

**Internalized Oppression, Restricted Affection, and Psychological
Distress in Asian and Latino Men who have Sex with Men**

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Abstract

Research on internalized oppression in intersecting identities remains vitally important for the mental health of minority individuals. This study investigates the mediating effect of restriction of affectionate behavior on the relationship between multiple oppressions (i.e., internalized racism, internalized heterosexism, and internalized sexism) and psychological distress in 172 Asian ($n = 57$) and Latino ($n = 115$) men who have sex with men. Data were collected using online snowball sampling via Facebook and listservs. Findings revealed that internalized racism and internalized heterosexism were related to psychological distress, and that restrictive affectionate behaviors with other men fully mediated these relationships. That is, these results suggest that internalized racism and internalized heterosexism may lead to a discomfort with expressing affection with other men, which in turn, may lead to psychological distress. Clinical implications for individual and couple interventions are examined, and future directions for research in internalized oppression are discussed.

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Chapter 1

Introduction and General Information

Oppression and Minority Stress

Minority stress theory posits that individuals from oppressed minority groups experience unique stress associated with their stigmatized status, above and beyond that experienced by all people, which can cause or exacerbate health and relational difficulties (Meyer, 2003; Szymanski & Hilton, 2013). One such minority stressor is internalized oppression. It has been suggested that the internalization of negative attitudes and beliefs about one's reference group may be more deleterious than direct experiences of discrimination or prejudice (Speight, 2007). Therefore, this study aims to increase the understanding of the effects of internalizing oppressive attitudes associated with gender, race, and sexual identity on psychological well being in Asian and Latino men who have sex with men.

Recent research suggests that many White, heterosexual Americans place a strong genetic emphasis on racial and sexual identity differences, which influence the polarization of their attitudes towards these groups (Jayaratne et al., 2006). These polarized attitudes are associated with aggression towards minority individuals (McCall, Blascovich, Young, & Persky, 2009; Parrott, Peterson, & Bakeman, 2011), which unfortunately has serious, deleterious consequences on the health of minority individuals. However, the scientific community does not share the notion that genetics play an important role in social group differences despite the fact that the general public embraces this notion. Speight (2007) suggests that minority group members will often internalize these negative beliefs about their group by absorbing the negative messages introjected into them by the dominant group or culture, which, in turn, affects mental health (Speight, 2007; Szymanski & Gupta, 2009).

Allport (1979) theorized that targets of prejudice react to “victimization” in ways that are extroverted or introverted. “Extroverted”, or external, reactions to prejudice include shyness, rebellion, or obsessive concern with the defining characteristic(s) that gives them membership in the stigmatized social group. “Introverted”, or internal, reactions to prejudice included identifying with the aggressor, self-hate, and aggression towards other group members (Allport, 1979; Meyer, 1995; Newcomb & Mustanski, 2009). Building on Allport’s theory, among others, Meyer has advanced the understanding of the ways in which oppression effects minority individuals, developing a theoretical framework to understand the distinctive nature of this form of stress.

Chapter 2

Literature Review

Internalized Heterosexism

Two main theories have been used to conceptualize the construct of internalized heterosexism for sexual minority individuals. Meyer's minority stress theory (Meyer, 1995) postulates that individuals from oppressed groups experience a unique stress associated with their minority status. Furthermore, minority stress experienced by oppressed groups is above and beyond the stress experienced by all people, which can cause or exacerbate health and relational difficulties (Meyer, 1995). Meyer has described three kinds of minority stress, which include: *internalized oppression*, perceived stigma, and events of discrimination and violence.

Internalized oppression can be defined as the process of accepting or directing negative societal attitudes and values about one's stigmatized group towards one's self (Cokley, 2002; Meyer, 1995; Speight, 2007; Williams & Williams-Morris, 2000). While these three minority stressors are deleterious to the mental health of minority individuals, it has been suggested that the internalization of oppressive messages may be more deleterious than direct experiences of discrimination, prejudice, and violence by the oppressors (Speight, 2007). Forms of internalized oppression may include *internalized heterosexism*, *internalized racism*, and *internalized sexism*.

Research on internalized heterosexism, which is the internalization of heteronormativity and negative messages about sexual minorities, has proliferated in the counseling psychology literature over the last decade (Szymanski, Kashubeck-West, & Meyer, 2008a), and is arguably the most currently researched internalized oppression construct. The effects of internalized heterosexism have been well documented (Szymanski, Kashubeck-West, & Meyer, 2008b) in the recent counseling psychology literature. Internalized heterosexism has been linked to depressive

(Szymanski & Ikizler, 2012) and anxiety symptoms, illicit substance and alcohol use (Baiocco, D'Alessio, & Laghi, 2010; Weber, 2005; Williamson, 2000), relationship quality (Frost & Meyer, 2009), intimate partner violence (Carvalho, Lewis, Derlega, Winstead, & Viggiano, 2011), risky sexual behaviors (Newcomb & Mustanski, 2009), self-esteem (Szymanski & Carr, 2008), adherence to HIV treatment, feelings of loneliness, sexual satisfaction (Meyer & Dean, 1998), willingness to seek medical attention, and gender role conflict (Szymanski & Carr, 2008; Szymanski & Ikizler, 2012) in men who have sex with men (MSM).

The second theoretical foundation for the construct of internalized heterosexism, Feminist theory, offers further conceptualization on the internalization of oppression for minority individuals. These two theories, while different, are not inherently opposing, but complementary. Carol Hanisch, a prominent feminist writer, says in her essay *The Person is Political*, “We are messed over, not messed up” (Hanisch, 1970). She states “personal problems are political problems. There are no personal solutions...”. She describes the feminist theoretical point, that the person is inherently political. Feminist theory posits that many of the personal difficulties minority individuals experience are the direct result of oppression due to the political, cultural, social and economic structure within society that caters to those with political, social, cultural, and economic power (Szymanski, Kashubeck-West, & Meyer, 2008a). Szymanski and colleagues (2008) state that negative mental health outcomes are the direct result of oppression, in the form of invisibility, discrimination, rejection, and harassment, that sexual minorities experience and internalize, limiting their personal potential as a fully functioning human being.

Furthermore, feminist theory emphasizes the importance of multiple personal identities as it pertains to oppression. Szymanski and colleagues (2008) explain the multiple perspectives on the way in which multiple identities may affect the mental health of those individuals with

intersecting minority identities. The primary oppression perspective suggests that individuals with multiple oppressed identities have one specific identity that directly affects mental health, and that other identities are either not directly associated with mental health, or have greatly reduced effects. The additive perspective postulates that individuals experience oppression from each perspective stigmatized identity that combines additively to produce negative mental health outcomes.

The interactionist perspective posits that individuals experience oppression in a multiplicative way, which results in more significant effects on psychosocial health. Lastly, the interactionist perspective suggests that all the socially constructed identities we have create a matrix with many different points where identities intersect. For example, theorists have suggested that racial minority gay or lesbian individuals have the potential for unique experiences of oppression that may not otherwise be experienced by individuals with a single minority identity (Balsam, Molina, Beadnell, Simoni, & Walters, 2011). For Asian and Latino MSM, these identities may have specific psychosocial outcomes that may not exist for individuals with other intersecting identities.

Internalized Racism and Racial Identity

For Asian and Latino MSM, internalized racism is another form of internalized oppression that has deleterious consequences. Internalized racism is defined as the internalization of negative attitudes and beliefs about one's racial group and the internalization of a pro-American, mainstream identity that rejects an identity associated with one's racial group. The early research on the construct of internalized racism can be traced back to the studies conducted by Kenneth and Mamie Clark in the early to mid 1900s. The results of a foundational study conducted by the Clarks, published in 1950, suggested that many African-American children

internalized society's negative perceptions about African-Americans, as demonstrated by preferences for white dolls over black dolls (Clark & Clark, 1950). Since this study, much more research has been conducted on the construct of racial identity and the internalization of negative attitudes about one's racial group.

