correlations were performed between the experimental predictors and the mental health outcomes (See Table 5). As predicted, DGAS and GASCS were both significantly negatively correlated with PWBS, indicating that the greater distress over gay Asian stereotypes, the lower their psychological well-being ($r = -.27, p < .001$); and the greater level of agreement on gay White men's stereotypical perceptions of gay Asian men, the lower their psychological well-being ($r = -.27, p < .001$). Also as predicted, DGAS was significantly positively correlated with CES-D, such that the greater distress over gay Asian stereotypes, the greater their depression ($r = .29, p < .001$). Contrary to the hypothesis, GASCS was not correlated with CES-D.

4-5. Analyses of the experimental predictors on mental health

Four separate multiple regressions were performed for each of the experimental predictors, DGAS and GASCS on each of the mental health outcomes, PWBS and CESD (See Table 7). Age, income, education, and level of masculinity/femininity were employed as covariates for regression analyses on PWBS, and age, income, and education were employed as covariates for regression analyses on CESD. As hypothesized, the experimental variables predicted mental health. DGAS significantly predicted PWBS ($\beta = -0.19, p = .005$) explaining 16.9% of the variance, and CESD ($\beta = 0.22, p = .001$) explaining 13.7% of the variance. The

greater the gay and bisexual API men's distress over gay Asian stereotypes, the lower their psychological well-being and the greater their levels of depression. GASCS significantly predicted PWBS ($\beta = -0.20, p = .003$) explaining 17.2% of the variance, and indicated a trend toward significance for CESD ($\beta = 0.12, p = .075$) explaining 10.7% of the variance. The greater the gay and bisexual API men's level of agreement over gay White men's stereotypical perceptions of gay Asian men, the lower their psychological well-being and the greater their levels of depression.

Separate multiple regression analyses were conducted with the covariates to test whether the two additional MBIDS and the two additional MGRS experimental items would add variance above and beyond the original eight-item MBIDS and 40-item MGRS on the mental health outcomes, PWBS and CES-D. For PWBS, the two additional MBIDS experimental items explained an additional 5.4% of the variance (from 17.4% to 22.8%). "Not having a healthy body" significantly predicted psychological well-being, such that the more distressed gay and bisexual API men were about not having a healthy body, the lower their psychological well-being ($\beta = 0.28, p < .001$). However, "not having a physically attractive body" did not predict psychological well-being. The two additional MGRS experimental items did not explain any additional variance on PWBS (both models explained 28.8% of the variance). Both MGRS experimental items did not predict psychological well-being. For CES-D, the two additional MBIDS experimental items explained an additional 2.1% of the variance (from 15.7% to 17.8%). "Not having a healthy body" significantly predicted depression, whereby the more distressed gay and bisexual API men were about not having a healthy body, the greater their levels of depression. In contrast, the experimental MBIDS item, "not having a physically attractive body" did not predict depression. The two additional MGRS experimental items only explained an

additional 0.9% of the variance (from 23.5% to 24.4%). Both MGRS experimental items did not predict levels of depression.

4-6. *Potential moderators on the relationship between the predictor and outcome variables*

18 separate hierarchical multiple regressions were performed to examine generation status (immigrant vs. American-born) as a potential moderator between the main and experimental predictors, and the mental health outcomes. Contrary to the hypothesis, whether the gay and bisexual API men were immigrants or American-born did not moderate the relationship between the any of the predictors and mental health outcomes.

Two sets of 18 hierarchical multiple regression analyses (36 total) were conducted on Asian ethnic groups as a potential moderator between the main and experimental predictors, and the mental health outcomes. The first set of analyses examined Filipino/Indian vs Other API as the moderator. 18 separate hierarchical multiple regressions were conducted. Contrary to the hypothesis, being Filipino or Indian versus being Other Asian did not moderate the relationship between the main predictors and mental health outcomes. There was only a trend for SCQ on CES-D ($\beta = -0.53, p = .054$), explaining 9.2% of the variance. However, being Filipino or Indian versus being Other Asian did moderate the relationship between GASCS and PWBS ($\beta = 0.04, p = .019$), explaining 11% of the variance (See Figure 1), and CES-D ($\beta = -0.62, p = .018$), explaining 5.4% of the variance (See Figure 2). The effect sizes for the two hierarchical multiple regression models were acceptable (effect size = .02 and effect size = .03, respectively).

For psychological well-being, Filipino/Indian gay and bisexual men with lower gay Asian stereotype consciousness displayed higher psychological well-being than Other API with lower gay Asian stereotype consciousness. Psychological well-being declined for both ethnic groups

with higher gay Asian stereotype consciousness, but the Filipino/Indian group declined faster, as shown in the mean difference on psychological well-being between the two ethnic groups (Mean difference = 0.46 for Filipino/Indian group vs. Mean difference = 0.30 for Other API men). Filipino/Indian gay and bisexual men with higher gay Asian stereotype consciousness had slightly higher psychological well-being than Other API gay and bisexual men with higher gay Asian stereotype consciousness.

For depression, Filipino/Indian gay and bisexual men with lower gay Asian stereotype consciousness displayed lower levels of depression than Other API men with lower gay Asian stereotype consciousness. However, the Filipino/Indian group with higher gay Asian stereotype consciousness displayed greater levels of depression than the Other API group with higher gay Asian stereotype consciousness.

The second set of hierarchical multiple regressions examined Chinese/Taiwanese versus Filipinos as a potential moderator between the experimental predictors, and the mental health outcomes. Being Chinese/Taiwanese versus being Filipino did not moderate the relationship between the main predictors and mental health outcomes. There was only a trend for SIHS on PWBS ($\beta = 0.09, p = .068$). Surprisingly, including the interaction Ethnicity X SIHS in the model explained 40% of the variance on PWBS. However, being Chinese/Taiwanese versus being Filipino did moderate the relationship between the experimental predictor GASCS and CES-D ($\beta = -2.43, p = .021$), explaining 9.1% of the variance (See Figure 3). The effect size of the hierarchical multiple regression model was acceptable (effect size = .04). Chinese/Taiwanese gay and bisexual men with lower gay Asian stereotype consciousness had slightly lower but negligible levels of depression than the Filipinos (Mean difference of 0.16), whereas Chinese/Taiwanese gay and bisexual men with higher levels of gay Asian stereotype

consciousness had significantly greater levels of depression than Filipinos (Mean difference of 4.70).

Chapter 5: Discussion

In this study, I set out to investigate the role of social stress on the mental health of gay and bisexual API men. Because I decided not to include the coping process in my stress model, my approach to this phenomenon paints only part of a more complex picture. However, my aim was to be the first to provide a *comprehensive* understanding of the relationship between social stress factors and mental health among gay and bisexual API men living in the U.S. I examined whether, among this population, masculinity-related stress and minority stress predicted psychological well-being and depression. Exploratory analyses examined masculinity-related stress as potentially moderating the relationship between minority stress and mental health. This study also explored generation status and Asian ethnic groups as potential moderators on the relationship between masculinity and minority stress predictors, and mental health outcomes.

My findings on masculinity-related stress supports the hypothesis that greater levels of masculinity related stress predicts lowered mental health. However, findings on minority stress only partially supports the hypothesis that greater levels of minority stress leads to lowered mental health. It is important to note that some, not all, of the gay and bisexual API men in my sample exhibited negative signs of distress, and on average they were relatively healthy with regards to psychological well-being. The average psychological well-being score was 4.57, whereby a score of six would indicate the highest psychological well-being. However, over a third of the gay and bisexual API men in my sample (36%) were at clinical risk for depression. This percentage is still lower than Yoshikawa et al's (2004) sample of gay and bisexual API men in NYC, where almost half the sample was at clinical risk for depression (45%). The slightly lower percentage of clinical depression in my sample may be due to differences in choice of methodology and sampling technique.

5-1. *Masculinity-related stress*

Factor analyses of the masculinity related stress measures, MBIDS and MGRS indicated that both measures fit the experiences of gay and bisexual API men. However, the pilot interviews showed that when asked how the gay and bisexual API men felt about the Masculine Body Ideal Distress, many of them were distressed over these bodily conditions because it indicated physical health problems, rather than the masculine body ideal. The experimental MBIDS item, “not having a healthy body” predicted lowered psychological well-being and greater levels of depression. The other experimental MBIDS item, “not having a physically attractive body” did not predict mental health. This corroborates with the pilot interviews, whereby many interviewees responded to the MBIDS items that they were more concerned about their physical health than the masculine body ideal.

The pilot interviews revealed that some of the gay and bisexual API men talked about their bodies in ways that are at once empowering and resists the hegemonic White muscular body ideal. They renegotiated the stigma attached to their racialized bodies towards a positive light. Rather than thinking of the racialized stigma attached to their bodies in a negative manner, that is the weak and slim build, they embraced or learned to embrace their bodies. Some of the interviewees also employed an internal locus of control by reframing their distress over the masculine body ideal into something they had control over— concern with their physical health. From a minority coping perspective, the values and norms within the gay community can be perceived as creating a place for gay men with a slender build, such as in the East Village area of New York City. Therefore, some gay and bisexual API men with a slight build can resist the muscular body ideal and embrace their body.

I found that greater distress over the masculine body ideal and greater masculine gender role stress predicted lower psychological well-being and greater levels of depression. For some gay and bisexual API men, situations that may be stressful for men can negatively affect their mental health. I also found that some gay and bisexual API men who experience distress over gay Asian stereotypes tend to exhibit lower psychological well-being and greater depression. In addition to stress related to being men, gay and bisexual API men also face stress related to being gay/bisexual and Asian/Pacific Islander. The stereotypes that gay Asian men have a small body frame, no facial hair, no body hair, double eye lids, small penis, slanted eyes, and coarse hair are distressing for some of these men. These are examples of raced and gendered cultural projects that serve to maintain compulsory heterosexuality and Whiteness, which can be toxic conditions for gay and bisexual API men. For some of these men, these conditions can lead to compromised mental health.

The finding that MBIDS was associated with mental health may not necessarily be about distress over the masculine body ideal. As shown in the pilot interviews, gay and bisexual API men may be thinking more about their physical health when responding to these bodily conditions. This was corroborated with the survey questionnaire that gay and bisexual API men in the study were most distressed over the experimental MBIDS item, “not having a healthy body” (Mean = 3.01) and the original MBIDS item, “being fat” (Mean = 2.91). They were least distressed over “having scrawny legs” (Mean = 1.86) and “having small arm muscles” (Mean = 1.99). The experimental MBIDS items showed that the more distressed gay and bisexual API men had over “not having a healthy body” predicted lower psychological well-being and greater depression, while distress over “not having a physically attractive body” did not predict psychological well-being and depression. Some gay and bisexual API men may not be as

distressed over the masculine body ideal because of aesthetics, but more because “being fat”, “having a weak body”, “having flabby pec muscles”, and “having love handles” are understood as signs of medical problems (e.g. cardiovascular disease).

5-2. *Minority stress*

The role of minority stress on the mental health of gay and bisexual API men only partially supports the hypothesis. I found that four of the six minority stress measures, PESH, SIHS, SCQ, and GASCS predicted mental health. For some gay and bisexual API men, greater levels of internalized racism, greater internalized homophobia, greater stigma consciousness, and greater gay Asian stereotype consciousness predicted lowered psychological well-being and greater levels of depression. The overall findings that minority stress is associated with compromised mental health among this population supports the past literature, which shows that minority stress has a negative impact on the mental health of African-American, Latino, and White gay and bisexual men and women (Meyer, 2003).

The finding that overt experiences of sexual-orientation based discrimination— number of homophobic events experienced— did not affect mental health is consistent with Yoshikawa et al’s (2004) study, whereby experiences of homophobia were not related to depression among gay and bisexual API men in NYC. Sexual orientation based discrimination is a distal minority stressor that seems to have little impact on the mental health of some gay and bisexual API men, while the proximal minority stressors, internalized homophobia, internalized racism, stigma consciousness, and (I would add) gay Asian stereotypes consciousness was associated with compromised mental health. Gay and bisexual API men have been socialized in the U.S. to believe that being gay or bisexual and API deviates from and is inferior to the White

heterosexual male norm. Therefore their experiences of homophobia may be less relevant and thus less psychologically harmful, but feelings of shame and self-degradation attached to their dual minority statuses appear to have a substantial psychological toll on the mental health of some gay and bisexual API men.

An alternative explanation to the null finding with sexual orientation based discrimination is that gay and bisexual API men may not experience much homophobia when that is compared with racism, and therefore they experience less distress in connection with homophobia. In my study, the average number of experiences of homophobia out of a total of eight was 1.49, which is low. A third explanation is that it may be a methodological issue. The level of trauma experienced by the individual is an important factor in one's level of distress. For instance, the experience of being physically assaulted for being gay or bisexual is more traumatic and therefore more distressful than being called insulting names, such as "faggot". In my study, I did not include a statement about physical assault, and therefore, the level of trauma in each of the statements being asked may be relatively low. As a result, number of experiences of homophobia was not related to lowered mental health.

