EXAMINING LINKS OF RACIAL AND SEXUAL IDENTITY DEVELOPMENT,  
PSYCHOLOGICAL WELL-BEING, AND SEXUAL RISKS AMONG HIV-POSITIVE, SAME SEX ATTRACTIONED AFRICAN AMERICAN MEN

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EXAMINING LINKS OF RACIAL AND SEXUAL IDENTITY DEVELOPMENT, PSYCHOLOGICAL WELL-BEING, AND SEXUAL RISKS AMONG HIV-POSITIVE, SAME SEX ATTRACTED AFRICAN AMERICAN MEN

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ABSTRACT

The present study investigated associations among African American and same sex attracted identity developmental components, psychological well-being, difficult sexual situations, and sexual risk practices among a sample ($N = 73$) of HIV-positive African American men who have sex with men (MSMs). The current study responds to Mays, Cochran, and Zamudio’s (2004) call for empirical investigations of culturally specific determinants impacting psychological health and sexual risk behaviors among African American MSMs. The current study parallels the methodology of Diaz, Ayala, and Bein (2004) and Diaz, Bein, and Ayala (2006), linking experiences of homophobia, racism, and poverty to psychological health and sexual risk practices among gay identified Latino men. Using a similar framework, the current study investigated the impact of African American and same sex attracted identity development on psychological health and sexual risk practices within a sample of African American HIV-positive MSMs.

The current study’s sample reported a diverse range of sexual identities (e.g., gay, heterosexual, “on the down low”), with all participants having engaged in consensual sex with other men. Results indicated that higher endorsement of the Anti-White African American identity (as measured by the Cross Racial Identity Scale [CRIS, Vandiver et al., 2000]), as well as lower levels of psychological well-being, and younger ages,
predicted circumstances promoting unsafe sex. Higher endorsements of the African American identities of Multiculturalist Inclusive and Miseducation, as well as the same sex attracted identity of Superiority (as measured by the Lesbian and Gay Identity Scale [LGIS; Mohr & Fassinger, 2000]), predicted interpersonal barriers to unsafe sex. Additional exploratory analyses showed higher endorsements of the same sex identity of Homonegativity to predict lower levels of psychological well-being; higher endorsements of the African American identity of Assimilation, and same sex attracted identity of Need for Acceptance, to predict circumstances predicting unsafe sex; higher endorsements of the African American identities of Anti-White and Afrocentric to predict interpersonal barriers to unsafe sex; and higher endorsements of the Anti-White identity to predict sexual risk practices outside of a committed relationship. Descriptive data suggested that participants endorsed African American and same sex attracted identities differently than scale development samples. An exploratory factor analysis showed that the six-factor structure of the CRIS generally replicated within the current sample. However, there was an insufficient sample size to investigate the LGIS factor structure within the current sample. Qualitative data also suggested that participants are experiencing racial and sexual identity challenges, but also engaging in effective ways of coping with and resolving these challenges. Qualitative data also highlighted the importance of social support that is accepting of African American and same sex attracted male identities. Results imply that interventions highlighting issues around effectively managing racial and sexual identity challenges, and psychological distress, while providing social support, could help promote sexual health among HIV-positive African American MSMs.
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CHAPTER 1
INTRODUCTION

In a recent study by The Centers for Disease Control (CDC, 2005) on the prevalence rate of Human Immunodeficiency Virus (HIV) in men (N = 1,767) who have sex with men (MSMs) in Los Angeles, San Francisco, New York City, Baltimore, and Miami, 25 percent of participants tested HIV-positive. Perhaps even more alarming, 48 percent of those who tested positive were unaware of their diagnoses. Among White MSM participants (n = 616), 21 percent tested HIV-positive, with 18 percent of those who tested positive unaware of their diagnoses. Among Latino MSM participants (n = 466), 17 percent tested HIV-positive, with 48 percent of those who tested positive unaware of their diagnoses. Among multiracial MSM participants (n = 123), 20 percent tested HIV-positive, with 52 percent of those who tested positive unaware of their diagnoses. Finally, among African American MSMs, (n = 444) 46 percent tested HIV-positive, with 67 percent of those who tested positive unaware of their diagnoses.

Clearly, HIV prevalence rates are still devastatingly high among all MSMs in the United States today. However, these data unmistakably indicate that African American MSMs are experiencing the highest HIV prevalence rates, and are most likely to be unaware of their HIV status, an alarming situation continuing to threaten the lives and health of many African American MSMs and their partners and children.
Given the sobering statistics presented above, psychologists (e.g., Mays, Cochran, & Zamudio, 2004; Williams, Wyatt, Resell, Peterson, & Asuan-O'Brien, 2004) have begun to ask the question of why African American MSMs have been so affected by the HIV epidemic. (The terms MSM and same sex attracted will be used throughout this document to refer to men who have sex with men, and individuals who are attracted to others of the same sex, respectively, regardless of sexual orientation identity, e.g., gay, bisexual, heterosexual.) In their examination of the literature, Mays and colleagues suggested that many cultural factors, specific to the experience of being African American, male, and same sex attracted, are impacting HIV transmission rates among this group of men. Such factors include fears of rejection, isolation, lack of available social support regarding issues of sexuality, perceived risk of disclosing matters involving sexual orientation or HIV status to others, feelings of inadequacy, challenges to masculinity, loneliness, challenges with love, discrimination, poverty, threats of violence, and violence itself. The authors argued that researchers must begin to examine how HIV risk is a function of contextual, cultural, and personal determinants in the lives of African American MSMs.

Expanding the theoretical work of Mays and colleagues (2004), Williams and colleagues (2004) performed a qualitative study to better understand what psychosocial issues are impacting the lives of African American and Latino HIV-positive MSMs in Los Angeles. Although all participants admitted to participating in consensual sex with men, only five of the twelve African American men identified as gay or bisexual, and five of the eleven Latino men identified as gay or bisexual. Thus, this sample provided a unique opportunity to hear the voices of diverse MSMs of color, many of whom do not
identify as gay or bisexual. Their findings suggested that the men in their sample regularly negotiate specific cultural issues around having sex with men, having sex with women, sexual and racial stereotypes, familial expectations, gender roles and social expectations, sex with drugs and alcohol, church and religion, and living with HIV. Consistent with Mays and colleagues’ speculation, Williams and colleagues’ data provided preliminary support that these highly contextualized issues are strongly linked to the sexual scripts, pressures, and behaviors impacting many MSMs of color. However, in spite of the disproportionate number of MSMs of color, and in particular, African American MSMs living with HIV, empirical explorations of the connection between sociocultural factors and sexual risk practices among African American MSMs remain almost completely absent from the existing literature.

The current study answers Mays and colleagues’ (2004) call to investigate associations between specific sociocultural experiences, psychological, and sexual health among African American MSMs. Further, the current study expands Williams and colleagues’ (2004) research by examining empirically the implied relationship between sociocultural experiences and sexual scripts among HIV-positive African American MSMs. Specifically, the current study aims to investigate empirically associations between same sex attracted and African American identity development, psychological well-being and sexual risk practices in HIV-positive African American MSMs. According to both Mays and colleagues and Williams and colleagues, results from research such as the current study may provide psychologists with some of the knowledge necessary to implement and conduct efficacious and culturally sensitive
therapy interventions, including HIV prevention interventions, with HIV-positive African American MSMs.

This chapter elaborates upon the significant components of the problem driving the research questions in the current study. The problem, as highlighted above, deals with 1) the disproportionately high number of African American MSMs who are contracting HIV (CDC, 2005) and 2) lack of knowledge within the field of psychology regarding specific sociocultural factors contributing to HIV rates (and ways to reduce them) within this community (Mays et al., 2004). This chapter highlights current thought within the extant literature relevant to components of these problems. These components include the process of negotiating African American, male, and same sex attracted identities; associations between racial and sexual identity and psychological well-being; associations between racial and sexual identity and sexual risk practices; and associations between psychological well-being and sexual risk practices. By highlighting important issues within each of these components, this chapter sets up a theoretical foundation for examining associations between same sex attracted and African American identity development, psychological well-being and sexual risk practices in HIV-positive African American MSMs.

Challenges in Negotiating African American Male and Same Sex Attracted Identities

The barriers faced by African American men in a White and male dominated society (see Chapter Two for a thorough discussion of this topic) have been well documented by many psychologists (e.g., Boyd-Franklin, Franklin & Toussaint, 2000; Majors & Billson, 1992). To counter the often overlapping adverse impacts of racism and poverty on many African American men, Boyd-Franklin, Franklin, and Toussaint
advised that parents, educators, and other influential figures in the lives of youths can prepare young African American men to cope effectively with racism, promote the value of a good education, encourage the development of a positive racial identity, and promote a positive sense of manhood, including the role of husband and father. Alternatively, Majors and Billson described “cool pose” as a coping mechanism sometimes used to deal with the disenfranchisement experienced by many young African American men. The authors suggested that adopting a “cool pose” can encourage strength, pride, and self-respect, but also can promote academic failure, drug and alcohol use and abuse, and involvement with gang activity and crime. Integrating these two approaches to dealing with institutional barriers, African American males are left with the challenge of becoming proud, contributing members of society in spite of historical and current disenfranchisement in economic, political, and social arenas. Additionally, same sex attracted African American men may often encounter the added challenge of making peace with their sexual identity while attempting to fulfill traditional male gender roles (e.g., father, husband, provider, protector) that assume heterosexuality. The fulfillment of traditional male gender roles may be especially important within African American communities, perhaps due to the dominant culture’s stereotyping of African American men as failing to fulfill such roles.

Cross (1991) addressed the identity developmental process unique to the African American experience with his theory of revised nigrescence, or “Blackening.” (See Chapter Two for a thorough discussion of expanded [Cross & Vandiver, 2001; Worrell, Cross, & Vandiver, 2001] nigrescence theory.) According to Cross, the main objective of nigrescence is to develop a healthy Afrocentric worldview and affirming sense of self.
while exposed (to varying degrees) to an often Eurocentric and racist dominant culture.

Nigrescence involves four stages: Pre-Encounter, involving an assimilationist, or
dominant culture main frame of reference; Encounter, involving the experiencing and
personalizing of racial incidents; Immersion-Emersion, involving a rigid rejection of
White and dominant cultural values, and righteous defensiveness of all things perceived
to be associated with Blackness; and Internalization, described as an inner peace that
occurs when:

A person’s conception of Blackness tends to become more open, expansive, and
sophisticated. As defensiveness fades, simplistic thinking...become[s] transparently inadequate, and the full complexity and inherent texture of the Black
condition become the point of departure for serious analysis (Cross, p. 211).

Although nigrescence theory does not specifically address the negotiation of African
American and same sex attracted identities, its theoretical framework suggests that the
Immersion-Emersion phase may be least tolerant of a nonheterosexual orientation, while
the Internalization phase may be most open toward negotiating distinct facets of identity
that may be perceived to be contrasting.

Similar to the challenges inherent in developing a healthy racial identity for
people of color, psychologists (e.g., Cass, 1979; McCarn & Fassinger, 1996) have also
called attention to the task of developing a healthy sexual identity for lesbian, gay,
bisexual, and transgender individuals. According to Cass’s (1979) model of lesbian and
gay identity development, (loosely based on Cross’s [1971] original model of
nigrescence), individuals go through six stages: Identity Confusion, involving the
questioning of assumed heterosexuality; Identity Comparison, involving feeling isolated
and different from heterosexual people and values; Identity Tolerance, involving seeking
out information about the lesbian and gay community; Identity Acceptance, involving disclosing one’s lesbian or gay orientation to carefully selected others; Identity Pride, involving a rigid rejection of heterosexual people and values, and righteous defensiveness of all things perceived to be associated with homosexuality; and Identity Synthesis, involving the integration of one’s lesbian or gay identity with other identity and personality facets.

Expanding on Cass’s theoretical work, McCarn and Fassinger (1996) proposed a new model of lesbian identity development that incorporates two distinct, albeit connected, identity processes, one pertaining to personal sexual identity (individual), and the other pertaining to identity based on involvement with lesbian, gay, bisexual, and transgender communities (group). Although McCarn and Fassinger’s work is specifically geared toward same sex attracted women, the sexual identity development literature strongly suggests that such a model would also apply to same sex attracted men.

Similar to Cross’s (1991) model of nigrescence, which presents Black identity issues as the most salient in an African American person’s life, Cass’s (1979) model assumes a same gender sexual orientation to be the sole motivator for identity development in a same sex attracted person’s life. Thus, both theoretical frameworks assume one central identity, which may be problematic for a same sex attracted African American man attempting to negotiate multiple identity facets in his life. Although McCarn and Fassinger (1996) do not specifically address this problem, their dual identity framework leaves room to consider how some African American men may deal with their same sex attractions on an individual level without necessarily attaching to a visible gay community, often seen as White. However, neither Cass or McCarn and Fassingers’
models have the capacity to explore the identity processes of same sex attracted individuals who do not adopt a gay or bisexual identity, a reality which may be more common among some African American MSMs negotiating the pressures of racism, homophobia, and male gender role expectations (Mays et al, 2004). At the same time, Mays and colleagues have asked researchers to explore if rejecting the label of being same sex attracted, gay, or bisexual may also be a factor contributing to the higher rates of HIV infection among African American MSMs.

The specific challenges involved in negotiating both African American and same sex attracted identities will be explored in depth in the following chapter. However, the following quotes from same sex attracted HIV-positive men of color illustrate some of the specific cultural challenges such men often experience.

Well, certainly in the Black community, I find it to be more homophobic than in other communities, and therefore, in the Black community there may be more self-hatred as a result. And out of that self-hatred comes irresponsible behavior (Gomez, Mason, & Alvarado, 2005, p. 89);

Because when it comes to sex and HIV, those are not the top things for men of color to deal with. We deal with housing, discrimination, [being] disbarred from our family, not accepted by our religions, our cultures. We have a lot of other barriers and baggage that we haven’t dealt with, or we are dealin’ with, that come before dealin’ with that (Gomez et al, p. 97);

I would have chosen to be straight in order to have a wife and children, and obviously to avoid being a double minority. Things are bad enough because of the color of our skin, but to also be discriminated against because we like men is too much (Williams, et al., 2004, pp. 276-277);

If you were African American and infected with HIV it better be because you had a drug problem and not because you were having sex with men (Williams, et al, p. 278).

These quotes illustrate the complexities often involved in negotiating minority same sex attracted and racial identities. They also represent the current state of the art in
Connections between Racial and Sexual Identity and Psychological Well-being

A number of studies have looked at associations between racial minority identities, same sex attracted identities, or the combination of both, and psychological well-being. These studies can be broken down into three categories: associations between fixed identity status and psychological well-being, minority identity development and psychological well-being, and sociocultural experiences relevant to racial and sexual identity development and psychological well-being. This section will briefly present the basic findings of some studies within these three categories. These studies inform the first question of the current study that addresses associations between same sex attracted and African American identity and psychological well-being among HIV-positive African American MSMs.

Associations between Fixed Minority Status and Psychological Well-Being

A number of psychologists (e.g., Balsam, Huang, Fieland, Simoni, & Walters, 2004; Cochran & Mays, 2006; Consolacion, Russell, & Sue, 2004) have researched associations between fixed minority status and psychological well-being. Looking at the impact of same sex attracted sexual identity and psychological well-being using archival data from the CDC’s Third National Health and Nutrition Survey, Cochran and Mays (2006) found that gay identified men were more at risk for major depressive episodes, and had more prior suicide attempts than their heterosexual peers, although the difference in suicide attempts was non significant after age 30. Looking at the impact of combined racial and same sex attracted minority statuses, Balsam and colleagues (2004) found that...
same sex attracted Native Americans reported more symptoms of distress, anxiety, post-traumatic stress disorder, and drug and alcohol use and abuse than heterosexual Native Americans. However, the authors found no difference in depressive symptoms between the two groups. Also, Consolacion and colleagues (2004) looked at correlates between race, gender, sexual attraction, and psychological well-being variables in adolescents. Although same sex attracted White females had the lowest overall mental health scores, the authors found that same sex attracted African American adolescents presented twice the suicidal ideation of other sex attracted African American adolescents, and same sex attracted African American males exhibited significantly more depressive symptoms than other sex attracted African American males. These data suggest that racial and sexual minority statuses, separate and combined, are associated with some increased clinical symptomology. However, assessing for minority identities alone, without exploring personal meanings attached to such identities, does not offer insight into the reason for this connection.

**Associations between Racial and Sexual Identity Development and Psychological Well-being**

Some psychologists (e.g., Crawford, Allison, Zamboni, & Sato, 2002; O’Donnell, Agronick, Doval, Duran, Myint-U, & Stueve, 2002; Zea, Reisen, & Poppen, 1999) have also examined associations between racial (or ethnic, e.g., Crawford et al.) and sexual identity development, and psychological well-being in same sex attracted people of color. Results have indicated a general pattern of improved mental health being correlated with further phases of both racial and same sex attracted identity development, albeit with some mixed results. For example, Zea and colleagues (1999) found that a high sense of
collective self-esteem with the Latino gay and lesbian community was correlated with higher indicators of psychological well-being, although attaching a high salience to both Latino and same sex attracted identities was associated with more symptoms of depression in a sample of same sex attracted Latino participants. Crawford and colleagues (2002) found that mostly gay and bisexually identifying same sex attracted African American men in further phases of African American ethnic and same sex attracted identity development displayed less psychological distress, less male gender role stress, and more life satisfaction, self-esteem, social support, and HIV prevention self-efficacy than other participants. Further phases of ethnic identity development alone also predicted more life satisfaction, although further phases of same sex attracted identity development alone predicted more sexual risk practices. Finally, O’Donnell and colleagues (2002) found that among same sex attracted Latino men in New York City, stronger attachment to the Latino community predicted stronger attachment to the same sex attracted community and increased safer sex behaviors, while stronger attachment to both Latino and same sex attracted communities predicted increased social support. These data suggest a relationship between salience of racial and sexual identities, level of connection with ethnic and sexual minority communities, and psychological well-being among diverse samples of same sex attracted people of color. 

*Associations between sociocultural experiences Relevant to racial and sexual identity development and psychological well-being*

Associations between perceived discrimination and psychological well-being have been investigated by a few researchers (e.g., Diaz, Bein, & Ayala, 2006; Kessler, Mickelson, & Williams, 1999). Perceived discrimination is a relevant component of
racial and sexual identity development, and thus relevant to the main questions explored within the current study. Using archival data from the Mac Arthur Foundation Midlife Development Survey, Kessler and colleagues (1999) found that perceived discrimination for any reason predicted general psychological distress and symptoms of major depression, with race/ethnicity, gender, appearance, and age reported as the most common causes of discrimination. In a sample of same sex attracted Latino men, Diaz and colleagues (2006) found that the overlapping experiences of racism, poverty, and homophobia predicted isolation, low self-esteem, depression, insomnia, anxiety, and suicidal ideation. Furthermore, the authors found that isolation and self-esteem mediated the relationship between experiences of racism, poverty, homophobia, and clinical symptomology. These data show evidence for relationships between sociocultural factors relevant to racial and sexual identity (e.g., experiences with discrimination) and psychological well-being.

This section briefly outlined findings from studies exploring associations between minority racial and same sex attracted fixed identity status, identity development, and related experiences of discrimination, and psychological well-being. These studies directly inform the first question of the current study, which examines the relationship between African American and same sex attracted identity development, and psychological well-being, in a sample of African American HIV-positive MSMs. The next section reviews studies exploring the related connection between racial and sexual identity and sexual risk practices.
Connections between Racial and Sexual Identity and Sexual Risk Practices

A number of studies have looked at associations between minority racial and same sex attracted identities and sexual risk practices. These studies can be broken down into three categories: associations between fixed minority status and sexual risk practices, minority identity development and sexual risk practices, and sociocultural experiences relevant to racial and sexual identity development and sexual risk practices. This section will briefly present the basic findings of some studies within these three categories in order to inform the second question of the current study investigating associations between same sex attracted and African American identity and sexual risk practices among HIV-positive African American MSMs.

Associations between Fixed Identity Status and Sexual Risk Practices

A CDC (2002) study on sexual risk practices among African American MSMs between the ages of 15 and 22 in Baltimore, Dallas, Los Angeles, Miami, New York City, and San Francisco found 16 percent of participants to be HIV-positive, and 93 percent of the young men who tested positive to be unaware of their diagnosis. Furthermore, 71 percent of those who tested positive believed it to be impossible or very unlikely that they would test HIV-positive. Fifty-two percent of these HIV-positive men also reported not using condoms during past sexual encounters with men. Another CDC (2003) study found that men who choose to disclose their same sex attractions to others were slightly more likely to be HIV-positive than men who did not disclose, but that HIV-positive nondisclosers were less likely than HIV-positive disclosers to be aware of their HIV status. (Ninety-eight percent of HIV-positive nondisclosers were unaware of their HIV status.) In this study, 18 percent of African American MSMs reported not
disclosing same sex attractions to any other people compared to 8 percent of White MSMs. In a third study of African American MSMs between the ages of 18 and 25 (N = 758) in Atlanta, Hart and Peterson (2004) found that 26 percent of participants admitted to having engaged in sexual intercourse with men without condoms. Furthermore, the authors found that carrying condoms was only associated with less unprotected receptive, but not insertive, anal intercourse. Taken together these studies support the widespread knowledge that many African American MSMs, as well as other MSMs, currently experience a high risk of contracting HIV through sexual behaviors. However, these data, describing connections between demographic status only and sexual risk practices, do not offer possible explanations for this trend.

**Associations between Sexual and Racial Identity Development and Sexual Risk Practices**

O’Donnell and colleagues (2002) found high attachment to a Latino community predicted more condom use with sex, and that the combination of higher levels of education, acculturation to dominant U.S. culture, and attachment to same sex attracted communities also predicted more condom use with sex among same sex attracted Latino men in New York City. Crawford and colleagues (2002) found that same sex attracted African American men in further phases of both African American ethnic and same sex attracted identity development reported higher degrees of HIV prevention self-efficacy than participants only scoring high on same sex attracted identity development. The authors also found that participants only scoring high on African American ethnic identity development were more likely to have both male and female sexual partners. Although some of these participants may be bisexual, this finding raises the question of whether further phases of African American ethnic identity development combined with
earlier phases of same sex attracted identity development may be more associated with having both male and female sexual partners, perhaps as a way to hide same sex relationships. This phenomenon has recently been referred to within popular culture as “the down low” (e.g., having sex with men only in secret, within the context of a public heterosexual relationship), and may be more strongly associated with sexual risk behaviors.

By coming out about his own life experiences, King (2003) increased awareness within popular culture of experiences relevant to some African American men living on the “down low” (although “down low” behavior occurs within all gender and ethnic groups). According to King’s autobiography, which includes stories and interview data from other “down low” African American men, men on the “down low” may resist using condoms with men because they are in denial about their sexual desire for other men. Thus, “down low” men may be motivated to perceive having sex with other men as a purely physical, unplanned, and even uncontrollable event. Use of a condom would require some preplanning, as well as conscious acknowledgment of desiring to have sex with other men, which could threaten “down low” men’s sense of denial around their desire for other men. King also postulated that “down low” men may have sex with women after having sex with men to preserve their heterosexual identity and sense of masculinity. According to King, using condoms with female partners would risk raising suspicions of “down low” encounters. Although King’s data are not scientifically rigorous, and have been widely criticized for perpetuating racial and sexual stereotypes of same sex attracted African American men (e.g., Boykin, 2004), they do raise the
important question of how a “down low” identity may be associated with sexual risk practices among some African American MSMs.