Cross's theory (Cross, 1978; 1995; Vandiver, Cross, Worrell, & Fhagen-Smith, 2002) has been influential in understanding racial identity and attitudes about race, particularly from the experience of a racial minority individual. While this model has been almost exclusively used to describe the racial development of African-Americans and Black¹ individuals across the African diaspora (Cassidy, O'Connor, Howe, & Warden, 2004; Tull et al., 1999), it is currently the best model to describe racial identity development from the racial minority perspective. It is the only model that comprehensively includes elements of racism and experiences with discrimination as fundamental to the development of a racial identity (Cokley, 2007).

Cross' theory of racial identity development will be briefly summarized to better clarify its connection with oppression. The *Encounter* stage is the second stage in his theory, which is the time in which event(s) in one's life motivate an individual to reflect on the role of race in American society, promoting a reevaluation of his or her racial identity. From this stage, Blacks are thought to continue on to further stages of development, wherein an individual solidifies a positive Black identity after a period of intense anti-White sentiment. Finally, Blacks are thought to go through a period of acceptance of their Black identity as part of a multiculturalist identity, inclusive of other socially constructed identities such as sexual orientation and gender, among

¹ The term 'Black' refers to all individuals across the African diaspora, such as African-Americans, and Afro-Latinos, among others. Because the term African-American is limiting, the term Black will be used to be inclusive of all individuals while discussing racial identity.

others. The first stage, however, will be paramount to understanding the internalization of racial oppression.

The *Pre-Encounter* stage is the first stage, prior to *Encounter*, in which an individual holds assimilationist and mainstream values, is misinformed about Black culture, and is self-hating due to his or her race. The *Pre-Encounter* stage includes three identities: *Assimilationist*, *Miseducation*, and *Self-Hatred* (Vandiver et al., 2002). The *assimilationist* identity is one in which the individual views race as unimportant and adopts a pro-American and mainstream identity. *Miseducation* is an identity in which the individual is misinformed about Black culture, and holds negative stereotypical views of the Black community. Finally, *Self-Hatred* is when an individual holds intensely negative views about oneself because of his or her race. Self-Hatred is thought to be positively associated with low self-esteem and psychological distress (Szymanski & Gupta, 2009; Vandiver et al., 2002). Much of the research on internalized racism has used self-hatred to measure this construct (Szymanski & Gupta, 2009; Wester, Vogel, Wei, & McLain, 2006).

Research on internalized racism has linked it to psychological distress (Szymanski & Gupta, 2009; Wester et al., 2006), lower self-esteem (Szymanski & Gupta, 2009), cardiovascular reactivity and disease (Chae, Lincoln, Adler, & Syme, 2010), violence and delinquency among adolescents (Bryant, 2011), abdominal obesity (Chae et al., 2010), marital satisfaction (Taylor, 1990), and fasting glucose levels – a predictor of diabetes (Chae et al., 2010). However, our understanding of the negative effects of internalized racial oppression on health is still very limited. And while research on the intersectionality of multiple types of oppression, such as sexual orientation and gender needs to be advanced (Cole, 2009; Williams & Mohammed, 2008),

research on internalized racism is almost solely on African-Americans, and research on groups such as Asians, Latinos, and Native Americans, among others, is sorely needed.

Internalizing Sexism: Gender Role Conflict in MSM

It has been suggested that men, much like women, experience oppression due to rigid gender role expectations, and the socialization process of these ideologies (O'Neil, 1981; 2008; 2013; O'Neil, Helms, Gable, David, & Wrightsman, 1986). Men, same as women, will be socialized with gender roles that are restrictive, rigid, or sexist, which may ultimately result in negative consequences for the person or others. These gender roles are often narrowing, devaluing of oneself or others, and/or unattainable, resulting in a conflict between the socialized gender expectations and one's abilities and desires. While the notion that gender role socialization victimizes men as well as women is a notion that can produce a significant amount of resistance (O'Neil, 2008), strict adherence to gender role ideologies, limiting men's potential to be fully functional human beings, is a form of internalized sexism that may cause increased psychological distress, depression, anxiety, fear, relationship difficulties, shame, and self-hatred, along with many other mental health problems (O'Neil, 2008).

Navigating the complicated reality of our current political structure, men who have sex with men (MSM) must be ever aware of the risks involving rejection or acceptance by those they encounter. One such salient characteristic in all circumstances is their masculinity. While a significant portion of sexual minority men report gender nonconformity in childhood (Skidmore, Linsenmeier, & Bailey, 2006; Taywaditep, 2002), it has been noted that many sexual minority MSM begin a defeminization process at the onset of adolescence that continues through adulthood due to a growing awareness of the stigmatization of gender nonconformity (Taywaditep, 2002). Masculinity is extremely important for MSM, as same-sex attraction and

behavior is often mistaken with femininity (O'Neil, 1981; Szymanski & Carr, 2008) and these deviations from gender role expectations often result in being ridiculed by others (Good, Thomson, & Brathwaite, 2005; Szymanski & Carr, 2008).

The ridicule, especially from one's own community, for deviating from masculine gender role expectations is very salient to men who have sex with men. One study found that men who were given fictitious feedback that they have more feminine gender role characteristics reacted more negatively to effeminate than masculine gay men (Glick, Gangl, Gibb, Klumpner, & Weinberg, 2007). The GLBT community, much like the predominantly heterosexual community at large, holds rigid masculine gender role expectations despite the reality that gender roles are often contradictory, dysfunctional, and violated by a large proportion of the population (Levant, 2011). Yet, the violation of these gender roles results in negative consequences, and is especially the case for sexual minority men.

Gender role conformity is arguably more important in the romantic lives of men who have sex with men than within the romantic lives of those men with predominantly heterosexual attractions. Bailey (1997) found that gender role characteristics are more likely to be expressed in online personal advertisements of men seeking men than in advertisements of individuals seeking opposite sex partners. In personals advertisements of MSM that mention gender, 98% of the descriptive characteristics used to describe the author were masculine, 96% of the desirable characteristics describing partners were masculine, 100% of the explicitly stated characteristics that they did not want were feminine, and the most used descriptive characteristic for self and partner was masculine (Bailey, Kim, Hills, & Linsenmeier, 1997). MSM that conform less to traditional gender roles have significantly higher levels of psychological distress, internalized heterosexism, social sensitivity (Blashill & Vander Wal, 2009), eating disorder symptomatology

(Blashill & Vander Wal, 2009), depression, anxiety, and experience lower levels of relationship satisfaction and social support (Skidmore, 2006). Furthermore, a specific pattern of gender role conflict, restrictive affectionate behaviors between men, is particularly important for MSM, and has been a pattern that has been highlighted in the literature as it pertains to mental health outcomes (Blashill & Vander Wal, 2009; Sánchez, Westefeld, Liu, & Vilain, 2010; Szymanski & Ikizler, 2012; Wester, Pionke, & Vogel, 2005).

Experiences of Oppression: Ethnic Minority MSM

Many researchers have investigated the effects of internalized oppression, mediators of its relationship with psychological distress, and moderating factors that may buffer or exacerbate the intensity of its effect on mental health. Yet, many of these studies have focused on either primarily white samples when investigating internalized heterosexism, and primarily heterosexual populations when investigating experiences of racial and ethnic minority oppression. However, understanding internalized oppression in the lives of those individuals with multiple minority identities is complicated, as stigmatized identities interact and create unique opportunities to encounter oppression that individuals with a single minority identity would not experience (Balsam et al., 2011; Szymanski & Gupta, 2009). To better understand the complicated nature of oppression for individuals with multiple identity statuses, such as ethnic and racial minority men who have sex with men, studies must directly investigate these populations in place of the traditional additive approach (i.e., studying Asians and MSM to come to conclusions about Asian MSM) in understanding the experiences of multiple minority individuals.