Contrary to my hypothesis, the minority stressor, racism-related stress— how bothered gay and bisexual API men were by racism— did not predict mental health. The null finding on racism-related stress is consistent with Liang et al's (2004) study on Asian-American men and women, which reported that AARRSI was not related to self esteem and psychological symptoms. Given the findings from Yoshikawa et al's (2004) study and the present study, direct experiences of racism appear to have a more detrimental effect on mental health than racism-related stress for some gay and bisexual API men's mental health. However, this may not hold true for other minority groups. Experiences of racism among Asian-Americans, African-

Americans, and Latinos are unique and different from each other (Comas-Diaz & Greene, 1994). Therefore, levels of racism-related stress may also vary across ethnic minority groups.

What may account for gay and bisexual API men's differential mental health outcomes between experiences of racism in Yoshikawa et al's study and racism-related stress in the present study? Yoshikawa et al employed five items that measured overt experiences of racist events, such as "How often have you had trouble finding lover relationships or boyfriends because of your race or ethnicity?" and "As you were growing up, how often were you made fun of or called names because of your race or ethnicity?" These items tap into direct experiences of racism among ethnic minorities, whereas items from the AARRSI measured how bothered the individual felt about racist events against Asian-Americans that he or someone he knows experienced. This suggests that for some gay and bisexual API men, racism-related stress is less relevant and salient to their experiences and therefore has little impact on their mental health compared to direct experiences of racism. Perhaps if we examine racism-related stressors through the intersectional lens of race, gender and sexuality, we may see that these stressors predict lower mental health in this population.

5-3. *Exploratory findings*

Surprisingly, the two main masculinity-based stress measures did not moderate the relationship between any of the five main minority stress measures and two mental health outcomes. Minority stress did not have a more negative effect on the psychological well-being and depression levels of gay and bisexual API men with higher masculinity-based stress than those with lower masculinity-based stress. The assumption was that gay and bisexual API men who experience minority stress above and beyond their experiences of masculinity-related stress

would exhibit lower mental health than those who only experience masculinity-related stress. It is possible that this null finding was due to low power, since my sample size may not have been large enough to detect a significant difference. Alternatively, it may be that a greater percentage of the gay and bisexual API men in the sample exhibited low masculinity related stress and minority stress, and therefore no difference would be found if only a very small percentage of the sample was high on masculinity related stress and minority stress. On average, the gay and bisexual API men scored relatively low on most of the stress variables.

I also found that generation status did not serve as a moderator on any of the relationships between the masculinity based stressors and mental health outcomes, and between the minority stressors and mental health outcomes. The assumption was that gay and bisexual API men who were American born would experience greater masculinity related stress and minority stress, and therefore would exhibit lowered mental health than their immigrant counterpart. Perhaps dichotomizing generation status into American born versus immigrant is a weak moderator variable because it provides little information about the participants' level of acculturation. Future research should employ scales that measure the degree of behavioral and attitudinal similarity between American culture and the culture from which they were born or where their parents/grandparents are from; continuous predictor variables such as length of residence in the U.S.; and categorical predictors that provide more information such as comparing between first generation immigrant, second generation, and third plus generations.

Filipino/Indians vs Other API gay and bisexual men did not moderate the relationship between the masculinity-based stress predictors and the mental health outcomes. The assumption was made that gay and bisexual Filipino and Indian men do not experience masculinity related stress involving certain physical features that are incongruent with the masculine ideal, such as

having slanted eyes and a smooth body, because they generally do not fit these characteristics. However, Other API gay and bisexual men, such as South and East Asian men and Pacific Islander men do possess these stereotypical physical attributes, and therefore are more likely to experience this type of masculinity related stress. This assumption was tested by employing Filipino/Indian vs Other API gay and bisexual men as a moderator for the relationship between distress over gay Asian stereotypes and mental health. Perhaps no differences between the two ethnic groups were found because the sample sizes for each group were not large enough to detect a significant difference. An alternative explanation may be that distress over some of the stereotypical physical attributes that gay and bisexual South Asian, East Asian, and Pacific Islander men experience, such having a small penis and the wrong textured hair, are equally shared by all API men, including gay and bisexual Filipinos and Indians.

Although no hypotheses were formed for Filipino/Indians vs Other API ethnic groups as a moderator between minority stress and mental health, I attempted to address this exploratory research question. I found that Filipino/Indians vs Other API ethnic groups moderated the relationship between gay Asian stereotype consciousness and both mental health outcomes. Although the Filipino/Indian group had higher psychological well-being overall than the Other API group, gay Asian stereotype consciousness had a more negative impact on psychological well-being and depression in the Filipino/Indian group. This was evident in that: (1) although the Filipino/Indian group exhibited higher psychological well-being for those who scored both low and high on gay Asian stereotype consciousness, psychological well-being declined for both ethnic groups with higher gay Asian stereotype consciousness, but the Filipino/Indian group declined faster, and (2) the Filipino/Indian group with higher gay Asian stereotype consciousness

displayed greater levels of depression than the Other API group with higher gay Asian stereotype consciousness.

Understanding that the API population consists of diverse ethnic groups each with their own culture and history, I decided to explore further into specific API ethnic groups. Since Filipino and Chinese/Taiwanese groups consisted of the two largest size subsamples, I only analyzed these two groups. Filipino vs Chinese/Taiwanese ethnic groups were found to moderate the relationship between gay Asian stereotype consciousness and depression. Gay Asian stereotype consciousness had a more negative impact on depression in the Chinese/Taiwanese group. This was evident in that the Chinese/Taiwanese group with higher levels of gay Asian stereotype consciousness had significantly greater levels of depression than Filipinos with higher levels of gay Asian stereotype consciousness.

5-4. *Cautions and limitations*

The results need to be interpreted cautiously as there were some statistical and methodological concerns. First, causal interpretations cannot be made since the design of this study is cross sectional. For instance, it may be that masculine gender role stress, masculine body ideal distress, distress over gay Asian stereotypes, internalized homophobia, stigma consciousness, gay Asian stereotypes consciousness, and racism related stress were caused by some pre-existing psychological distress and depression in the gay and bisexual API men. However, it would be an implausible argument that experiences of sexual orientation based discrimination was caused by psychological distress and depression. Longitudinal studies that test the impact of masculinity related stress and minority stress on the mental health of this

population are necessary to determine the direction of causality among the variables in the stress model.

A second concern is that the study did not include a control group(s), such as comparing gay and bisexual API males against gay and bisexual White, African American, and/or Latino men. I am limited to comparing my results against studies that have been done on masculinity related stress and minority stress with other ethnic groups. Therefore, I do not know for sure whether or not gay and bisexual API males suffer more stress than gay and bisexual White males, and whether or not they suffer an equal amount of stress than gay and bisexual African American and Latino males.

A third concern is sampling selection bias. Since this study did not employ probability sampling technique, there is the potential that some types of gay and bisexual API men were drawn to participate in the online survey. For instance, gay and bisexual API men who are more invested and committed to gay and bisexual API issues (e.g. political activists, gay/bisexual API community organization leaders) may be more likely to respond to my survey, especially since the survey takes an average duration of 40 minutes to complete. Therefore, discrimination, stereotyping, and body image may hit home more for this group of men than gay and bisexual API men who are not as invested in these issues. Perhaps if probability sampling was employed, the results may have shown on average less masculinity-related stress and minority stress, and therefore greater psychological well-being and less depression.

The fourth concern involves power for the exploratory analyses regarding generation status and ethnicity as moderators. The sample sizes for each generation status group and for each ethnic group were not sufficient to reach an adequate power of .80. If there was a large

enough sample size ($n = 160$ per group), then I would have more likely found a greater impact from the predictor and moderator variables on the mental health outcomes.⁸

The fifth area of concern involves the experimental measures, DGAS and GASCS. The finding that these factors were associated with lowered mental health for some gay and bisexual API men needs to be taken with caution. The DGAS and GASCS need to be validated and replicated before the scale can be established as a psychometrically sound measure. However, the development of these experimental measures has provided valuable insight into the importance of examining gay Asian stereotypes. The findings in this study suggest that distress over gay Asian stereotypes and gay Asian stereotype consciousness are major stressors in the lives of gay and bisexual API men. It also suggests the impact that gay Asian stereotypes have on the health of this population.

A final concern is the imbalance of Asian ethnic groups in the study. Unfortunately, limited time and funding did not allow me to take this issue into consideration. Rather, the aim was to obtain the minimum sample size required to achieve sufficient power when performing the statistical data analyses. Although only a couple of differences were found between the Asian ethnic groups that were able to be analyzed, it suggests that Asian ethnic groups may differ in the impact of masculinity and minority stressors on the mental health of gay and bisexual API men. Future research could start by exploring possible differences on main Asian ethnic groups, such as Chinese, Filipino, Indian, Korean, Vietnamese, and Japanese.

⁸ Frazier, Tix, and Barron (2004) conducted a study on the moderating effects of gender on social support and depression. They calculated the minimum sample size each gender group to be $n = 160$.

5-5. *Conclusions*

The quantitative results from the online survey, and the insight provided from the pilot interviews taken together paint a more accurate picture of the unique challenges that gay and bisexual API men living in the U.S. face and how these experiences impact their mental health. The qualitative pilot interviews played an important role in providing insight into these men's experiences of the Masculine Body Ideal Distress Scale that would have been missed if I were to perform a factor analysis alone. The interviews were an invaluable source to building theory, developing experimental measures, and further generating hypotheses. It revealed additional layers of complexity to our understanding of the relationships between masculinity-related stress, minority stress, and mental health among gay and bisexual API men.

The findings of the present study have implications for the development of culturally sensitive intervention strategies to improve the mental health of gay and bisexual API men. Professionals who work with this population including therapists and gay API organizations need to take into consideration issues related to body image, stereotyping, and discrimination. I also recommend that, given the interaction of API ethnicity and gay Asian stereotype consciousness, preventative activities and interventions should also be mindful of the impact that gay and bisexual API men's awareness of gay White men's stereotypical perceptions of gay Asian men has on their mental health.

5-6. *Future directions*

There are a few areas that warrant further investigation. One is the finding that gay and bisexual API men did not seem to feel distressed over the masculine body ideal. Rather, they were more concerned over their physical health. Future research should validate this important

finding. Moreover, as evidenced in some of the interviews with gay and bisexual API men, the renegotiation of their bodies from being stigmatized to embracing their slight build suggests a form of minority coping. The coping aspect of the minority stress model should be examined with this population.

Second is the finding that both distress over gay Asian stereotypes and gay Asian stereotype consciousness predicted lowered mental health for gay and bisexual API men. This suggests the need to better understand how stereotypes of gay Asian men influence gay and bisexual API men's mental health. Both of these measures also tap into the unique experiences of gay and bisexual API men at the intersection of their race/ethnicity and sexual orientation.

Emerging research on a form of racism that is unique to gay and bisexual ethnic minorities is sexual racism, that is racism that occurs in sexual contexts. These contexts may be gay clubs and bars, sexual encounters, or romantic relationships. Examining sexual orientation-based discrimination alone does not seem to predict mental health among gay and bisexual API men, but at the intersection of race and sexuality, we may see that sexual racism produces lowered mental health. In one qualitative study of gay and bisexual Asian, African-American, Latino, and White men in the Seattle area, sexual racism was associated with internalized sexual racism, psychological distress, and lowered self-esteem (Plummer, 2008). It would be useful to validate Plummer's research by establishing a psychometrically valid measure on sexual racism.

The concept of sexual racism needs to be further explored to better understand the unique challenges that API and other ethnic minority gay and bisexual men face in the gay community. The present study and Plummer's research provides a springboard for further discussions about this important and critical topic. Future research could explore the impact of sexual racism on HIV sexual risk behaviors among API and other ethnic minority gay and bisexual men.

In addition, more research is necessary to understand the psychological mechanisms by which these masculinity-based stress and minority stress factors influence gay and bisexual API men's mental health. Also, future studies could focus on ethnic comparisons between gay and bisexual API, White, Latino, and African-American men on masculinity-related stress, minority stress, and mental health. Finally, an extension of my dissertation study could examine the relationship between masculinity-related stress, minority stress, mental health, and physical health outcomes such as HIV sexual risk behaviors. It could be that masculinity related stress and minority stress leads to lowered mental health, and in turn leads to higher HIV sexual risk behaviors.

Table 1. Descriptive statistics on the demographic information of gay and bisexual API men in the study (N=223).