Associations between Sociocultural Factors Relevant to Racial and Sexual Identity Development and Sexual Risk Practices

Several authors (e.g., Diaz, 1998; Diaz, Ayala, & Bien, 2004; Halkitis, Parsons, & Wilton, 2003; McKirnan, Ostrow, & Hope, 1996; Peterson, Coates, Catania, Middleton, Hilliard, & Hearst, 1992) have investigated associations between cultural experiences related to same sex attracted and/or ethnic minority identities and sexual risk practices. The results of these studies are briefly outlined here.

Investigating sociocultural influences within predominantly White, visible gay male culture, McKirnan and colleagues (1996) proposed that same sex attracted men may be motivated to “cognitively escape” from the flood of HIV awareness in some gay male communities, a sense of fatalism regarding HIV transmission, and restrictive safer sex community norms by seeking out opportunities to engage in sexually risky behaviors. Specifically, to dissolve cognitive dissonance between intentions to practice safer sex and lapses in practicing safer sex, men may use drugs, alcohol, and even environmental cues such as bars to allow themselves to adjust their attitudes to match their sexual behaviors. This model is relevant to same sex attracted identity development as it is specific to some normative experiences within gay male culture, such as the norms of meeting sexual partners in bars, and constant awareness regarding the threat of HIV transmission. Working within the same sociocultural context of visible gay male culture, Halkitis and colleagues (2003) explored prevalence rates of and reasons for “barebacking” (intentionally engaging in unprotected anal sex) among mostly White same sex attracted
men in New York City. Forty-five percent of participants surveyed reported having engaged in barebacking during the past three months, and HIV-positive participants were twice as likely to have engaged in barebacking, and to have had more sex partners, than HIV-negative participants. Participants’ reasons for engaging in barebacking included increased beliefs in the efficacy of HIV drug treatment advances, a desire to “escape” from the reality of HIV transmission, use of “club drugs” in gay associated bars, as well as a desire to feel connectedness, intimacy, and masculinity when engaging in unprotected sex.

In a study exploring relationships between sociocultural factors and sexual practices in a sample of African American same sex attracted men, Peterson and colleagues (1992) found participants more likely to engage in unprotected anal intercourse if they experienced two or more of the following: low socioeconomic status, having sex for money, using injection drugs, discomfort with disclosing their same sex attraction, perceiving their previous sexual behavior as risky, and limited social support around issues of sexuality and safer sex. Conversely, participants were more likely to use condoms if they perceived doing so to be a sanctioned norm among their peers. What is seen in these studies is that particular sociocultural experiences and norms, whether specific to White or African American same sex attracted male communities, do seem to be associated with sexual scripts, expectations, and behaviors.

From his interviews with same sex attracted Latino men, Diaz (1998) found that the six sociocultural factors of machismo, homophobia, family loyalty, sexual silence, poverty, and racism often promoted automatic sexual scripts, interfering with participants’ intentions to practice safer sex. These factors were all highly specific to
particular cultural experiences often encountered by same sex attracted Latino men. Building on these findings, Diaz and colleagues (2004) found that the experiences of racism, poverty, and homophobia among same sex attracted Latino men predicted both psychological distress and difficult sexual situations that in turn promoted risky sexual behaviors. They also found that difficult sexual situations fully mediated the relationship between racism, poverty, homophobia, and psychological distress, and unprotected anal intercourse with nonmonogamous partners. Diaz, and Diaz and colleagues’ work show very specific sociocultural factors experienced by same sex attracted Latino men to be associated with sexual scripts, expectations, and behaviors. What remains to be examined empirically is whether a similar model generalizes to a population of African American HIV-positive MSMs.

One limitation with the studies outlined in this section is the operationalization of unsafe sex as unprotected receptive anal intercourse. Unprotected insertive anal intercourse and oral sex to ejaculation also pose risk for HIV transmission and thus should be included within the definition of unsafe sexual practices (de Vroome, de Wit, Stroebe, Sandfort, & van Griensuen, 1998). Even with this limitation, the results of the studies outlined in this section collectively suggest a strong link between specific cultural experiences relevant to racial and sexual identities, and sexual risk practices. Diaz and colleagues’ (2004) work is especially noteworthy for the present study as it suggests a relationship between the experiences of racism, poverty, homophobia, psychological well-being, and sexual risk practices in same sex attracted Latino men. These studies directly inform the second question in the current study, which examines the relationship between African American and same sex attracted identity development, and sexual risk
practices, in a sample of African American HIV-positive MSMs. Diaz and colleagues’
results further suggest that psychological well-being may also be directly associated with
sexual risk practices. This relationship is explored further in the following section.

Associations between Psychological Well-being and Sexual Risk Practices

As stated above, Diaz and colleagues (2004) found that experiences of racism,
poverty, and homophobia among same sex attracted Latino men predicted both
psychological distress and difficult sexual situations that promoted risky behaviors. They
also found that difficult sexual situations fully mediated the relationship between racism,
poverty, homophobia, and psychological distress, and unprotected anal intercourse with
nonmonogamous partners. Furthermore, Diaz and colleagues (2006) found that the
experiences of racism, poverty, and homophobia among same sex attracted Latino men
predicted isolation, low self-esteem, depression, insomnia, anxiety, and suicidal ideation.
They also found that isolation and self-esteem mediated the relationship between racism,
poverty, and homophobia, and clinical symptoms. These results suggest that
psychological well-being is also directly associated with sexual risk practices among
same sex attracted Latino men.

It thus seems logical that psychological well-being would also be associated with
sexual risk practices among African American HIV-positive MSMs, although this
premise currently lacks empirical support. In an initial attempt to fill this void, the third
question of the current study examines the relationship between psychological well-being
and sexual risk practices in a sample of African American HIV-positive MSMs. This
question is informed here by briefly examining existing research exploring the
relationship between psychological well-being and sexual risk behaviors among White and Latino MSMs of differing HIV statuses.

Loss of interest in pleasurable activities, including sex, is associated commonly with clinical depression (American Psychiatric Association, 2000). However, Bancroft, Jansen, Strong, and Vukadinovic (2003) found that 16 percent of White gay-identified men expressed increased sexual interest when depressed, and sought out sexual encounters in part to increase intimacy and self-validation. Bancroft and colleagues reported that a significantly lower percentage of heterosexual men have been found to seek out sex when depressed. At the same time, 14 percent of gay-identified participants expressed reduced concern for sexual risks when depressed, a finding, according to the authors, not seen with heterosexual male participants. Clearly the combination of increased sexual activity and reduced concern for sexual risks is problematic.

de Vroome, de Wit, Stroebe, Sandfort, and van Griensven (1998) looked at sexual risk behaviors in HIV-positive and HIV-negative same sex attracted Dutch men. Although there were no differences in depression between the HIV-positive and HIV-negative participants, the average depression score of all participants was higher than that of the general Dutch population. The authors found no relationship between depression in general and condom use. However, HIV-positive participants with higher depression scores displayed more negative attitudes toward using condoms with steady partners, lower intentions to use condoms with steady partners, lower behavior control to use condoms with steady or casual partners, and increased perceived barriers to condom use overall.
Further corroborating the above findings, Diaz and colleagues (2004) found that 41 percent of same sex attracted Latino participants used sex to relieve loneliness or depression. Furthermore, participants who engaged in unprotected anal intercourse outside of monogamous relationships experienced more psychological distress overall, as well as more perceived racism, poverty, and homophobia. Psychological distress was also most strongly linked with experiences of poverty in this study. These results, and those of all the studies outlined in this section, offer further support for a common theme found throughout Williams and colleagues’ (2004) qualitative investigation of sociocultural factors impacting African American and Latino HIV-positive MSMs. Participants in Williams and colleagues’ study often discussed how experiences of racism and homophobia frequently limited their sources of social support, and further, how limited social support around racial and sexual identity issues contributed to deepening feelings of internalized worthlessness, depression, or low self-esteem, which, according to the results of the other studies in this section, may be tied to increased sexual risk practices. Building on this literature, the current study examined, as its third question, the relationship between psychological well-being and sexual risk practices in a sample of African American HIV-positive MSMs.

Application to Counseling Psychology

Counseling psychologists may be in an advantageous position to promote positive prevention interventions (e.g., prevention focused interventions with HIV-positive individuals) because central tenets of counseling psychology emphasize a focus on prevention, sociocultural issues, and social justice (Heppner, Casas, Carter, & Stone, 2000). As African American MSMs are over represented among HIV-positive
individuals (CDC, 2005), the current study seeks empirical support for the clinical notion that helping African American MSM clients negotiate African American and same sex attracted identities while also attending to psychological well-being may help to empower clients to successfully negotiate safer sex practices. Such work appears urgently needed from practitioners providing individual, couples, and group interventions in HIV service agencies. For example, the Academy for Educational Development’s structured group intervention “Many Men, Many Voices” (see http://www.effectiveinterventions.org/go/interventions/many-men-many-voices), is aimed specifically at helping same sex attracted African American men negotiate cultural, psychological, and sexual risk issues. Perhaps what remains most needed are practitioners in public service agency settings who can efficaciously conduct such interventions with appropriate cultural knowledge, awareness, skills, and sensitivity. In writing about the need for positive preventative intervention strategies, Wolitski (2005) put the following call out to psychologists:

Achieving sustained reductions in risky sexual practices [among HIV-positive clients] may require either short-term or extended psychotherapeutic interventions tailored to the specific needs of a given individual. Prevention programs working with HIV-positive gay and bisexual men should develop active linkages to local mental health service programs for individuals living with HIV (p. 239).

It seems Wolitski’s call also need applies to the number of African American MSM clients who may be less connected to mainstream gay men’s communities but are nevertheless utilizing services at HIV agencies.

Research Questions

The current study builds upon recent literature in several ways. First, the current study answers Mays and colleagues’ (2004) call to researchers to identify contextualized,
culturally specific experiences and factors associated with psychological well-being and sexual risk practices among African American MSMs. The current study does this by examining associations between African American and same sex attracted identity development, psychological well-being and sexual risk practices among African American HIV-positive MSMs. The current study also extends to a new population Diaz and colleagues’ (2004, 2006) work in a sample of gay identified Latino men linking the experiences of homophobia, racism, and poverty with psychological well-being and sexual risk practices. Using a similar framework, the current study investigates the applicability of Diaz and colleagues’ findings to a sample of African American HIV-positive MSMs while investigating links with African American and same sex attracted identity development.

In general, the current study aims to investigate the links between 1) African American and same sex attracted identity development and psychological well-being; 2) African American and same sex attracted identity development and sexual risk practices; and 3) psychological well-being and sexual risk practices in a sample of HIV-positive African American MSMs. Furthermore, if African American and same sex attracted identity development are found to be associated with psychological well-being and sexual risk practices, then the question of whether psychological well-being mediates the relationship between African American and same sex attracted identity development and sexual risk practices is explored.

The current study extends the literature by contributing to positive prevention avenues for HIV-positive men. The majority of HIV prevention oriented research has investigated sexual risk behaviors in people of negative HIV status, with the aim of
helping to retain HIV-negative individuals’ negative status (Halkitis & Wilton, 2005; de Vroome et al; 1998). However, HIV-positive men remain at risk for acquiring separate strands of HIV (e.g., superinfection), and other sexually transmitted diseases, which can promote opportunistic infections within a person who has an already compromised immune system. Furthermore, sex remains a meaningful part of life for many HIV-positive individuals (Halkitis & Wilton, de Vroome et al.). Empirical investigations working from a positive prevention perspective are able to address, rather than ignore, the importance of sex in the lives of HIV-positive people, and have the potential to produce results that apply realistically to HIV-positive individuals and their sexual partners. Furthermore, according to the CDC (2002, 2003, 2005), most HIV-positive African American MSMs are unaware of their positive status, perhaps encouraging inconsistent condom use during sexual encounters. Exploring a potential model examining connections between racial and sexual identity development, psychological well-being, and sexual risk practices in a sample of African American MSMS who are HIV-positive may help psychologists and others develop effective culturally, psychologically, and behaviorally focused interventions among HIV-positive men.
CHAPTER II
A REVIEW OF THE LITERATURE

This chapter elaborates upon the significant components of the empirical question currently being investigated. Specifically, this chapter provides a rationale for the present study examining associations between African American and same sex attracted identity development, psychological well-being and sexual risk practices in a sample of African American HIV-positive MSMs. (The terms MSM and same sex attracted will be used throughout this document to refer to men who have sex with men, and individuals who are sexually attracted to others of the same sex, respectively, regardless of sexual orientation identity, e.g., gay, bisexual, heterosexual.) This chapter begins by examining the current need for positive prevention focused research (e.g., focusing on safer sex and further HIV prevention among HIV-positive individuals). The chapter then explores current theoretical models of African American and same sex attracted identity development. A discussion of specific experiences connected to negotiating both racial and sexual minority identities follows. Then, the chapter reports on studies examining associations between racial and sexual minority identities, psychological well-being, and sexual risk practices. Finally, the chapter concludes with a summary of the significant theoretical components that underlie the current study’s hypotheses, and restates the specific research questions addressed in this study.
The Case for Positive Prevention

Sex is a universal part of the human experience that, in addition to physical stimulation and release, often involves social, emotional, cognitive, and identity factors. Although universally meaningful, negotiating sex presents a unique set of challenges for many HIV-positive individuals, including HIV-positive MSMs. Positive prevention efforts encourage practitioners to understand and work with the challenges sexually active HIV-positive individuals experience in order to realistically and effectively support such individuals in keeping themselves and their sexual partners healthy (Halkitis, Gomez, & Wolitski, 2005; Kalichman, 2005). The current study has the potential to add to a positive prevention focus by examining associations between African American and same sex attracted identity development and sexual risk practices among a group of participants who are HIV-positive.

Some researchers focusing on positive prevention (e.g., Bailey & Hart, 2005; Halkitis & Wilton, 2005; Parsons, 2005; Schiltz & Sandfort, 2000) have begun to examine how some HIV-positive MSMs create meaningful sexual lives while negotiating sexual norms emphasized to varying degrees within gay male communities. This section summarizes this literature to better inform the reader of specific sexual challenges that many HIV-positive MSMs, including participants of the current study, may likely be experiencing, and thus provides important background information for the current study.

Halkitis and Wilton (2005) looked at the results of the CDC’s Seropositive Urban Men’s Study (SUMS) to further explore the meaning of sex in the lives of HIV-positive MSMs. The SUMS study interviewed HIV-positive MSMs (N = 250) in New York City and San Francisco. Participants described sex as fulfilling several physical needs
including pleasure, release, physical contact, intimacy, and providing a way of feeling physically able and competent. Sex was an important factor in elevating body image perceptions in men who, due to their HIV status, often considered themselves to be no longer sexually desirable. Sex was also frequently described as a stress reducer, a connection decreasing loneliness and isolation, and as a temporary fix from psychological distress. These findings are especially notable as many participants reported experiencing stress, loneliness, isolation, and psychological distress as a result of being HIV-positive and same sex attracted. Sex was also described as an affirmation of one’s same sex attracted identity, health, existence, and life itself. From these qualitative results, it is clear that sex fulfills a variety of important roles in the lives of many HIV-positive MSMs.

Bailey and Hart (2005) examined some of the specific challenges SUMS study participants experienced around negotiating active sexual lives. Many participants struggled with fears of infecting an HIV-negative partner, which provided motivation to disclose their serostatus. Participants also struggled with fears of being rejected by potential HIV-negative partners, which provided motivation to withhold their serostatus. As these fears were often heightened with emotionally intimate partners, some HIV-positive men were more likely to have unprotected sex with anonymous, rather than committed, partners. Stirratt (2005) found that SUMS study participants were less likely to disclose their HIV status to casual rather than committed sex partners, especially when in public (e.g., free areas such as parks known among MSMs as popular settings to find men to have sex with) and commercial (e.g., business establishments such as sex clubs and bathhouses intentionally providing a space for men to engage in sex) sex
environments. These environments, with their norms of minimal communication and nondisclosure (of HIV status), provided some participants with opportunities to pursue sex with other men while avoiding emotionally intimate relationships, the potential guilt around possibly transmitting HIV to an emotionally intimate partner, and possible rejection from HIV-negative partners. Such norms also served to decrease focus on HIV-related anxiety and other interruptions to sexual pleasure. Also in accordance with the norms of such environments, most participants assumed other men in public and commercial sex environments to be HIV-positive. Wolitski and Bailey (2005) also observed that SUMS participants who, due to their HIV serostatus, were limited in dating opportunities and frequented public and commercial sex environments, seemed to experience more depression and loneliness and also appeared more willing to engage in unprotected sex. Conversely, men were more likely to disclose their serostatus when involved in committed relationships, when HIV status played a significant and visible role in men’s lives (e.g., visible symptoms and/or medications, volunteering at HIV/AIDS agency), and when feeling a moral and ethical obligation to do so (Stirratt).

Parson’s (2005) review of the literature of contextual factors influencing the sexual lives of HIV-positive MSMs supported the findings of the SUMS study. Men in the studies he reviewed described engaging in sex in commercial sex environments as a way to escape from having to think constantly about HIV, and noted that such environments discouraged discussion of HIV status among patrons, encouraged an unspoken assumption that other patrons were HIV-positive, and promoted alcohol and drug use before and during sex (especially “club drugs” such as cocaine, ketamine or “K,” methamphetamine or “crystal meth,” and methylenedioxymethamphetamine or
“extasy”). Public sex environments also provided opportunities to engage in sex men could perceive as happening spontaneously, which was especially appealing to heterosexually identified MSMs. One common strategy HIV-positive men assumed in such environments was “strategic positioning” (p. 100), in which HIV-positive men assumed the receptive role in anal sex to reduce transmission risk. However, this strategy does not eliminate risk of HIV transmission to the insertive partner, and may still result in reinfection of a different strand of HIV (including medication resistant strands) and other opportunistic infections in the receptive partner.

The internet also provides a new means for MSMs to find each other, and may be especially attractive to MSMs who do not identify socially and/or personally as gay or bisexual, and thus are unlikely to meet other men at gay cultural events. Parsons (2005) observed MSMs looking for sexual partners on the internet tend to be younger, more likely to frequent commercial and public sex environments, have a previous sexually transmitted infection, identify as heterosexual, and engage in sex with women, than MSMs not using the internet to find sexual partners. HIV-negative men who engaged in sex with on-line partners were more likely to have HIV-positive partners, have unprotected anal intercourse with non-concordant partners (e.g., of a different HIV status), have sex for money and/or drugs, and worry less about HIV transmission.

Schiltz and Sandfort (2000) also reviewed the literature to better understand specific contextual factors impacting the sexual lives of HIV-positive MSMs. One such factor is beliefs about the potential help gained from HIV drugs. Until 1996, when access to new protease inhibitors began to greatly increase life expectancies of many people living with HIV, a “Draconian early death model” (pp. 1572-1573) was used to promote
HIV prevention efforts. Self-identified gay men were assumed by other gay male HIV prevention activists to have adjusted to HIV risk and comply fully with safer sex recommendations. It was thus assumed and demanded that HIV-positive gay men would act in their own and the gay community’s best interest by abstaining from sex with HIV-negative individuals, or at least only engaging in sex with condoms. It is likely that African American MSMs, often not identifying with visibly White gay male communities, were not impacted by these developing gay male community norms in the same way. In fact, such norms aimed at HIV prevention within visible gay male communities may have further promoted the myth that only White, gay-identified men can be HIV-positive.

The take home point of the literature reviews and qualitative research discussed above is that sexual norms, expectations, and opportunities specific to some aspects of gay male communities impact many HIV-positive MSMs, creating additional challenges in negotiating fulfilling and responsible sexual lives. In Parson’s words:

It is critical to consider the interconnections among the contextual factors discussed…An HIV-positive gay man may begin the evening using exstasy, get sexually aroused and interested in sex, head to a bathhouse and engage in unsafe anal sex with several partners assuming that other gay men who frequent such venues know the risks they are taking and are there to forget about HIV and condoms anyway. An HIV-positive bisexual man may go to a park known for sexual activity in order to have anonymous sex with men without his wife finding out, and then engage in unprotected sex as a bottom thinking there is little risk to his partners because he is taking the receptive role and because his viral load is undetectable. And yet a third young HIV-positive man coming to terms with his sexual identity may get on the Internet, go into a barebacking [intentionally engaging in anal sex without condoms] chat room to find someone interested in PnP [party and play, Internet slang for sex with drugs], meet up with a group of men using crystal methamphetamine and engage in drug use and unsafe sex all night assuming that his partners must be HIV-positive too (p. 127).
Such factors have serious implications for HIV transmission and prevention, and highlight the overall need for more positive prevention research focusing on factors impacting sexual risk practices among HIV-positive MSMs. What seems particularly needed is quantitative research examining associations between specific cultural factors within MSM communities and sexual risk practices.

One quantitative study with a positive prevention focus (de Vroome, de Wit, Stroebe, Sandfort, and van Griensven, 1998) surveyed HIV-positive and negative gay identified men (N = 569) in the Netherlands to examine the relationships between mental health and sexual risk practices in both of these groups of men. These researchers were also interested in how HIV-positive gay identified men actively negotiated sex, and if there were significant differences compared with HIV-negative men. They found HIV-positive men reported that they were more likely to restrict sex to steady partners, less likely to have unprotected anal intercourse with steady partners, and less likely to have sex with casual partners. Nine percent of HIV-positive participants admitted to engaging in unprotected anal intercourse with steady partners, and 13 percent admitted to doing so with casual partners. However, when the researchers broadened their definition of unsafe sex to include oral sex with ejaculation, 30 percent of HIV-positive men admitted to having unsafe sex with a steady or casual partner. HIV-positive men endorsed more attitudes, social norms, behavioral control, and intentions promoting safer sex with steady partners, but there were no differences on these variables regarding casual partners between HIV-positive and negative men. HIV-negative men endorsed fewer of these variables promoting safer sex for steady partners than either group endorsed for casual partners and HIV-positive men endorsed for steady partners. HIV-positive men in this
study were not more or less depressed than HIV-negative men, although the sample scored higher on depression, as measured by a subscale of the Dutch adaptation of the General Health Questionnaire (Goldberg & Williams, 1988), than the general Dutch population. There was no overall relationship between depression and consistent condom use. However, HIV-positive men with depression had more negative attitudes regarding condom use with steady partners, lesser intentions to use condoms with steady partners, less behavioral control regarding condom use with steady and casual partners, and more perceived barriers to condom use overall. HIV-negative men with depression exhibited less behavioral control and intentions regarding condom use with casual partners.

de Vroome and colleague’s study (1998) helps clarify how psychological well-being may differently impact how HIV-positive and negative men negotiate sex. However, only six and three percent of HIV-positive participants in their sample reported having unprotected anal intercourse with steady and casual partners of negative or unknown status, respectively, likely restricting the data. The researchers used a longitudinal design and thus were able to observe how men who acquired HIV during the length of the study negotiated sexual behaviors. However, the dropout rate due to AIDS mortality may have restricted the data. Also, when data collection was expanded from six months to a period of two years, rates increased to 42 percent of all participants having unprotected anal intercourse with steady or casual partners, and 54 percent having unsafe oral sex. Such data highlight the importance of and need for increased positive prevention efforts, as both HIV-positive and negative participants may have engaged in unsafe sex with serodiscordant partners.
de Vroome and colleagues’ study (1998) is important for providing quantitative results supporting theory generated from qualitative studies referenced earlier in this section. Specifically, these data suggest that there are many factors impacting sexual intentions, scripts, and behaviors of HIV-positive MSMs with both long-term and casual partners. de Vroome and colleagues specifically examined how depression impacted the sexual attitudes and behaviors of HIV-positive and negative men in Amsterdam. Although this study is an important first step in conducting quantitative research focused on identifying specific factors impacting sexual behaviors among HIV-positive MSMs, the results may be limited to men in Amsterdam, a region known for being very accepting of diverse sexual orientations, who identify as gay. What remains needed to extend the generalizability of this research are quantitative research designs investigating factors impacting sexual practices of culturally diverse MSMs in the United States. With this in mind, the current study examines associations between African American and same sex attracted identity development, psychological well-being, and sexual risk practices among HIV-positive African American MSMs.