In addition to the experiences of oppression from the general population, ethnic minority men who have sex with men report oppressive experiences from within their own perspective

communities. Many sexual minority men of color experience difficulties coming to terms with a non-heterosexual identity in racial minority communities that often ostracize non-heterosexual orientations (Balsam et al., 2011; Goode-Cross & Good, 2008; 2009). Evident to ethnic minority MSM, empirical literature suggests that after controlling for religiosity, income, and level of education, Latinos and African Americans hold more heterosexist views than White individuals (Bonilla & Porter, 1990).

Furthermore, these men experience barriers creating a social support network in a predominantly white GLBT community that marginalizes people of color (Goode-Cross & Good, 2009). For example, sexual minority people of color perceive GLBT organizations as serving the predominantly White individuals in the community and neglecting the needs of GLBT people of color (Ward, 2005). In addition, gay bars and nightclubs, as well as GLBT community events and spaces, have been reported excluding, refusing entry, and offering poorer service to sexual minority people of color (Balsam et al., 2011; Han, 2007; Kudler, 2007).

Many sexual minority people of color report difficulty dating within the predominantly white GLBT community. Online personals and social networking sites that cater to men who have sex with men mention the race of perspective partners more frequently than similar sites catering to the general heterosexual population (Balsam et al., 2011). Because of the cultural differences between these two groups within the GLBT community, African American men who have sex with men (MSM) report feeling that White romantic partners have difficulty grasping the daily challenges faced by being part of two marginalized groups, as well as conflict due to different values on the disclosure of sexual identities (Goode-Cross & Good, 2009).

Asian and Latino men who have sex with men experience oppression in ways that are unique to individuals with an ethnic minority MSM status. While gender role conflict (GRC) is

generally portrayed as similar across ethnic groups, ethnic minority MSM may experience differing levels of GRC depending on their ethnic background. For example, GRC has been associated with internalized racism (Wester et al., 2006) and internalized heterosexism (Estrada, Rigali-Oiler, Arciniega, & Tracey, 2011) in ethnic minority MSM, which are experiences not shared with predominantly White and heterosexual identities. Though research has investigated the relationship between internalized oppression, including GRC, and mental health in individuals with multiple minority identities, none have looked at the ways in which internalized heterosexism and internalized racism, as well as internalized sexism in the form of restricted affectionate behavior interact to influence mental health of ethnic minority MSM.

Therefore, the proposed model for this study, grounded in minority stress theory and Cross' theory of racial identity development and seeks to fill this current gap in the literature for Asian and Latino men who have sex with men. Long-term goals of this research are to better understand the complex relationships between internalized oppression and well being for multiple minority individuals of different backgrounds. The specific aims of this study include testing multiple hypotheses and a measurement model (Figure 1). The first hypothesis is based on points made by O'Neil (1981) and Lewis (1978) regarding the homophobic attitudes as predictors of gender role conflict. It is hypothesized that internalized heterosexism will be positively associated with restrictive affectionate behaviors between men, the pattern of GRC used in this study. Secondly, internalized racism (i.e., self-hatred, assimilation, and miseducation) will be positively associated with restrictive affectionate behaviors between men. Thirdly, it is hypothesized that restricted affectionate behaviors between men will predict psychological distress (i.e., general distress, performance and somatization). Lastly, it is

hypothesized that restricted affectionate behaviors between men will mediate the relationships between these internalized oppressions and psychological distress.

Chapter 3

Methods

Participants

Participants in this study included 172 men who have sex with men between the ages of 18 and 80 (age: $M = 28.2$; $Median = 24$) that reported Asian or Latino ancestry. Data were collected via Facebook Ads. Participants were English-speaking men who have sex with men, who are over the age of 18 and live in the United States. Of the 172 participants, 35% ($n=60$) identified as being of Asian ethnicity and 65% ($n=112$) identified as being of Latino ethnicity. Regarding the immigration status of participants, 16% of the sample reported immigrating to the United States with an average of 17 years since immigrating. The majority of our sample reported themselves as being single (61%) rather than in some type of relationship (13.5% married, 21.2% in a relationship, and 2.4% cohabitating). Of the participants in our sample, 32% reported less than \$10,000 annual income, 22% reported an annual income between \$10,000 and \$25,000, and 21% reported an annual income between \$25,000 and \$50,000. Individuals reporting annual incomes higher than \$50,000 made up 25% of the sample. Our sample was highly educated, with 45% of the participants reporting some college experience, 19% reporting an undergraduate degree, and 24% reporting some graduate school or higher. Only 3.5% of the sample ($n=6$) did not complete high school.

Measures

Demographics. The participants completed a demographic questionnaire that was created for this study. The questions included age, gender, relationship status, race, nationality, immigration status and country of origin, as well as questions regarding income and education levels (see Appendix A for all measures).

Gender Role Conflict. Gender role conflict was measured using the Gender Role Conflict Scale (O'Neil et al., 1986), a 37-item measure that consists of four main dimensions, including: Success, Power, and Competition (SPC; "I strive to be more successful than others."), Restrictive Emotionality (RE; "I do not like to show my emotions to others people"), Restrictive Affectionate Behavior Between Men (RABBM; "Affection with other men makes me tense."), and Conflict Between Work/School and Family (CWF; "My career, job, or school affects the quality of my leisure or family life."). Each item is rated on a 6-point Likert Scale, from 1 (*Strongly Agree*) to 6 (*Strongly Disagree*), with higher points signifying increased levels of gender role conflict. Only the RABBM subscale was used for analyses in this study, as this scale directly relates to intimacy within male same-sex relationships.

Internalized Racism. Internalized racism was measured with an adapted version of the Cross Racial Identity Scale (Vandiver et al., 2002), which was originally adapted for use with African Americans. The scale measures multiple domains of racial identity attitudes, including: Pre-Encounter, Immersion/Emmersion, and Internalization. The Pre-Encounter scale includes three subscales: Assimilation, Miseducation, and Self-Hatred. Self-hatred is considered a fusion of negative stereotypes about one's racial community with one's personal identity, which is a prime for measuring internalized racism. An example item from the Latino adaptation includes: "I sometimes struggle with negative feelings about being Latino." The construct of internalized racism was used to operationalize ethno-racial oppression. Cokley (2007) states that race is a better construct to use when measuring an identity constructed "in response to an oppressive and highly racialized society." Ethnicity measures tend to focus on universal human experiences and do not inherently measure the oppressed minority experience.

Internalized Heterosexism. Internalized Homophobia Scale – Short Form: The Internalized Homophobia Scale – Short Form (Martin & Dean, 1987) is a five-item measure that estimates the level to which a sexual minority individual has internalized heterosexist and homonegative messages from society. The measure uses a 5-point Likert scale from 1 (*Strongly disagree*) to 5 (*Strongly Agree*), with higher numbers indicating increased levels of internalized heterosexism. An example item includes: “I feel that being gay/lesbian/bisexual is a personal shortcoming for me.”

Psychological Distress. The Hopkin’s Symptom Checklist - 21 (HSCL-21; (Cepeda-Benito & Gleaves, 2000; Green, Walkey, McCormick, & Taylor, 1988) is a 21-item measure that estimates levels of psychological distress in three different domains: General (“Feeling inferior to others”), Performance (“Trouble concentrating”), and Somatic (“Soreness in your muscles”). The items are measured on a 4-point Likert scale, from 1 (“not at all”) to 4 (“extremely”), with higher numbers signifying increased levels of psychological distress. The measure has been shown to be useful in measuring psychological distress in ethnically diverse college students. The measure was selected because of its relevancy to the intended participant population and its brevity.

Procedure

Data were collected anonymously via an Internet based survey method. Due to concerns regarding privacy and security, the data collection procedure was based on previously published recommendations and methods, including maintaining a separate database for raffle data to separate identifiable information from survey data and using a secure server for data storage to prevent possible data corruption or security issues (Riggle, Rostosky, & Reedy, 2005; Szymanski & Ikizler, 2012).