Demographics	N (%)
Asian ethnic groups*:	
Chinese/Taiwanese	85 (39)
Vietnamese	26 (12)
Japanese	9 (4)
Korean	10 (5)
Thai	5 (2)
Filipino	45 (20)
Indian	4 (2)
Mixed	22 (10)
Other	15 (7)
Sexual orientation:	
Gay	207 (93)
Bisexual	16 (7)
Generation status:	
Immigrant	107 (48)
American-born	116 (52)
Generation status among American-born**:	
Second generation	101 (87)
Third generation	5 (4)
Fourth+ generations	3 (3)
Highest education completed:	
Junior High School	1 (0.4)
High School	15 (7)
Some College	49 (22)
Bachelors Degree	85 (38)
Masters Degree	44 (20)
Above a Masters Degree	29 (13)
Income before taxes:	
Less than 10,000	68 (31)
10,000 to 19,000	6 (3)
20,000 to 29,000	23 (10)
30,000 to 39,000	23 (10)
40,000 to 49,000	16 (7)
50,000 to 59,000	19 (9)
60,000 or greater	68 (31)
Hear about the study***:	
Gay API organizations	53 (24)

College LGBT centers	17 (8)
Gay online websites	48 (22)
Through a friend	83 (37)
Other	18 (8)

Demographics	Mean (SD)
---------------------	------------------

Years immigrants lived in U.S.****	17.5 (8.4)
---	------------

Age immigrated to the U.S.****	12.1 (8.6)
---------------------------------------	------------

Age	28 (7.5)
------------	----------

Body Mass Index*****	23.4 (3.6)
-----------------------------	------------

* 2 participants missing information on Asian ethnic groups.

** 7 participants missing information on generation status among American-born.

*** 4 participants missing information on how they heard about the study. Other includes an online network website called Facebook (n = 1), Asian Pacific Islander Coalition for HIV and AIDS (n = 1), boyfriend or partner (n = 2), unspecified e-mail or listserve (n = 5), Higher education listserve (n = 3), parents (n = 1), various organizations—college students of color, Social Justice Training Institute, NRJ, and ACPA APA Network (n = 4), NYC Queens Pride Day (n = 1).

**** Four immigrant participants missing information on number of years lived in the U.S., and age immigrated to the U.S.

***** 1 participant missing information on Body Mass Index.

Table 2. Mean scores and standard deviations of main predictors, experimental predictors, and outcome measures among the total sample (N=223).

Items	Mean (SD)
MBIDS	18.18 (5.75)
MGRS	127.28 (33.12)
AARRSI	2.77 (0.78)
PESH	2.86 (1.74)
SIHS	3.04 (0.95)
SCQ	42.16 (11.83)
SOD	1.49 (1.75)
DGAS	1.54 (0.49)
GASCS	2.68 (0.68)
PWBS	4.57 (0.66)
CESD	13.43 (10.70)

Masculine Body Ideal Distress Scale = MBIDS; Masculine Gender Role Stress = MGRS; Asian American Racism Related Stress Inventory = AARRSI; Pre-Encounter Self Hatred subscale = PESH; Short Internalized Homonegativity Scale = SIHS; Stigma Consciousness Questionnaire = SCQ; Sexual Orientation based Discrimination = SOD; Distress over Gay Asian Stereotypes = DGAS; Gay Asian Stereotypes Consciousness Scale = GASCS; Psychological Well-Being Scale = PWBS; Center for Epidemiologic Studies Depression Scale = CESD.

Table 3. Bivariate intercorrelations of main predictor and outcome measures among the total sample (N=223).

	MBIDS	MGRS	AARRSI	PESH	SIHS	SCQ	SOD	PWBS	CESD
MBIDS	---	.45***	.21**	.34***	.20**	.29***	-.01	-.21**	.29***
MGRS		---	.22**	.35***	.44***	.32***	.14*	-.47***	.45***
AARRSI			---	.24***	.03	.45***	.16*	.03	.09
PESH				---	.26***	.54***	.16*	-.31***	.31***
SIHS					---	.22**	.01	-.52***	.42***
SCQ						---	.31***	-.28***	.27***
SOD							---	-.05	.05
PWBS								---	-.67***
CESD									---

Masculine Body Ideal Distress Scale = MBIDS; Masculine Gender Role Stress = MGRS; Asian American Racism Related Stress Inventory = AARRSI; Pre-Encounter Self Hatred subscale = PESH; Short Internalized Homonegativity Scale = SIHS; Stigma Consciousness Questionnaire = SCQ; Sexual Orientation based Discrimination = SOD; Psychological Well-Being Scale = PWBS; Center for Epidemiologic Studies Depression Scale = CESD.

*p < .05; **p < .01; ***p < .001

Table 4. Bivariate intercorrelations of main and experimental predictors among the total sample (N=223).

	MBIDS	MGRS	AARRSI	PESH	SIHS	SCQ	SOD	DGAS	GASCS
MBIDS	---	.45***	.21**	.34***	.20**	.29***	-.01	.50***	.18**
MGRS		---	.22**	.35***	.44***	.32***	.14*	.42***	.23**
AARRSI			---	.24***	.03	.45***	.16*	.04	.28***
PESH				---	.26***	.54***	.16*	.33***	.41***
SIHS					---	.22**	.01	.31***	.26***
SCQ						---	.31***	.17*	.49***
SOD							---	-.03	.31***
DGAS								---	.05
GASCS									---

Masculine Body Ideal Distress Scale = MBIDS; Masculine Gender Role Stress = MGRS; Asian American Racism Related Stress Inventory = AARRSI; Pre-Encounter Self Hatred subscale = PESH; Short Internalized Homonegativity Scale = SIHS; Stigma Consciousness Questionnaire = SCQ; Sexual Orientation based Discrimination = SOD; Distress over Gay Asian Stereotypes = DGAS; Gay Asian Stereotypes Consciousness Scale = GASCS.

*p < .05; **p < .01; ***p < .001

Table 5. Bivariate intercorrelations of experimental predictors and outcome measures among the total sample (N=223).

	DGAS	GASCS	PWBS	CESD
DGAS	---	.05	-.27***	.29***
GASCS		---	-.27***	.16*
PWBS			---	-.67***
CESD				---

Distress over Gay Asian Stereotypes = DGAS; Gay Asian Stereotypes Consciousness Scale = GASCS; Psychological Well-Being Scale = PWBS; Center for Epidemiologic Studies Depression Scale = CESD.

* $p < .05$; ** $p < .01$; *** $p < .001$

Table 6. Multiple regressions of main predictors on mental health outcomes, covarying for age, education, income, and masculinity/femininity (N=223).

Predictors	β	p	R ²
For PWBS:			
MBIDS	-0.19	.003	.174
MGRS	-0.41	< .001	.288
AARRSI	-0.01	.926	.139
PESH	-0.27	< .001	.210
SIHS	-0.47	< .001	.335
SOD	0.04	.529	.140
SCQ	-0.27	< .001	.210
For CES-D*:			
MBIDS	0.26	< .001	.157
MGRS	0.40	< .001	.235
AARRSI	0.11	.104	.105
PESH	0.29	< .001	.176
SIHS	0.36	< .001	.213
SOD	0.003	.964	.094
SCQ	0.27	< .001	.164

Masculine Body Ideal Distress Scale = MBIDS; Masculine Gender Role Stress = MGRS; Asian American Racism Related Stress Inventory = AARRSI; Pre-Encounter Self Hatred subscale = PESH; Short Internalized Homonegativity Scale = SIHS; Stigma Consciousness Questionnaire = SCQ; Sexual Orientation based Discrimination = SOD; Psychological Well-Being Scale = PWBS; Center for Epidemiologic Studies Depression Scale = CESD.

*For multiple regressions on CES-D, masculinity/femininity was not included as a covariate.

Table 7. Multiple regressions of experimental predictors on mental health outcomes, covarying for age, education, income, and masculinity/femininity (N=223).

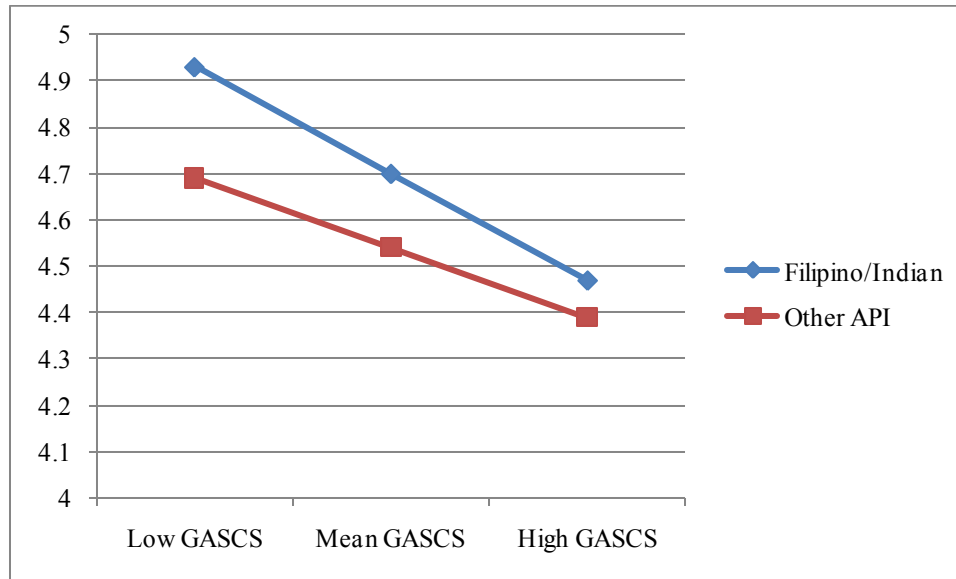
Predictors	β	p*	R ²
For PWBS:			
DGAS	-0.19	.005	.169
GASCS	-0.20	.003	.172
For CES-D**:			
DGAS	0.22	< .001	.137
GASCS	0.12	.075	.107

Distress over Gay Asian Stereotypes = DGAS; Gay Asian Stereotypes Consciousness Scale = GASCS; Psychological Well-Being Scale = PWBS; Center for Epidemiologic Studies Depression Scale = CESD.

* $p < .10$ indicates a trend toward significance.

** For multiple regressions on CES-D, masculinity/femininity was not included as a covariate.

Figure 1. Line graph of Filipino/Indian vs Other Asian as a moderator of the relationship between the Gay Asian Stereotype Consciousness Scale (GASCS) and Psychological Well-Being Scale (PWBS) (N = 212).



Filipino/Indian with High GASCS: $Y = 4.62 + -0.08(-1) + -0.19(1) + 0.04 (-1)$

$$Y = 4.47$$

Filipino/Indian with Low GASCS: $Y = 4.62 + -0.08(-1) + -0.19(-1) + 0.04 (1)$

$$Y = 4.93$$

Filipino/Indian Mean GASCS: $\text{Mean} = (4.47 + 4.93) / 2$

$$\text{Mean} = 4.70$$

Other API with High GASCS: $Y = 4.62 + -0.08(1) + -0.19(1) + 0.04 (1)$

$$Y = 4.39$$

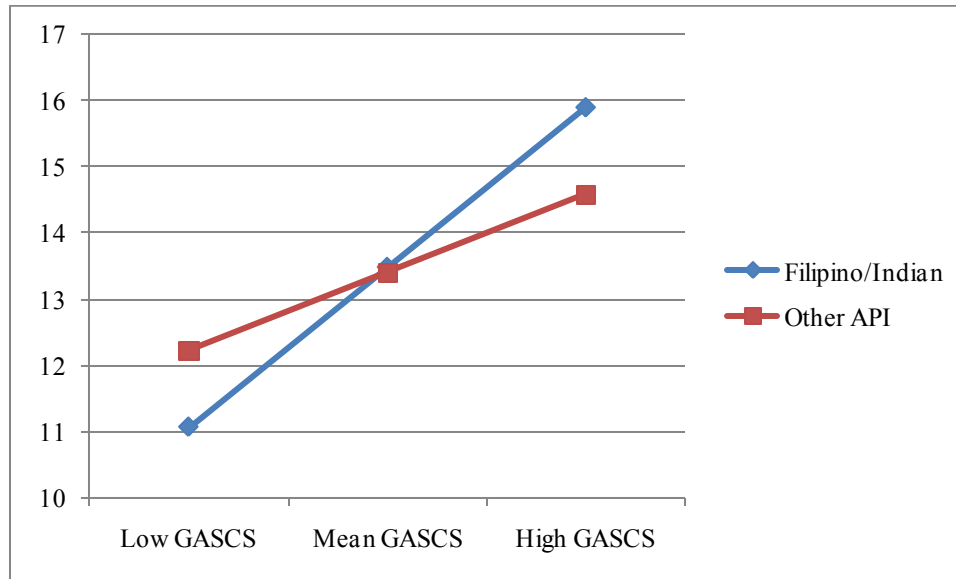
Other API with Low GASCS: $Y = 4.62 + -0.08(1) + -0.19(-1) + 0.04(-1)$

$$Y = 4.69$$

Other API Mean GASCS: $\text{Mean} = (4.39 + 4.69) / 2$

$$\text{Mean} = 4.54$$

Figure 2. Line graph of Filipino/Indian vs Other API as a moderator of the relationship between the Gay Asian Stereotype Consciousness Scale (GASCS) and Depression (CES-D) (N = 212).