This section reviewed several positive prevention-focused qualitative studies, and one quantitative study, exploring specific psychological and sociocultural factors impacting the sexual lives of many HIV-positive MSMs. What remains needed are more positive prevention focused quantitative studies that can begin to investigate relationships between specific cultural factors impacting diverse HIV-positive MSMs and sexual risk practices, such as the current study. As the specific cultural factors of interest in the current study are African American and same sex attracted identity development, the next
two sections provide an overview of current theory regarding African American and same
sex attracted identity development, respectively.

African American Identity

The current study is interested in examining how HIV-positive African American
MSMs negotiate African American and same sex attracted identities, and how these
identities in turn are associated with psychological well-being and sexual risk practices.
Cross (1971) first proposed a fluid, developmental process of African American identity
development within his nigrescence (e.g., Blackening) model. In his revised model of
nigrescence theory, Cross (1991) stated that the self is comprised of personal identity and
reference group orientation components, with the former referencing personality
characteristics and psychological functioning, and the latter referencing social
memberships such as racial groups. During nigrescence, a person embarks upon a
transformational journey from a Eurocentric to an Afrocentric psychological framework.
Each phase in the identity process is a combined result of the social, economic, legal,
educational, and political conditions experienced historically and currently by African
Americans in the United States, and the resiliencies African Americans have developed
in response to these conditions. In Cross’s words, “Negro identity was a two-sided story,
one about oppression and its consequences and the other about culture and the way
people survive and, on occasion, transcend their oppression” (1991, p. 29).

Pre-Encounter, the first phase of Cross’s (1991) revised Nigrescence theory, is
characterized by the attitudes of Assimilation (acceptance of dominant White cultural
values), and Anti-Black (composed of self-hatred and miseducation attitudinal
components, e.g., accepting negative stereotypes of African Americans). Individuals
exhibiting Anti-Black attitudinal components are thought to be incorporating a negative reference group orientation into their personal identity (e.g., display low self-esteem due to thinking poorly of African Americans in general). Individuals in the Pre-Encounter phase may interpret situations in their own and others’ lives from either a race neutral or anti-Black perspective. If race is considered, it is seen as a problem or stigma getting in the way of African Americans’ success. Individuals in the Pre-Encounter phase often hold unquestioned Eurocentric values influencing preferences in areas as varied as literature and the arts, food, social activities, and living structure, although such individuals may live in racially integrated or segregated environments and incorporate to differing degrees elements of traditional African American culture into their lives.

Encounter, the second stage of revised nigrescence theory, happens when individuals experience and personalize one or more racially salient encounter(s) that force(s) the individual to challenge her or his race neutral or anti-Black framework. Examples may include being profiled as a criminal while shopping, being called a racially derogatory slur, or hearing about a racially based hate crime on the news. Encounters may also be positive, such as hearing an African American business leader give a talk about overcoming obstacles to succeed. In order to enter the Encounter phase, a person must interpret an encounter as personally impacting, or having the potential to impact his or her life specifically as an African American. Contrarily, a person may experience encounters daily, but choose to dismiss or discount their racial significance and thus remain in the pre-encounter phase. However, once an encounter is interpreted as racially significant, the person can no longer blindly accept a racially neutral or anti-
Black psychological framework. Thus the Encounter phase is considered transitory, with potential encounters limitless in number.

Immersion-Emersion, the third phase of revised nigrescence theory, is characterized by an attempt to immerse oneself into all things seen as associated with the culture, history, and experience of African Americans and Black African heritage. In this phase, individuals often look toward external cues (e.g., music, dress, language, hair styles, politics) to learn how to become the “right kind of Black person,” often striving to become “Blacker than thou” (Cross, 1991, p. 25). This phase is characterized by conformity to the perceived rules of Black culture, and is often associated with rage at White racism, guilt over previously held Eurocentric values and historical interpretations, and pride in Black and African heritage. In this phase, the individual interprets race as relevant to the majority of life encounters. The two attitudinal components associated with the Immersion-Emersion phase within revised nigrescence theory are Anti-White and Intense Black Involvement.

Internalization is the fourth phase of revised nigrescence theory. As in Immersion-Emersion, this phase promotes resilience to White racism, defends and protects individuals from the psychological insults of a racist society, and provides a sense of belonging and social anchorage. However, now the individual integrates her or his Afrocentric perspective into her or his larger sense of identity as a human being, and follows internal rather than external cues about how and what it means to live as a Black person in America. A need to conform to Black cultural rules in a rigid manner dissipates, and individuals develop the capacity to engage in selective meaningful interaction with others both inside and outside of Black American culture. Internalization
also integrates an acceptance of a positive reference group orientation toward being
African American with an inclination toward activism. Within revised nigrescence
theory, Internalization is comprised of the attitudes of Black Nationalist (focusing on
Afrocentric orientated values and community), Biculturalist (integrating African
American and American identities), and Multiculturalist Inclusive (aligning with other
oppressed minority groups). Reflecting on internalization, Cross remarks,

One of the most important consequences of this inner peace is that a person’s
conception of Blackness tends to become more open, expansive, and
sophisticated. As defensiveness fades, simplistic thinking…becomes\[s\]
transparently inadequate, and the full complexity and inherent texture of the Black
condition become the point of departure for serious analysis (1991, p. 211).

The Cross Racial Identity Scale (CRIS; Vandiver et al., 2000) was developed to
better operationalize revised nigrescence theory. Previously Cross’s original (1971) and
revised (1991) nigrescence theory had been measured by the Racial Identity Attitude
Scale (RIAS-A; Helms, 1990; RIAS-B [short]; Helms & Parham, 1996; RIAS-B [long];
Helms & Parham, 1996). Several authors (Fischer & Moradi, 2001; Yanico, Swanson, &
Tokar, 1994) have criticized the psychometric properties of the various versions of the
RAIS, in part prompting the creation of the CRIS. Empirical findings from extensive
validation studies of the CRIS (see Chapter Three for a thorough discussion of CRIS
development and psychometrics) led to further revisions within nigrescence theory,
resulting in expanded nigrescence theory, which is summarized next.

Expanded nigrescence theory (Cross & Vandiver, 2001; Worrell, Cross, &
Vandiver, 2001) proposes several changes and additions to revised nigrescence theory.
First, Miseducation and Self-Hatred attitudes are distinguished within the Pre-Encounter
phase, with only Self-Hatred thought to incorporate a negative reference group
orientation (toward African Americans) into one’s personal identity (e.g., resulting in
lowered self-esteem). Contrarily, Miseducation incorporates endorsing negative
stereotypes of “other” African American people without internalizing such stereotypes.
The attitudes of Anti-White and Intense Black Involvement emerge in the Immersion-
Emersion phase. However, the CRIS authors were unable to achieve acceptably low
correlations between Intense Black Involvement and Internalization Black Nationalism
attitudes, and thus dropped Intense Black Involvement from the current version of the
CRIS. Within the Internalization phase the authors revised the attitude of Black
Nationalist and renamed it Afrocentric to incorporate a broader inclusion of Afrocentric
values and principles. They removed the Biculturalist attitude from the CRIS as it is not
significantly distinguishable from the Multiculturalist Inclusive attitude. Another
Internalization attitude of Multiculturalist Racial emerged from CRIS validation studies
(see Chapter Three), which refers to a desire to align only with other oppressed racial
minority groups, versus oppressed minority groups more globally. However, at this time
the authors are unsure how to operationalize this identity. Further challenges within
expanded nigrescence theory include theoretically distinguishing Anti-White and Intense
Black Involvement as separate Immersion-Emersion attitudes. Further, Intense Black
Involvement needs to be distinguished from the Internalization attitude of Afrocentric.
Anti-White attitudes also need to be distinguished from being on the opposite pole of
Multicultural Inclusive, which values alliances with all other groups including White
people. In spite of these challenges, authors (e.g., Worrell, Cross, & Vandiver, 2001)
state that racial identity is an extremely multifaceted, complex topic and therefore
expanded nigrescence theory is a work in progress continually seeking to expand upon
and refine theoretical and measurement issues related to nigrescence. The authors of expanded nigrescence theory and the CRIS have allowed for theory to inform measurement development and measurement to inform theory, causing other authors (e.g., Cokley, 2007; Ponterotto & Park Taylor, 2007) to hail the CRIS and expanded nigrescence theory as particularly sound.

Expanded nigrescence theory (Cross & Vandiver, 2001; Worrell, Cross, & Vandiver, 2001) provides a framework for understanding multiple ways that African Americans may construct meaning from and cope with the personal and collective implications of race as it has historically been and currently is construed in the United States. Individuals may cycle and re-cycle through the model over a lifetime, and experience elements of several phases consecutively, perhaps in the context of differing life roles. This model also has implications for culturally diverse African Americans, such as HIV-positive African American MSMs. For example, if openly disclosing being HIV-positive or gay, lesbian, bisexual, or transgender is considered “White” and counter to African American cultural “rules,” a person may experience particular conflict with her or his LGBT (lesbian, gay, bisexual, transgender) identity during the Immersion-Emersion phase of the model. However, according to Cross the Internalization phase is marked by “the successful resolution of one’s racial identity conflicts [which] makes it possible to shift attention to other identity concerns…such as gender and sexual preferences” (1991, p. 210). Thus an LGBT African American person experiencing Internalization may make deeper connections between the experiences of holding sexual and racial minority identities in society, and perhaps seek out a community of other LGBT people of color. Contrarily, a person in the Pre-Encounter phase may identify
only as a sexual, and not racial, minority. Continuing on with this example, a person in the Immersion-Emersion or Afrocentric phase may choose to identify as same sex attracted or “in the life” while consciously rejecting the LGBT label as solely applicable in a White cultural context. Yet, in spite of these possibilities of identity expression, Nigrescence theory assumes Black identity to be most salient in African American’s lives. Such an assumption may or may not accurately represent the experiences of LGBT African Americans. What is needed is more research seeking to understand how nonheterosexual (including MSM) African American individuals actively negotiate all of their minority identities.

In addition to the challenges Cross identifies as involved in negotiating a healthy and affirming African American identity, African American men often experience a set of unique challenges in establishing a positive sense of identity in a society that is both White and male dominated. In the United States, manhood is traditionally defined through the family roles of “provider, procreator, and protector” (Majors & Billson, 1992, p. 1). However, African American males have historically and systematically been denied access to institutions (e.g., educational, financial, legal) allowing them to successfully fulfill these roles, often creating a situation Majors and Billson describe as “psychological castration” (p. 2). In their book on specific psychological issues impacting American Black males, White and Cones (1999) further explicate:

Black males faced a contradiction in a society which taught that a payoff would accrue from hard work. According to the social contract for males in America, a combination of hard work, persistent effort over time, prudent spending, and planning ahead was supposed to result in the accumulation of material goods and a wider range of life options...The work ethic double bind for the Black male was that either way, he lost. If he worked hard, he ended up second best in low-status, dead-end jobs and segregated tiers of professions. The fact that he didn’t achieve at the level of White males was used as evidence to support the belief that the
Black male didn’t have the right stuff. If he refused to work in low-status jobs and segregated ranks, he reinforced the self-fulfilling prophecy that Black males were lazy and irresponsible (pp. 61-62).

Clearly, conditions such as personal and institutionalized racism and disenfranchisement, along with related environmental issues such as disproportionate concentrations within predominantly African American neighborhoods of under and unemployment, poverty, crime, and drug use and trafficking (White & Cones, 1999) pose additional challenges upon the psyches and psychological well-being of American Black males. One specific coping method in response to such conditions has been described as “cool pose” within the literature addressing the psychology of African American males.

According to Majors and Billson (1992) and White and Cones (1999), men who are systemically disenfranchised develop psychological ego defenses to preserve a sense of masculinity. Majors and Billson have labeled one such defense “cool pose.” White and Cones describe “cool pose” as “a set of related physical postures, clothing styles, social roles and scripts, behaviors, styles of walk, content and flow of speech, types of dances, handshakes, and attitudes that are used to symbolically express masculinity” (p. 91). Both sets of authors have emphasized that “cool pose” is a psychosocial response to societal conditions experienced by economically disenfranchised African American men. They also emphasize that cool pose has both positive and negative ramifications. For example, White and Cones emphasize that “cool pose” can boost moral, inspire creativity, and exist as a positive coping style when integrated with other resources such as community and family networks and Afrocentric value systems (p. 95). Majors and Billson also note that “cool pose” can inspire a sense of pride and self-respect within African American men. However, these authors also state that within distressed and
disenfranchised neighborhoods with little legitimate economic opportunities for African American men, “cool pose” can develop within an “oppositional street culture” (p. 230) where perceived respect and status must be obtained at all costs. In such environments, violence can sometimes become “not only acceptable but mandatory to prove one’s masculine worth and courage” (White & Cones, p. 225).

Going back to their original definition of masculine gender roles, Majors and Billson (1992) state that some men endorsing “cool pose” substitute (or compensate) the pursuit of materialism for the provider role, promiscuity for the procreator role, and aggression for the protector role, and that this pattern of hypermasculinity (e.g., materialism, promiscuity, aggression) has been seen historically in all groups of disenfranchised men in the United States (e.g., White ethnic immigrants, working class White men). Further, Majors and Billson and White and Cones (1999) state that “cool pose” is emulated to a degree among some middle and upper class suburban African American male youth who see “cool pose” as representative of African American male identity.

Connecting the coping style of “cool pose” to nigrescence theory, individuals in the Immersion-Emersion phase may be especially likely to endorse “cool pose” as a set of rules dictating the successful attainment of African American manhood. Likewise, as “cool pose” emphasizes exaggerated or hypermasculinity, one negative ramification of “cool pose” may be associated endorsement of homophobic and sexist attitudes. In other words, some African American men may compensate for historical and current disenfranchisement within economic, political, social, educational, and legal arenas by endorsing a definition of manhood that “elevates” men’s status by denigrating women
and LGBT individuals. In this way “cool pose” may pose specific challenges to identity development among African American MSMs.

Boyd-Franklin, Franklin, and Toussaint (2000) wrote a book aimed at parents, teachers, health providers, community, and religious leaders emphasizing a village approach to raising African American boys. Accounting for challenges such as systemic disenfranchisement, and potential negative consequences of “cool pose,” Boyd-Franklin and colleagues emphasize the importance of such activities as grounding African American male youth within Black church communities and providing positive role-models of Black manhood to prepare such youth to overcome anticipated barriers and develop a positive sense of manhood and racial identity.

Boyd-Franklin and colleagues (2000) comment on the peer pressure many African American male youth experience to adopt “cool pose” during their racial identity developmental process. The authors further express concern that one potential negative consequence of “cool pose” is its association with misogyny. For example, in turning to peers to learn rules governing sexuality, young African American men may receive messages such as the “inability to achieve [sexual] conquests violates the code of the brotherhood and puts his [sic] manhood in question,” (p. 145), and “no pussy, no respect,” (p. 144). Such attitudes portray women as a status prize elevating one’s manhood, and deem as unacceptable any orientation or identity other than heterosexual. These issues, raised by Boyd-Franklin and colleagues, raise additional questions regarding potential peer ostracism and harassment of young African American men perceived to be gay, bisexual, or transgender. Could “cool pose” contribute to such ostracism or harassment that could in turn contribute to psychological and behavioral
problems of actual and perceived gay, bisexual, and transgender African American male youth? Empirical investigations of how African American same sex attracted men hear and negotiate messages regarding the intersections of race, gender, and sexual orientation, and the potential psychological and behavioral impacts of such messages, remain needed.

One study (Levant, Richmond, Majors, Inclan, Rossello, Heesacker, et al., 2003) examined whether gender and ethnicity impacted the degree to which people endorse a traditional view of masculinity. Participants (N = 1,198) included male and female predominantly Caribbean Latino college students from San Juan, Puerto Rico, predominantly White college students from Gainesville, Florida, predominantly African American adult community members from Detroit, Michigan, and predominantly Latino college students from New York, New York. Participants completed the Male Role Norms Inventory, measuring avoidance of femininity, fear and hatred of homosexuals, self-reliance, aggression, achievement and status orientation, attitudes toward sex, restrictive emotionality, and nontraditional gender role endorsement. Results indicated that men overall endorsed higher levels of traditional male gender roles than women, and the Gainesville (mostly White college students) sample endorsed the lowest levels of traditional male gender role norms, followed by the Puerto Rican, New York City (mostly Latino), and Detroit (mostly African American) samples, respectively. Results were statistically significant for both gender (male vs. female participants) and ethnicity, although no significant interaction was found.

Levant and colleagues (2003) concluded from their study that White Americans are least likely to endorse traditional male gender roles, with Caribbean and United States
Latinos in the middle, and African Americans most likely to endorse traditional male gender roles. Such findings lend support to Majors and Billson’s (1992) definition of “cool pose” as an exaggerated expression of masculinity. However, the authors failed to consider that geographical location (e.g., urban vs. rural), age, marital, and educational status could also account for their results. For example, the Detroit sample was older, less educated, and more likely to be married than the other samples. Another concern is that the data were quite restricted as most participants scored low on all of the traditional male role norms. Nevertheless, the study suggests that there may be a correlation between some shared ethnic experiences and the degree to which men and women both internalize and endorse traditional gender role norms.

The current section examined African American identity development in general, and the impact of African American identity development on men in particular. African American identity development likely has a significant impact on many HIV-positive African American MSMs who are attempting to negotiate multiple minority identities that are often viewed as conflicting. More research is needed to better understand the psychological and behavioral impacts of this potential identity challenge. The current study sheds light upon this question by examining how African American, as well as same sex attracted identity developmental processes are associated with psychological well-being and sexual risk practices in a sample of HIV-positive African American MSMs.

**Same Sex Attracted Identity**

As stated previously, the current study is interested in examining how HIV-positive African American MSMs negotiate African American and same sex attracted
identities, and how these identities are associated with psychological well-being and sexual risk practices. Just as the psychosocial challenge of developing a healthy racial identity for African Americans has been documented in the extant literature, so too have psychologists called attention to the challenge of developing a healthy same sex attracted identity in a homophobic and heterosexist society. According to Cass’s (1979) model of lesbian and gay identity development, (loosely based on Cross’s [1971] original model of nigrescence), individuals go through the following six stages: Identity Confusion (involving the questioning of assumed heterosexuality), Identity Comparison (involving feeling isolated and different from heterosexual people and values), Identity Tolerance (involving seeking out information about the lesbian and gay community), Identity Acceptance (involving disclosing one’s lesbian or gay orientation to carefully selected others), Identity Pride (involving a rigid rejection of heterosexual people and righteous defensiveness of all things perceived to be associated with homosexuality), and Identity Synthesis (involving the integration of one’s lesbian or gay identity with other identity and personality facets).

Cass (1979) contributed to identity developmental theory by being the first researcher to propose a psychological process of gay and lesbian identity formation. With her theory, she drew similarities between identity processes based on an often visible marker of difference (e.g., African American identity) and an invisible one (e.g., gay and lesbian identity). However, similar to nigrescence theory, which presents Black identity issues as the most salient in an African American person’s life, Cass’s (1979) model assumes a gay sexual orientation to be the most pressing motivator of identity development in a nonheterosexual person’s life. Thus, both theoretical frameworks tend
to assume one central identity, which may not accurately represent the experience of a person (e.g., African American MSM) negotiating multiple minority identity processes.

Expanding on Cass’s (1979) theoretical work, McCarn and Fassinger (1996) proposed a new model of lesbian identity development that incorporates two distinct, albeit connected, identity processes, one within the realm of personal sexual identity (personal), and the other pertaining to identity based on involvement with a lesbian, gay, bisexual, and transgender community (group). McCarn and Fassinger proposed four phases of development in addition to a pre-phase of the model, Nonawareness, consisting of not feeling different from others on a personal level, and not being aware of diverse sexual orientations existing among people on a group level. Phase one, Awareness, is experienced when a person is aware of feeling different with regard to sexuality or gender expression on a personal level, and becomes aware of diverse sexual orientations existing among people on a group level. Phase two, Exploration, is experienced when a person has romantic and erotic feelings for members of the same sex on a personal level. On a group level, Exploration occurs when a person starts examining her or his attitudes toward LGBT people as a group, including considering whether or not to include oneself as LGBT. Phase three, Deepening/Commitment, is experienced on a personal level when a person gains clarity and feels assured about having romantic and erotic feelings for someone of the same sex. On a group level, Deepening Commitment occurs when a person becomes aware of homophobia and heterosexism in society, causing deeper group identification with the LGBT community. Finally, phase four, Internalization Synthesis, occurs on a personal level when a person integrates his or her feelings toward someone of the same sex into his or her overall identity. On a group level, Internalization Synthesis
occurs when a person who desires to do so can comfortably choose to identify as LGBT in heterosexual and LGBT contexts. Although McCarn and Fassinger’s work is specifically geared toward same sex attracted women, it is likely that a model incorporating personal and group identity developmental processes would also apply to same sex attracted men.

McCarn and Fassinger (1996) contribute to the identity development literature by providing a theoretical framework fusing the work of previous racial, sexual orientation, and gender identity models. Their end product is a model that accounts independently for identity development on both a personal and group level, which McCarn and Fassinger recognize may not always match up simultaneously. More broadly, this framework recognizes the possibility that a person may achieve a later identity developmental phase on a personal level, and feel quite comfortable with his or her own sexual orientation, while consciously choosing not to disclose one’s sexual orientation to others and perhaps even remaining isolated from the larger LGBT community. In this way, this model challenges the work of Cass (1979), who assumed that accepting one’s minority sexual orientation internally would naturally lead to public disclosure and identification with the LGBT community.

Although specifically geared to apply to the lives of lesbian-identified women, McCarn and Fassinger’s model (1996) leaves room to consider how some African American MSMs may deal with their same gender attractions on a personal level while remaining disconnected from an often White visible gay community on a group level. At the same time, McCarn and Fassinger’s work has yet to be validated empirically by other researchers, and is based on works assuming that one primary minority identity (e.g., race
or sexual orientation or gender) motivates developmental change across people’s lives. Furthermore, McCarn and Fassinger did not address how their model may apply to same sex attracted individuals who do not internally adopt a gay or bisexual identity, a process that may be more common among some African American MSMs due to cultural pressures and expectations. In spite of these limitations, the McCarn and Fassinger model still offers a sophisticated understanding that same sex attracted identity may separately exist on personal and group levels for many individuals. For this reason, the Lesbian and Gay Identity Scale (LGIS; Mohr & Fassinger, 2000), developed to reflect current same sex attracted identity developmental theories in the extant literature, including the McCarn and Fassinger model, is used in the current study to assess for same sex attracted identity development. The LGIS measures identity phases of internalized homonegativity, confusion about one’s sexual orientation, belief in the superiority of lesbian and gay people over heterosexuals, fear of judgment from others regarding one’s minority sexual orientation, desire to hide one’s lesbian or gay sexual orientation, and perception of one’s minority sexual identity developmental process having been difficult. All of these domains reflect aspects of both individual and group identity phases as discussed by McCarn and Fassinger. (A discussion of this scale’s psychometrics and development is found in Chapter Three.)