Facebook Ads were used to recruit participants, from which a large percentage of this sample was obtained (66%). Other methods included advertising in social groups on popular social networking websites, forums, and listservs. Patients who clicked on advertisements were forwarded to the informed consent page. Email announcements and informed consent page stated that the project was investigating the participants' experiences of racism, homophobia, personality, and psychological health. It also informed the participants that incentive for participation in the study was the option to enter a raffle for one of ten \$10 gift cards.

If participants elected to take part in the study, they continued to a screening demographics page to ensure they were qualified for the study. The individual's gender and age were asked. Individuals who were under the age of 18 or identified as female were then sent to an exit page, thanking them for their interest and informing them that they were not eligible for participation in the study. Participants who met criteria continued on to complete the list of measures described above.

Chapter 4

Results

Reliability and Exploratory Factor Analysis.

Considering the sample's intersecting ethnic and sexual minority identities, careful consideration of the current literature on best practices was taken in measuring racial and ethnic identity (Cokley, 2007; Phinney & Ong, 2007; Trimble, 2007). Reliability analyses were conducted on the measures, as few measures used have been normed on individuals with intersecting ethnic and sexual minority identities, particularly on Asian and Latino MSM. For reliability estimates, correlates, and descriptives, see Table 1.

The alpha coefficients for the five-item Internalized Homophobia Scale – Short Form was .82. The alpha for the 8-item RABBM subscale on the GRCS was .75. However, removing item 35, “Men who are overtly friendly to me make me wonder about their sexual preference,” produced an alpha coefficient of .80. The Somatization subscale of the HSCL-21 alpha coefficient was .82. The alpha coefficient on the Performance subscale was .80. The alpha coefficient on the General subscale on the HSCL-21 was .88. The alphas for the CRIS Pre-Encounter Assimilation, Miseducation, and Self Hate subscales were .85, .82, and .91, respectively.

Exploratory factor analyses were conducted to test the interdependence among the observed variables before the CFA analysis, resulting in a seven-factor model. The EFA analysis was conducted using principal axis factoring with Direct Oblimin rotation on SPSS. The KMO Measure of Sampling Adequacy (KMO = .82) and the Bartlett's Test of Sphericity ($\chi^2 = 2748.94$; $df = 528$; $p = .000$) both suggested a good fit for the overall model.

Measurement Model

A confirmatory factor analysis was conducted using AMOS 21 to test the structural model in Figure 1. Confirmatory factor analysis requires multiple observed indicators to represent each latent dimension, creating a population covariance matrix, which is compared to the observed covariance matrices to test whether a hypothesized model fits the observed data (Schreiber, Nora, & Stage, 2006). While a single measure is sometimes used to create an observed indicator, pragmatic reasons may prevent researchers from using multiple measures as indicators for each construct. In these situations, item parceling is often employed to create composite items for each latent variable, or construct. Parcels were created for each observed indicator based on the item's factor loading score, according to methods used in previous research (Lent, Brown, & Gore, 1997; Lent, Lopez, Brown, & Gore, 1996; Quintana & Maxwell, 1999; Russell, Kahn, Spoth, & Altmaier, 1998).

Using results from the exploratory factor analysis, single item factor loadings on each scale were used to create parcels for each latent variable. The highest and lowest loading items were used to create the first composite item, averaging the variance. The second highest and lowest loadings created the second composite item, and so on until all items loaded onto one of three composite indicators, or parcels. For statistical reasons, constructs are best defined using three or four indicators (Kenny, 1979; Quintana & Maxwell, 1999), as the statistical and methodological advantages associated with using more than four indicators are outweighed by the costs. Therefore, all scales used three observed indicators to create one of three parcels per latent variable. See Figure 2 for parameter estimates of the structural equation model.

The proposed model demonstrated a good fit with the data, despite the chi-square value [$\chi^2_M(59) = 79.32, p = .04$] which initially seems to suggest poor model fit. The CMIN/DF, or

χ^2_M/df , is considered a better measure of model fit as it takes into account the χ^2 results and the degrees of freedom. The χ^2_M value does not take into account sample size or model complexity, factors which may influence the value of the index. The CMIN/DF suggests good fit for values less than 5, or less than 2 conservatively.

Results from this index also suggest good model fit (CMIN/DF = 1.23), which can be seen in Table 2. Many fit indices, both badness-of-fit and goodness-of-fit, are based on a 1-0 scale. For goodness-of-fit indices, a value of 1 signifies perfect fit, while a value of 0 signifies poor fit. For badness-of-fit indices, the reverse is true, with 1 signifying a poor fit (Kline, 2011; Schreiber et al., 2006). Further, the CFI, or Comparative Fit Index, provides a value that can suggest good model fit compared by estimating covariance in the model. Perfect model fit is 1.0 and models resulting in values above .95 are described as having good model fit. The hypothesized model's CFI value (CFI = .97) suggested good fit. Furthermore, the Root Mean Square Error of Approximation (RMSEA) and the Root Mean Square Residual, considered badness-of-fit indices, also suggests good model fit (RMR = .10; RMSEA = .04).

Model parsimony was further explored on the basis of multiple non-significant parameter estimates in the aforementioned model. Several non-significant relationships were removed (see Figure 2), which included: all paths from assimilation; the paths from miseducation to RABBM and General Psych distress; paths from self-hate to somatization and performance; the path from IH to performance; and the paths from RABBM to somatization and performance. After removing these paths, the trimmed model was tested, which resulted in similarly strong model fits. Because the trimmed model did not result in better model fit, the preliminary measurement model was used to test direct and indirect effects.

Measuring Direct and Indirect Effects

To examine the mediating role of RABBM, direct and indirect effects were estimated using bootstrapping methodology that is currently considered best practice (Mallinckrodt, Abraham, Wei, & Russell, 2006; Shrout & Bolger, 2002). Using AMOS 21 (Arbuckle, 2012), an analysis using 10,000 samples from the original data was run to obtain the bias-corrected 95% confidence intervals for the indirect and direct effects of the latent variables. See Table 3 for bootstrap results for direct and indirect effects.

The direct effects of internalized oppression on restricted affectionate behavior between men yielded interesting results. The Self-Hate subscale on the CRIS ($p = .005$) and IH ($p = < .001$) were associated with RABBM. While Miseducation was not associated with RABBM ($p = .491$), it was associated with Performance ($p = .009$), Somatization ($p = .007$), and suggested a trend association with General Psych Distress ($p = .053$). IH suggested a trend association with Somatization ($p = .055$). RABBM was associated with general psych distress ($p = .019$), but not somatization ($p = .755$) or performance ($p = .303$). Assimilation was not associated with effects on any of the other variables in the model.

The indirect effects that were estimated to be significant included the relationship between IH and general psychological distress ($p = .012$), and self-hate and general psychological distress ($p = .009$).

Chapter 5

Discussion

This study advances previous research grounded in minority stress theory and Cross' racial identity theory by examining the distress experienced by Asian and Latino men who have sex with men based on oppression experienced due to their masculinity, sexual orientation, and ethnic background. This is the first study that investigates the relationships between three types of internalized oppression (internalized racism, internalized heterosexism, and internalized sexism) in ethnic minority men who have sex with men. While the majority of previous research on minority stress has investigated the experiences of predominantly white samples of MSM, this study attempts to clarify the ways in which multiple minority identities may affect the relationships between these variables. Furthermore, this study advances Cross' racial identity theory by investigating internalized racism in a non-heterosexual, Asian and Latino population. Using an oppression framework, the structural model tested in this study is an attempt to better understand the ways in which internalized heterosexism and internalized racism affect discomfort in expressing affection to other men, which in turn, affects well being.