Filipino/Indian with High GASCS: $Y = 13.44 + -0.04(-1) + 1.80(1) + -0.62(-1)$

$$Y = 15.90$$

Filipino/Indian with Low GASCS: $Y = 13.44 + -0.04(-1) + 1.80(-1) + -0.62(1)$

$$Y = 11.06$$

Filipino/Indian Mean GASCS: $\text{Mean} = (15.90 + 11.06) / 2$

$$\text{Mean} = 13.48$$

Other API with High GASCS: $Y = 13.44 + -0.04(1) + 1.80(1) + -0.62(1)$

$$Y = 14.58$$

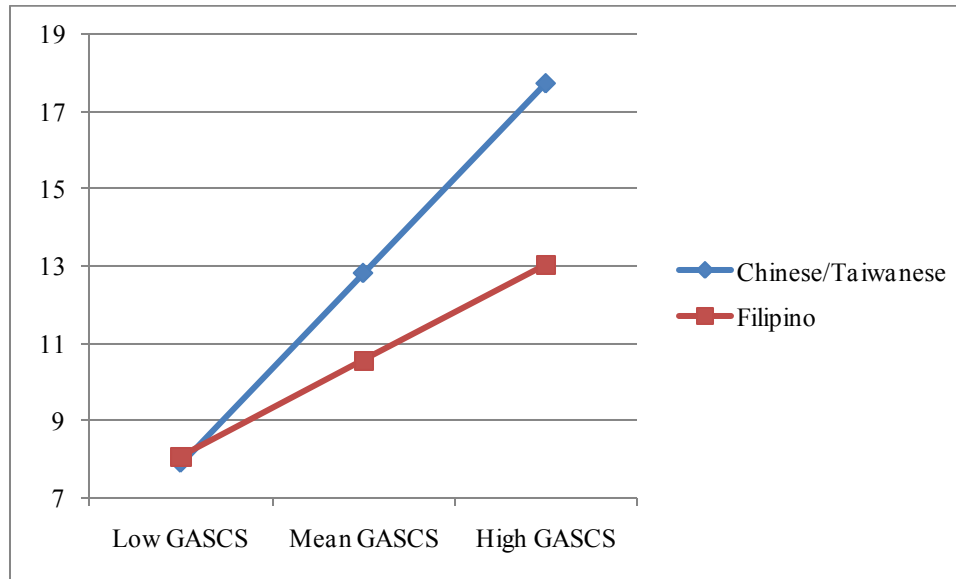
Other API with Low GASCS: $Y = 13.44 + -0.04(1) + 1.80(-1) + -0.62(-1)$

$$Y = 12.22$$

Other API Mean GASCS: $\text{Mean} = (14.58 + 12.22) / 2$

$$\text{Mean} = 13.40$$

Figure 3. Line graph of Filipino vs Chinese/Taiwanese as a moderator of the relationship between the Gay Asian Stereotype Consciousness Scale (GASCS) and Depression (CES-D) (N = 130).



Filipino with High GASCS:

$$Y = 12.90 + 0.08(1) + 2.49(1) + -2.43(1)$$

$$Y = 13.04$$

Filipino with Low GASCS:

$$Y = 12.90 + 0.08(1) + 2.49(-1) + -2.43(-1)$$

$$Y = 8.06$$

Filipino Mean GASCS:

$$\text{Mean} = (13.04 + 8.06) / 2$$

$$\text{Mean} = 10.55$$

Chinese/Taiwanese with High GASCS: $Y = 12.90 + 0.08(-1) + 2.49(1) + -2.43(-1)$

$$Y = 17.74$$

Chinese/Taiwanese with Low GASCS: $Y = 12.90 + 0.08(-1) + 2.49(-1) + -2.43(1)$

$$Y = 7.9$$

Chinese/Taiwanese Mean GASCS:

$$\text{Mean} = (17.74 + 7.9) / 2$$

$$\text{Mean} = 12.82$$

Appendix 1. Consent form and interview protocol

INFORMATION PAGE

My name is Nhan Truong and I am student in the Social-Personality Psychology Ph.D. Program at The Graduate Center of the City University of New York (CUNY), and Principal Investigator of this project, entitled “The role of minority stress and cultural adaptation in masculinity-related stress and psychological well-being among Asian and Pacific Islander gay and bisexual men.” This is a three part research study of mental health among gay and bisexual Asian/Pacific Islander men. The parts of the study consist of: (1) the pilot interviews that assess how masculinity stress measures which include feelings about your body, male roles in society, and cultural stereotypes about gay Asian men reflect gay/bisexual Asian/Pacific Islander men’s experiences; (2) a questionnaire that assesses how masculinity stress affects mental health; and (3) short interviews on coping with masculinity stress. In this pilot phase of the study, I would like permission to fill out a 7-page survey and interview you about your experiences. In the survey, you will be asked about masculinity stress—that is feelings about your body, male roles in society, and cultural stereotypes about gay Asian men. After completing the survey, I will interview you about your feelings regarding the survey questions and whether it reflects your own experiences.

This questionnaire and interview will take about 25 minutes. I will pay you \$10 for participating in the questionnaire interview. You will be given \$10 whether or not the questionnaire is completed.

You have the option of having the interview audio-taped or not. With your permission, I would like to audio-tape this interview so I can record the details accurately. The tapes will only be heard by me and my advisors. All information gathered will be kept strictly confidential, and will be stored in a locked file cabinet, to which only I, and my advisor, will have access. At any time you can refuse to answer any questions or end this interview.

The risk involved in the pilot phase of this study, is that you may feel discomfort from some of the questions asked in the interview. In the case that you feel discomfort, I can refer you to a professional counselor. Following completion of the survey and interview, I will explain the study and will answer any questions that you may have about the study. The benefits of your participation is that the results of the study may be used by organizations and therapists working with the API gay and bisexual community to incorporate issues involving body image and gay Asian stereotypes to improve the mental health of this population. There will be approximately 10 participants taking part in this phase of the study.

I may publish results of the study, but names of people, or any identifying characteristics, will not be used in any of the publications. If you are interested in the results of this study, here is where the results will be published: <http://masculinityandmentalhealthstudy.blogspot.com/>.

If you have further questions about this study, please contact me at (917) 685-8117 or ntruong@gc.cuny.edu, or my advisor Suzanne Ouellette at (212) 817-8708 or souellette@gc.cuny.edu. If you have questions about your rights as a participant in this study, you can contact Kay Powell, IRB Administrator, The Graduate Center/City University of New York, (212) 817-7525, kpowell@gc.cuny.edu.

I will give you a copy of this form to take with you. Thank you for your participation.

List of counseling services

- 1) Gay Men's Health Crisis
The Tisch Building
119 West 24th Street
New York, NY 10011
Phone: 212-367-1000
E-mail: lynns@gmhc.org
Website: www.gmhc.org
- 2) New York Counseling Service
1070 Park Avenue, Suite B
New York, NY 10128
Phone: 212-427-1420
Website: nytherapy.com
- 3) Metropolitan Psychotherapy and Family Counseling Practice, CSW, PLLC
Phone: 212-228-2929
Website: www.metropolitanpsychotherapy.org/home.html
- 4) Collaborative Counseling
280 Madison Avenue, Suite 208
New York, NY 10016
Phone: 917-331-0012
E-mail: info@collaborativecounseling.com
Website: www.interpersonalsolutions.org
- 5) Blanton-Peale Institute
3 West 29th Street
New York, NY 10001-4597
Phone: 212-725-7850
E-mail: info@blantonpeale.org
Website: blantonpeale.org/counsel.html
- 6) Psychotherapy Affiliates
Phone: 212-737-5200
E-mail: PsychAffiliates@aol.com
Website: www.psychotherapyaffiliates.com

Pilot interview protocol

Investigator's beginning statement: In this interview session, you will be asked to complete a survey of questions about feelings of stress related to your masculinity. Then I want you to talk about how you felt about the items in the survey.

After the participant completes the survey, ask him:

1. What items did you think were missing based on your own life experiences?
2. What items did not fit your life experiences?

Probes:

My use of the term "masculinity" here refers to society's pressures for men to act, feel, and think in certain ways that reflect the American ideal male image.

Preface: Masculine body ideal distress refers to the stress that men experience as a result of not being able to live up to masculine body ideals in today's society. The masculine body ideals revolve around having a muscular body, and these items ask about how much stress you experience with not having a six pack abdominal muscles, with having flabby chest muscles, and so on.

A. Masculine Body Ideal Distress

1. Do you feel distressed over any of the body parts that were asked in the survey?

(This will also test the assumption that Indian and Filipino gay men's experiences of masculinity based stereotypes are distinct from East Asian gay men).

Probes: (If yes) Can you describe an instance where you experienced one of these stresses?

2. Are there other distressful body parts that have not been mentioned so far that you feel reflect your experiences?

Preface: Physical Inadequacy involves not being able to meet the masculine standards of physical fitness, sexual prowess, and “manly” appearances. Physical fitness includes concern over not being in good physical condition and losing in a sports competition. Sexual prowess includes concern over being unable to find or satisfy a sexual partner. “Manly” appearances include concerns over being perceived as gay or feminine.

B. Physical Inadequacy

1. Do you feel stressed or bothered about any of the situations related to feeling physically inadequate that were asked in the survey?

Probes: (If yes) Can you describe an instance where you experienced one of these situations?

2. Are there any other situations that may make you feel stressed that have not been mentioned in these items?

Preface: Emasculating gay Asian stereotypes are stereotypes that undermine gay Asian men’s sense of who they are as men. Some the common stereotypes about gay Asian men are that they are passive, submissive, and weak.

C. Emasculating API gay stereotypes

1. Are you bothered by any of the common gay Asian stereotypes that were asked in the survey?

Probes: (If yes) Can you describe an instance where you felt bothered by these stereotypes?

2. Are there any other stereotypes about gay Asian men that have not been mentioned in the survey?

Probes: (If yes) What might these stereotypes be? Did you feel bothered by them?

(If yes) Can you describe an instance where you felt bothered by these stereotypes?

Preface: All of these types of stress we have discussed here are related to your masculinity. Again, my use of the term “masculinity” refers to society’s pressures for men to act, feel, and think in ways that reflect the American ideal male image.

D. Other types of masculinity-based stress not mentioned

1. Are there experiences in your life where you felt stressed or bothered by in relation to your masculinity that were not mentioned so far in the survey or in your responses to the items in the survey?
3. What did you find to be difficult with the survey you completed?
4. What did you find to be difficult in the questions that I asked you after you completed the survey?
5. What items from the survey did you find to be more useful in terms of your own experiences?
6. What questions that I asked you after you completed the survey did you find to be more useful in terms of your own experiences?

Appendix 2. Online consent form and online survey

1. INFORMATION PAGE

This Information Page describes the questionnaire part of my dissertation study entitled, "The role of masculinity and minority stress on the mental health of gay and bisexual Asian/Pacific Islander men." My name is Nhan Truong and I am a student in the Social-Personality Psychology Ph.D. Program at the Graduate Center of the City University of New York (CUNY), and Principal Investigator of this study. Attached is the questionnaire, where you will be asked feelings about your body, male roles in society, cultural stereotypes about gay Asian men, stress related to being gay or bisexual and Asian, and mental health. You will also be asked some general information about yourself.

The questionnaire will take about 40 minutes to complete. The bar at the bottom of the page will keep you posted on how much you have completed. Once you have finished the survey, at the end of the questionnaire, you will have the option to enter into five raffles of \$100 Amazon.com electronic gift certificates each.

All information gathered will be kept anonymous, and will be stored in a locked file cabinet, to which only I will have access. You can choose not to answer particular questions in the survey and at any time, you can withdraw from the study.

The risk involved in this part of the study is that you may feel slight discomfort from some of the questions asked in the survey. The questionnaire contains questions involving stress, discrimination, and stereotypes. The benefits of your participation is that the results of the study may be used by organizations and therapists working with the Asian/Pacific Islander gay and bisexual community to incorporate issues involving body image and gay Asian stereotypes to improve the mental health of this population. There will be approximately 200 participants taking part in this study.

I may publish results of the study, but names of people, or any identifying characteristics, will not be used in any of the publications. If you are interested in the results of this study, here is where the results will be published:

<http://gayasianmenstressandmentalhealthstudy.blogspot.com/>.

If you have further questions about this study, please contact me at (917) 685-8117 or ntruong@gc.cuny.edu, or my advisor Suzanne Ouellette at (212) 817-8708 or souellette@gc.cuny.edu. If you have questions about your rights as a participant in this study, you can contact Kay Powell, IRB Administrator, The Graduate Center/City University of New York, (212) 817-7525, kpowell@gc.cuny.edu.

Thank you for your participation.

2. Demographics

The following set of questions are basic demographic questions about you.