Diamond (2005) conducted a study that challenges other identity developmental models of minority sexual orientations. She interviewed same sex attracted women (N = 79) over an eight year span and concluded that her participants’ sexual identities were much more fluid than static. That is, many women identified as heterosexual, lesbian, and bisexual at different periods in time, often depending on the gender of their current
partners, and current affiliations with LGBT and heterosexual communities. Based on her findings, Diamond suggested that not making a commitment to or adopting a sexual label may be normal, adaptive, and healthy, and that sexuality, particularly in women, may be more fluid than fixed. Diamond went on to criticize same sex attracted identity developmental models for assuming sexuality to be fixed and categorical (e.g., heterosexual or homosexual), and thus not particularly applicable to her participants’ life experiences. Diamond’s findings raise questions about the construct validity of same sex attracted identity models that assume sexual orientation to be fixed and categorical. Her findings would also support the possibility that it may be normal, healthy, and adaptive for some African American MSMs to choose not to adopt the label of a gay or bisexual identity despite behavior that might lead some people to this conclusion. The current study examines the link between adopting a same sex attracted identity and psychological well-being, a question raised by Diamond, among HIV-positive African American MSMs. The current study also goes further by examining how the process of negotiating both racial and sexual minority identities is associated with psychological well-being and sexual risk practices among HIV-positive African American MSMs. The next section explores specific challenges inherent in the process of negotiating both racial and sexual minority identities.

Negotiating Racial and Sexual Minority Identities

As noted above, Majors and Billson (1992) postulated some African American men might endorse a hypermasculine presentational style, or “cool pose,” as a way to cope with the disenfranchisement of many African American men in American society. “Cool pose” may therefore provide one explanation as to why African American and gay
male identities may be perceived by some to be mutually exclusive. The potential conflict between these identities might help explain some challenges experienced by same sex attracted African American men, and the possible associations between such identity challenges, psychological well-being and sexual risk practices. This section further explores literature examining the experiences and challenges of being both a visible ethnic minority and same sex attracted individual, a challenge that may greatly impact the daily lives, psychological well-being, and even sexual choices, of African American MSMs.

Mays, Cochran, and Zamudio (2004) reviewed the literature investigating multiple factors impacting the lives of African American MSMs who may or may not identify as gay or bisexual, and described several challenges faced by this group of men. They found that, due to perceived homophobia in African American communities and perceived racism in LGBT communities, many African American MSMs may fear or experience rejection (or even violence) in either community, contributing to isolation and loneliness. The authors suggested this isolation might create additional barriers in accessing social support around issues of sexuality, and promote invisibility among African American MSMs. Factors such as invisibility and a lack of social support within an accepting community may strongly limit available support for same sex romantic relationships involving African American MSMs, encouraging same sex sexual behavior outside of relationships. African American MSMs may also be less likely to disclose a nonheterosexual orientation if to do so means to risk losing the social support of the African American community, and if the African American community is seen as an extremely important resource for providing support around shared experiences,
maintaining connection with one’s cultural heritage, and effectively coping with racism. In addition, discrimination, poverty, and real and perceived threats of violence continue to challenge the well-being of many African American men, perhaps especially African American MSMs. However, unlike their heterosexual counterparts, African American MSMs may often have to deal with these latter challenges not only from the dominant culture, but also from within the African American culture as a result of being same sex attracted.

Mays, Cochran, and Zamudio (2004) passionately argued that the experiences listed above, likely to be significantly influencing the lives of many African American MSMs, can also enforce sexual scripts that in turn contribute to the overrepresentation of HIV transmission among this population. They implored researchers to critically examine this theory. Diaz (1998) has been exploring a similar question regarding links between cultural factors influencing the lives of gay and bisexually identified Latino men and HIV transmission. In his qualitative study focused on Latino gay and bisexually identified men (N = 70), Diaz found that participants were quite informed of the dangers of HIV transmission through unsafe sex, and most often fully intended to engage in safer sex. Rather than a lack of accurate knowledge about safer sex being at the root of not engaging in safer sex practices, he interpreted from his participants’ experiences that it was sexual scripts promoted by six sociocultural challenges uniquely experienced by gay and bisexually identified Latino men that often contributed to unsafe sex and thus HIV transmission.

Diaz (1998) interviewed Latino gay and bisexually identified men in the San Francisco Latino neighborhood of the Mission District to follow up with previously
collected quantitative data indicating that Latino gay and bisexual men often do not engage in safer sex in spite of high intentions to do so and being well informed of HIV transmission risk. Diaz interviewed participants between 1992 and 1993 in ten focus groups, and also interviewed nine men individually. The men were recruited through organizations, agencies, and friendship networks, and included both Spanish and English-speaking men of different acculturation levels with interviews conducted in Spanish or English. Questions were formed to assess participants’ developmental and social histories as self-identified gay and bisexual men, past and current sexual behaviors, perceptions of HIV infection risk, intentions and difficulties around practicing safer sex, and connections to social support including family and friends, Latino, and gay communities. Data were transcribed and coded by a team into categories and subcategories until exhausted.

The six sociocultural barriers found by Diaz (1998) include machismo, homophobia, family loyalty, sexual silence, poverty, and racism. Diaz found machismo impacted the sexual scripts of his participants by encouraging the ideas that “real (Latino) men” always engage in penetration during sex, have low sexual self-control, and are never impotent. Diaz also found that many of his participants, already feeling inadequate in their maleness due to their attractions to and sexual behaviors with other men, internalized this definition of masculinity. Therefore, in spite of their intentions, many of the men were often unwilling to use a condom, which they often associated with conscious awareness of homosexuality and HIV risk. Many participants feared these associations could cause a loss of erection, further threatening participants’ sense of manhood as defined by machismo. Furthermore, Diaz interpreted that a sense of shame
associated with internalized homophobia often diminished concerns of health and well-being, and contributed to increased willingness to engage in riskier sexual activities (e.g., sex with drugs and alcohol).

Diaz (1998) also determined that the norm of family loyalty in Latino culture encouraged participants to keep their nonheterosexuality discreet and separate from their public lives so as not to “shame” their families. This action further limited opportunities to receive support for same sex committed partnerships and encouraged anonymous sexual encounters among men. The norm of sexual silence among Latino families created further challenges for participants in negotiating safer sex boundaries with partners, as openly discussing sex may have been outside of participants’ experiences and comfort levels. Poverty, experienced by many participants, contributed to a sense of fatalism toward the future, also reducing preventative safer sex strategies. The immediate stressors associated with poverty and survival (e.g., unemployment, drug abuse, exposure to violence) also often overshadowed long-term HIV concerns, and also may have compromised participants’ degree of power to negotiate safer sex boundaries with partners, especially when participants were financially dependent upon partners. Finally, Diaz thought internalized racism often diminished participants’ self-regard, again encouraging unsafe sexual behaviors. Furthermore, participants often felt marginalized and were seen as sexually exotic due to their ethnicity within the visible White gay men’s community, further contributing to a sense of isolation and powerlessness. According to Diaz, all of the above factors contribute to automatic sexual scripts that encourage, even against participants’ conscious intentions, unsafe sexual behaviors. Diaz and Ayala (1999) found very similar results, especially emphasizing the association between unsafe
sex and machismo, and fatalism inherent within poverty, racism, and homophobia, in another qualitative study using structured focus group interviews with gay and bisexually identified Latino men in Miami, New York, and Los Angeles (N = 293).

Diaz’s (1998) study is important in that it explores the impact of sociocultural factors specifically experienced by Latino gay and bisexually identified men on sexual scripts contributing to HIV transmission. Diaz specifically chose to interview Latino men who self-identify as gay or bisexual, thereby excluding other MSMs, because he wanted to understand how Latino gay and bisexually identified men experience romantic and emotional intimacy with other men. He also wanted to value explicitly the risks Latino gay and bisexually identified men experience by coming out to family and within Latino communities. However, by limiting his participants to self-identified gay and bisexual men, Diaz may have excluded men who are engaging in sex with other men, and who may choose not to identify with the White and middle class connotations sometimes associated with the word “gay.” To address this limitation, the current study explores some potential factors associated with psychological well-being and sexual risk practices among African American HIV-positive men who are consensually engaging in sex with other men, regardless of sexual identity. Furthermore, as an inductive qualitative investigation, Diaz infers correlations and/or causations between sociocultural barriers and sexual risk practices from his interview data. The current study uses a quantitative design in order to more thoroughly explore relationships between the process of negotiating African American and same sex attracted identity and sexual risk practices. What also remains unknown is how applicable Diaz’s findings are to other groups of ethnic minority same sex attracted men, such as African American MSMs. Diaz’s work
provides important preliminary support for Mays, Cochran, and Zamudio’s (2004) theory that specific sociocultural experiences may be influencing sexual scripts and HIV transmission among MSMs. What is needed is to extend these efforts through quantitative research with African American MSMs.

Williams, Wyatt, Resell, Peterson, and Asuan-O’Brien (2004) performed a qualitative study to further learn about sociocultural factors impacting the lives of HIV-positive African American and Latino MSMs. Their results add further support to the theories proposed by Mays, Cochran, and Zamudio (2004) regarding African American MSMs, and results found by Diaz (1998) with Latino gay and bisexual identified men, both emphasizing that specific cultural experiences do seem to impact sexual behaviors of MSMs of color. Williams and colleagues specifically explored sociocultural factors impacting the lives of a small sample (N = 23) of African American and Latino HIV-positive MSMs in Los Angeles who also have a history of childhood sexual abuse. Half of the participants identified as gay or bisexual, although all admitted to engaging in consensual sex with other men.

Williams and colleagues (2004) conducted four focus groups, separated by ethnicity (Latino or African American) and sexual orientation identity (gay or non-gay). The principle investigator conducted all of the focus groups, and asked about topics associated with HIV risk in the literature (e.g., sexual health, drug and alcohol use, sexual orientation labels). Data were analyzed using consensual qualitative research methodology, involving the steps of transcribing and organizing content into domains, core ideas, and categories across cases. Participants were recruited from community organizations in Los Angeles that provided services mainly to HIV-positive men of color.
The authors found that specific cultural experiences around having sex with men, having sex with women, sexual and racial stereotypes, family and children, gender roles and social expectations, sex with drugs and alcohol, church and religion, and living with HIV significantly impacted their participants’ lives. Men often faced challenges of engaging in sexual behaviors and romantic relationships with men, while perceiving cultural and family expectations to maintain romantic relationships with women and fulfill roles as fathers and husbands. Furthermore, participants often internalized combined sexual and racial stereotypes (e.g., hypersexuality), which reinforced practices such as engaging in anonymous sexual behavior with men outside of public relationships with women.

Isolation, loneliness, and perceived and actual rejection due to sexual orientation contributed to using sex with men as a way to alleviate loneliness. Internalized cultural stereotypes and stigmas (toward nonheterosexual and HIV-positive men), and religious messages condemning homosexuality, further encouraged a lack of self-regard and associated concern for the potential consequences of sexual risk practices among some men. Lack of disclosure of HIV status, often encouraged by cultural taboos and religious messages, further served to isolate these men from social support and resources.

From their data, Williams and colleagues (2004) concluded that sociocultural issues strongly impact the sexual scripts and associated behavioral choices of Latino and African American MSMs. One strength of this study is that it explored specific sociocultural factors impacting a diverse group of MSMs of color (e.g., Latino, African American, gay/bisexually and non-gay/bisexually identified), and in this way answered Mays and colleagues (2004) call to begin examining sociocultural factors impacting the sexual scripts and behaviors of African American MSMs. The current study therefore
adapts Williams and colleagues’ broad inclusion criteria to account for African American men who have engaged in consensual sex with other men, regardless of sexual identity. Their conclusions also provided support for the notion that Diaz’s (1998) findings may generalize somewhat to HIV-positive African American MSMs’ experiences. However, the confounding variable of surviving sexual abuse may have restricted the generalizability of the data. Further, studies focusing exclusively on the cultural experiences of HIV-positive African American MSMs remain sorely needed, as it is likely that several cultural factors impacting African American and Latino MSMs’ lives are qualitatively different.

The “Down Low” and Popular Culture’s Portrayal of African American MSMs

Although psychological researchers (e.g., Diaz, 1998; Mays, Cochran, & Zamudio, 2004; Williams, Wyatt, Resell, Peterson, & Asuan-O’Brien, 2004) are beginning to explore the complex sociocultural factors impacting African American and Latino MSMs’ sexual scripts and behaviors, other gay and non-gay identified (e.g., Boykin, 1996; King, 2003) African American MSMs have begun writing from their own lived experiences about the impact of these factors. These authors’ lived experiences, and implications for better understanding the causes and prevention of HIV transmission among African American MSMs, are discussed below.

Boykin (1996), an openly gay African American man who worked in the Clinton White House administration, shared his personal experiences and thoughts around negotiating race and sexual orientation in an effort to increase public awareness around the unique sociocultural challenges experienced by many African American same sex attracted men. According to Boykin, there is considerable pressure on African
Americans to challenge racial stereotypes (including sexually oriented racial stereotypes, e.g., promiscuous) by appearing morally upstanding. If an African American individual does conform to a racial stereotype, he or she is often aware that White Americans may likely attribute the stereotypical quality to the person’s race rather than individual personality. For example, an assumption may be made that an African American criminal must be a criminal due to being African American. Likewise, an African American single parent, person with HIV, or LGBT person may be seen as a “sexually deviant” representative of the African American community. Boykin argues that there is therefore increased pressure for African Americans to appear heterosexual and HIV-negative, so as not to endorse a stereotypical image of sexual deviance within the African American community as a whole. Boykin also argues that because there are already many negative sexual stereotypes held by the dominant culture toward both African Americans and LGBT individuals, it is especially risky for an African American person to openly adopt an LGBT identity.

Boykin (1996) described homophobia within African American communities as “a fear that homosexuality will become pervasive in the community” (p. 157). He described one origin of this fear as “the by-product of the perceived ‘breakdown’ of the Black family” (p. 157). Boykin noted that some writers within the Black nationalist movement (e.g., Baraka, Cleaver, Welsing) have blamed homosexuality for problems such as the disproportionate number of absent fathers within African American families. Boykin challenged this perspective, attributing the disproportion of absent fathers in African American families to the historical and current systemic disenfranchisement of African American men. Boykin continued to suggest that some Black nationalistic
authors urge Black men to assume the roles of provider, protector, and procreator within their families, while urging Black women to focus on their roles as wives and mothers so as not to appear to be usurping Black men’s power inside and outside of the family. According to Boykin’s analysis, LGBT African Americans directly challenge these gender roles just by existing, and thus can be seen as traitors (to the African American race) and blamed for the breakdown of the Black family. Boykin argued such homophobic attitudes, often disguised as Black nationalism, further promote invisibility of same sex attracted African American individuals and present additional psychological challenges for people attempting to integrate affirming African American and same sex attracted identities into their self-concepts.

King (2003), unlike Boykin, is an African American man who has lived on the “down low” for several decades, while never claiming publicly a gay or bisexual identity (although he reports being sexually attracted to men and women throughout his life). He recently wrote a book revealing his life experiences, as well as those of other “down low” African American men he interviewed. King described the “down low” as a phenomenon referring particularly to African American men who do not self-identify as gay or bisexual, and who maintain public romantic relationships with women while engaging in secret sexual relationships with men. King hypothesized that men on the “down low” often convince themselves that engaging in sex with other men is only about sex, often impossible to “prevent” once men become sexually aroused together, and always spontaneous. King likened such sexual activities to an addiction, and suggested most “down low” men believe they would consciously prevent further sexual occurrences with men from happening if they only had more self-control. King argued that men on the
“down low” do not usually use condoms because consciously choosing to do so would challenge their belief that having sex with men is an unconscious and spontaneous act. He also interpreted his interview data to suggest that many “down low” men are quick to have sex with female partners following same sex sexual encounters as a way to reaffirm their internal sense of masculinity, often challenged by engaging in sex with another man. King pointed out such men are unlikely to use condoms with female partners so as not to raise suspicions about their supplemental same sex sexual activities.

According to King (2003), the challenges of being male, African American, and same sex attracted contribute to some men adapting a “down low” identity, and promote sexual scripts encouraging unsafe behaviors among some African American same sex attracted men. King’s interview data and interpretations, written to raise discourse on this topic within popular culture, are not scientifically rigorous in nature, and King did not attempt to control for how his personal experiences and biases may have impacted his data interpretation. He has also been widely criticized for perpetuating negative racial and sexual stereotypes of African American same sex attracted men, such as characterizing bisexual African American men as secretive, unfaithful, and responsible for spreading HIV within the African American community (e.g., Boykin, 2004). Although King acknowledges that same sex “down low” behaviors occur across all genders, ethnicities, socioeconomic statuses, and cultures, he focused only on African American MSMs, and directly asked his readers to consider how “down low” behavior is contributing to the HIV epidemic within the African American community. Yet, in spite of its controversial implications and lack of scientific rigor, King’s work provides an important direction for researchers interested in examining links between specific
sociocultural factors impacting African American MSMs’ sexual scripts, and the current
HIV epidemic, and seems in concert with more rigorous research in this area.

The authors discussed above (e.g., Boykin, 1996; Diaz, 1998; King, 2003; Mays,
Cochran, & Zamudio, 2004; Williams, Wyatt, Resell, Peterson, & Asuan-O’Brien, 2004),
although diverse in background and methodology, collectively explore specific
sociocultural factors impacting African American and Latino MSMs’ sexual scripts as
they relate to the current HIV crisis. These authors use a variety of methods including
analysis of personal experiences, social critique, extrapolation from related literature, and
data gathering through structured interviews. The link these authors describe between
sociocultural factors and sexual behavior is directly relevant to the current study, which is
interested in how same sex attracted and African American identity development
(sociocultural factors) are associated with psychological well-being and sexual risk
practices among HIV-positive African American MSMs. Although the studies referred to
above are quite specific in examining links between sociocultural factors and sexual
behaviors among same sex attracted men of color, other authors (e.g., Parks, Hughes, &
Matthews, 2004; Rosario, Schrimshaw, & Hunter, 2004) have begun to examine the
much broader process of integrating minority racial and sexual orientation identities
among same sex attracted individuals of color: These studies are analyzed below. What
still remains needed to bridge the gap between these two areas of work is a rigorous
quantitative study, specifically linking the process of negotiating same sex attracted and
African American identity, with psychological well-being and sexual risk practices
among African American MSMs.
Parks, Hughes, and Matthews (2004) explored the impact of ethnicity on African American, Latina, and White lesbian’s same sex attracted identity development. The authors surveyed women ($N = 448$) who self-identified as lesbians. Participants’ average age was 38-years-old ($SD = 10.63$). Forty-seven percent of participants identified as White, 29 percent as African American, and 18 percent as Latina. Sixty-seven percent of participants were in a committed relationship, and 21 percent had children living in their home. Each participant was interviewed according to a structured protocol assessing for demographic characteristics (including self-reported racial/ethnic identity) and sexual identity development. The latter was also quantitatively assessed by obtaining the age participants first wondered about being a lesbian, decided that she was a lesbian, and told another person that she was a lesbian. The authors also assessed the number of people to whom participants had disclosed their lesbian identities within different social groups (e.g., heterosexual friends, coworkers, family members). The authors weighted the scores of participants who were out to either or both parents, as they considered this particular disclosure to be “more psychologically risky” than disclosing to others (p. 245).

The authors performed multivariate analyses of covariance using ages marking same sex attracted identity milestones, elapsed time between milestones, and numbers of identity disclosures as dependent variables and self-reported ethnic identity as an independent variable while controlling for age. Their results suggested that White participants were, in general, older, more educated, of higher socioeconomic status, and more likely to be in a relationship, while participants of color were more religious (with
African American women most religious), and more likely to be a parent with children in
the home. African American and Latina participants tended to wonder about their
lesbianism at an earlier age, and took more time than White participants after first
questioning their lesbian identity to self-identify as lesbian. Women of color were also
less likely to disclose their lesbian identities to non-family members, although older
African American women were most open about their lesbianism to family members.
Older women of color were more open about their lesbianism to family members than
were younger women of color; this pattern was reversed for White women, with younger
White women more open about their lesbianism to family members than were older
White women. Younger White women also wondered earlier about their lesbianism,
while older White women tended to wonder about this question later in life.

Overall, Parks and colleagues’ (2004) results suggest that lesbians of color tend to
question their sexual orientation at a younger age and proceed more slowly in claiming
their lesbian identity, but that older lesbians of color disclose more often than do older
White lesbians to family members. These results suggest that younger White lesbians
may have been more affected by shifts in politics and discourse within dominant culture
(e.g., gay rights movement and increased LGBT visibility), which in turn impacted age of
awareness and disclosure. On the other hand, lesbians of color may have felt freer to
disclose their lesbian identities to family members at an older age, while White lesbians
were more hesitant to do so.

Parks and colleagues’ (2004) results are important in that they suggest that the
identity developmental process of White lesbians may be more impacted by trends in
dominant culture, while the identity developmental process of lesbians of color may be a
more internal process less impacted by dominant cultural trends. The authors also recruited a culturally diverse sample of women, and avoided recruiting participants in bars (unlike many other studies) in an effort to expand participants’ ranges of experiences. One limitation of this study is that it assessed same sex attracted identity development in part by number of disclosures participants made to others about their lesbianism, contrasting newer schools of thought regarding lesbian identity development (e.g., Diamond, 2005; McCarn & Fassinger, 1996). The authors also imposed their own judgment by defining developmental milestones, and in deciding to weight scores of participants who had disclosed to parents as reflecting further phases of development. However, according to McCarn and Fassinger (1996) many idiographic variables may determine when and whether individuals disclose their sexual orientation to others, which may or may not correspond to internal identity development. Furthermore, the degree to which a sample of culturally diverse self-identified lesbian women with more education than the general population may generalize to a sample of African American MSMs remains unknown. What is clear is that the women of color and White women in this sample had very different experiences, which highlights the need for race-specific research in these areas.

Rosario, Schrimshaw, and Hunter (2004) conducted a longitudinal study on lesbian, gay, and bisexualy identified young people (N = 145, average age was 18-years-old [SD = 1.65]) to examine the impact of ethnicity upon a range of sexual orientation variables including sexual developmental milestones, sexual orientation identity processes (e.g., disclosing sexual orientation to others), internal sexual orientation identity, and sexual behavior. They predicted that sexual orientation identity and sexual
behaviors would be universal across ethnicities, but that ethnicity would differently impact external (but not internal) developmental milestones and identity processes. Participants were recruited from LGBT community and student organizations. Forty-nine percent were women. Thirty-one percent identified as bisexual. Thirty-seven percent identified as Latino, 35 percent as African American, and 22 percent as White. Thirty-four percent were from a family of low socioeconomic status. Thirty-one percent were current college students. Authors performed initial structured interviews with participants, and again at six and twelve month follow-ups. Eighty-five percent of participants were interviewed at all three times. During interviews, authors used assessment instruments to quantify sexual developmental milestones (e.g., age of first same sex fantasy), same and other sex sexual behavior, and measured sexual orientation identity (e.g., objects of sexual attractions, thoughts, and fantasies across different settings). Authors also quantified involvement in LGBT-related activities, attitudes toward homosexuality, comfort level with disclosing one’s sexual orientation to others, certainty of, comfort with, and self-acceptance toward one’s sexual orientation, and social desirability.

Using analysis of variance and chi-square analyses, Rosario and colleagues (2004) found no ethnic differences regarding prevalence of same and other sex sexual activity, sexual orientation identity, comfort with or acceptance of lesbian, gay, or bisexual identities among participants. However, African American participants portrayed the most negative attitudes toward homosexuality at the initial interview, and were seven times more likely to become more certain about their sexual identities over time than were White participants. African American participants also displayed a larger
increase in positive attitudes toward homosexuality than were White participants, engaged in fewer LGBT-related social activities than did Whites, and were least comfortable with others knowing about their sexual identities. Latino participants disclosed their sexual identities to others less often than did White participants, but were more comfortable with others knowing about their sexual identities than were African American participants. The authors concluded that ethnicity impacted social, but not intrapersonal, aspects of sexual identity among LGB young people.