Consistent with the hypothesis in this study, among MSM, higher levels of internalized heterosexism is positively associated with feeling discomfort with intimacy and expressing affection to other men, a finding that is consistent with previous research on MSM (Szymanski & Ikizler, 2012). These results also indicate that increased internalized racism is associated with an increased discomfort with intimacy and expressing affection with other men, consistent with our hypotheses and the existing empirical literature (Wester et al., 2006). Extending the current literature, these findings suggest that for Asian and Latino men who have sex with men, both

forms of internalized oppression are predictive of a discomfort with expressing affection with other men.

Moreover, the results of this study indicate that discomfort with intimacy and expressing affection is associated with higher levels of psychological distress, consistent with the hypothesis in this study. This suggests that discomfort with intimacy and expression of affectionate behaviors with other men, an inherently important factor in male same-sex romantic relationships, plays an essential role in the effect that internalized oppression has on psychological distress for Asian and Latino men who have sex with men.

Lastly, the findings of this study support the hypothesized mediation model, which describes the restriction of affectionate behaviors between men as a mediating factor in the relationship between internalized oppressions and psychological distress. In other words, this study suggests that among Latino and Asian MSM, internalized racism and heterosexism may lead to greater discomfort with intimacy and expressing affection to other men, which in turn, may lead to greater psychological distress. This is not surprising given literature which suggests (Szymanski & Hilton, 2013) that a fear of intimacy in same-sex romantic relationships mediates the association between internalized heterosexism and relationship quality, a variable well known to predict mental health outcomes (Berry & Worthington, 2001).

Implications

The unique experiences of ethnic minority MSM result in complicated layers of oppression that produce a variety of behavioral, cognitive, and emotional outcomes for these individuals (Goode-Cross & Good, 2008; 2009; Tyre, 2009). While previous research has suggested that gender role conflict is highly important for the mental health of men, the results of this study suggest that comfort with intimacy and expressing affection with other men may be

particularly important for Asian and Latino men who have sex with men compared to other patterns of GRC.

Findings of this study may have important implications for couple interventions. The two most common reasons for couples to enter therapy are communication difficulties and a deficient emotional affection (Doss, Simpson, & Christensen, 2004), and while expression of affection and emotion are significant predictors of relationship quality in couples (Berry & Worthington, 2001), these factors are particularly important for men (King, 1993). Interventions that focus on increasing emotionality and affection within the relationships of Asian and Latino MSM may be helpful in reducing relationship difficulties and improving relationship quality.

Empirical literature suggests that internalized heterosexism plays an important role in relationship quality and intimacy in same-sex relationships (Frost, 2011; Frost & Meyer, 2009), and internalized racism is associated with relationship quality among racial minority couples (Taylor, 1990). Consistent with previous research, this study suggests that Latino and Asian MSM who feel isolated, ostracized, and rejected by mainstream American society and their perspective communities experience difficulty with expressing affection to other men. Results of this study suggest that interventions that focus on the internalization of stigma may improve relationship difficulties associated with emotional expression and restriction in affectionate behaviors, factors that are associated with relationship quality.

Research suggests that single MSM are more likely to have difficulty with expressing affection to other men than MSM in relationships (Sánchez, Bocklandt, & Vilain, 2009). Difficulty with expressing affection to other men is also associated with an interest in casual sex, a factor that is negatively associated with relationship quality in male same-sex relationships (Sánchez et al., 2009). Individual interventions for Asian and Latino MSM that focus on

enhancing the ability to express affection may increase the likelihood of being in quality relationships for those individuals interested in long-term partnered relationships. Furthermore, results of this study suggest that healthy romantic relationships and a comfort with expressing affection with other men may be an important buffer against the psychological distress associated with experiences of oppression.

Future Directions and Limitations

Unlike the vast majority of recent research (Szymanski, 2009; Szymanski & Ikizler, 2012; Wester et al., 2006), which suggests internalized oppression is a mediating factor in the relationship between gender role conflict and mental health, the findings of this study suggest the opposite may occur: that internalized heterosexism is associated with gender role conflict, which in turn may lead to psychological distress. Early theorists on male internalized sexism and gender role conflict have posited (Lewis, Casto, Aquilino, & McGuffin, 1978; O'Neil, 1981) that the fear of appearing gay or bisexual may be a contributing factor that discourages intimate relationships between men (Lewis, 1978; O'Neil, 1981; n.d.; n.d.) and is thought to be “a specific barrier to male self-disclosure, companionship, and touch” (O'Neil, 1981). The ways in which IH and difficulties with intimacy and the expression of affection with other men are related are not completely clear, and future research investigating the complex relationships between patterns of gender role conflict and internalized heterosexism is important for informing clinical interventions.

Multiple studies have investigated the ways in which internalized racism is associated with well-being (Szymanski & Stewart, 2010; Wester et al., 2006), and each study has operationalized internalized racism using the self-hatred subscale on the Cross Racial Identify Scale to measure the construct. In this study, self-hatred was the only correlate of internalized

racism within the pre-encounter stage for difficulty with expressing affection with other men. Additionally, self-hatred was associated with general psychological distress and somatization, but miseducation only directly associated with performance and somatization. Assimilation was not associated with any factors in the study. These findings also support previous research that suggests that the degree to which racial minority individuals see race as central to their lives influences the degree to which experiences with racism and discrimination affect mental health (Caldwell, Zimmerman, & Bernat, 2002; Sellers, Caldwell, & Schmeelk-Cone, 2003).

Cross's model provides one theoretical basis for interpreting these findings. As individuals advance through the Pre-Encounter stage of Cross' model the importance of race, also called racial salience, increases at each of the three identities. Results from this study suggest that negative mental health outcomes may follow in this progression. However, salience is not the only factor that can be attributed to this shift in distress as racial minority individuals progress through the Pre-Encounter stage. A shift in the valence (i.e., positive or negative) of feelings or attitudes towards one's racial group changes as a racial minority individuals progress from Assimilation to miseducation, and further from miseducation to self-hatred.

Self-hatred is theorized to result in negative mental health outcomes (Szymanski & Gupta, 2009; Vandiver et al., 2002), whereas assimilation and miseducation may not. The findings of this study suggest that self-hatred is a better predictor of psychological distress and may be the best indicator for internalized racism within the Pre-Encounter stage for Asian and Latino MSM. However, research is sorely needed on the construct of internalized racism in all racial minority groups, and for different intersectional identities. Research on the ways in which different stages and identities in Cross' model are associated with mental health are also needed. Furthermore, understanding the role that racial identity may play in exacerbating or buffering

psychological distress has important clinical applications for reducing poor mental and physical health outcomes.

Considering the future of research in this area, studies would do well to continue to include diverse samples to better describe the experience of individuals from varied backgrounds. The majority of the literature in this area is rather homogenous, and the psychometric properties of many of the construct measurements are yet to be cross-validated on diverse populations. Further research on these populations will not only give us a better understanding of the relationships between these constructs, but of the constructs themselves as well. Differing methods of participant recruitment may help with issues concerning non-random sampling. Perhaps targeting virtual and real world communities of diverse individuals for recruitment may reduce sampling bias and increase within group variation of participants. Research that focuses on more specific measures of clinical distress, such as depression and anxiety, may better guide clinical interventions. Longitudinal designs for research on internalized heterosexism and gender role conflict are sorely needed and will augment the current empirical literature greatly, and larger sample sizes will be important in the development of complicated models needed to understand the complicated ways in which oppression affects mental health.

The limitations of this study should be taken into account when interpreting the findings. While recruitment of participants was highly successful considering the financial constraints for the study and the inherent difficulty in recruiting ethnic minority MSM, the study was ultimately limited to a convenience sample. While the sample was relatively modest in size for the statistical methods implemented in the study, structural model are required to understand the complex relationships between multiple variables like those in this study. Furthermore, the study sample's attrition was relatively poor due to a lack of financial incentive and the length of the

survey, and those who were ultimately included in the study were younger, highly educated, and had access to the internet compared to those who opted not to participate. Finally, as with other research in the area of internalized oppression and gender role conflict, this study was cross-sectional in design, which reduces the ability to understand these processes over time and inhibits any inference of causation.