1. What is your ethnicity?

- ☐ White
- ☐ African-American
- ☐ Latino
- ☐ Asian/Pacific Islander
- ☐ Other

2. If Other ethnicity, please specify:

3. If Asian/Pacific Islander, what is your ethnic background? (Please check all that apply):

- ☐ Chinese
- ☐ Vietnamese
- ☐ Japanese
- ☐ Korean
- ☐ Thai
- ☐ Taiwanese
- ☐ Other

4. If Other Asian/Pacific Islander ethnic background, please specify:

5. What country are your parents from?

6. What country are your grandparents from?

7. What is your sexual orientation?

- ☐ Gay
- ☐ Bisexual
- ☐ Heterosexual
- ☐ Other

8. If Other sexual orientation, please specify:

9. How would you describe your sexual behavior?

- ☐ Sex with men only
- ☐ Sex with both men and women
- ☐ Other

10. If Other sexual behavior, please specify:

11. Were you born in the United States?

- ☐ Yes
- ☐ No

12. If you were not born in the United States:

How many years
have you lived in
the United States?

How old were you
when you
immigrated to the
United States?

What country
were you born?

13. I am:

- ☐ An immigrant
- ☐ A second generation American born
- ☐ A third generation
- ☐ A fourth generation and above

14. How old are you?

15. What is the highest formal education you completed?

- ☐ Elementary school
- ☐ Junior high school
- ☐ High school

- ☐ Some college
- ☐ Bachelors degree
- ☐ Masters degree
- ☐ Above a masters degree
- ☐ Other

16. If Other highest formal education, please specify:

17. What is your current occupation?

18. What is your annual income before taxes?

- ☐ Less than \$10,000
- ☐ \$10,000-\$19,000
- ☐ \$20,000-\$29,000
- ☐ \$30,000-\$39,000
- ☐ \$40,000-\$49,000
- ☐ \$50,000-\$59,000
- ☐ \$60,000 or greater

19. What is your zip code of residence?

20. How did you hear about this study?

- ☐ Long Yang Club (LYC)
- ☐ Asians and Friends
- ☐ Gay Asian Pacific Support Network (GAPSN)
- ☐ Gay Asian and Pacific Islander Men of New York (GAPIMNY)
- ☐ Asian Pacific Alliance of New York (APANY)
- ☐ Queer Asian Pacific-Islander Alliance (QAPA)
- ☐ Asian Pacific Gays and Friends
- ☐ Asian/Pacific Crossroads (APC)
- ☐ China Rainbow Association
- ☐ Gay Asian Pacific Alliance (GAPA)
- ☐ South Bay Queer and Asian (SBQA)
- ☐ Through gay.com
- ☐ Through downelink.com
- ☐ Through a friend
- ☐ Other

21. If you heard about this study from an Other source, please specify:

22. What is your height (___ feet and ___ inches)?

23. What is your weight (in pounds)?

24. How would you evaluate your body size?

- ☐ I have a small build.
- ☐ I have a medium build.
- ☐ I have a large build.

And six final questions about your physical appearance:

25. How would you evaluate your facial hair?

- ☐ I have no facial hair.
- ☐ I have little facial hair.
- ☐ I have some facial hair.
- ☐ I have lots of facial hair.

26. How would you evaluate hair on your legs?

- ☐ My legs have no hair.
- ☐ My legs are a little hairy.
- ☐ My legs are somewhat hairy.
- ☐ My legs are very hairy.

27. How would you evaluate hair on your chest?

- ☐ My chest has no hair.
- ☐ My chest is a little hairy.
- ☐ My chest is somewhat hairy.
- ☐ My chest is very hairy.

28. What is the shape of your eyes?

- ☐ Almond shaped
- ☐ Slanted
- ☐ Other

29. If Other eye shape, please specify:

30. What is the texture of your hair? (Please check all that apply):

- ☐ Wavy
- ☐ Curly
- ☐ Thick
- ☐ Straight
- ☐ Silky
- ☐ Other

31. If Other hair texture, please specify:

32. What do other people guess your ethnicity is?

3. Psychological Well-Being Scale

The following questions deal with how you feel about yourself and your life. Please click on the response that most describes the extent to which you agree or disagree with each statement. Please remember that there are no right or wrong answers.

1. For each statement below, click on the response that best describes your present agreement or disagreement with each statement.

1. My decisions are not usually influenced by what everyone else is doing.

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Strongly | Disagree | Disagree | Agree | Agree | Strongly |
| Disagree | Somewhat | Slightly | Slightly | Somewhat | Agree |

2. I am good at juggling my time so that I can fit everything in that needs to be done.

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Strongly | Disagree | Disagree | Agree | Agree | Strongly |
| Disagree | Somewhat | Slightly | Slightly | Somewhat | Agree |

3. I am not interested in activities that will expand my horizons.	☐ Strongly Disagree	☐ Disagree Somewhat	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Somewhat	☐ Strongly Agree
4. I don't have many people who want to listen when I need to talk.	☐ Strongly Disagree	☐ Disagree Somewhat	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Somewhat	☐ Strongly Agree
5. I enjoy making plans for the future and working to make them a reality.	☐ Strongly Disagree	☐ Disagree Somewhat	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Somewhat	☐ Strongly Agree
6. I feel like many of the people I know have gotten more out of life than I have.	☐ Strongly Disagree	☐ Disagree Somewhat	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Somewhat	☐ Strongly Agree
7. I have confidence in my opinions, even if they are contrary to the general consensus.	☐ Strongly Disagree	☐ Disagree Somewhat	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Somewhat	☐ Strongly Agree
8. I tend to worry about what other people think of me.	☐ Strongly Disagree	☐ Disagree Somewhat	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Somewhat	☐ Strongly Agree
9. I often feel overwhelmed by my responsibilities.	☐ Strongly Disagree	☐ Disagree Somewhat	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Somewhat	☐ Strongly Agree

10. I have a sense that I have developed a lot as a person over time.

☐	☐	☐	☐	☐	☐	☐
Strongly	Disagree	Disagree	Agree	Agree	Strongly	
Disagree	Somewhat	Slightly	Slightly	Somewhat	Agree	

11. I enjoy personal and mutual conversations with family members or friends.

☐	☐	☐	☐	☐	☐	☐
Strongly	Disagree	Disagree	Agree	Agree	Strongly	
Disagree	Somewhat	Slightly	Slightly	Somewhat	Agree	

12. My daily activities often seem trivial and unimportant to me.

☐	☐	☐	☐	☐	☐	☐
Strongly	Disagree	Disagree	Agree	Agree	Strongly	
Disagree	Somewhat	Slightly	Slightly	Somewhat	Agree	

13. In general, I feel confident and positive about myself.

☐	☐	☐	☐	☐	☐	☐
Strongly	Disagree	Disagree	Agree	Agree	Strongly	
Disagree	Somewhat	Slightly	Slightly	Somewhat	Agree	

14. I am quite good at managing the many responsibilities of my daily life.

☐	☐	☐	☐	☐	☐	☐
Strongly	Disagree	Disagree	Agree	Agree	Strongly	
Disagree	Somewhat	Slightly	Slightly	Somewhat	Agree	

15. I often change my mind about decisions if my friends or family disagree.

☐	☐	☐	☐	☐	☐	☐
Strongly	Disagree	Disagree	Agree	Agree	Strongly	
Disagree	Somewhat	Slightly	Slightly	Somewhat	Agree	

16. I do not fit very well with the people and the community around me.

☐	☐	☐	☐	☐	☐	☐
Strongly	Disagree	Disagree	Agree	Agree	Strongly	
Disagree	Somewhat	Slightly	Slightly	Somewhat	Agree	

17. When I think about it, I haven't really improved much as a person over the years.

☐	☐	☐	☐	☐	☐	☐
Strongly	Disagree	Disagree	Agree	Agree	Strongly	
Disagree	Somewhat	Slightly	Slightly	Somewhat	Agree	

18. I often feel lonely because I have few close friends with whom to share my concerns.

☐	☐	☐	☐	☐	☐	☐
Strongly	Disagree	Disagree	Agree	Agree	Strongly	
Disagree	Somewhat	Slightly	Slightly	Somewhat	Agree	

19. I am an active person in carrying out the plans I set for myself.

☐	☐	☐	☐	☐	☐	☐
Strongly	Disagree	Disagree	Agree	Agree	Strongly	
Disagree	Somewhat	Slightly	Slightly	Somewhat	Agree	

20. When I compare myself to friends and acquaintances, it makes me feel good about who I am.

☐	☐	☐	☐	☐	☐	☐
Strongly	Disagree	Disagree	Agree	Agree	Strongly	
Disagree	Somewhat	Slightly	Slightly	Somewhat	Agree	

21. I think it is important to have new experiences that challenge how you think about yourself and the world.

☐	☐	☐	☐	☐	☐	☐
Strongly	Disagree	Disagree	Agree	Agree	Strongly	
Disagree	Somewhat	Slightly	Slightly	Somewhat	Agree	

22. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.

☐	☐	☐	☐	☐	☐	☐
Strongly	Disagree	Disagree	Agree	Agree	Strongly	
Disagree	Somewhat	Slightly	Slightly	Somewhat	Agree	

- | | | | | | | |
|---|---|---|---|--|--|--|
| 23. I have difficulty arranging my life in a way that is satisfying to me. | ☐
Strongly
Disagree | ☐
Disagree
Somewhat | ☐
Disagree
Slightly | ☐
Agree
Slightly | ☐
Agree
Somewhat | ☐
Strongly
Agree |
| 24. I don't want to try new ways of doing things - my life is fine the way it is. | ☐
Strongly
Disagree | ☐
Disagree
Somewhat | ☐
Disagree
Slightly | ☐
Agree
Slightly | ☐
Agree
Somewhat | ☐
Strongly
Agree |
| 25. It seems to me that most other people have more friends than I do. | ☐
Strongly
Disagree | ☐
Disagree
Somewhat | ☐
Disagree
Slightly | ☐
Agree
Slightly | ☐
Agree
Somewhat | ☐
Strongly
Agree |
| 26. I tend to focus on the present, because the future nearly always brings me problems. | ☐
Strongly
Disagree | ☐
Disagree
Somewhat | ☐
Disagree
Slightly | ☐
Agree
Slightly | ☐
Agree
Somewhat | ☐
Strongly
Agree |
| 27. My attitude about myself is probably not as positive as most people feel about themselves. | ☐
Strongly
Disagree | ☐
Disagree
Somewhat | ☐
Disagree
Slightly | ☐
Agree
Slightly | ☐
Agree
Somewhat | ☐
Strongly
Agree |
| 28. People would describe me as a giving person, willing to share my time with others. | ☐
Strongly
Disagree | ☐
Disagree
Somewhat | ☐
Disagree
Slightly | ☐
Agree
Slightly | ☐
Agree
Somewhat | ☐
Strongly
Agree |
| 29. Being happy with myself is more important to me than having others approve of me. | ☐
Strongly
Disagree | ☐
Disagree
Somewhat | ☐
Disagree
Slightly | ☐
Agree
Slightly | ☐
Agree
Somewhat | ☐
Strongly
Agree |

30. I have been able to build a home and a lifestyle for myself that is much to my liking.

☐	☐	☐	☐	☐	☐	☐
Strongly	Disagree	Disagree	Agree	Agree	Strongly	
Disagree	Somewhat	Slightly	Slightly	Somewhat	Agree	

31. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.

☐	☐	☐	☐	☐	☐	☐
Strongly	Disagree	Disagree	Agree	Agree	Strongly	
Disagree	Somewhat	Slightly	Slightly	Somewhat	Agree	

32. Most people see me as loving and affectionate.

☐	☐	☐	☐	☐	☐	☐
Strongly	Disagree	Disagree	Agree	Agree	Strongly	
Disagree	Somewhat	Slightly	Slightly	Somewhat	Agree	

33. I don't have a good sense of what it is I'm trying to accomplish in life.

☐	☐	☐	☐	☐	☐	☐
Strongly	Disagree	Disagree	Agree	Agree	Strongly	
Disagree	Somewhat	Slightly	Slightly	Somewhat	Agree	

34. I made some mistakes in the past, but I feel that all in all everything has worked out for the best.

☐	☐	☐	☐	☐	☐	☐
Strongly	Disagree	Disagree	Agree	Agree	Strongly	
Disagree	Somewhat	Slightly	Slightly	Somewhat	Agree	

35. I sometimes feel as if I've done all there is to do in life.

☐	☐	☐	☐	☐	☐	☐
Strongly	Disagree	Disagree	Agree	Agree	Strongly	
Disagree	Somewhat	Slightly	Slightly	Somewhat	Agree	

36. It's difficult for me to voice my own opinions on controversial matters.

☐	☐	☐	☐	☐	☐	☐
Strongly	Disagree	Disagree	Agree	Agree	Strongly	
Disagree	Somewhat	Slightly	Slightly	Somewhat	Agree	

37. I generally do a good job of taking care of my personal finances and affairs.

☐ Strongly Disagree
 ☐ Disagree Somewhat
 ☐ Disagree Slightly
 ☐ Agree Slightly
 ☐ Agree Somewhat
 ☐ Strongly Agree

38. There is truth to the saying that you can't teach an old dog new tricks.

☐ Strongly Disagree
 ☐ Disagree Somewhat
 ☐ Disagree Slightly
 ☐ Agree Slightly
 ☐ Agree Somewhat
 ☐ Strongly Agree

39. I know that I can trust my friends, and they know they can trust me.

☐ Strongly Disagree
 ☐ Disagree Somewhat
 ☐ Disagree Slightly
 ☐ Agree Slightly
 ☐ Agree Somewhat
 ☐ Strongly Agree

40. I used to set goals for myself, but that now seems like a waste of time.

☐ Strongly Disagree
 ☐ Disagree Somewhat
 ☐ Disagree Slightly
 ☐ Agree Slightly
 ☐ Agree Somewhat
 ☐ Strongly Agree

41. The past had its ups and downs, but in general, I wouldn't want to change it.

☐ Strongly Disagree
 ☐ Disagree Somewhat
 ☐ Disagree Slightly
 ☐ Agree Slightly
 ☐ Agree Somewhat
 ☐ Strongly Agree

42. In many ways, I feel disappointed about my achievements in life.

☐ Strongly Disagree
 ☐ Disagree Somewhat
 ☐ Disagree Slightly
 ☐ Agree Slightly
 ☐ Agree Somewhat
 ☐ Strongly Agree

4. CES-D

Below is a list of the ways you might have felt or behaved. For each statement below, please click on the response that most describes how often you have felt this way during the past week.