Rosario and colleagues’ (2004) study is limited in its generalizability as it assessed a group of LGB identified youth who were actively involved in LGBT community organizations. The authors also dichotomized certainty of sexual orientation as very certain or less than very certain, a method which may have limited the range of data, differently applied to lesbian/gay and bisexually identified participants, and not accurately represented the complex and fluid nature of sexual orientation development (Diamond, 2005). However, the authors were able to distinguish within their measures between internally and externally motivated same sex attracted identity developmental processes, and found data suggesting that ethnicity may impact the externally motivated processes. Overall, Rosario and colleague’s data provide another piece of information suggesting that the negotiation of same sex attracted identity may be a process different for individuals of color than for White individuals. Understanding how same sex attracted identity may differently impact White individuals and people of color may shed further light on how racial and sexual identity development are associated with psychological well-being and sexual risk practices related to HIV transmission among African American MSMs, the focus of the current study.
Overall, this section has reviewed theoretical, empirical, and popular literature examining challenges involved with negotiating both racial and sexual minority identities, a challenge most likely impacting the lives, psychological well-being, and sexual risk practices of African American MSMs. The literature reviewed in this section suggests overall that while acknowledging to oneself and acting on one’s same and/or other sex sexual attractions, thoughts, and fantasies may be universal across cultures, the self-identity and disclosure aspects of sexual orientation identity may be somewhat impacted by ethnicity. An African American same sex attracted woman illustrates this idea in the following quote:

Lesbian is not about what a person is on the inside, it is about the outside. I see a lesbian as a White dyke who has what she needs…like a house, a car. Lesbians are proud of the way in which they stick with each other, all the wonderful things they do for each other. Black women have been doing that forever. We’re all sisters. It has nothing to do with the guys…I guess I am a lesbian because I have sex with other women. That’s what it is about. Sex – nothing else, no politics or all that nonsense. I don’t want to be confused with that type of lesbian. That’s why I always say that I have sex with women. I am into women (Sterk & Elifson, 2006, p. 276).

However, more research is needed to determine clearly how aspects of sexual orientation identity and disclosure decisions are associated with racial identity development. Examining this question, addressed in the current study, may help psychologists to better understand some of the specific challenges and experiences faced by same sex attracted people of color, and specifically, African American MSMs, which may in turn be associated with psychological well-being and sexual risk practices. This knowledge could aid psychologists in designing culturally sensitive and effective HIV prevention programs aimed at both HIV-positive and negative African American MSMs.
Associations between Racial and Sexual Minority Identity and Mental Health

The current study proposes to examine associations between African American and same sex attracted identity development, psychological well-being, and sexual risk practices among African American MSMs. The following section explores literature examining associations between identity, broadly defined, and psychological well-being variables, which is one piece of the current study. This section looks at studies exploring associations between psychological well-being and fixed demographic identity variables, identity developmental processes, and experiences relevant to racial and sexual identity development, among culturally diverse MSMs.

Associations between Identity as a Demographic Variable and Psychological Well-Being

Kessler, Mickelson, and Williams (1999) analyzed data from the MacAuthor Foundation’s survey on National Midlife Development in the United States (N = 3,032), conducted in 1996. Specifically, they were interested in how perceptions of discrimination correlated with measures of psychological well-being. Participants were recruited randomly and interviewed via telephone. Men and older adults were sampled at a rate greater than the percentages of these groups in the general United States population. Participants were asked how often in their life times, and on a day-to-day basis, they experienced discrimination based on race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics. Participants in the survey identified race/ethnicity, gender, appearance (e.g., weight), and age as demographic factors contributing to any perceived experiences of discrimination. Participants also indicated the number of times they experienced major (e.g., discrimination in hiring) and day-to-day (e.g., being treated with less courtesy than
Clinical symptoms of major depression and generalized anxiety disorder were measured through a mail survey and telephone interview questions. The authors performed a series of regressions with the survey data and observed that perceived discrimination based on demographic variables, but not frequency of actual discrimination, significantly predicted general psychological distress and major depression, but not generalized anxiety disorder. Although participants reported experiencing discrimination across ethnicity and gender, African American men reported the highest levels of perceived discrimination.

Kessler and colleagues’ (1999) study is important as it suggested that the belief alone that one is being discriminated against, rather than actual reported incidents of discrimination, is enough to contribute to psychological distress. However, the authors were not able to distinguish between whether discrimination perceived or experienced by minority individuals (e.g., African Americans, women) differently impacts psychological well-being than discrimination perceived or experienced by majority individuals.

Cochran and Mays (2006) examined correlations between an LGBT identity status and clinical symptoms of psychological distress and substance use disorders within data collected by the CDC’s Third National Health and Nutrition Examination Survey conducted in 1996. The data indicated in general that individuals who identify as LGBT have a higher rate of clinical depression and substance use disorder symptoms, and seek treatment for these symptoms more frequently than do others. Furthermore, although gay men were not more likely to have a lifetime history of mood disorder symptoms, they were more at risk for currently experiencing major depression and had significantly more suicide attempts before age 30 than their heterosexual peers.
Cochran and Mays’ observations (2006) suggest that an LGBT identity is correlated with higher psychological distress, broadly defined, than a heterosexual identity. However, the cause of this distress remains unknown from these data; Kessler and colleague’s (1999) data suggest that similarly related distress may be correlated with perceived or actual incidents of discrimination. Furthermore, LGBT, unlike heterosexual, participants were recruited in bar settings to participate in the survey used by Cochran and Mays, introducing a potential confounding variable and sampling bias. The current study will overcome these limitations by focusing specifically on psychological well-being variations among a group of same sex attracted individuals. The current study will also explore more deeply how the process of minority sexual and racial identity development, opposed to solely demographic status, is connected with psychological well-being.

Consolacion, Russell, and Sue (2004) examined the correlations between multiple minority statuses based on gender, ethnicity, and sexual orientation, and self-reports of suicidal thoughts, depression, and self-esteem among adolescents. The authors analyzed data from a group of young men \( (n = 6,413) \), and young women \( (n = 6,792) \) who had previously been interviewed twice in their home between 1994 and 1996. Participants’ parents had an average of 14 years of education, and participants’ average age was 15 years, ranging from 11 to 18. Nine percent of participants reported experiencing same sex romantic attractions. Fifty-five percent were White, 21 percent African American, 17 percent Latino, and 7 percent Asian American.

From a series of regression equations controlling for number of parents in the home, participant’s age, and parental education, Consolacion and colleagues (2004)
found that many combinations of identity status predicted psychological well-being variables. Among their findings were that African American and Latina young women had more suicidal thoughts than did young men of the same ethnicity. Same sex attracted African American adolescents had more suicidal thoughts than did heterosexual African Americans. Overall, same sex attracted young women had the most suicidal thoughts, but same sex attracted young men were one and one half times more likely than their heterosexual peers to have suicidal thoughts. Regarding depression, White same sex attracted young women displayed the most depression, followed by same sex attracted White young men. Latina same sex attracted young women had more depression than did other Latino participants. Heterosexual African American young women and same sex attracted African American young men displayed more depression than did other African American participants. Results regarding self-esteem were similar to those regarding depression, with White same sex attracted young women displaying the least self-esteem, Latina young women displaying less self-esteem than Latino young men, and heterosexual African American young women and same sex attracted African American young men displaying less self-esteem than other African American participants.

Consolacion and colleague’s (2004) study suggests that dealing with multiple minority identities (e.g., gender, sexual orientation, ethnicity) seems to impact psychological well-being. It is interesting to note with regard to the current study that same sex attracted African American young men displayed more depression and less self-esteem than did other African American participants, suggesting that same sex attracted African American men may experience unique cultural pressures related to the
intersections of ethnicity, gender, and sexual orientation impacting psychological well-being. However, the finding that same sex attracted White young women experienced highest levels of psychological distress also suggests that some same sex attracted young people of color may develop resilience and adapt to the stressors associated with negotiating multiple minority identity statuses. The way psychological well-being was operationalized is another potential limitation raising questions around construct validity in this study. For example, a single item with a dichotomous response choice measured suicidal thoughts, and depression was assessed by questions that did not tap into clinical diagnostic criteria.

Balsam, Huang, Fieland, Simoni, and Walters (2004) compared trauma history, psychological well-being, and substance use between heterosexual and LGBT (two-spirit) urban American Indian and Alaskan Native adults. They surveyed Native Americans (N = 179), 25 of whom identified as two-spirits. Participants averaged 42 years of age, had an average of 14 years of education, and 44 percent were men. Participants were interviewed, asked to self-rate physical and psychological well-being on a five-point Likert scale, and given the Brief Symptoms Inventory (BSI; Derogatis & Spencer, 1982) to assess for psychological distress. Results from t tests revealed that heterosexual and two-spirit participants placed the same degree of importance on spirituality and Native traditions. However, two-spirit participants were more likely to have experienced childhood sexual abuse, to display more symptoms of anxiety and general psychological distress, to use more alcohol and drugs, and to utilize more mental health counseling services than were heterosexuals. The authors speculated that two-spirits may be more disconnected from family and Native community social support, perhaps due to non-
dominant sexual and gender orientations, possibly contributing to increased psychological distress. The authors concluded that therapy interventions emphasizing Native American cultural values and practices might be particularly valuable for two-spirit individuals in therapy.

Balsam and colleagues’ (2004) study is useful in that it showed that urban Native American two-spirits displayed more psychological distress than did heterosexual Native American participants. The authors concluded from their data that two-spirit participants also may have experienced increased levels of family abuse, and may be more estranged from families, due to sexual and gender orientation. Although this is a possibility, it is also possible that these participants were more estranged from families as a result of exhibiting higher levels of psychological distress. Furthermore, the low number (n = 25) of two-spirit participants compromised statistical power and generalizability. To compensate for low power, the authors interpreted all results yielding a $p$ value of .10 or less. Furthermore, in spite of the high number of statistical comparisons run, the authors neglected to use a Bonferroni correction to control for coincidental statistical significance, and in fact inflated their acceptable $p$ value. Thus it remains unclear if all differences found are truly statistically significant. What are needed are more methodologically rigorous studies examining how sexual orientation identity correlates with psychological well-being among ethnic minority populations.

Another study looking at connections between demographic identity variables and psychological well-being was conducted by Peterson, Folkman, and Bakeman (1996), who specifically compared HIV status, depressed mood, stress levels, coping methods and psychosocial resources between gay, bisexual, and heterosexual African American
men (N = 139). Sixty-six participants identified as gay, 19 as bisexual, and the rest as heterosexual. Forty percent earned more than 20,000 dollars a year. Age of participants was not given. Depressive mood and ways of coping were measured by self-report questionnaires and HIV status was assessed through blood tests. Stress was operationalized by measuring daily hassles and major life events. Psychosocial resources were assessed through social support, optimism, and religious beliefs and activities. Participants were divided into HIV-negative heterosexual (n = 54), HIV-negative gay/bisexual (n = 40), and HIV-positive gay/bisexual (n = 45) groups for regression analyses. Results indicated that physical symptoms, daily hassles (including financial stressors), negative life events, and a detachment coping style were positively correlated with a depressed mood, and social support was strongly negatively correlated with a depressed mood. Physical health, stress, and psychosocial resources also all uniquely predicted depressed mood, and social support mediated the impact of high stress and low optimism levels on depression. Interestingly, sexual orientation and HIV status were not associated with psychological distress.

Peterson and colleagues’ (1996) study was important in that its results suggested that among African American men participants specifically, sexual orientation and HIV status did not predict psychological distress, while daily hassles related to money, optimism, physical symptoms, major life stressors, and social support predicted distress including depressed mood. This study is useful in that it suggests that social support may be an important buffer from depression for African American men. Even though sexual orientation and HIV status were not found to relate directly to depression in their sample, other authors (e.g., Williams & colleagues, 2004) have found evidence suggesting sexual
orientation and HIV status may impact social support. Therefore, it is possible that
sexual orientation and HIV status could have indirectly influenced participants’ levels of
psychological distress, through social support; further research is needed to examine this
possibility. Finally, participants were all recruited in the San Francisco Bay Area, which
may prevent findings from generalizing to same sex attracted African American men
living in less LGBT affirming regions of the United States.

The five studies reviewed above explored the connections between demographic
identity variables and psychological well-being variables, with mixed results suggesting
that a minority sexual orientation and/or racial identity status is associated with some
forms of elevated psychological distress. However, even if this is the case, these studies
can only observe patterns but cannot attempt to explain the reason for observed
connections. In order to better understand possible causes for such patterns, personalized
meanings of racial and sexual orientation identity need to be explored. Therefore, the
next three studies presented explore connections between the psychological process of
minority racial and sexual identity development and psychological well-being variables.

*Associations between Racial and Sexual Identity Development and Psychological Well-
being*

Wagner, Brondolo, and Rabkin (1996) were interested in the impact of
internalized homophobia, a challenge addressed through the same sex attracted identity
developmental process, on psychological distress and coping style in a sample of mostly
HIV-positive gay men. They analyzed data from a five-year longitudinal study of self-
identified gay men \( (N = 142) \). Sixty-nine percent of participants were HIV-positive at the
beginning of the study. Participants’ average age was 40-years-old \( (SD = 8.5) \). Eighty-


nine percent were White, and most were employed and better educated than the general population. Sixty-eight percent of participants responded at a two-year follow up time. Internalized homophobia, psychological distress, and ways of coping were measured by self-report inventories, and psychological distress was also measured by structured clinical interviews. Physical health was measured by a physical examination and medical history. Results from hierarchal multiple regression analyses suggested that internalized homophobia correlated with self-reported psychological distress at baseline and follow up, and clinician-rated psychological distress at follow up. Internalized homophobia also contributed unique variance to psychological distress at follow up, in addition to baseline psychological distress, stage of HIV illness, and an interaction between internalized homophobia and stage of illness. Interestingly, internalized homophobia was the strongest predictor of psychological distress at follow up with HIV-positive asymptomatic participants.

Wagner and colleagues’ (1996) study is significant in that it looks at one important challenge involved in the same sex attracted identity developmental process, coping with internalized homophobia, and specifically examines the impact of internalized homophobia on psychological well-being. Thus, results of their study imply that same sex attracted individuals who have developed effective means with which to cope with internalized homophobia may be psychologically healthier than are those who have not. Their results are also important in that they specifically apply to a sample of mostly HIV-positive gay men, who may experience internalized homophobia differently than other same sex attracted individuals as a result of their HIV status. However, the overall levels of psychological distress and internalized homophobia in the sample were
low. Furthermore, participants in all stages of HIV (asymptomatic, symptomatic, AIDS) and HIV-negative participants did not differ in internalized homophobia, psychological distress, and coping strategies, showing an overall high resiliency rate within the sample.

One remaining question from this study, which will be addressed in the current study, is whether results would generalize to a sample of HIV-positive African American same sex attracted men, who may experience internalized homophobia differently due to negotiating both racial and same sex attracted identity processes.

Zea, Reisen, and Poppen (1999) measured associations between another aspect of minority sexual and racial identity development, building collective self-esteem, and psychological well-being. They surveyed Latino/a American gay and lesbian identified participants (N = 106). Thirty-six percent were women, and 33 percent born in the United States. Participants averaged 33 years of age, and were overall of higher socioeconomic status than are Latino Americans in general. Eighty percent were recruited from a same sex attracted Latino American national conference. Active coping, social support, self-esteem, and depression were measured with self-report measures. Collective self-esteem, operationalized as identification with the same sex attracted Latino community, was measured with a modified version of Luhtanen and Crocker’s (1992) Collective Self-Esteem Scale. Authors substituted “social group” with “Latino gay community” throughout the scale. Results of multiple regression analyses showed active coping and perceived social support predicted higher self-esteem and lower depression levels, and higher collective self-esteem predicted lower levels of depression. Counter to the authors’ hypotheses, higher levels of importance attached to a gay or lesbian and Latino/a identities were correlated with higher levels of depression.
Zea and colleagues’ (1999) study is important in that it measured a significant component of same sex attracted and racial identity developmental models, collective self-esteem, and examined the relationship between collective self-esteem and psychological well-being. Their results may also represent some of the experiences of same sex attracted African American MSMs, although this possibility requires empirical validation. The current study assesses for collective self-esteem among a population of African American MSMs by 1) assessing for both same sex attracted and African American identity phases, and 2) asking participants to comment on their experiences of being same sex attracted, African American, and male. In this way the current study further investigates the process of negotiating same sex attracted and African American identity measures by use of both quantitative and qualitative measures.

Crawford, Allison, Zamboni, and Soto (2002) examined associations between ethnic (opposed to racial) and sexual orientation identity development and psychological well-being among mostly gay and bisexualy identified African American men (N = 174). Thirty-seven percent of participants had one or more years of college, with 24 percent completing college. Seventy-one percent identified as gay, and 13 percent as bisexual. Sixty-three percent were currently not in a monogamous relationship. Thirty-two percent had received alcohol or drug treatment. Thirty-eight percent identified as HIV-positive. Forty percent identified as Baptist. The authors measured life-satisfaction, HIV prevention self-efficacy, self-esteem, social support, psychological symptomology, minority ethnic identity development, experiences of racist events, male gender role stress, gay identity, sexual risk-taking, and experiences of gay bashing with self-report measures. Specifically, the Minority Multi-Group Ethnic Identity Measure (MEIM;
Phinney, 1992), which measures the aspects of positive ethnic attachments and sense of belonging, ethnic behaviors and practices, and ethnic identity achievement, was used to measure African American ethnic identity development. The Gay Identity Scale, which was developed specifically for this study by the authors and assessed positive gay/lesbian attitudes, disclosure of gay identity to others, and participation in gay/lesbian organizations, was used to measure same gender sex attracted identity development. The Symptom CheckList 90-Revised (SCL 90-R; Derogatis, 1993) was used to measure various aspects of psychological well-being and clinical symptomology. Based on participants’ scores on ethnic and gay identity development, the authors used median splits to create the following four groups: assimilation, consisting of a low gay identity and high ethnic identity score; integration, consisting of a high gay identity and high ethnic identity score; separation, consisting of a high gay identity and low ethnic identity score; and marginalization, consisting of a low gay identity and low ethnic identity score.

Using multivariate analyses of variance, Crawford and colleagues (2002) found that integrated participants (high ethnic and gay identities) had less overall psychological distress than did marginalized participants (low ethnic and gay identities), less male gender role stress than did marginalized and assimilated participants (high ethnic, low gay identities), higher life satisfaction and self-esteem than did marginalized and separated participants (low ethnic and high gay identities), higher HIV prevention self-efficacy than did separated participants, and higher social support than did marginalized or assimilated participants. Assimilated participants also had more women sex partners than did separated or integrated participants. All of these findings were replicated when the authors used cut off scores instead of median splits to categorize participants into the
four groups described above. From a series of regression equations, the authors also found that higher ethnic identity scores and fewer experiences with racism predicted more life satisfaction, and higher psychological distress levels predicted more sexual risk taking. Perhaps surprisingly, higher gay identity scores and life satisfaction levels predicted more sexual risk taking. Interestingly, gay identity and experiences with homophobia did not significantly predict life satisfaction in this sample.

Crawford and colleagues (2002) were quite thorough in their analyses, setting their level of statistical significance at .025 for all analyses to control for type I errors. Furthermore, they treated sexual orientation as a fluid variable in their assessment, resulting in 13 of their participants identifying as other than gay or bisexual, even though they admitted to engaging in consensual sex with men. Furthermore, this study is significant in that it looks specifically at the process of negotiating ethnic and same sex attracted identity development in African American MSMs, and relates these processes to psychological well-being, HIV prevention self-efficacy, and reported sexual risk practices. Although the authors’ results suggest that an integrated identity is most conducive to the psychological well-being of African American MSMs, some results also suggest that African American identity may be more salient to psychological well-being than gay identity within this sample. However, as the majority of participants self-identified as gay, and were generally educated, middle-class, HIV-negative Midwestern African American men from urban areas, generalizability of results to HIV-positive African American MSMs may be limited. The current study addresses these limitations by including participants who are HIV-positive African American MSMs of diverse socioeconomic status, education levels, and self-identity regarding sexual orientation.
Also, other authors (e.g., Cokley, 2007; Helms, 2007) have delineated theoretical differences between ethnic and racial identity development, and warned authors to carefully heed these differences in their operationalization of variables. Specifically, both authors emphasized that racial identity emphasizes a shared psychological experience based on exposure to systematic oppression or privilege while ethnic identity assesses for shared cultural beliefs, values, and practices. The current study addresses this limitation by assessing for African American racial identity development through use of the CRIS as operationalized through the nigrescence model. A similar limitation is that Crawford and colleagues used a gay identity scale created by the authors, which lacked substantial psychometric validation. The current study improves upon this limitation by using the LGIS to assess for same sex attracted identity development.

The studies above measured associations between ethnic, racial and/or same sex attracted identity developmental processes and psychological well-being among diverse groups of MSMs. These studies provide important information regarding how the saliency of racial and sexual minority identities is linked with psychological well-being. In a related vein, Diaz, Bein, and Ayala (2006) have investigated how specific sociocultural experiences relevant to minority racial and sexual identity development impact psychological well-being. Although their study focused on Latino gay identified men, it is likely that this important study may generalize to and provide a methodological framework for the current study. Diaz and colleagues’ study is reviewed below.

Associations between Relevant Sociocultural Experiences and Psychological Well-being

Diaz, Bein, and Ayala (2006) were interested in understanding associations between specific sociocultural factors experienced by gay and bisexual Latino American
men and psychological well-being. (Their study examining associations between sociocultural experiences and sexual risk practices [Diaz, Ayala, & Bein, 2004] is analyzed in a later section of this chapter.) Guided by the qualitative results found by Diaz (1998) describing six sociocultural barriers to safer sex experienced by gay and bisexual Latino men (i.e., machismo, family loyalty, sexual silence, racism, homophobia, and poverty), Diaz and colleagues developed quantitative measures to assess participants’ experiences with homophobia, racism, and poverty. Participants were asked the following questions assessing for homophobia: If their homosexuality had ever hurt or embarrassed their families, if they were ever verbally insulted growing up for being perceived as gay or effeminate, pretended to be heterosexual to gain others’ acceptance, were taught to believe as children that gay men grow old alone, left their family as a result of being rejected due to their sexual orientation, and experienced police harassment due to their sexual orientation. Participants were asked the following questions assessing for racism: If they were ever verbally insulted growing up for being Latino, were rudely treated as adults due to being Latino, felt uncomfortable among White gay men due to being Latino, experienced police harassment due to being Latino, and experienced being sexually objectified or stereotyped due to being Latino by White gay men. Participants were asked the following questions assessing for poverty: If they ever ran out of money to provide for basic needs, had to borrow money to secure basic needs over the past year, and experienced unemployment over the past year.

Diaz and colleagues (2006) collected data between 1996 and 2000 from gay and bisexual Cuban Americans in Miami, Florida, Mexican Americans in Los Angeles, California, and Puerto Rican Americans in New York City. Participants were recruited at
gay Latino oriented venues and had to self-identify as gay or bisexual to be included in the study. Immigrants to the United States comprised seventy-five percent of the sample, and all measures were available in English and Spanish. The authors also measured social isolation, self-esteem, and psychological distress (depression, insomnia, anxiety and suicidal ideation) with self-report measures designed by the authors to assess for clinical symptoms. They measured psychological resiliency as well, which they operationalized by measuring degree of disclosure (of sexual orientation) to others, family acceptance (of participant’s sexual orientation), life satisfaction, involvement with the gay Latino community, and number of gay and Latino role models in participants’ lives.