Despite these limitations, this study was successful in showing that internalized oppression is an important factor for the mental health of Asian and Latino MSM and may offer insight into difficulties in same-sex couple relationships, providing a number of potentially fruitful implications for research. Ultimately, research on the ways in which oppression affects the lives of ethnic and racial minority MSM serves to improve individual and couple interventions to reduce negative mental health outcomes for these individuals.

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Appendices

Appendix A: Tables

Table 1. *Correlations, Means, Standard Deviations, and Cronbach Alphas for Measures*

Variable	1	2	3	4	5	6	7	8	<i>M</i>	<i>SD</i>	α
1. General Distress	1	.40**	.52**	.13	.07	.25**	.29**	.31**	1.78	0.71	.88
2. Somatization		1	.53**	.04	.27**	-.02	.05	.20**	1.45	0.57	.83
3. Performance			1	.09	.28**	.10	.16*	.19*	1.74	.71	.81
4. Assimilation				1	.31**	.06	.10	.10	4.62	1.54	.85
5. MisEducation					1	.14	.06	.09	2.86	1.31	.82
6. Self-Hate						1	.10	.29**	2.79	1.56	.91
7. Internalized Heterosexism							1	.39**	1.77	1.01	.87
8. RABBM								1	2.2	1.06	.83

Note. * $p \leq .05$; ** $p \leq .01$;

*** $p \leq .001$.

Table 2. *Goodness of Fit Indices for Structural Model*

Model	χ^2_M	<i>df</i>	χ^2_M/df	RMR	CFI	RMSEA
<i>Hypothesized Model</i>	0.04	59	1.344	0.081	0.981	0.045

Note. RMR = Root Mean Square Residual; CFI = Comparative Fit Index; RMSEA = Root Mean Square Error Approximation.

Table 3. *Direct, Indirect, and Total Effects from Bootstrap Analysis*

Effect	β	95% CI (Lower, Upper)		
		Direct	Indirect	Total
Self-Hatred → General	0.15	(-.03, .18)	(.01, .11)**	(.06, .23)**
Self-Hatred → Performance	-0.04	(-.11, .08)	(-.01, .06)	(-.08, .09)
Self-Hatred → Somatization	-0.1	(-.12, .04)	(-.03, .02)	(-.12, .03)
Self-Hatred → RABBM	0.25**	(.05, .31)**	--	(.05, .31)**
Miseducation → General	0.25	(-.01, .42)*	(-.03, .08)	(.01, .44)*
Miseducation → Performance	0.32*	(-.05, .38)**	(-.01, .05)	(.05, .39)**
Miseducation → Somatization	0.37**	(.06, .40)**	(-.04, .01)	(.06, .40)**
Miseducation → RABBM	0.07	(-.12, .29)	--	(-.12, .29)
Assimilation → General	-0.03	(-.10, .08)	(-.02, .05)	(-.10, .09)
Assimilation → Performance	-0.05	(-.10, .06)	(-.01, .03)	(-.09, .06)
Assimilation → Somatization	-0.02	(-.08, .07)	(-.01, .01)	(-.08, .07)
Assimilation → RABBM	0.03	(-.09, .13)	--	(-.09, .13)
IH → General	-0.02	(.15, .16)	(.03, .21)**	(.06, .25)
IH → Performance	0.14	(.05, .23)	(.03, .11)	(.01, .23)
IH → Somatization	0.22	(.01, .27)*	(.07, .04)	(.01, .23)* (.18, .57)***
IH → RABBM	.41***	(.18, .57)***	--	.57)***
RABBM → General	.31*	(.05, .50)*	--	(.05, .50)**
RABBM → Performance	0.14	(-.10, .26)	--	(-.10, .26)
RABBM → Somatization	-0.03	(-.16, .12)	--	(-.16, .12)

Note. IH = Internalized Heterosexism. Bias-corrected method with 10,000 samples.

* $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$.

Appendix B: Figures

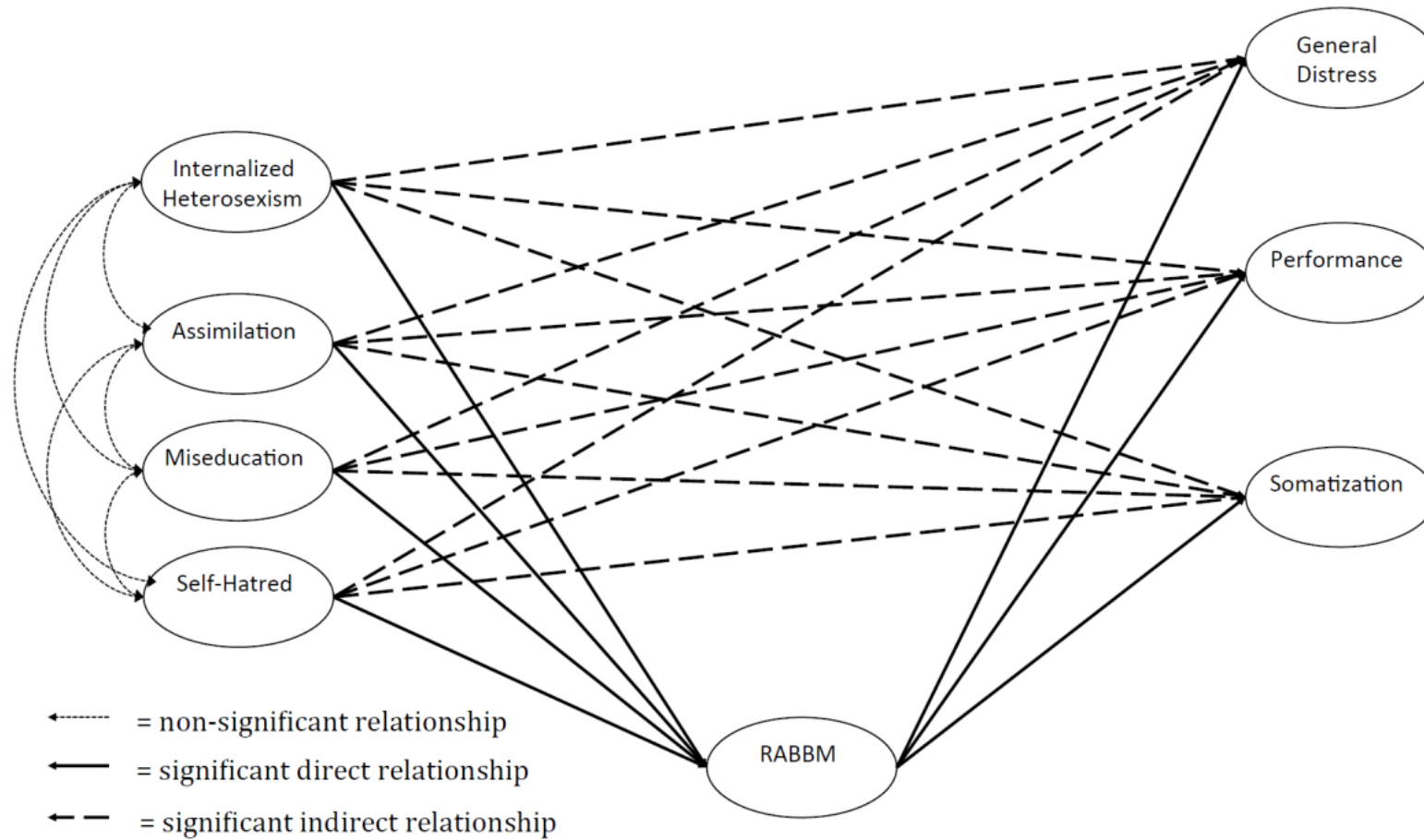


Figure 1. Hypothesized relationships for conceptual model.