1. During the past week:

- | | | | | |
|---|--|---|--|------------------------------------|
| 1. I was bothered by things that usually don't bother me. | ☐ | ☐ | ☐ | ☐ |
| | Rarely or None of the Time (Less than 1 Day) | Some or a Little of the Time (1-2 Days) | Occasionally or Moderate Amount of Time (3-4 Days) | Most or All of the Time (5-7 Days) |
| 2. I did not feel like eating: my appetite was poor. | ☐ | ☐ | ☐ | ☐ |
| | Rarely or None of the Time (Less than 1 Day) | Some or a Little of the Time (1-2 Days) | Occasionally or Moderate Amount of Time (3-4 Days) | Most or All of the Time (5-7 Days) |
| 3. I felt that I could not shake off the blues even with help from my family or friends. | ☐ | ☐ | ☐ | ☐ |
| | Rarely or None of the Time (Less than 1 Day) | Some or a Little of the Time (1-2 Days) | Occasionally or Moderate Amount of Time (3-4 Days) | Most or All of the Time (5-7 Days) |
| 4. I felt that I was just as good as other people. | ☐ | ☐ | ☐ | ☐ |
| | Rarely or None of the Time (Less than 1 Day) | Some or a Little of the Time (1-2 Days) | Occasionally or Moderate Amount of Time (3-4 Days) | Most or All of the Time (5-7 Days) |
| 5. I had trouble keeping my mind on what I was doing. | ☐ | ☐ | ☐ | ☐ |
| | Rarely or None of the Time (Less than 1 Day) | Some or a Little of the Time (1-2 Days) | Occasionally or Moderate Amount of Time (3-4 Days) | Most or All of the Time (5-7 Days) |
| 6. I felt depressed. | ☐ | ☐ | ☐ | ☐ |
| | Rarely or None of the Time (Less than 1 Day) | Some or a Little of the Time (1-2 Days) | Occasionally or Moderate Amount of Time (3-4 Days) | Most or All of the Time (5-7 Days) |
| 7. I felt that everything I did was an effort. | ☐ | ☐ | ☐ | ☐ |
| | Rarely or None of the Time (Less than 1 Day) | Some or a Little of the Time (1-2 Days) | Occasionally or Moderate Amount of Time (3-4 Days) | Most or All of the Time (5-7 Days) |
| 8. I felt hopeful about the future. | ☐ | ☐ | ☐ | ☐ |
| | Rarely or None of the Time (Less than 1 Day) | Some or a Little of the Time (1-2 Days) | Occasionally or Moderate Amount of Time (3-4 Days) | Most or All of the Time (5-7 Days) |
| 9. I thought my life had been a | ☐ | ☐ | ☐ | ☐ |
| | Rarely or None of the Time (Less than 1 Day) | Some or a Little of the Time (1-2 Days) | Occasionally or Moderate Amount of Time (3-4 Days) | Most or All of the Time (5-7 Days) |

failure.	☐ the Time (Less than 1 Day)	☐ the Time (1-2 Days)	☐ Moderate Amount of Time (3-4 Days)	☐ Time (5-7 Days)
10. I felt fearful.	☐ Rarely or None of the Time (Less than 1 Day)	☐ Some or a Little of the Time (1-2 Days)	☐ Occasionally or Moderate Amount of Time (3-4 Days)	☐ Most or All of the Time (5-7 Days)
11. My sleep was restless.	☐ Rarely or None of the Time (Less than 1 Day)	☐ Some or a Little of the Time (1-2 Days)	☐ Occasionally or Moderate Amount of Time (3-4 Days)	☐ Most or All of the Time (5-7 Days)
12. I was happy.	☐ Rarely or None of the Time (Less than 1 Day)	☐ Some or a Little of the Time (1-2 Days)	☐ Occasionally or Moderate Amount of Time (3-4 Days)	☐ Most or All of the Time (5-7 Days)
13. I talked less than usual.	☐ Rarely or None of the Time (Less than 1 Day)	☐ Some or a Little of the Time (1-2 Days)	☐ Occasionally or Moderate Amount of Time (3-4 Days)	☐ Most or All of the Time (5-7 Days)
14. I felt lonely.	☐ Rarely or None of the Time (Less than 1 Day)	☐ Some or a Little of the Time (1-2 Days)	☐ Occasionally or Moderate Amount of Time (3-4 Days)	☐ Most or All of the Time (5-7 Days)
15. People were unfriendly.	☐ Rarely or None of the Time (Less than 1 Day)	☐ Some or a Little of the Time (1-2 Days)	☐ Occasionally or Moderate Amount of Time (3-4 Days)	☐ Most or All of the Time (5-7 Days)
16. I enjoyed life.	☐ Rarely or None of the Time (Less than 1 Day)	☐ Some or a Little of the Time (1-2 Days)	☐ Occasionally or Moderate Amount of Time (3-4 Days)	☐ Most or All of the Time (5-7 Days)
17. I had crying spells.	☐ Rarely or None of the Time (Less than 1 Day)	☐ Some or a Little of the Time (1-2 Days)	☐ Occasionally or Moderate Amount of Time (3-4 Days)	☐ Most or All of the Time (5-7 Days)
18. I felt sad.	☐ ☐	☐ ☐	☐ ☐	☐ Most or All of the

	Rarely or None of the Time (Less than 1 Day)	Some or a Little of the Time (1-2 Days)	Occasionally or Moderate Amount of Time (3-4 Days)	Time (5-7 Days)
19. I felt that people dislike me.	☐	☐	☐	☐
	Rarely or None of the Time (Less than 1 Day)	Some or a Little of the Time (1-2 Days)	Occasionally or Moderate Amount of Time (3-4 Days)	Most or All of the Time (5-7 Days)
20. I could not get "going."	☐	☐	☐	☐
	Rarely or None of the Time (Less than 1 Day)	Some or a Little of the Time (1-2 Days)	Occasionally or Moderate Amount of Time (3-4 Days)	Most or All of the Time (5-7 Days)

5. Masculine Body Ideal Distress scale with two experimental MBIDS items (Items 9 and 10)

The following statements ask about how you do/would feel about having a certain physical condition for various body parts. Your body may currently reflect the condition stated in these items, it may reflect your body in the past, or your body may have never been in this condition. Please click on the response that most describes how you generally feel about the current or past condition of your body, or how you would feel if your body was in this condition.

1. For each statement below, click on the response that most describes how you generally feel about the current or past condition of your body, or how you would feel if your body was in this condition.

1. Not having "six pack" abdominal muscles.	☐	☐	☐	☐
	Not Distressing at All	Mildly Distressing	Moderately Distressing	Very Distressing
2. Having flabby pectoral muscles	☐	☐	☐	☐
	Not Distressing at	Mildly Distressing	Moderately	Very Distressing

(i.e., chest muscles).	All		Distressing	
3. Having a weak body.	☐	☐	☐	☐
	Not Distressing at All	Mildly Distressing	Moderately Distressing	Very Distressing
4. Not having a chiseled body with well-defined muscles.	☐	☐	☐	☐
	Not Distressing at All	Mildly Distressing	Moderately Distressing	Very Distressing
5. Being fat.	☐	☐	☐	☐
	Not Distressing at All	Mildly Distressing	Moderately Distressing	Very Distressing
6. Having small arm muscles.	☐	☐	☐	☐
	Not Distressing at All	Mildly Distressing	Moderately Distressing	Very Distressing
7. Having scrawny legs.	☐	☐	☐	☐
	Not Distressing at All	Mildly Distressing	Moderately Distressing	Very Distressing
8. Having love-handles.	☐	☐	☐	☐
	Not Distressing at All	Mildly Distressing	Moderately Distressing	Very Distressing
9. Not having a healthy body.	☐	☐	☐	☐
	Not Distressing at All	Mildly Distressing	Moderately Distressing	Very Distressing
10. Not having a physically attractive body.	☐	☐	☐	☐
	Not Distressing at All	Mildly Distressing	Moderately Distressing	Very Distressing

6. Experimental Distress over Gay Asian Stereotypes scale and questions on sexual preference to certain ethnicities.

These next few statements ask about how you do/would feel at the present time about having a certain physical or bodily feature. You may or may not have these features. Please click on the response that most describes how you generally feel at the present time about your physical or bodily features, or how you would feel if you had these features.

1. For each statement below, click on the response that most describes how you generally feel at the present time about your physical or bodily features, or how you would feel if you had these features.

1. Having a small body frame.	☐ Not Distressing at All	☐ Mildly Distressing	☐ Moderately Distressing	☐ Very Distressing
2. Having no facial hair.	☐ Not Distressing at All	☐ Mildly Distressing	☐ Moderately Distressing	☐ Very Distressing
3. Having no body hair.	☐ Not Distressing at All	☐ Mildly Distressing	☐ Moderately Distressing	☐ Very Distressing
4. Not having double eyelids.	☐ Not Distressing at All	☐ Mildly Distressing	☐ Moderately Distressing	☐ Very Distressing
5. Having a penis that is too small.	☐ Not Distressing at All	☐ Mildly Distressing	☐ Moderately Distressing	☐ Very Distressing
6. Having eyes that are the wrong shape.	☐ Not Distressing at All	☐ Mildly Distressing	☐ Moderately Distressing	☐ Very Distressing
7. Having hair that has the wrong texture.	☐ Not Distressing at All	☐ Mildly Distressing	☐ Moderately Distressing	☐ Very Distressing

This next question asks about your sexual preference to certain ethnicities.

2. What ethnicity or ethnicities are you sexually attracted to? (please circle all that apply):

- ☐ White
- ☐ Latino
- ☐ Asian/Pacific Islander
- ☐ African-American
- ☐ Other

3. If sexual attraction to Other ethnicity or ethnicities, please specify:

7. Masculine Gender Role Stress Scale

Please click on the response that most describes how stressed you would feel if you found yourself in the situations that are presented in the following statements.

1. For each statement below, click on the response that most describes how stressed you would feel if you found yourself in the situation that is presented.

1. Feeling that you are not in good physical condition.

☐	☐	☐	☐	☐	☐	☐	☐
Not at All							Extremely

2. Not being able to find a sexual partner.

☐	☐	☐	☐	☐	☐	☐	☐
Not at All							Extremely

3. Having your lover say that he/she is not sexually satisfied.

☐	☐	☐	☐	☐	☐	☐	☐
Not at All							Extremely

4. Being perceived by someone as "gay".

☐	☐	☐	☐	☐	☐	☐	☐
Not at All							Extremely

5. Losing in a sports competition.

☐	☐	☐	☐	☐	☐	☐	☐
Not at All							Extremely

6. Being perceived as effeminate.

☐	☐	☐	☐	☐	☐	☐	☐
Not at All							Extremely

7. Appearing less athletic than your friends.

☐	☐	☐	☐	☐	☐	☐	☐
Not at All							Extremely

8. Being compared unfavorably to

☐	☐	☐	☐	☐	☐	☐	☐
Not at All							Extremely

**occupational skills
to succeed.**

38. Being unable to perform sexually. ○ ○ ○ ○ ○ ○ ○

Not at All Extremely

39. Being too tired ○ ○ ○ ○ ○ ○ ○ **Extremely**
for sex when your Not at All
lover initiates it.

40. Being unable to become sexually aroused when you want.

○ ○ ○ ○ ○ ○ ○

Not at All Extremely

41. Getting passed over for a promotion. ☐ ☐ ☐ ☐ ☐ ☐ ☐

42. Getting fired from your job. ☐ Not at All ☐ ☐ ☐ ☐ ☐ ☐ Extremely

8. Masculinity/Femininity item

Express on the scale below the degree to which people in general see you as masculine, feminine, or neither masculine nor feminine.