Diaz and colleagues (2006) performed a series of multiple hierarchal regressions. They found that the cumulative effect of triple oppression (racism, homophobia, and poverty) directly predicted suicidal ideation over the past six months. Self-esteem contributed 26 percent of unique variance, triple oppression contributed an additional 11 percent of unique variance, and resiliency contributed another one percent of unique variance in predicting psychological distress. The authors also found interesting mediation patterns among the variables. When combined, the cumulative effect of triple oppression and low resiliency directly predicted psychological distress. Social isolation and self-esteem also directly predicted psychological distress. However, when resiliency was removed from the equation, triple oppression indirectly predicted psychological distress through isolation (i.e., triple oppression predicted isolation, which in turn predicted psychological distress, or isolation fully mediated the relationship between triple oppression and psychological distress). Interestingly, social isolation and self-
esteem partially mediated the relationships between homophobia and psychological distress and poverty and psychological distress. However, social isolation and self-esteem fully mediated the relationship between racism and psychological distress. Thus the authors interpreted the results as suggesting that ample social support and high self-esteem were important resources that buffered participants from adverse psychological effects of homophobia, poverty, and especially racism.

Diaz and colleagues’ (2006) study is important in that it provides some empirical support for existing relationships between cultural experiences of racism, poverty, and homophobia and psychological distress in a sample of gay and bisexual Latino American men. Such cultural experiences are relevant to identity development and therefore relevant to the current study. While the presence of specific cultural experiences impacting MSMs of color had been the subject of previous theories (e.g., Mays & colleagues, 2004) and explored through qualitative measures (e.g., Diaz, 1998; Williams & colleagues, 2004), Diaz and colleagues used quantitative measures to directly link such experiences to the psychological well-being of gay and bisexual Latino MSMs. Another strength of this study is that the authors used the results of previous qualitative work to develop their quantitative measures. They also secured an ethnically and geographically diverse sample of Latino American MSMs, although their recruiting locations and requirement of gay or bisexual self-identification may have restricted generalizability to all Latino MSMs. Furthermore, the construct validity of their operationalization of resiliency remains questionable, as they equated resiliency with having disclosed one’s sexual orientation to others. Overall, Diaz and colleagues’ study provides an exciting methodological blueprint for examining associations between sociocultural factors,
psychological well-being and sexual risk practices in a sample of African American MSMs. Specifically, the current study runs regression analyses similar to Diaz and colleagues to explore associations between racial and sexual identity development, psychological well-being and sexual risk practices, and whether psychological well-being mediates the relationship between identity development and sexual risk practices, among HIV-positive African American MSMs.

In sum, this section reviewed literature examining associations between the combined identity factors of fixed demographic components, developmental processes, and sociocultural factors relevant to racial and sexual identity development, and psychological well-being among culturally diverse groups of MSMs. This is relevant to the first question of the current study examining associations between African American and same sex attracted identity development and psychological well-being among HIV-positive African American MSMs. What can be learned from these studies is that there most likely is a link between negotiating minority sexual and racial identities, and psychological well-being. What remain needed are race-specific studies examining this premise among HIV-positive African American MSMs. An important related issue involves examining the link not only between identity factors and psychological well-being, but also identity factors and sexual risk practices. The next section reviews literature exploring this latter link among culturally diverse groups of MSMs.

*Associations between Racial and Sexual Minority Identity and Sexual Risk Practices*

The previous section reviewed literature examining associations between identity components including fixed demographic variables, developmental processes, and
sociocultural experiences relevant to racial and sexual identity development, and psychological well-being among culturally diverse MSMs, and thus relates to the first part of the current study’s research question. This section reviews literature examining associations between identity components including fixed demographic variables, developmental processes, and sociocultural experiences relevant to racial and sexual identity development, and sexual risk practices among culturally diverse MSMs, and thus relates to the second part of the current study’s research question.

*Associations between Fixed Demographic Identity Components and Sexual Risk Practices*

Transmission rates of HIV and AIDS rose sharply among African American MSMs in the 1990s. By 1992 African American MSMs accounted for 12 percent of all AIDS cases in the United States, and AIDS cases among African American men had risen by 31 percent, compared to a 27 percent rise among White men (Peterson, Coates, Catania, Middleton, Hilliard, & Hearst, 1992). However, data on sexual risk practices of African American MSMs were almost nonexistent at that time. Peterson and colleagues put forth that health scientists needed to research sexual risk practices among African American MSMs in order to more effectively prevent and respond to a potential HIV crisis among African American MSMs. These authors’ personal response was to examine the frequency and correlates of unprotected anal intercourse (UAI), a sexual behavior consisting of engaging in anal intercourse without use of condoms and known to be strongly associated with the spread of HIV and other sexually transmitted infections (STIs), among African American MSMs. They recruited African American male participants (N = 250) from the San Francisco area who identified as gay or bisexual.
Fifty-seven percent of participants earned less than $15,000 a year. Sixty percent were between 30 and 39 years. Twenty-two percent of participants admitted to engaging in UAI with primary partners (living together or in long-term committed relationships), and 35 percent acknowledged engaging in UAI with secondary partners (all other partners). The authors assessed for frequency of anal intercourse and condom use, injection drug use, having sex for money, and help seeking to change risky sexual behaviors. They also assessed for participants’ comfort with disclosing same-sex behaviors, self and partner’s HIV status, knowledge about AIDS, endorsement of racial myths regarding AIDS, social support, perceived HIV risk, and attitudes, norms, and self-efficacy regarding condom use. All measures (including HIV status) were collected via self-reports.

Multiple regression analyses revealed higher rates of UAI was predicted by two or more of the following variables: discomfort disclosing same-sex behaviors to others, low socioeconomic status, having had sex for money, having used injection drugs, greater perceived HIV risk, and low social support for same sex related sexual concerns. Participants were also more likely to use condoms if they considered condom use to be normative among African American gay and bisexual men, felt efficacious around using condoms, and had positive expectations toward having sex with condoms. The authors also noted that knowledge about HIV risk alone did not predict sexual risk practices, although factors related to a marginalized status did. Group norms around perceived condom use among African American MSMs, and erotic expectations regarding condom use, also influenced actual condom use. These results are important as they suggest that HIV knowledge campaigns alone may not be sufficient in addressing the causes of and providing alternatives to sexual risk practices among African American MSMs.
However, it is possible that participants were motivated to present themselves favorably to researchers through self-report measures, thereby limiting actual prevalence rates and statistical results. Further, HIV and condom norms in the San Francisco area, a region heavily impacted by HIV and prevention and education campaigns throughout the 1980s, may not accurately reflect norms among African American men in other areas of the United States.

The Centers for Disease Control (CDC, 2002, 2003, 2005), and Valleroy et al. (2000) have conducted several studies examining the prevalence rate of HIV among MSMs in the United States. These studies are important as they link the identity component of MSM to sexual risk practices, and provide insight into current sexual risk behavioral patterns among some MSMs. Valleroy et al. (2000) surveyed and performed HIV tests on MSMs \(N = 3,492\) between 15 and 22 years of age in Baltimore, Dallas, Los Angeles, Miami, New York City, San Francisco, and Seattle, recruited in gay, bisexual, and MSM oriented venues between 1994 and 1998. Among participants 41 percent admitted to engaging in previous UAI with a male partner. Seven percent of participants were HIV-positive, with the highest prevalence of HIV among 22-year-olds. However, only 18 percent of HIV-positive participants were aware of their HIV status before being tested for this study. HIV-positive participants previously unaware of their status admitted in engaging in more UAI than HIV-negative participants, while previously aware HIV-positive participants engaged in the same amount of UAI as HIV-negative participants. Factors most associated with HIV prevalence included having an ethnicity other than White or Asian, ever having had anal intercourse with another man, ever having had unprotected sex with another man, ever having used injection drugs, ever
having a previous sexually transmitted infection, ever having run away from home, being between 20 and 22-years-old, ever having been forced to have sex, and having had sex with twenty or more male partners.

A second study (CDC, 2002) looked specifically at unrecognized HIV infection, sexual risk practices, and perceptions of risk among African American MSMs between 15 and 22-years-old. The authors analyzed data collected from the African American participants (N = 920) from the Valleroy et al. (2000) study. Sixteen percent of African American participants in this study were HIV-positive, and 93 percent were unaware of their HIV status before being tested for this study. These numbers are quite discrepant from Valleroy et al.’s. (2000) study of young MSMs of diverse ethnicities, that found seven percent to be HIV-positive and 82 percent to be unaware of their HIV status. Seventy-one percent of those who were HIV-positive reported being unaware of their status prior to this study (CDC, 2002) and believed that they had no chance or were very unlikely to contract HIV. Fifty-two percent of those who were HIV-positive and unaware of their status previous to this study also admitted to having sex with male partners previously without using condoms.

A third study (CDC, 2003) examined HIV and other sexually transmitted infections prevalence rates between MSMs from age 15 to 22 years who did and did not disclose their same sex attracted sexual orientation to others. Participants were comprised of the same group from Valleroy and colleagues’ (2000) study (N = 3,492). Participants who indicated they did not disclose their orientation to “anyone” or “almost anyone” (the first two points on a seven point scale) were categorized as “nondisclosers” (n = 637; 11 percent of participants). Eight percent of nondisclosers were found to be
HIV-positive in this study, compared to 11 percent of disclosers. Among African American participants, 14 percent of nondisclosers and 24 percent of disclosers were HIV-positive. Ninety-eight percent of nondisclosures across all ethnicities were unaware of their HIV status before being tested for this study. Disclosure differed by ethnicity, with 18 percent of African American, 14 percent of multiracial, 13 percent of Latino, ten percent of Asian, and eight percent of White participants being nondisclosers. Interestingly, there was a positive correlation between age and disclosure among White participants (with younger participants disclosing less), but no relationship between age and disclosure among African American participants. Nondisclosers across ethnicities also showed higher levels overall of internalized homophobia and social isolation, and perceived there to be more disapproval of their same sex attracted sexual orientation within their respective ethnic group(s).

A fourth study (CDC, 2005) surveyed and performed HIV tests on MSMs (N = 1,767) randomly sampled from MSM oriented venues in San Francisco, New York City, Los Angeles, Miami, and Baltimore. Participants’ average age was 32-years-old. Thirty-five percent were White, 27 percent Latino, and 25 percent African American. In this study, 25 percent of MSMs were HIV-positive, and 48 percent of those who were positive were unaware of their HIV status before being tested for this study. Seventy-six percent of those who were HIV-positive were 30-years-old or older. However, HIV-positive participants were more likely to be unaware of their HIV status before being tested for this study if they were younger than 30-years-old, non-White, and not from San Francisco. Twenty-one percent of White, 17 percent of Latino, and 46 percent of African American participants were HIV-positive. Out of those who were HIV-positive, 11
percent of White, 18 percent of Latino, and 64 percent of African American participants were unaware of their HIV status before being tested for this study. Also, more HIV-positive participants than HIV-negative participants had previously never been tested for HIV due to fears of learning their HIV status and others’ potential reactions.

The studies by Valleroy et al. (2000) and the CDC (2002, 2003, 2005) reviewed above are important because they provide a current baseline measure of HIV prevalence and associated risk factors among MSMs of all ethnicities and from many geographic locations in the United States. This provides important descriptive data regarding the link between MSM identity and sexual risk practices, although such data cannot provide an explanation regarding the causes of this link. Research exploring the link between the meaning of sexual and racial identities and sexual risk practices is needed to provide possible explanations with which to understand this link. Another asset of these studies is that although participants all had consensual sex with men, they were not required to identify as gay or bisexual for inclusion. However, these studies did not assess for whether or not participants were involved in long-term committed relationships. Thus it is unclear if participants engaged in unprotected sex with committed or casual partners, which denote two different levels of risk for HIV transmission. Generalizability of results is also limited to coastal cities, and may not apply to men in central and rural areas of the United States. The current study extends the strengths of these studies while addressing some of their limitations by adopting an inclusive criteria allowing all HIV-positive African American MSMs, regardless of sexual self-identity, to participate. The current study also assesses for sexual risk practices inside and outside of committed relationships.
Another study by Stokes, Vanable, and McKirnan (1996) looked at ethnic differences in psychosocial variables and sexual risk practices between African American and White MSMs. Participants (N = 515; 291 African American and 224 White MSMs) had an average age of 25 years and a median income of $15,000, with 31 percent earning less than $10,000 annually. African American participants were slightly older, had less income and education, were less likely to be full-time employed or students, and more likely to be recruited through snowball sampling or at bars than were White participants. Participants were surveyed using self-report measures on the following: number of sexual partners, sexual behavior and condom use, internalized homophobia and self-acceptance of being same sex attracted, perceived acceptance of same sex attracted behavior by others, amount of disclosure to others of same sex attracted behavior, involvement in the gay community, perceived norms around same sex sexual activity according to participants’ age and ethnicity, perceived vulnerability to HIV, and attitudes toward condom use. Number of sexual partners included all partners throughout participants’ lives, which was further broken down into number of monogamous partners, partners who were well known to participants but not steady partners, and casual or anonymous partners. The authors categorized participants who had male and female partners in the past six months as bisexual, and men who had sex with a man within six months and no sex with a woman within three years as gay.

Chi square and multiple regression analyses were run, and Bonferroni corrections were used for each set of analyses to control for the number of coincidental statistically significant results. African American, compared to White men, reported a lower number of sexual partners, were more likely to report engaging in insertive anal sex with men,
were less likely to report engaging in receptive anal sex with men, and perceived friends and neighbors to be less accepting of same sex attracted behavior. White, compared to African American, men tended to be more involved in gay communities, have less internalized homophobia, disclosed same sex attracted behavior to more people, and predicted that more of their peers used condoms when engaging in anal intercourse with other men. Interestingly, African American participants estimated that 48 percent of African American men were bisexually active at some point in their lives, while White men estimated that 27 percent of White men were bisexually active during their lives. There were no ethnic differences regarding self-reported condom use, self-acceptance of being same sex attracted, and perceived acceptance by participants’ immediate families of same sex attracted behavior.

Regression analyses showed that specifically among bisexual participants, involvement in a gay community, self-acceptance of same sex attracted behavior, and perceived acceptance by others of same sex attracted behavior predicted more engagement in receptive anal sex for African American participants, but more engagement in insertive anal sex for White participants. The authors speculated from these findings that receptive anal sex might be more associated with male homosexuality in the African American community, while insertive anal sex with a man may be more associated with homosexuality in the White community. The authors also observed that while both of these activities are risky without the use of condoms, receptive anal sex carries a higher risk of HIV transmission than insertive anal sex. Thus they thought these psychosocial variables might better serve to protect White men who admitted to not using condoms consistently from acquiring HIV. Another finding was that participants with
more education, more income, and of full-time employed or student status perceived themselves to be less at risk of acquiring HIV. Although African American men perceived themselves to be at a higher risk for acquiring HIV than White men in the sample, this finding was reversed, with White men perceiving themselves to be at higher risk for acquiring HIV when education, income and employment status were controlled.

Stokes and colleagues’ (1996) study was methodologically sound in its use of Bonferroni corrections, and has good generalizability as it did not require that participants identify as gay or bisexual, a criteria extended by the current study. It also suggested that there might be different cultural definitions of homosexuality associated with African American and White identities that encourage different sexual behaviors associated with differing degrees of HIV transmission risk. This observation makes a clear case for studies that address sexual trends among specific racial groups. Another interesting finding was that perceived condom norms tended to be higher among White participants. However, while the authors did control for income and education differences among White and African American men, they did not control for affiliation with the gay community, found to differ by ethnicity, which also could have impacted many findings in this study. Also, their categorization of bisexuality was solely behavioral (without considering participants’ self-identifications), and based on time criteria (e.g., having had sex with a man and woman within six months) that seemed to be arbitrarily determined by the authors. Thus, results for bisexual participants may be more associated with specific sexual behaviors over a recent period of time than an internalized bisexual identity per se.
Overall, the studies reviewed in this section provide descriptive data linking racial and sexual minority identity statuses with sexual risk practices. Although important, such data cannot offer potential explanations for this link. Studies examining the meaning and saliency of minority sexual and racial identity are necessary to understand why such links between minority sexual and racial identities and sexual risk practices exist. The next section therefore explores studies linking sexual and racial identity developmental processes with sexual risk practices.

*Associations between Racial and Sexual Identity Development and Sexual Risk Practices*

In addition to identity status, the psychological processes of sexual and racial identity development may also impact MSM’s sexual risk practices. One component of same sex attracted identity deals with whether one chooses to adopt an identity based on one’s same sex attractions, fantasies, and sexual behaviors (Cass, 1979; McCarn & Fassinger, 1996). Thus, MSMs who do and do not self-identify as gay or bisexual but engage in consensual same sex behaviors may be expressing different phases of same sex attracted identity development. Earl (1990) observed and compared sexual risk practices between a racially diverse group of heterosexually married, and gay and bisexually identified MSMs. He interviewed heterosexually identified, married MSMs ($N = 14$) who sought out sex with other men in bathhouses, sex shops, and in prison. He then compared these data to sexual behaviors of gay and bisexually identified men ($N = 50$) participating in the ongoing Longitudinal Cohort Study of Gay and Bisexual Men, conducted by the CDC since 1986. He found that 14 percent of the heterosexually identified men shared their HIV status with male partners, compared to 58 percent of gay and bisexualy identified men. Married, heterosexually identified men were also two
times more likely to use multiple sites for sex and not inform male partners of their HIV status, and three times more likely not to use a condom than gay and bisexually identified men. They were also more likely to seek anonymous sex with men and devalue a gay or bisexual identity. These findings are extremely relevant to the current study, which is seeking to explore how same sex attracted identity, including sexual self-identification, impacts sexual risk practices. Earl concluded that heterosexually identified MSMs believed their sexual identity (e.g., heterosexual), and not sexual behaviors (e.g., having sex with men) to be a risk factor for HIV. He further proposed that endorsing this belief contributed to higher levels of sexual risk practices among heterosexually identified MSMs who believed, at least on a conscious level, their HIV transmission rate risk to be low or nonexistent.

Although Earl’s (1990) study provided interesting anecdotal data on an important topic, showing a potential link between sexual orientation identity phase and sexual risk practices among MSMs, his results must be interpreted with great caution. He provided no discussion of statistical analyses used in his comparison between the two groups of MSMs. He further provided no discussion of his methodology for interviewing heterosexually identified MSMs, and used a different methodology with the heterosexually identified men (e.g., field interviews) than with the gay and bisexually identified men (archival), which could have created further differences between the two groups. Finally, several confounding factors (e.g., experience with HIV, exposure to the gay men’s community during the HIV crisis in the 1980s, the impact of being in a heterosexual marriage) other than self-identity may have contributed to the differences in findings between the two groups of MSMs. The low n size of heterosexually identified
MSMs ($n = 14$), compared to the group of gay and bisexually identified men could have further weakened the statistical power of his findings. What is needed is statistically rigorous and methodologically sound studies investigating how sexual identity choices are associated with sexual risk practices among MSMs.

A study by O’Donnell, Agronick, Doval, Duran, Myint-U, and Stueve (2002) examined the impact of both ethnic and gay community attachments on sexual risk practices among young urban Latino MSMs in New York City. The authors interviewed participants from the Bronx/Washington Heights area ($n = 255$), and Queens ($n = 253$). All participants were Latino men between ages 15 and 25 who had engaged in consensual sex with another man in the past 12 months. Participants averaged 21.4 years of age. Forty-six percent had more than a high school education. Sixty-one percent read in English and Spanish. Seventy-four percent identified as gay. Participants were assessed on comfort with use of the English language, gay identity, sexual contact with women, parental and peer knowledge of MSM behavior, ethnic and gay community attachments, social support in sexual matters, and frequency of unprotected anal intercourse. The authors created all assessment questions for this study. Level of attachment to an ethnic community was measured by the question “How much do you feel part of an ethnic community [such as a Latino community]?” on a four-point scale. Level of attachment to a gay community was measured on a four-point scale by the questions “How much do you feel part of a gay community in New York City?” and “What about in this neighborhood, how much do you feel a part of a gay community in [Bronx/Washington Heights or Queens]?” Logistic and linear regressions were run to examine relationships between variables.
Sixty-eight percent of participants felt a strong level of attachment to a Latino community. In contrast, 28 and 37 percent of participants reported feeling strongly attached to a gay community in their neighborhood and in New York City, respectively. Men with past or present female and male partners also felt more connected to a Latino community than men with only past or present male partners (a pattern similar to that found by Crawford and colleagues [2002] among gay and bisexual African American men). Men who were strongly attached to a gay community also reported strong attachment to a Latino community. Men who were highly comfortable with use of English and had disclosed their sexual orientation to parents felt less attachment to a Latino community. Men who self-identified as gay and had disclosed their sexual orientation to parents and peers felt more attachment to a gay community. However, more acculturated men felt less attached to a gay community. Regarding social support, the majority of the sample reported high social support regarding sexual matters. Men with strong attachments to both ethnic and gay communities reported higher levels of social support. Perhaps most importantly, men with strong attachments to the Latino community reported engaging in less unprotected anal intercourse, especially with nonmain (e.g., outside of a committed relationship) partners. Higher levels of education, acculturation, and gay identity also predicted less unprotected anal intercourse with nonmain partners. The authors concluded that strong, integrated attachments to both the Latino and gay communities were important for creating social support and promoting safer sex behaviors among participants.

O’Donnell and colleagues’ (2002) results suggest that the degree to which Latino MSMs feel attached with both Latino and gay communities impact social support and
sexual risk practices. Such results suggest the negotiation and integration of racial and same sex attracted identities (in terms of perceived levels of community attachment) are important to the overall well-being and health of Latino MSMs, which may also be the case among African American MSMs. The current study specifically investigates the latter question. However, the reliability and validity of single or two-item measurements of community attachments remain questionable. The current study builds on this shortcoming by using empirically validated measures of African American (e.g., CRIS) and same sex attracted (e.g., LGIS) identity development, which include terms assessing for community attachment. Furthermore, the authors operationalized sexual risk practices as engaging in unprotected anal intercourse, while neglecting other unprotected sexual behaviors that are also linked to the spread of HIV. This limitation is also addressed in the current study, which operationalizes sexual risk practices by assessing for unprotected receptive and insertive anal intercourse, and oral sex with ejaculation, both inside and outside of committed relationships.

Associations between Relevant Sociocultural Factors and Sexual Risk Practices

In addition to fixed demographic identity variables and identity developmental processes, sociocultural factors relevant to sexual and racial identity experienced by culturally diverse groups of MSMs (e.g., African American, Latino, White, gay-identified) may also be associated with sexual risk practices. Although relevant sociocultural factors are not directly related to the current study’s question exploring associations between racial and sexual identity development, psychological well-being, and sexual risk practices, these studies still provide important background information and are therefore mentioned below. Several authors (e.g., Diaz, 1998; Diaz, Ayala &
Bein, 2004; Halkitis, Parsons, & Wilton, 2003; Hart & Peterson, 2004; McKirnan, Ostrow, & Hope, 1996; Stokes, Vanable, & McKirnan, 1996) have examined this question, and their studies are reviewed below.