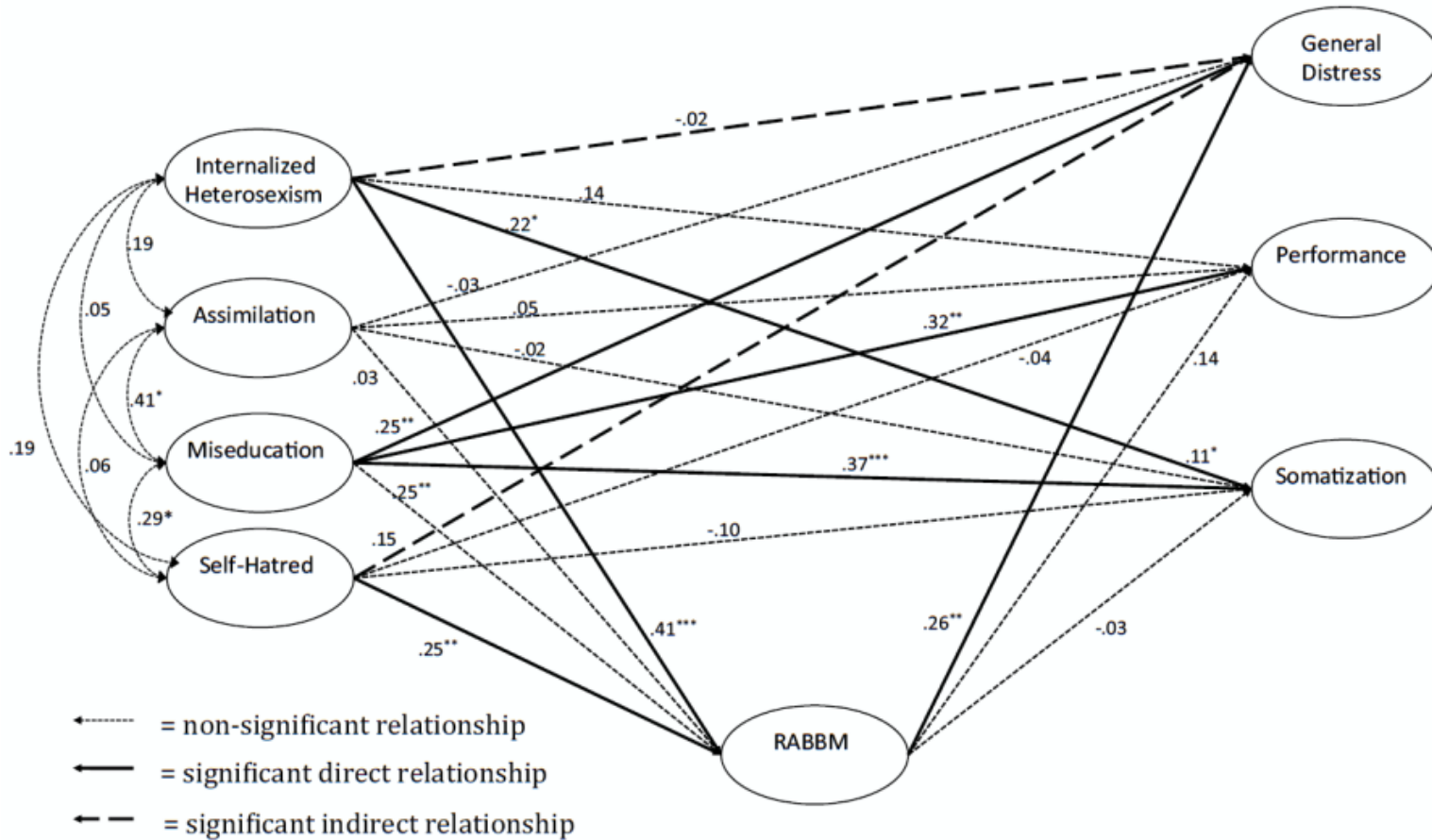


Figure 2. Standardized parameter estimates for hypothesized model. Direct and indirect effects are based on results from bootstrapping mediation analysis. See Table 3 for results. * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$.

Appendix C: Measures

1. Relationship Status:

- Single
- Married/Partnered
- In a relationship
- Divorced
- Cohabiting
- Other (please specify):

2. Do you live in the United States?

- Yes
- No
- If No, please tell us what country you live in:

3. Income:

- less than 10,000 a year
- 75,000 to 100,000 a year
- 10,000 to 25,000 a year
- 100,000 to 125,000 a year
- 25,000 to 50,000 a year
- 125,000 to 150,000 a year
- 50,000 to 75,000 a year
- greater than 150,000 a year

4. Education

- did not complete high school
- completed high school
- some college
- obtained undergraduate degree
- some graduate school
- obtained Master's degree
- obtained doctorate (Ph.D., M.D.)

5. Age: _____

6. Please select your Immigration Status.

- Born in the United States
- Do not live in the United States
- Immigrated to the United States
- If you immigrated to the U.S., how many years have you lived here? _____

7. Please select your race/ethnicity below

- African American and Latino
- African American/Black
- Asian
- Asian and African American
- Asian and White
- Both Asian and Latino
- Latino
- Latino and White
- Native American and African American
- Native American and Asian
- Native American and Latino
- Native American and White
- Native American/American Indian/Alaskan Native
- White

8. How would you define your sexual activity or behavior?

- All sex with opposite sex
- Mostly sex with opposite sex
- More sex with opposite sex

- Equally with both sexes
- More sex with same sex
- Most sex with same sex
- All sex with same sex

9. How would you define your sexual attraction?

- Totally attracted to opposite sex
- Mostly attracted to opposite sex
- More attracted to opposite sex
- Equally attracted to both sexes
- More attracted to same sex
- Mostly attracted to same sex
- Totally attracted to same sex

10. Sexual Orientation

- gay/homosexual
- bisexual
- heterosexual

Gender Role Conflict Scale

INSTRUCTIONS: Please fill in the number that most closely represents the extent that you Agree or Disagree with that statement. There is no right or wrong answer to each statement. Your own reaction is what is asked for.

1. strongly disagree
2. moderately disagree
3. mildly disagree
4. mildly agree
5. moderately agree
6. strongly agree

- ___ 1. Moving up the career ladder is important to me.
- ___ 2. I have difficulty telling others I care about them.
- ___ 3. Verbally expressing my love to another man is difficult for me.
- ___ 4. I feel torn between my hectic work schedule and caring for my health.
- ___ 5. Making money is part of my idea of being a successful man.
- ___ 6. Strong emotions are difficult for me to understand.
- ___ 7. Affection with other men makes me tense.
- ___ 8. I sometimes define my personal value by my career success.
- ___ 9. Expressing feelings makes me feel open to attack by other people.
- ___ 10. Expressing my emotions to other men is risky.
- ___ 11. My career, job, or school affects the quality of my leisure time or family life.
- ___ 12. I evaluate other people's value by their level of achievement and success.
- ___ 13. Talking (about my feelings) during sexual relations is difficult for me.
- ___ 14. I worry about failing and how it will affect me as a man.
- ___ 15. I have difficulty expressing my emotional needs to my partner.
- ___ 16. Men who touch other men make me uncomfortable.
- ___ 17. Finding time to relax is difficult for me.
- ___ 18. Doing well all the time is important to me.
- ___ 19. I have difficulty expressing my tender feelings.
- ___ 20. Hugging other men is difficult for me.
- ___ 21. I often feel that I need to be in charge of others around me.
- ___ 22. Telling others of my strong feelings is not part of my sexual behavior.
- ___ 23. Competing with others is the best way to succeed.
- ___ 24. Winning is a measure of my value and personal worth.
- ___ 25. I often have trouble finding words that describe how I am feeling.
- ___ 26. I am sometimes hesitant to show my affection to other men.
- ___ 27. My needs to work or study keep me from my family or leisure more than I would like.
- ___ 28. I strive to be more successful than others.
- ___ 29. I do not like to show my emotions to other people.
- ___ 30. Telling my partner my feelings about him/her during sex is difficult for me.
- ___ 31. My work or school often disrupts other parts of my life (home, health, leisure).
- ___ 32. I am often concerned about how others evaluate my performance at work or school.
- ___ 33. Being very personal with other men makes me feel uncomfortable.