1. Click on the statement below that indicates the extent to which people in general see you as masculine, feminine, or neither masculine nor feminine.

Neither
Very Masculine Somewhat Masculine A Little Masculine nor A Little Feminine Somewhat Feminine Very Feminine
Feminine

How masculine or feminine do you think you are? ☐ ☐ ☐ ☒ ☐ ☐ ☐

Very Masculine Somewhat Masculine A Little Masculine **Neither Masculine nor Feminine** A Little Feminine Somewhat Feminine Very Feminine

feminine do
people in general
see you?

9. Experimental Gay Asian Stereotypes Consciousness Scale

These next few statements are about how White gay or bisexual men might perceive you in certain ways as an Asian/Pacific Islander gay or bisexual man. Please click on the response that indicates how much you currently agree or disagree with each statement.

1. For each statement below, click on the response that indicates how much you currently agree or disagree with the statement.

1. White gay and bisexual men perceive me as not as sexually desirable to a man as White gay and bisexual men.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

2. White gay and bisexual men perceive me as a "bottom," or the receiver of anal intercourse.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

3. White gay and bisexual men perceive me as weak.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

4. White gay and

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

bisexual men
perceive me as
feminine.

5. White gay and
bisexual men
perceive me as
having a small
penis.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

10. Asian American Racism Related Stress Inventory and Pre-Encounter Self Hatred Subscale

The following two series of questions will involve you being Asian-American:

Please click on the response that describes whether the following events have happened to you or someone you know and how you felt about the event.

1. For each statement below, click on the response that describes whether the event happened to you or someone you know and how you felt about the event if it did happen.

1. You hear about a racially motivated murder of an Asian-American man.	☐ This event has never happened to me or someone I know	☐ This event happened but did not bother me	☐ This event happened and I was slightly bothered	☐ This event happened and I was upset	☐ This event happened and I was extremely upset
--	--	--	--	--	--

2. You hear that Asian Americans are not significantly represented in management	☐ This event has never happened to me or someone I know	☐ This event happened but did not bother me	☐ This event happened and I was slightly bothered	☐ This event happened and I was upset	☐ This event happened and I was extremely upset
---	--	--	--	--	--

positions.

3. You are told that Asians have assertiveness problems.

○	○	○	○	○
This event has never happened to me or someone I know	This event happened but did not bother me	This event happened and was slightly bothered	This event happened and I was upset	This event happened and I was extremely upset

4. You notice that Asian characters in American TV shows either speak bad or heavily accented English.

○	○	○	○	○
This event has never happened to me or someone I know	This event happened but did not bother me	This event happened and was slightly bothered	This event happened and I was upset	This event happened and I was extremely upset

5. You notice that in American movies, male Asian leading characters never engage in physical contact (kissing, etc.) with leading female characters even when the plot would seem to call for it.

○	○	○	○	○
This event has never happened to me or someone I know	This event happened but did not bother me	This event happened and was slightly bothered	This event happened and I was upset	This event happened and I was extremely upset

6. Someone tells you that the kitchens of Asian families smell and are dirty.

○	○	○	○	○
This event has never happened to me or someone I know	This event happened but did not bother me	This event happened and was slightly bothered	This event happened and I was upset	This event happened and I was extremely upset

7. You notice that U.S. history books offer no information of the contributions of Asian Americans.

☐	☐	☐	☐	☐
This event has never happened to me or someone I know	This event happened but did not bother me	This event happened and was slightly bothered	This event happened and I was upset	This event happened and I was extremely upset

8. You see a TV commercial in which an Asian character speaks bad English and acts subservient to non-Asian characters.

☐	☐	☐	☐	☐
This event has never happened to me or someone I know	This event happened but did not bother me	This event happened and was slightly bothered	This event happened and I was upset	This event happened and I was extremely upset

9. You hear about an Asian-American government scientist held in solitary confinement for mishandling government documents when his non-Asian coworkers were not punished for the same offense.

☐	☐	☐	☐	☐
This event has never happened to me or someone I know	This event happened but did not bother me	This event happened and was slightly bothered	This event happened and I was upset	This event happened and I was extremely upset

10. You learn that Asian Americans historically were targets of racist actions.

☐	☐	☐	☐	☐
This event has never happened to me or someone I know	This event happened but did not bother me	This event happened and I was slightly bothered	This event happened and I was upset	This event happened and I was extremely upset

11. You learn that most non-Asian Americans are ignorant of the oppression and racial prejudice Asian Americans

☐	☐	☐	☐	☐
This event has never happened to me or someone I know	This event happened but did not bother me	This event happened and was slightly bothered	This event happened and I was upset	This event happened and I was extremely upset

have endured in
the U.S.

12. At a
restaurant you
notice that a
White couple who
came in after you
is served before
you.

- ☐ This event has never happened to me or someone I know
- ☐ This event happened but did not bother me
- ☐ This event happened and I was slightly bothered
- ☐ This event happened and I was upset
- ☐ This event happened and I was extremely upset

13. You learn
that, while
immigration
quotas on Asian
peoples were
severely
restricted until
the later half of
the 1900s, quotas
for European
immigrants were
not.

- ☐ This event has never happened to me or someone I know
- ☐ This event happened but did not bother me
- ☐ This event happened and I was slightly bothered
- ☐ This event happened and I was upset
- ☐ This event happened and I was extremely upset

14. Someone tells
you that it's the
Blacks that are
the problem, not
the Asians.

- ☐ This event has never happened to me or someone I know
- ☐ This event happened but did not bother me
- ☐ This event happened and I was slightly bothered
- ☐ This event happened and I was upset
- ☐ This event happened and I was extremely upset

15. A student you do not
know asks you for help in
math.

- ☐ This event has never happened to me or someone I know
- ☐ This event happened but did not bother me
- ☐ This event happened and I was slightly bothered
- ☐ This event happened and I was upset
- ☐ This event happened and I was extremely upset

16. Someone tells you that they heard that there is a gene that makes Asians smart.

☐ This event has never happened to me or someone I know

☐ This event happened but did not bother me

☐ This event happened and I was slightly bothered

☐ This event happened and I was upset

☐ This event happened and I was extremely upset

17. Someone asks you if you know his or her Asian friend/coworker/classmate.

☐ This event has never happened to me or someone I know

☐ This event happened but did not bother me

☐ This event happened and I was slightly bothered

☐ This event happened and I was upset

☐ This event happened and I was extremely upset

18. Someone assumes that they serve dog meat in Asian restaurants.

☐ This event has never happened to me or someone I know

☐ This event happened but did not bother me

☐ This event happened and I was slightly bothered

☐ This event happened and I was upset

☐ This event happened and I was extremely upset

19. Someone tells you that your Asian-American female friend looks just like Connie Chung.

☐ This event has never happened to me or someone I know

☐ This event happened but did not bother me

☐ This event happened and I was slightly bothered

☐ This event happened and I was upset

☐ This event happened and I was extremely upset

20. Someone you do not know speaks slow and loud at you.

☐ This event has never happened to me or someone I know

☐ This event happened but did not bother me

☐ This event happened and I was slightly bothered

☐ This event happened and I was upset

☐ This event happened and I was extremely upset

21. Someone asks you if all your friends are Asian Americans.

☐ This event has never happened to me or someone I know

☐ This event happened but did not bother me

☐ This event happened and I was slightly bothered

☐ This event happened and I was upset

☐ This event happened and I was extremely upset

22. Someone asks you if you can teach him/her karate.

☐ This event has never happened to me or someone I know

☐ This event happened but did not bother me

☐ This event happened and I was slightly bothered

☐ This event happened and I was upset

☐ This event happened and I was extremely upset

23. Someone tells you that "you people are all the same."

☐ This event has never happened to me or someone I know

☐ This event happened but did not bother me

☐ This event happened and I was slightly bothered

☐ This event happened and I was upset

☐ This event happened and I was extremely upset

24. Someone tells you that all Asian people look alike.

☐ This event has never happened to me or someone I know

☐ This event happened but did not bother me

☐ This event happened and I was slightly bothered

☐ This event happened and I was upset

☐ This event happened and I was extremely upset

- 25. Someone tells you that Asian Americans are not targets of racism.**
- ☐ This event has never happened to me or someone I know
- ☐ This event happened but did not bother me
- ☐ This event happened and I was slightly bothered
- ☐ This event happened and I was upset
- ☐ This event happened and I was extremely upset
-
- 26. Someone you do not know asks you to help him/her fix his/her computer.**
- ☐ This event has never happened to me or someone I know
- ☐ This event happened but did not bother me
- ☐ This event happened and I was slightly bothered
- ☐ This event happened and I was upset
- ☐ This event happened and I was extremely upset
-
- 27. You are told that "you speak English so well."**
- ☐ This event has never happened to me or someone I know
- ☐ This event happened but did not bother me
- ☐ This event happened and I was slightly bothered
- ☐ This event happened and I was upset
- ☐ This event happened and I was extremely upset
-
- 28. Someone asks you what your real name is.**
- ☐ This event has never happened to me or someone I know
- ☐ This event happened but did not bother me
- ☐ This event happened and I was slightly bothered
- ☐ This event happened and I was upset
- ☐ This event happened and I was extremely upset
-
- 29. You are asked where you are really from.**
- ☐ This event has never happened to me or someone I know
- ☐ This event happened but did not bother me
- ☐ This event happened and I was slightly bothered
- ☐ This event happened and I was upset
- ☐ This event happened and I was extremely upset

Please click on the response that indicates the degree to which each statement reflects your own thoughts and feelings at the present time.

2. For each statement below, click on the response that indicates the degree to which the statement reflects your own thoughts and feelings at the present time.

1. I go through periods when I am down on myself because I am Asian.

☐ Strongly Disagree
 ☐ Disagree
 ☐ Somewhat Disagree
 ☐ Neither Agree Nor Disagree
 ☐ Somewhat Agree
 ☐ Agree
 ☐ Strongly Agree

2. I sometimes struggle with negative feelings about being Asian.

☐ Strongly Disagree
 ☐ Disagree
 ☐ Somewhat Disagree
 ☐ Neither Agree Nor Disagree
 ☐ Somewhat Agree
 ☐ Agree
 ☐ Strongly Agree

3. When I look in the mirror at my Asian image, sometimes I do not feel good about what I see.

☐ Strongly Disagree
 ☐ Disagree
 ☐ Somewhat Disagree
 ☐ Neither Agree Nor Disagree
 ☐ Somewhat Agree
 ☐ Agree
 ☐ Strongly Agree

4. Privately, I sometimes have negative feelings about being Asian.

☐ Strongly Disagree
 ☐ Disagree
 ☐ Somewhat Disagree
 ☐ Neither Agree Nor Disagree
 ☐ Somewhat Agree
 ☐ Agree
 ☐ Strongly Agree

5. I sometimes have negative feelings about being Asian.

☐ Strongly Disagree
 ☐ Disagree
 ☐ Somewhat Disagree
 ☐ Neither Agree Nor Disagree
 ☐ Somewhat Agree
 ☐ Agree
 ☐ Strongly Agree

6. There are things about being Asian that make me feel bad.

☐ Strongly Disagree
 ☐ Disagree
 ☐ Somewhat Disagree
 ☐ Neither Agree or Disagree
 ☐ Somewhat Agree
 ☐ Agree
 ☐ Strongly Agree

7. I get down on myself because I am Asian.
- ☐ Strongly Disagree
 ☐ Disagree
 ☐ Somewhat Disagree
 ☐ Neither Agree or Disagree
 ☐ Somewhat Agree
 ☐ Agree
 ☐ Strongly Agree

11. Sexual Orientation Discrimination scale

The following two series of questions will involve your sexual orientation:

This next section asks you about experiences you may have had in your life related to your sexual orientation. Please click on the response that describes how much you have experienced the event. Then, in the next question indicate whether or not the event was sexual-orientation based discrimination.

1. How often have you been treated with less courtesy than others?

- Being treated with less courtesy than others.
- ☐ Often
 ☐ Sometimes
 ☐ Rarely
 ☐ Never

2. Was it related to your sexual orientation?

- ☐ Yes
☐ No

3. How often have you been treated with less respect than others?

- Being treated with less respect than others.
- ☐ Often
 ☐ Sometimes
 ☐ Rarely
 ☐ Never

4. Was it related to your sexual orientation?

- ☐ Yes

☐ No

5. How often have you received poorer services than others in restaurants or stores?

**Receiving poorer
services than
others in
restaurants or
stores.**

☐
Often

☐
Sometimes

☐
Rarely

☐
Never

6. Was it related to your sexual orientation?

☐ Yes

☐ No

7. How often have you experienced people treating you as if you're not smart?

**Experiencing
people treating
you as if you're
not smart.**

☐
Often

☐
Sometimes

☐
Rarely

☐
Never

8. Was it related to your sexual orientation?

☐ Yes

☐ No

9. How often have you experienced people acting as if they are better than you are?

**Experiencing
people acting as if
they are better
than you.**

☐
Often

☐
Sometimes

☐
Rarely

☐
Never

10. Was it related to your sexual orientation?

☐ Yes

☐ No

11. How often have you experienced people acting as if they are afraid of you?

Experiencing
people acting as if
they are afraid of
you.