McKirnan, Ostrow, and Hope (1996) proposed a “cognitive escape” (p. 655) model of HIV-risk sexual behaviors among gay and bisexual men. Their model was created specifically within a gay identified cultural context, and thus the sociocultural factors examined in this model relate specifically to gay male identity and culture. The authors thought that many gay and bisexual men who had experienced the HIV crisis of the 1980s and early 1990s would, on a rational level, be aware of risky sexual behaviors, and intend to avoid engaging in such behaviors. Furthermore, they would be likely to have high self-efficacy regarding the likelihood of following through with intended safer-sex behaviors. And yet, the authors noticed, “rates of unprotected sex and HIV seroconversion remain high among gay and bisexual men” (p. 655). To explain this seemingly common-sense-defying discrepancy, they proposed that perhaps many gay and bisexual men may be motivated to cognitively escape from HIV awareness and restrictive safer sex norms, a process further exacerbated by alcohol and drug use, common in MSM “cruising” areas. Specifically, they thought that drugs and alcohol, along with any stimuli associated with gay male sexuality (e.g., certain locations, music, people and images) could automatically trigger this escape strategy. Such automatic cognitive scripts encouraging unsafe sexual behaviors could be particularly reinforcing by rewarding gay men for temporarily avoiding HIV anxiety, fatigue, and a sense of fatalism. The model would then be further reinforced as gay men adjusted their belief systems about engaging in safer sex to match their behaviors in order to reduce cognitive
dissonance. This model provides a compelling framework with which to understand culturally specific barriers to safer sex among gay and bisexual identified men, but requires empirical validation. Furthermore, the authors assumed that stimuli associated with sexuality in predominantly White gay male culture (e.g., gay bars) would trigger the cognitive escape process. Thus, it is unclear how the model may affect MSMs who do not identify or primarily interact with primarily White gay male cultural cues.

One specific unsafe sexual behavior commonly known about within gay male culture is “barebacking,” or “intentional unsafe anal sex” (Halkitis, Parsons, & Wilton, 2003). According to Halkitis, Parsons, and Wilton, “barebacking” is not only widely known about among gay-identified men, but perhaps one of the reasons for the rising rates of sexually transmitted infections, including HIV, among gay and bisexual men in urban areas of the United States in the first few years of the twenty-first century. The authors examined this theory by surveying gay and bisexual men in New York City (N = 448). Ninety-four percent of participants identified as gay, 70 percent were White, and 81 percent reported being HIV-negative. Participants averaged 38 years of age (SD = 10) and were recruited through gay venues. The authors found that 46 percent of the sample reported “barebacking” in the past three months. HIV-positive participants were twice as likely to report having engaged in “barebacking” and also reported having had more sex partners than other participants. Both HIV-positive and negative men reported having more seroconcordant (of the same HIV status) than discordant partners. Twenty-nine percent of participants attended a party within the gay male community specifically offering “barebacking” opportunities. The authors also found that “barebackers” perceived more benefits of “barebacking” than “nonbarebackers” including increased
connectedness and intimacy among sex partners, and a reaffirmed sense of masculinity. In addition, some participants explained their “barebacking” behavior to be a result of HIV drug treatment advances, AIDS fatigue, and being under the influence of “club drugs” frequently found in gay male venues when “barebacking.”

Halkitis and colleagues’ (2003) results suggest that “barebacking” is a behavioral construct specific to urban gay male culture, as well as a culturally specific response to HIV fatigue within urban gay male communities. Thus, their results suggest that shared cultural experiences (e.g., HIV fatigue and rebellion against Draconian HIV prevention campaigns) among some gay-identified men may actually promote sexual risk practices. As with McKirnan and colleagues’ (1996) model, it is unknown how results may generalize to MSMs who do not identify with a predominantly White gay male culture. Furthermore, the authors did not assess whether participants engaged in “barebacking” within or outside of monogamous relationships, two situations with quite different safety implications addressed in the current study’s methodology. Finally, the authors never gave participants a definition of “barebacking,” but rather assumed that participants knew, from their experience with gay culture, that it meant intentional unsafe anal sex. This raises another problem regarding the interpretation of results, as some participants may have differently defined this construct (e.g., considered unprotected insertive anal sex to be safe, and therefore not “barebacking”). Finally, participants may have underreported the true amount of “barebacking” they engaged in so as to appear socially desirable.

Similar to McKirnan’s (1996) cognitive escape model of sexual risk practices for gay men (based on norms within predominantly White gay male culture), Diaz (1998)
proposed that for many Latino identified men, the sociocultural factors of machismo, family loyalty, sexual silence, racism, homophobia, and poverty often created cognitive barriers to safer sex in spite of safer sex intentions. Expanding on this work, Diaz, Ayala, and Bein (2004) conducted a quantitative study exploring associations between racism, homophobia, and poverty (associated with multiple minority identities) and sexual risk practices in a sample of Latino gay men \((N = 912)\) in Los Angeles, New York, and Miami. Sixty-four percent of participants had some college education, 27 percent were unemployed, and 22 percent reported being HIV-positive. The authors used a measure developed from a focus group to assess for experiences with racism, poverty, and homophobia specific to gay Latino men. The authors also assessed “difficult sexual situations” through the frequency participants engaged in sex in public settings, under the influence of drugs or alcohol, to escape from negative feelings, within relationships of unequal power, with instances of sexual dysfunction, and with partners resistant to using condoms. Participants who reported engaging in unprotected anal intercourse with a casual or nonmonogamous partner were considered to engage in high sexual risk activity. Nineteen percent of the sample fell into this category. All other participants were considered to engage in low sexual risk activity.

Results indicated that 62 percent of participants felt racially objectified by members of the larger gay community (e.g., stereotyped by White gay men as having a high sex drive). Sixty-one percent could not pay for their basic needs at least one time in the last year. Eighty percent endorsed depressive symptoms, 44 percent anxiety or panic symptoms, and 17 percent reported suicidal ideation. Forty-one percent of participants had used sex to alleviate loneliness or depression, 31 percent had sex under the influence
of drugs, and 54 percent under the influence of alcohol. Of note, men who engaged in high sexual risk, as defined by the authors, reported experiencing more psychological distress, homophobia, racism, and poverty, and engaged in more sexually difficult situations, as defined by the authors, than other participants. Specifically, a series of regression analyses showed that homophobia, racism, and poverty combined predicted 19 percent of the variance in difficult sexual situations. Difficult sexual situations, in turn, fully mediated the impact of social oppression and psychological distress on sexual risk practices. In other words, psychological distress, as well as experiences of racism, homophobia, and poverty predicted sexual risk practices, and also predicted difficult sexual situations, which then in turn predicted sexual risk practices.

Diaz and colleagues’ (2004) study is important for showing how experiences related specifically with Latino and gay identities are related to not only sexual risk practices, but difficult sexual situations encouraging sexual risks. For example, a Latino man with a limited command of English, financial difficulties and illegal immigration status may have less power to negotiate condom use with a more financially well off partner, further encouraging sexual risk taking. In the words of the authors, “discrimination increases isolation, undermines a sense of self-worth, and produces psychological distress. Those who are oppressed and distressed, in turn, participate more often in sexual situations in which risk behavior is likely to occur” (p. 265). The authors believe such factors, unfortunately, are often more influential than intentions to engage in safer sex. This study is groundbreaking in that it provides quantitative evidence suggesting relationships between discrimination, psychological distress, and sexual risk practices in a sample of Latino gay men. The current study tests a similar theory in a
sample of African American HIV-positive MSMs, considering the related but distinct constructs of racial and sexual identity instead of experiences of discrimination. The current study also extends Diaz and colleagues’ work by adopting both the difficult sexual situations scale, and behaviors of engaging in unprotected sex outside of a committed relationship, in its operationalization of the dependent variables of sexual risk practices. Other strengths of Diaz and colleagues’ study include the use of Spanish and/or English, based on participant choice, in all contacts with participants and on all assessment measures, and recognizing the lesser (but not absent) risk involved with unprotected anal intercourse within a monogamous partnership.

Quantitative research investigating the impact of relevant sociocultural experiences on sexual risk practices among African American MSMs has not yet supported or generated theory to the extent that Diaz and colleagues’ (2004) results have done with Latino gay male samples. However, two studies (e.g., Hart & Peterson, 2004; Stokes, Vanable, & McKirnan, 1996) have begun to examine how sociocultural experiences relevant to racial identity may be associated with safer sex behaviors among African American men.

Hart and Peterson (2004) surveyed African American MSMs (N = 758) from Atlanta, Georgia between ages 18 and 25. The authors assessed rates of unprotected insertive and receptive anal intercourse in the past three months, sexual identity status, HIV status, the frequency that participants’ carried condoms with them, and perceptions of peer norms regarding condom use. Twenty-six percent of participants admitted to having unprotected anal intercourse within the past three months, but most did so within a relationship with a main partner. Results from regression equations found that
perceived unsupportive peer norms around condom use, and not carrying condoms, predicted unprotected receptive anal intercourse, while only perceived unsupportive peer norms around condom use predicted unprotected insertive anal intercourse. In other words, carrying a condom only reduced unprotected receptive, but not insertive, anal intercourse.

Hart and Peterson’s (2004) results may be partially explained by the common, but inaccurate, perception that one cannot contract HIV through unprotected insertive anal intercourse. From a positive prevention standpoint, this perception could be particularly harmful if the insertive partner is HIV-positive and unaware of his status, a finding that has repeatedly been shown among MSMs and most strongly among young African American MSMs (CDC, 2002, 2003, 2005; Valleroy et al., 2000). One strength of Hart and Peterson’s study is that they did assess the degree to which participants were engaging in sexual behaviors inside and outside of committed relationships. It is also valuable that they focused specifically on African American MSMs without requiring participants to identity as gay or bisexual, which allowed them to report on how norms regarding condom effectiveness and use among a broader group of African American MSMs impact sexual risk practices.

Stokes, Vanable, and McKirnan (1996) examined ethnic differences in psychosocial variables and sexual risk practices between African American and White MSMs. Of importance here is that African American, compared to White men, reported a lower number of sexual partners, were more likely to report engaging in insertive anal sex with men, were less likely to report engaging in receptive anal sex with men, and perceived friends and neighbors to be less accepting of same sex attracted behavior.
White, compared to African American, men tended to be more involved in gay communities, have less internalized homophobia, disclosed same sex attracted behavior to more people, and predicted that more of their peers used condoms when engaging in anal intercourse with other men. This latter finding regarding ethnic differences in perceived condom norms could impact safer sex behaviors, although the authors found no ethnic differences regarding actual condom use.

Regression analyses showed that among bisexual participants, involvement in a gay community, self-acceptance of same sex attracted behavior, and perceived acceptance by others of same sex attracted behavior predicted more engagement in receptive anal sex for African American participants, but more engagement in insertive anal sex for White participants. The authors speculated from these findings that receptive anal sex might be more associated with homosexuality in the African American community, while insertive anal sex with a man may be more associated with homosexuality in the White community. The authors also observed that while both of these activities are risky without the use of condoms, receptive anal sex carries a higher risk of HIV transmission than insertive anal sex. Thus they thought these psychosocial variables might better serve to prevent White men who admitted to not using condoms consistently from acquiring HIV, suggesting another way cultural constructions of male homosexuality could impact sexual risk practices.

In sum, this section reviewed literature examining associations between fixed identity status components, developmental processes, and sociocultural factors relevant to racial and sexual identity development, and sexual risk practices among culturally diverse groups of MSMs. As in the previous section, which examined associations between
identity status components, developmental processes, relevant sociocultural factors and psychological well-being, results again seem to suggest that issues of identity do matter. What remain particularly needed within this literature are studies going beyond identity status components to examine links between identity salience and sexual risk practices. Looking at the meaning of sexual and racial minority identities will provide a ground on which to build potential explanations for such a link. What also remain needed are race-specific studies looking specifically at links between the meaning of minority racial and sexual identities, and sexual risk practices, among HIV-positive African American MSMs.

The Link between Psychological Well-being and Sexual risk Practices

The current study seeks to examine associations between African American and same sex attracted identity development, psychological well-being and sexual risk practices in a sample of African American HIV-positive MSMs. A secondary question to be explored in the current study is the association between psychological well-being and sexual risk practices in this sample. This question is important on its own and may also help indicate if psychological well-being mediates the relationship between African American and same sex attracted identity development and sexual risk practices. Two studies have looked specifically at the link between psychological well-being and sexual risk practices among MSMs, and are reviewed in this section.

Bancroft, Janssen, Strong, and Vukadinovic (2003) explored the relationship between mood and sexual behaviors in gay identified men. They surveyed White gay men (N = 662) averaging 36 years of age (SD = 11), with 93 percent having attended college. Of the 84 percent who had been tested for HIV, 15 percent reported being HIV-
positive. The authors assessed for participants’ depression and anxiety levels, and physiological levels of sexual inhibition and excitation including erectile responsiveness. They found that while 47 percent of participants experienced a decrease of sexual interest when depressed, 16 percent experienced increased sexual interest. The authors also interviewed 42 of the participants. Twenty-one percent of interview participants indicated an increased interest in sexual activity when depressed, and 17 percent indicated an increased interest when anxious. One common theme that emerged was a tendency among some interview participants to use sex to seek out intimacy or validation when depressed or stressed. Six interview participants also indicated a reduced concern for preventing sexual risk practices and the potential consequences of such behaviors when depressed. The authors compared these results to a similar study among heterosexual men (Bancroft, Janssen, Strong, Carnes, Vukadinovic, & Long, 2003) and noted that during interviews some gay identified participants, but no heterosexually identified participants, discussed experiencing a decreased concern regarding sexual risk practices when depressed.

Bancroft and colleagues (2003) interpreted their results to suggest that depression may intensify a sense of fatalism (about HIV) already experienced by some gay men. However, finding validity within this statement would require a much larger sample size than the six men who reported that they were less concerned with the consequences of sexual risk practices when depressed. It is also interesting that some participants used sex to alleviate depression. This finding is counterintuitive to depressive criteria found in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2000), and may indicate a specific cultural phenomenon among gay and
bisexual identified men, and possibly MSMs: further research is necessary to determine if this finding is truly associated with gay male culture. The authors’ comparison to heterosexual men from a separate study should also be interpreted with caution as there were critical methodological differences between the studies, including the fact that many of the heterosexual participants, compared to the gay participants, were traditional aged college students. Further, a consideration of the consequences of sexual risk practices may not appear salient to heterosexual men, which could contribute to finding support for a null hypothesis among heterosexual men.

de vroome, de Wit, Stroebe, Sandfort, and van Griensven (1998) also investigated the impact of psychological well-being on sexual risk practices among gay identified men. They surveyed men in Amsterdam (N = 569) who participated in a cohort study of gay men between 1994 and 1996. Participants averaged 42 years of age (SD = 8) and 71 percent were HIV-negative. Approximately half of both groups (HIV-positive and negative) held a white-collar job and lived alone. The authors assessed for attitudes, social norms, behavioral control, intention, and risk perception regarding sexual behavior and condom use with a steady (e.g., seen at least once a week for at least six months) and casual partner, as well as depression, at different points in time. They found that HIV-positive men were more likely to restrict sex to their steady partner, less likely to have sex with casual partners, and had less unprotected anal intercourse with steady partners (nine percent) than casual partners (13 percent). When the authors included oral sex with ejaculation as a sexual risk practices, they found that the numbers increased to 30 percent of HIV-positive men and 50 percent of HIV-negative men admitting to engaging in sexual risk practices with a steady or casual partner. They also found that the HIV-
positive men were not more or less depressed than the HIV-negative men, but that the overall sample exhibited higher depressive symptoms than the general Dutch population, as measured by a subscale of the Dutch adaptation of the General Health Questionnaire (Goldberg & Williams, 1988). HIV-positive men also scored higher than HIV-negative participants on attitudes, social norms, behavioral control and intention regarding safer sex with a steady partner, while there was no difference between these two groups on these same variables with casual partners. Interestingly, HIV-negative men showed a reverse pattern, scoring lower on these variables with steady, as compared with casual, partners. The authors thought that this pattern is most likely due to HIV-negative men perceiving greater risks and therefore taking more preventative steps against HIV with casual partners, and HIV-positive men worrying more about transmitting HIV to steady partners.

Specifically exploring the link between depression and sexual risk practices, the authors found no direct relationship between depression and condom use. However, they found an interaction between HIV status and depression as HIV-positive participants with depressive symptoms had more negative attitudes regarding condom use with a steady partner, lower intentions to use condoms with a steady partner, less reported behavioral control around using condoms with a steady or casual partner, and more perceived barriers to condom use overall. HIV-negative men with depressive symptoms reported lower behavioral control and intentions to use condoms with a casual partner.

De Vroome and colleagues’ (1998) study indicated that depressive symptoms may encourage sexual risk practices among some gay men, and do so differently among HIV-positive and negative men. Specifically, depression may cause HIV-positive men to be
less careful with steady partners (possibly placing their partners at greater risk), while causing HIV-negative men to be less cautious with casual partners (with potentially unknown HIV statuses). One strength of this study, extended to the current study, is that it included unprotected receptive and insertive anal sex, as well as oral sex with ejaculation, as sexual risk practices. By including these behaviors the authors also showed that many participants did not take the same precautions to protect themselves from the consequences of unsafe oral sex as they did for unsafe anal sex. The authors also found that when measured over a period of two years (instead of six months), rates of unprotected anal intercourse among HIV-positive participants with steady or casual partners jumped from nine and 13 percent, respectively, to 42 percent. However, a very low number of HIV-positive participants admitted to engaging in unprotected insertive anal sex with partners of unknown or negative status, which may have skewed results. Participants may also have been likely to underreport their involvement in sexual risk practices due to pulls to conform to norms in the Dutch gay male community. Furthermore the dropout rate due to AIDS-related mortality likely restricted data. What remains unknown is whether these findings generalize to gay men, and in particular, African American MSMs in the United States.

The current section reviewed literature examining associations between psychological well-being and sexual risk practices within two diverse samples of MSMs. This material relates to two secondary questions explored by the current study of whether psychological well-being is associated with sexual risk practices in a sample of HIV-positive MSMs, and whether psychological well-being mediates a relationship between
African American and same sex attracted identity development and safer sex practices within the same sample of participants.

Summary

A recent study (CDC, 2005) on the prevalence of HIV among MSMs ($N = 1,767$) found 25 percent of participants to be HIV-positive. Forty-eight percent of those who tested positive were unaware of their diagnosis. Among White MSMs, 21 percent tested HIV-positive, and 18 percent of those who tested positive were unaware of their diagnoses. Conversely, among African American MSMs, 46 percent tested HIV-positive, and 67 percent of those who tested positive were unaware of their diagnoses. Mays, Cochran, and Zamudio (2004) have put forth a call for researchers to examine how specific sociocultural factors may be contributing to the current HIV crisis impacting African American MSMs. The current study attempts to address this shortcoming by examining associations between African American and same sex attracted identity, psychological well-being, and sexual risk practices among HIV-positive African American MSMs. By focusing on participants who are already HIV-positive, the current study also takes a positive prevention focus. Such a focus is important as HIV-positive individuals, including African American MSMs, continue to have active sexual lives. Recognizing this fact and specifically examining how cultural factors may contribute to sexual risk practices may help HIV-positive African American MSMs and HIV service providers better work together to prevent further HIV transmission.

Diaz (1998) has found that several culturally specific factors create barriers to safer sex behaviors for many gay and bisexual Latino American men. Diaz, Bein, and Ayala (2006) and Diaz, Ayala, and Bein (2004) found that experiences with racism,
homophobia, and poverty directly predict levels of psychological well-being, difficult
sexual situations, and sexual risk practices, within a large sample of gay and bisexual
Latino American men. What remains to be tested is whether culturally specific factors
predict psychological well-being and difficult sexual situations and sexual risk practices
in a sample of HIV-positive African American MSMs. Culturally specific factors
including the negotiation of African American and same sex attracted identity
development may be relevant.

The current study thus looks at associations between minority racial and sexual
identity development, psychological well-being and sexual risk practices (including
difficult sexual situations) among African American HIV-positive MSMs. The current
study also explores a potential association between psychological well-being and sexual
risk practices, and examines whether psychological well-being mediates a relationship
between African American and same sex attracted identity development and sexual
behaviors within a sample of HIV-positive MSMs. Finally, extending the work of
several studies (e.g., Centers for Disease Control and Prevention, 2002, 2003, 2005;
Crawford et al., 2002; Valleroy et al., 2000; Williams et al., 2004), and building on the
limitations of others (e.g., Diaz et al., 2004; Diaz et al., 2006; O’Donnell et al., 2002;
Peterson et al., 1992), the current study adopts criteria inclusive of all HIV-positive
African American men who have had consensual sex with men, regardless of sexual self-
identity.

Hypotheses

The current study examines associations between African American and same sex
attracted identity development, psychological well-being, and sexual risk practices
(including difficult sexual situations) in a sample of African American HIV-positive MSMs. Crawford, Allison, Zamboni, and Soto (2002) found that same sex attracted African American men in later phases of both African American ethnic (not racial) and sexual orientation identity development had higher overall levels of psychological well-being than did participants in later phases of only one identity developmental process, or in earlier phases of both identity developmental processes. O’Donnell, Agronick, Doval, Duran, Myint-U, and Stueve (2002) similarly found that gay and bisexual Latino American men who felt strongly connected to both Latino and gay communities had higher overall levels of psychological well-being and engaged in fewer sexual risk practices. Based on these findings, it is predicted that higher scores on the post-discovery African American identities of Anti-White, Afrocentric, and Multiculturalist Inclusive, and lower scores on the pre-discovery identities of Assimilation, Miseducation, and Self-Hatred, (as measured on the CRIS, see Chapter Three for a thorough discussion of CRIS development) are associated with higher levels of psychological well-being, fewer instances of dangerous sexual situations, and fewer instances of sexual risk practices. It is also predicted that lower scores on the same sex attracted identities of Homonegativity, Need for Acceptance, Need for Privacy, Difficult Process, and Identity Confusion (as measured by the LGIS, see Chapter Three for a thorough discussion of LGIS development) are associated with higher levels of psychological well-being, fewer instances of dangerous sexual situations, and fewer instances of sexual risk practices.

Furthermore, Bancroft, Janssen, Strong, and Vukodinovic (2003), and de Vroome, de Wit, Stroebe, Sandfort, and van Griensven (1998) found that psychological well-being predicts sexual risk practices among predominantly White gay men in the
United States and the Netherlands. It is therefore also expected that psychological well-being will predict the frequency of dangerous sexual situations and sexual risk practices within a sample of HIV-positive African American MSMs. Furthermore, psychological well-being is expected to mediate the relationship between African American and same sex attracted identity development and frequency of sexual risk practices, within this sample.

Hypothesis 1

Participants who exhibit higher scores on the post-discovery African American identities of Anti-White, Afrocentric, and Multiculturalist Inclusive, and lower scores on the pre-discovery identities of Assimilation, Miseducation, and Self-Hatred, as measured by the CRIS, and lower scores on the same sex attracted identities of Homonegativity, Need for Acceptance, Need for Privacy, Difficult Process, and Identity Confusion, as measured by the LGIS, exhibit higher levels of overall psychological well-being.

Hypothesis 2

Participants who exhibit higher scores on the post-discovery African American identities of Anti-White, Afrocentric, and Multiculturalist Inclusive, and lower scores on the pre-discovery identities of Assimilation, Miseducation, and Self-Hatred, as measured by the CRIS, and lower scores on the same sex attracted identities of Homonegativity, Need for Acceptance, Need for Privacy, Difficult Process, and Identity Confusion, as measured by the LGIS, report fewer difficult sexual situations and sexual risk practices.