- ___ 34. Being smarter or physically stronger than other men is important to me.
- ___ 35. Men who are overly friendly to me, make me wonder about their sexual preference (men or women).
- ___ 36. Overwork and stress caused by a need to achieve on the job or in school affects or hurts my life.
- ___ 37. I like to feel superior to other people.

Cross Racial Identity Scale – Revised for Latino participants

Please indicate your level of agreement with each of the following statements by circling the number that corresponds most closely with your own feeling.

	1-----	2-----	3-----	4-----	5-----	6-----	7-----
	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree Nor Disagree	Slightly Agree	Agree	Strongly Agree
1. As an Latino American, life in America is good for me.	1	2	3	4	5	6	7
2. I think of myself primarily as an American, and seldom as a member of a racial group.	1	2	3	4	5	6	7
3. Too many Latinos “glamorize” the drug trade and fail to see opportunities that don’t involve crime.	1	2	3	4	5	6	7
4. I go through periods when I am down on myself because I am Latino.	1	2	3	4	5	6	7
5. As a multiculturalist, I am connected to many groups (e.g., Asian Americans, African Americans, Whites, Jews, Gays & Lesbians, etc.)	1	2	3	4	5	6	7
6. I have a strong feeling of hatred and disdain for all White people.	1	2	3	4	5	6	7
7. I see and think about things from an Latino perspective.	1	2	3	4	5	6	7
8. When I walk into a room, I always take note of the racial make-up of the people around me.	1	2	3	4	5	6	7
9. I am not so much a member of a racial group, as I am American.	1	2	3	4	5	6	7
10. I sometimes struggle with negative feelings about being Latino.	1	2	3	4	5	6	7
11. My relationship with God plays an important role in my life.	1	2	3	4	5	6	7
12. Latinos place more emphasis on having a good time than on hard work.	1	2	3	4	5	6	7
13. I believe that only those Latino people who accept a Latino perspective can truly solve the race problem in America.	1	2	3	4	5	6	7
14. I hate the White community and all it represents.	1	2	3	4	5	6	7
15. When I have a chance to make a new friend, issues of race and ethnicity seldom play a role in who that person might be.	1	2	3	4	5	6	7
16. I believe it is important to have both a Latino identity and a multicultural perspective, which is inclusive of everyone (e.g., African Americans, Asian Americans, Gays & Lesbians, Jews, Whites, etc.)	1	2	3	4	5	6	7
17. When I look in the mirror at my Latino image, sometimes I do not feel good about what I see.	1	2	3	4	5	6	7
18. If I had to put a label on my identity, it would be “American” and not Latino American.	1	2	3	4	5	6	7
19. When I read the newspaper or a magazine, I always look for articles and stories that deal with race and ethnic issues.	1	2	3	4	5	6	7

20. Many Latinos are too lazy to see opportunities right in front of them.	1	2	3	4	5	6	7
21. As far as I am concerned, Affirmative Action will be needed for a long time.	1	2	3	4	5	6	7
22. Latinos cannot truly be free until our daily lives are guided by Latino values and principles.	1	2	3	4	5	6	7
23. White people should be destroyed.	1	2	3	4	5	6	7

1-----2-----3-----4-----5-----6-----7

Strongly Disagree Disagree Slightly Disagree Neither Agree Nor Disagree Slightly Agree Agree Strongly Agree

24. I embrace my own Latino identity, but I also respect and celebrate the cultural identities of other groups (e.g., Native Americans, Whites, Asian Americans, Jews, African Americans, and Gays & Lesbians).	1	2	3	4	5	6	7
25. Privately, I sometimes have negative feelings about being Latino.	1	2	3	4	5	6	7
26. If I had to put myself into categories, first I would say I am American, and second I would say I am a member of a racial group.	1	2	3	4	5	6	7
27. My feelings and thoughts about God are very important to me.	1	2	3	4	5	6	7
28. Latinos are too quick to turn to crime to solve their problems.	1	2	3	4	5	6	7
29. When I have a chance to decorate a room, I tend to select pictures, posters, or works of art that express strong racial cultural themes.	1	2	3	4	5	6	7
30. I hate White people.	1	2	3	4	5	6	7
31. I respect the ideas other Latino people hold, but I believe that the best way to solve our problems is to think from an Latino perspective.	1	2	3	4	5	6	7
32. When I vote in an election, the first thing I think about is the candidate's record on racial and cultural issues.	1	2	3	4	5	6	7
33. I believe it is important have both an Latino identity and a multicultural perspective, because this connects me to other groups (e.g., Asian Americans, African Americans, Whites, Jews, Gays & Lesbians)	1	2	3	4	5	6	7
34. I have developed an identity that stresses my experiences as an American more than my experiences as a member of a racial group.	1	2	3	4	5	6	7
35. During a typical week in my life, I think about racial and cultural issues many, many times.	1	2	3	4	5	6	7
36. Latinos place too much importance on racial protest and not enough on hard work and education.	1	2	3	4	5	6	7
37. Latino people will never be free until we embrace a Latino-centered perspective.	1	2	3	4	5	6	7
38. My negative feelings toward White people are very intense.	1	2	3	4	5	6	7
39. I sometimes have negative feelings about being Latino.	1	2	3	4	5	6	7

40. As a multiculturalist, it is important for me to be connected with individuals from all cultural backgrounds (e.g., Asian Americans, Gays & Lesbians, Jews, Native Americans, African Americans, etc.). 1 2 3 4 5 6 7

IHS-S

1. I have tried to stop being attracted to men in general.
2. If someone offered me the chance to be completely heterosexual, I would accept the chance.
3. I wish I weren't gay/bisexual.
4. I feel that being gay/bisexual is a personal shortcoming for me.
5. I would like to get professional help in order to change my sexual orientation from gay/bisexual to straight.

HCSL-21

How have you felt during the past seven days, including today? Use the following scale to describe how distressing you have found these things over this past week.

0 - Not at all; 1 - A Little; 2 - Quite a bit; 3 – Extremely

1. Difficulty in speaking when you're excited
2. Trouble remembering things
3. Worried about sloppiness or carelessness
4. Blaming yourself for things
5. Pain in the lower part of your back
6. Feeling lonely
7. Feeling blue
8. Your feelings being easily hurt
9. Feeling others do not understand you or are unsympathetic
10. Feeling that people are unfriendly or dislike you
11. Having to do things very slowly in order to be sure you're doing them right
12. Feeling inferior to others
13. Sore less of your muscles
14. Having to check and double check what you do
15. Hot or cold spells
16. Your mind going blank
17. Numbness or tingling in parts of your body
18. A lump in your throat
19. Trouble concentrating
20. Weakness in parts of your body
21. Heavy feelings in your arms and legs

Vita

Nicholas Bishop was born in Saint Louis, MO, to the parents of Carol and Leonard Bishop. He graduated from the University of Missouri – St. Louis in 2010 and received a B.A. in Psychology. In addition, Nicholas Bishop attended La Universidad de Complutense de Madrid, where he studied Phonology and Spanish Dialectology. Currently, his research interests include the effects of oppression on the mental health of sexual and ethnic minorities, multiple minority identities, and sexual minority issues. His future career aspirations include the private practice of individual and couples therapy from an integrated Cognitive-Psychoanalytic theoretical model.