☐ Often

☐ Sometimes

☐ Rarely

☐ Never

12. Was it related to your sexual orientation?

☐ Yes

☐ No

13. How often have you experienced people acting as if they think you are dishonest?

Experiencing
people acting as if
they think you
are dishonest.

☐ Often

☐ Sometimes

☐ Rarely

☐ Never

14. Was it related to your sexual orientation?

☐ Yes

☐ No

15. How often have you been called names or insulted?

Been called
names or
insulted.

☐ Often

☐ Sometimes

☐ Rarely

☐ Never

16. Was it related to your sexual orientation?

☐ Yes

☐ No

17. If "Yes" to being called names and insults related to your sexual orientation, what are the names and insults that you have experienced in relation to your sexual orientation?

8. Gay men are generally more promiscuous than straight men.	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
	☐	☐	☐	☐	☐	☐
9. I often feel intimidated while at gay venues.	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
	☐	☐	☐	☐	☐	☐
10. Social situations with gay men make me feel uncomfortable.	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
	☐	☐	☐	☐	☐	☐
11. I feel uncomfortable in gay bars.	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
	☐	☐	☐	☐	☐	☐
12. Making an advance to another man is difficult for me.	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
	☐	☐	☐	☐	☐	☐

13. Stigma Consciousness Scale

The last set of questions involve your being Asian/Pacific Islander and your sexual orientation:

1. Please click on the response that indicates how much you agree or disagree about feeling stigmatized in terms of your being gay/bisexual and Asian/Pacific Islander.

1. Gay Asian stereotypes have not affected me personally.	☐	☐	☐	☐	☐	☐	☐
	Strongly Disagree			Neutral			Strongly Agree
2. I never worry that my behaviors will be viewed as stereotypical of gay Asian men.	☐	☐	☐	☐	☐	☐	☐
	Strongly Disagree			Neutral			Strongly Agree

3. Most people do not judge me on the basis of my sexual preference and ethnic preference.

☐ Strongly Disagree ☐ ☐ ☐ Neutral ☐ ☐ ☐ Strongly Agree

4. My being gay/bisexual and Asian/Pacific Islander does not influence how other gay/bisexual men act with me.

☐ Strongly Disagree ☐ ☐ ☐ Neutral ☐ ☐ ☐ Strongly Agree

5. I almost never think about the fact that I am gay/bisexual and Asian/Pacific Islander when I interact with people.

☐ Strongly Disagree ☐ ☐ ☐ Neutral ☐ ☐ ☐ Strongly Agree

6. My being gay/bisexual and Asian/Pacific Islander does not influence how people act with me.

☐ Strongly Disagree ☐ ☐ ☐ Neutral ☐ ☐ ☐ Strongly Agree

7. Most people have a lot more prejudicial thoughts about gay Asian men than they actually

☐ Strongly Disagree ☐ ☐ ☐ Neutral ☐ ☐ ☐ Strongly Agree

express.

8. I often think that people are unfairly accused of being prejudiced toward gay Asian men.

☐ Strongly Disagree ☐ ☐ ☐ Neutral ☐ ☐ ☐ Strongly Agree

9. Most people have a problem viewing gay Asian men as equals.

☐ Strongly Disagree ☐ ☐ ☐ Neutral ☐ ☐ ☐ Strongly Agree

10. When interacting with heterosexuals who know of my sexual preference, I feel like they interpret all my behaviors in terms of the fact that I am gay/bisexual.

☐ Strongly Disagree ☐ ☐ ☐ Neutral ☐ ☐ ☐ Strongly Agree

14. End of Survey

Thank you for filling out the survey.

1. If you would like to be entered into five raffles of \$100 Amazon.com electronic gift certificates each, please provide your e-mail address:

Appendix 3. Missing values table for the demographic variables, main predictors, and outcome measures.

Item	Missing N (%)	Mean (SD) Before Mean Substitution	Mean (SD) After Mean Substitution
INCOME	5 (2.2)	4.09 (2.51)	4.09 (2.47)
EVALUATION OF BODY SIZE	2 (0.9)	1.72 (0.58)	1.72 (0.58)
EVALUATION OF FACIAL HAIR	2 (0.9)	1.95 (0.97)	1.95 (0.76)
EVALUATION OF LEG HAIR	3 (1.3)	2.48 (0.77)	2.48 (0.77)
EVALUATION OF CHEST HAIR	2 (0.9)	1.36 (0.65)	1.36 (0.65)
PWBS 2	1 (0.4)	4.63 (1.30)	4.63 (1.30)
PWBS 4	2 (0.9)	4.74 (1.47)	4.74 (1.47)
PWBS 6	1 (0.4)	4.08 (1.52)	4.08 (1.52)
PWBS 9	1 (0.4)	3.07 (1.48)	3.07 (1.48)
PWBS 10	1 (0.4)	5.54 (0.81)	5.54 (0.80)
PWBS 11	1 (0.4)	5.48 (0.90)	5.48 (0.89)
PWBS 14	1 (0.4)	4.68 (1.13)	4.68 (1.12)
PWBS 15	1 (0.4)	3.94 (1.27)	3.94 (1.27)
PWBS 19	1 (0.4)	4.79 (1.16)	4.79 (1.15)
PWBS 20	1 (0.4)	4.20 (1.33)	4.20 (1.33)
PWBS 21	1 (0.4)	5.60 (0.71)	5.60 (0.71)
PWBS 22	2 (0.9)	4.55 (1.15)	4.55 (1.15)
PWBS 23	3 (1.3)	3.95 (1.46)	3.95 (1.45)

Item	Missing N (%)	Mean (SD) Before Mean Substitution	Mean (SD) After Mean Substitution
PWBS 24	4 (1.8)	4.82 (1.17)	4.82 (1.16)
PWBS 25	1 (0.4)	3.99 (1.57)	3.99 (1.56)
PWBS 30	1 (0.4)	4.32 (1.39)	4.32 (1.38)
PWBS 31	1 (0.4)	4.10 (1.23)	4.10 (1.23)
PWBS 35	1 (0.4)	5.35 (1.17)	5.35 (1.17)
PWBS 41	3 (1.3)	4.35 (1.54)	4.35 (1.53)
PWBS 42	1 (0.4)	4.68 (1.40)	4.68 (1.39)
CESD 1	2 (0.9)	0.63 (0.85)	0.63 (0.84)
CESD 2	1 (0.4)	0.32 (0.64)	0.32 (0.64)
CESD 3	1 (0.4)	0.55 (0.85)	0.55 (0.85)
CESD 4	2 (0.9)	0.90 (1.02)	0.91 (1.01)
CESD 5	2 (0.9)	1.07 (1.00)	1.07 (1.00)
CESD 7	1 (0.4)	1.07 (0.97)	1.07 (0.97)
CESD 8	1 (0.4)	0.94 (0.95)	0.94 (0.95)
CESD 9	1 (0.4)	0.33 (0.66)	0.33 (0.66)
CESD 10	1 (0.4)	0.66 (0.89)	0.66 (0.89)
CESD 15	2 (0.9)	0.42 (0.67)	0.42 (0.67)
CESD 20	2 (0.9)	0.73 (0.90)	0.73 (0.89)
MBIDS 3	1 (0.4)	2.49 (1.02)	2.49 (1.02)
MBIDS 5	1 (0.4)	2.91 (1.12)	2.91 (1.12)
MBIDS 8	1 (0.4)	2.43 (1.04)	2.43 (1.04)

Item	Missing N (%)	Mean (SD) Before Mean Substitution	Mean (SD) After Mean Substitution
MGRS 5	1 (0.4)	2.86 (1.81)	2.86 (1.81)
MGRS 6	2 (0.9)	4.01 (2.07)	4.01 (2.06)
MGRS 8	2 (0.9)	4.19 (1.89)	4.19 (1.88)
MGRS 9	1 (0.4)	2.08 (1.58)	2.08 (1.57)
TRUONGMGRS 10	1 (0.4)	2.87 (1.84)	2.87 (1.84)
MGRS 12	2 (0.9)	2.38 (1.88)	2.38 (1.87)
MGRS 13	1 (0.4)	3.43 (1.86)	3.43 (1.86)
MGRS 15	7 (3.1)	3.17 (2.10)	3.17 (2.07)
MGRS 19	1 (0.4)	1.72 (1.28)	1.72 (1.28)
MGRS 20	1 (0.4)	1.39 (0.95)	1.39 (0.95)
MGRS 24	2 (0.9)	1.76 (1.27)	1.76 (1.26)
MGRS 25	4 (1.8)	2.42 (1.80)	2.42 (1.78)
MGRS 30	2 (0.9)	1.96 (1.49)	1.96 (1.49)
MGRS 31	1 (0.4)	3.22 (1.78)	3.22 (1.79)
MGRS 32	2 (0.9)	3.29 (1.86)	3.29 (1.85)
MGRS 33	1 (0.4)	3.06 (1.95)	3.06 (1.95)
MGRS 34	4 (1.8)	2.12 (1.60)	2.12 (1.59)
MGRS 35	1 (0.4)	5.77 (1.79)	5.77 (1.79)
MGRS 38	2 (0.9)	5.02 (1.86)	5.02 (1.86)
MGRS 39	3 (1.3)	4.02 (1.84)	4.02 (1.82)
MGRS 40	2 (0.9)	4.86 (1.97)	4.86 (1.96)

Item	Missing N (%)	Mean (SD) Before Mean Substitution	Mean (SD) After Mean Substitution
MGRS 41	1 (0.4)	5.28 (1.74)	5.28 (1.74)
AARRSI 3	1 (0.4)	3.01 (1.36)	3.01 (1.36)
AARRSI 8	1 (0.4)	3.31 (1.33)	3.31 (1.33)
AARRSI 9	1 (0.4)	2.77 (1.61)	2.77 (1.60)
AARRSI 10	1 (0.4)	3.71 (1.22)	3.70 (1.22)
AARRSI 11	1 (0.4)	3.49 (1.21)	3.48 (1.21)
AARRSI 14	1 (0.4)	2.96 (1.40)	2.96 (1.40)
AARRSI 15	1 (0.4)	2.09 (0.97)	2.10 (0.97)
AARRSI 16	1 (0.4)	2.16 (1.10)	2.16 (1.10)
AARRSI 17	3 (1.3)	2.41 (1.01)	2.42 (1.00)
AARRSI 18	1 (0.4)	2.81 (1.38)	2.81 (1.38)
AARRSI 19	1 (0.4)	1.93 (1.28)	1.94 (1.28)
AARRSI 20	1 (0.4)	2.59 (1.49)	2.59 (1.48)
AARRSI 21	1 (0.4)	2.05 (1.15)	2.06 (1.15)
AARRSI 22	2 (0.9)	2.16 (1.31)	2.17 (1.30)
AARRSI 23	1 (0.4)	3.12 (1.46)	3.12 (1.46)
AARRSI 24	2 (0.9)	3.23 (1.27)	3.22 (1.26)
PESH 4	1 (0.4)	3.00 (2.02)	3.00 (2.02)
PESH 5	1 (0.4)	3.04 (1.99)	3.04 (1.99)
SIHS 6	1 (0.4)	3.20 (1.52)	3.20 (1.51)
SIHS 7	1 (0.4)	3.07 (1.47)	3.07 (1.47)

Item	Missing N (%)	Mean (SD) Before Mean Substitution	Mean (SD) After Mean Substitution
SIHS 8	1 (0.4)	3.25 (1.72)	3.25 (1.71)
SIHS 9	1 (0.4)	3.16 (1.70)	3.16 (1.70)
SCQ 2	1 (0.4)	3.80 (1.93)	3.80 (1.93)
SCQ 4	1 (0.4)	4.39 (1.92)	4.39 (1.92)
SCQ 7	1 (0.4)	4.88 (1.57)	4.88 (1.57)
SCQ 10	1 (0.4)	3.96 (1.75)	3.96 (1.75)
DGAS 4	3 (1.3)	1.30 (0.64)	1.30 (0.64)
DGAS 5	1 (0.4)	2.29 (1.12)	2.29 (1.12)
DGAS 6	1 (0.4)	1.46 (0.83)	1.46 (0.83)
DGAS 7	2 (0.9)	1.59 (0.85)	1.59 (0.85)
GASCS 1	1 (0.4)	2.74 (0.95)	2.74 (0.95)
GASCS 2	1 (0.4)	3.01 (0.85)	3.01 (0.85)
GASCS 3	2 (0.9)	2.40 (0.87)	2.40 (0.86)
GASCS 4	2 (0.9)	2.39 (0.91)	2.39 (0.91)
GASCS 5	1 (0.4)	2.84 (0.91)	2.84 (0.91)

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