Hypothesis 3

Participants who exhibit higher levels of psychological well-being engage in fewer instances of dangerous sexual situations and sexual risk practices.
Hypothesis 4

Psychological well-being mediates the relationship between African American and same sex attracted identity development, and frequency of sexual risk practices.
CHAPTER III

METHODOLOGY

This chapter delineates the methodological elements of the current study examining the relationships between African American and same sex attracted identity development, psychological well-being, and sexual risk practices (including dangerous sexual situations) in a sample of HIV-positive African American MSMs. These elements include describing characteristics of the current study’s sample, identifying appropriate instruments with which to operationalize African American and same sex attracted identity development, psychological well-being and sexual risk practice variables, and obtaining scores for the dependent variables. This chapter outlines how the present study aims to accomplish these steps, and explains the methodology that was used to test the hypotheses of the present study. Specifically, the information presented in this chapter describes the participants, procedures, instruments, and analyses used in the present study.

Participants

One hundred five surveys were distributed to three HIV service agencies serving the greater Cleveland, OH area, and two HIV service agencies serving the greater Pittsburgh, PA area. A contact staff person at each agency distributed, administered, collected, and returned all surveys to the primary researcher. Collectively, the five
contact people reported recruiting 87 participants, returning 18 unused surveys. Of these 87 participants, 11 reported being HIV-negative and were therefore dropped from analyses. Of the remaining 76 participants, three left more than ten percent of survey questions blank, and were also dropped from further analyses. Thus, analyses were performed with a final N size of 73 HIV-positive, African American MSM participants. All reported statistics below are based on this latter sample.

For the power analysis it was assumed that all six CRIS or LGIS subscales would be entered together in multiple regression analyses. It was also estimated that up to three of the six CRIS subscales and three of the six LGIS subscales could significantly account for variance in the stepwise regression models used. Thus, with a maximum of six predictor variables, a sample size of 62 cases would be required to achieve a power of 80% given an alpha of .05 and an R-squared of .20. An estimated effect size of .20 was considered reasonable as Zea and colleagues (1999) have found minority racial and sexual identity to explain 40 percent of the variance in depression among Latino gay men and lesbians. Furthermore, Diaz and colleagues (2004) found that experiences of homophobia, poverty, and racism explained 27 percent of the variance in psychological distress, and that these former three variables combined with psychological distress explained 19 percent of the variance in difficult sexual situations within a sample of Latino gay men. Crawford and colleagues (2002) found that ethnic identity explained 32 percent and gay identity explained 34 percent of the variance in life satisfaction, and ethnic identity predicted 14 percent and gay identity predicted six percent of the variance in sexual risk taking among a sample of African American gay and bisexual men.
Participants were included regardless of how they self-identified their sexual orientation (e.g., gay, bisexual, same sex attracted, heterosexual, on the “down low”), as long as they reported having engaged in at least one instance of consensual sex with a man while 18 years of age or older. This broad inclusion criteria is consistent with Mays and colleagues’ (2004) point that many and perhaps a majority of African American MSMs are being left out of studies examining sexuality and related issues due to not identifying as gay or bisexual. However, a handful of studies examining issues around race and sexuality (e.g., Williams, et al., 2004) and sexual risk practices (e.g., Centers for Disease Control and Prevention, 2002, 2003, 2005; Earl, 1990; Valleroy at el., 2000;) among MSMs have begun to include same sex attracted male participants who may or may not identify themselves to be gay or bisexual. The current study used the latter broad inclusion criteria while extending the focus of exploration to examine links between racial and sexual minority identities, psychological well-being, and sexual risk practices among HIV-positive African American MSMs.

Participants reported a mean age of 38.76 years (SD = 10.8, Median = 41, Range = 18 – 63). (See Table 1 for complete demographic data.) Sixty-seven (91.8%) participants identified as male, and five (6.8%) identified as transgender (one person did not report gender). Forty (55%) participants reported being unemployed; 17 (23.3%) reported being employed full-time. Forty (55%) participants reported making less than $10,000 a year; 11 (15%) reported making between $10,001 and $20,000 a year; 16 (22%) reported making between $20,001 and $35,000 a year; and six (8%) reported making between $35,001 and $60,000 a year. Twenty-six (35.6%) participants reported earning a high school degree or equivalent as their highest education level; 35 (48.6%)
participants reported having completed some high school or earning a high school degree or equivalent, and eight (10.9%) participants reported earning a four-year degree or higher. Regarding religion, 48 (65.8%) participants identified as Christian. Of the 35 participants who identified a religious denomination, 19 identified as Baptist. Forty-two (57.5%) participants described their religion as “very important.” Regarding geography, 38 (52.1%) participants described their living location as “urban,” 13 (17.8%) listed “suburban,” and 14 (19.2%) selected “rural.” Sixty-two participants indicated their state of residence, with 31 listing Pennsylvania and 31 listing Ohio.

All participants identified as African American/Black. Four (5%) participants also identified as Latino/Hispanic/Chicano. Three (4%) participants also identified as West Indian/Caribbean. One (1.3%) participant also identified as Caucasian/White. Regarding sexual orientation, 42 (57.5%) participants identified as gay; 15 (20.5%) identified as bisexual. Twenty-nine participants (39.7%) identified either as “heterosexual but do engage in sex with men” or “do not identify as gay or bisexual but have private sexual relationships with men or ‘on the down low.’” (Participants were asked on the demographic questionnaire to check all choices that applied to them, which led to totals exceeding 100 percent regarding sexual orientation.) Regarding relational status, 36 (52.1%) participants described themselves as single; 16 (21.9%) were in a committed relationship with or married to one man; and seven (9.5%) were in a committed relationship with or married to one woman.
Table 1
Demographic Data

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Demographic Data (continued)

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Note. * denotes categories where participants were able to endorse more than one choice.

**Procedure**

Participants who are HIV-positive African American men who have engaged in at least one instance of consensual sex with a man were recruited through HIV service organizations and agencies in Pittsburgh, Pennsylvania and Cleveland, Ohio. Agency personnel (N = 5), with whom this author has established connections, briefly introduced the current study to and privately invited HIV-positive African American MSMs receiving services to participate. Agency personnel provided individual invitations to potential participants in order to preserve confidentiality. Participants were given a gift certificate for ten dollars at a local supermarket after completing a survey packet. Participants also had the option to complete survey packets in the privacy of their home and return them in a sealed envelope to the agency contact person. Once this was done,
the agency contact person returned the survey packets to the primary researcher, and provided the participant with a supermarket gift certificate for ten dollars. Survey packets included a welcome letter about the study (see Appendix A), consent form (see Appendix B), personal data form (see Appendix C), Cross Racial Identity Scale (CRIS; Vandiver et al., 2000 see Appendix D), modified version of the Lesbian and Gay Identity Scale (LGIS; Mohr & Fassinger, 2000, see Appendix E), Brief Symptom Inventory-18 (BSI-18; Derogatis, 2000, see Appendix F), a scale assessing for Difficult Sexual Situations (Diaz & Bein, 1998, see Appendix G) a scale assessing for Sexual Risk Practices (see Appendix H), open ended questions exploring participants’ experiences living as African American men who have sex with men (see Appendix I), and a debriefing letter (see Appendix J). Scales assessing for sexual situations and practices were presented near the end of these materials due to the sensitive and explicit nature of their items. All instruments were coded for anonymity.

**Instruments**

The following assessment instruments, described below, were used to operationalize predictor and outcome variables in the current study.

**Personal Data Form**

A self-report personal data form was created for this study to document information about participants’ age, gender identification (e.g., male, female, transgender), race/ethnicity, sexual orientation identification, HIV status, geographical area of residence, income, employment status, religious affiliation, education level, and relationship status (see Appendix C).
Cross Racial Identity Scale

The Cross Racial Identity Scale (CRIS; Vandiver et al., 2000, see Appendix D) was developed as an attempt to operationalize revised nigrescence theory (Cross, 1991). Validation studies of the CRIS in turn lead to the development of expanded nigrescence theory (Cross & Vandiver, 2001). The current version of the CRIS was developed in six phases over a five-year period, and is still being revised by the authors to remain consistent with further trends within nigrescence theory (Worrell, Cross, & Vandiver, 2001). Initial decisions before scale development began were made by the authors of the CRIS to operationalize the Pre-Encounter identities of Assimilation and Anti-Black; Immersion-Emersion identities of Pro-Black and Anti-White; and Internalization identities of Black Nationalist and Multiculturalist (Cross & Vandiver, 2001). The Internalization Biculturalist identity was left out of scale development as it was seen as being similar to Multiculturalist. Encounter identities were also not operationalized as the encounter process is described by the authors as being transitory in nature (e.g., moving from pre-discovery to discovery of a positive Black reference group orientation), and potentially limitless in potential experiences.

In the first phase of development for the CRIS, the authors used judges (N = 20), selected for their expertise in the areas of Black and racial identity development, to rate potential scale items. These judges selected 57 items to remain on the CRIS out of an initial pool of 250. Item selection criteria included receiving a content rating score of six or higher (from one to ten) from 75 percent or more of judges, and being seen as measuring multiple constructs by fewer than 25 percent of judges (Vandiver et al., 2002).
Phases two through four of scale development were done to further clarify, distinguish, and obtain minimum reliability estimates of .70 for subscales. Sample sizes for these three phases ranged from $N = 119$ to $N = 150$. The mean age for all three samples was 21 years ($SD = 4.6, 3.8, 2.7$, respectively). All samples consisted of African American students from mostly middle- or working-class families attending predominantly White universities. Women comprised approximately two-thirds of all samples. Through exploratory factor analyses in these three phases, two distinct subscales of Miseducation and Self-Hatred emerged out of the Pre-Encounter Anti-Black identity. Miseducation items described the process of holding negative stereotypes of the Black community (e.g., holding a negative Black reference group orientation) without incorporating such stereotypes into one’s personal identity. Self-Hatred items described personal discomfort with being Black (e.g., incorporating a negative Black reference group orientation into one’s personal identity). The authors also found support for the Immersion-Emersion subscales of Intense Black Involvement (pro-Black) and Anti-White, and Internalization subscales of Black Nationalist and Multiculturalist. However, the Intense Black Involvement subscale produced reliability estimates ranging from .63 to .84 (Cross & Vandiver, 2001) and shared correlations between the .40 and .50 range with Anti-White and Black Nationalist subscales, respectively (Vandiver et al., 2002). Therefore, the Intense Black Involvement subscale was dropped from the CRIS at the end of phase four. Finally, phases three and four of scale development indicated support for a new Internalization identity of Multiculturalist Racial. This identity describes a desire to build coalitions with other racial minority groups of color, but does not incorporate perceived connections with non-racial minority groups (e.g., sexual minorities). The
authors retained the six subscales of Assimilation, Miseducation, Self-Hatred (Pre-Encounter); Anti-White (Immersion-Emersion); Black Nationalist and Multiculturalist Inclusive (Internalization) to comprise the CRIS at the conclusion of phase four (Vandiver et al., 2002).

Phases five and six were done with the goals of obtaining minimum internal consistency estimates of .80 for the six subscales, replicating construct validity of subscales through exploratory factor analyses, testing a best fit for the nigrescence model through confirmatory factor analyses, and further differentiating subscales. N sizes were 296 and 336 for phases five and six, respectively, and other sample demographics paralleled those of the previous three phases. The authors found support for all six subscales through an exploratory principal-axis factor extraction with oblique rotation. Factor retention criteria included a minimum loading of three items per factor, a minimum factor coefficient of |.50| per item, and interpretability of factors (Vandiver et al., 2002). However, the correlations between Black Nationalist and Anti-White, and Anti-White and Multiculturalist Inclusive were .52 and -.36, respectively, after correcting for attenuation, at the conclusion of phase five. All other intercorrelations were well below the authors’ stated goal of less than .30. For phase six, the authors modified wording on the Black Nationalist subscale and renamed it Afrocentric to further differentiate it from Immersion Emersion identities. Confirmatory factor analyses tested a six factor model against seven other models, and confirmed a best fit for six factors (Assimilation, Miseducation, Self-Hatred, Anti-White, Afrocentric, Multiculturalist Inclusive) as well as a two-factor higher order model consisting of Pre-Discovery (of a positive Black reference group orientation, e.g., Pre-Encounter) and Discovery (e.g.,
Immersion-Emersion and Internalization) identities. At the completion of phase six the authors obtained internal consistency estimates of .83, .78, .88, .90, .82, and .86 for Assimilation, Miseducation, Self-Hatred, Anti-White, Afrocentric, and Multiculturalist Inclusive, respectively. Furthermore, the authors found evidence for convergent validity with similar subscales on the Multidimensional Inventory of Black Identity (MIBI; Sellers, Smith, Shelton, Rowley, & Chavous, 1998), and discriminant validity with social desirability subscales as measured by the Balanced Inventory for Desirable Responding (BIDR; Paulhus, 1991) (Vandiver et al., 2002).

The CRIS currently consists of the six subscales of Assimilation, Miseducation, Self-Hatred, Anti-White, Afrocentric, and Multiculturalist Inclusive. Each subscale consists of five items and is rated on a scale from (1) strongly disagree to (7) strongly agree, with higher scores representing a higher endorsement of each subscale. There are also ten filler items. Cross and Vandiver (2001), Vandiver et al. (2002), and Worrell, Cross, and Vandiver (2001) recommended that subscale scores be averaged and compared to each other across an individual profile. These authors also urged that CRIS scores be interpreted and analyzed as a set of subscale scores rather than summed into a global score, to remain consistent with the theoretical premise that an African American individual may be experiencing different levels of multiple Black identities consecutively across contexts. They recommended that the set of subscale scores be analyzed through multivariate statistics such as multiple regression analysis. The authors also recommended that the CRIS be presented to participants as a measure of social attitudes rather than racial identity to lessen response bias.
The CRIS has been hailed by many experts on racial identity theory and measurement as methodologically sound in its development and statistical properties, and is strongly recommended over its predecessor the RAIS (Cokley, 2007; Ponterotto & Park-Taylor, 2007). By using the CRIS, the current study adheres to the current state of the art within counseling psychology with which to measure African American racial identity. However, the authors of the CRIS (e.g., Vandiver et al., 2000; Worrell, Vandiver, & Cross, 2004) acknowledge the challenges involved in attempting to operationalize a construct as complex as Black identity development, and in this regard described the CRIS as remaining open to revisions as nigrescence theory continues to evolve. The authors continue to explore the theoretical identities of Intense Black Involvement (Immersion Emersion), and Biculturalist and Multiculturalist Racial (Internalization), but have not yet been able to create orthogonal and internally consistent scales with which to measure them. The authors also acknowledged that the Immersion Emersion Anti-White identity scale remains strongly positively correlated with the Internalization Afrocentric identity scale, and negatively correlated with the Internalization Multiculturalist Inclusive identity scale, and continue to examine the extent of the proposed theoretical differences among these identities. Finally, the authors urged that validation work is needed on diverse African American samples beyond predominantly female, middle-class, college students. The current study responds to the latter suggestion by using the CRIS with a sample of HIV-positive African American MSMs. The current study also responds to Cross and Vandiver’s (2001) assertion that a multicultural or multifocused theory of identity is needed, where Black identity is understood in relation to other socially constructed attributes such as gender, social class, and sexual orientation… Continuing to look at Black racial identity in
a singular way obscures the complexity of identity and human nature, thereby limiting the understanding of Blacks as individuals and as members of diverse reference groups (Cross & Vandiver, 2001, pp. 390-391).

The current study used the CRIS to assess for African American identity development as proposed by Cross and Vandiver (2001). Each participant received a CRIS profile comprised of its six subscales. In the current study, reliability estimates for the Pre-Encounter subscales of Assimilation, Miseducation and Self-Hatred; Immersion-Emersion subscale of Anti-White; and Internalization subscales of Afrocentric and Multiculturalist Inclusive were .64, .78, .80, .90, .81, and .80, respectively.

*Lesbian and Gay Identity Scale*

Items from the Lesbian and Gay Identity Scale (LGIS; Mohr & Fassinger, 2000, see Appendix E) were rationally derived from gay and lesbian identity developmental theory in the extant literature (e.g., Cass, 1979; McCarn & Fassinger, 1996), and were used to assess for same sex attracted identity development in the current study. Mohr and Fassinger created 40 items for the LGIS attempting to operationalize the domains of internalized homonegativity, confusion about one’s sexual orientation, belief in the superiority of lesbian and gay people over heterosexuals, fear of judgment from others regarding one’s minority sexual orientation, desire to hide one’s lesbian or gay sexual orientation, and perception of one’s minority sexual identity developmental process having been difficult. These domains reflect aspects of both individual and group identity, as discussed by McCarn and Fassinger. (Fassinger [1997] and Fassinger & McCarn [1997] developed the Gay Identity Scale and Lesbian Identity Scale, respectively, to operationalize McCarn and Fassinger’s theory of both personal and group same sex attracted identity development discussed in the previous chapter. However,
these scales remain unpublished and have been used scarcely in the literature, and thus lack sufficient empirical validation. The LGIS was therefore used in the current study as it incorporates and expands upon McCarn and Fassinger’s theory of same sex attracted identity development.) All items of the LGIS are rated on a 7-point scale from disagree strongly (1) to agree strongly (7).

Mohr and Fassinger (2000) validated the LGIS on a sample of 590 lesbians and 414 gay men, of whom 86 percent were White, and three percent were African American. (The other 11 percent were of other ethnicities.) All participants had also been in a same-sex committed relationship for at least three months. The authors performed separate analyses for the women and men within their sample. A principal components exploratory factor analysis defined six domains including (internalized) Homonegativity, Need for Acceptance, Need for Privacy, Difficult Process (of identity development), Identity Confusion, and (perceived) Superiority (of lesbian and gay people). A confirmatory factor analysis and inspection of scree plots supported the fit of this six-factor structure. The authors found the following internal consistency estimates for the subscales of: Need for Acceptance (.75), Need for Privacy (.81), Homonegativity (.79), Difficult Process (.79), Identity Confusion (.77), and Superiority (.65).

Among the men in Mohr and Fassinger’s (2000) sample, six statistically significant intercorrelations among subscales were found. Specifically, Need for Privacy was correlated with Need for Acceptance (.38) and Homonegativity (.38); Need for Acceptance was correlated with Homonegativity (.39) and Difficult Process (.30); and Homonegativity was correlated with Difficult Process (.32) and Identity Confusion (.23). In this sample, a higher order three factor solution was also found with Need for Privacy,
Need for Acceptance, Internalized Homonegativity, and Difficult Process loading on one factor, Identity Confusion loading on a second factor, and Superiority loading on a third factor. The authors also found that measures assessing self-esteem, same-group orientation, other-group orientation (the latter two being from the Multigroup Ethnic Identity Measure, Phinney, 1992), internalization/synthesis phase of individual sexual identity, deepening/commitment phase of group identity (both from the Gay Identity Scale, Fassinger, 1997, and Lesbian Identity Scale, Fassinger & McCarn, 1997), and involvement in a pro-gay religious organization significantly correlated in expected directions with all subscales of the LGIS for lesbian and gay male participants. Of particular interest, Internalization/Synthesis was significantly correlated with Need for Privacy (-.26), Need for Acceptance (-.27), and Homonegativity (-.43); and Deepening/Commitment was significantly correlated with Need for Acceptance (.29), Difficult Process (.23), and Superiority (.29) among the male participants. These correlations further link the LGIS with McCarn and Fassinger’s (1996) theory of same sex attracted identity development. In another sample of female (n = 247) and male (n = 187) same sex couples, Mohr and Fassinger (2006) found the following internal consistency estimates on the following LGIS subscales: Internalized Homonegativity (.80), Need for Acceptance (.73), Identity Confusion (.79), and Superiority (.70), providing further empirical support for the scale.

One limitation of the LGIS is that it was designed to assess for the specific identity labels of “gay” and “lesbian.” As these labels may or may not be perceived as applicable to all participants in the current study, the LGIS was modified so that the word “gay” was changed to “attracted to other men” and the words “heterosexual” and
“straight” was changed to “solely attracted to women” (see Appendix E). The LGIS was used in the current study to assess for same sex attracted identity development, incorporating the theory proposed by McCarn and Fassinger (1996). Each participant received an LGIS profile comprised of its six subscales. Reliability estimates in the current study for the LGIS subscales of Need for Privacy, Need for Acceptance, Homonegativity, Difficult Process, and Identity Confusion were .84, .83, .84, .73, and .71, respectively. A reliability estimate was not calculated for Superiority as only two items comprise this scale.

*Brief Symptom Inventory 18*

The Brief Symptom Inventory 18 (BSI 18; Derogatis, 2000, see Appendix F) is a brief self-report measure of depressive, anxiety, and somatization symptomology. The BSI 18 is an abridged version of the Brief Symptom Inventory (BSI; Derogatis, 1993), which in turn is a brief version of the Symptom Checklist-90-Revised (SCL-90-R; Derogatis, 1994), both of which were designed to monitor treatment outcomes among medical populations. The BSI, however, was developed to be used as a screening tool for the most common psychiatric symptoms of depression and anxiety occurring both in medical and community populations. The BSI 18 also assesses for somatic symptoms, as depressive and anxiety symptoms are often misidentified as a result of somatization of symptoms (Derogatis, 2000).

The BSI 18 consists of 18 items and takes approximately four minutes to complete. Each item is rated on a five-point scale ranging from (0) not at all to (4) extremely, with higher scores indicating more distress. Items assess for current psychological distress experienced within “the past seven days including today”
(Derogatis, 2000, p.3). There are three subscales (Somatization, Depression, and Anxiety) as well as a Global Severity Index score. The BSI 18 was developed on two normative samples: one consisting of adult community members (N = 1,134) who were employees of a national U.S. corporation, and the other consisting of oncology patients with a variety of cancer diagnoses (N = 1,534). Both samples consisted of slightly more men than women. Ages in the community sample ranged from 20 to 69, and in the oncology sample from under 30 to above 80: the largest percentage of participants were between 50 and 59 years of age. The author did not provide data on the racial composition of the normative samples (Derogatis, 2000).

Derogatis (2000) found internal consistency reliability estimates based on the community normative sample of .74, .84, .79, and .89 for Somatization, Depression, Anxiety, and the Global Severity Index, respectively. The author did not perform test-retest reliability studies, but estimated that test-retest reliability estimates of .68, .84, .79, and .90 for the scales of Somatization, Depression, Anxiety, and the Global Severity Index, respectively, on the BSI are generalizable to the BSI 18. The author also found correlations of .93, .91, .93, and .96 between Global Severity Index, Somatization, Depression, and Anxiety scores of the BSI 18 and SCL-90-R, respectively, in a sample of community members (N = 1,134), showing convergent validity. A principal components analysis with a Kaiser varimax rotation, using the same community sample, produced four factors with eigenvalues greater than 1.0 including depression, somatization, anxiety, and panic. Although there were some cross loadings, the author noted that somatization symptoms often overlap with depressive and anxiety symptoms, and that panic is a particular manifestation of anxiety (Derogatis, 2000).
Asner-Self, Schreiber, and Marotta (2006) performed a validation study with the BSI 18 on a sample of Latin American immigrants (N = 100). Just over half of the participants were women, with a mean age of 39 years (SD = 14.07). They administered the BSI 18 orally in Spanish or English, based on participants’ language preferences. A principal components factor analysis with an oblique rotation using a cutoff of .40 yielded one underlying factor of psychological distress, in spite of high internal consistency estimates of .82, .81, .81, and .91 for Somatization, Depression, Anxiety, and the Global Severity Index, respectively. The authors noted that women in their sample scored on average one standard deviation above the women in the community sample on somatization, and men in their sample scored on average one standard deviation above the men in the community sample on depression. The authors concluded that Latin American immigrants may present with different profiles than the community sample for the BSI 18. They also concluded that the BSI 18 is best used to assess for general psychological distress through the Global Severity Index.

Utsey and Hook (2007) used the Global Severity Index of the BSI 18 to assess for psychological distress in a study examining whether heart rate variability moderates the effect of race-related stress on psychological distress among a sample of African American college students (N = 215). These authors obtained an internal consistency reliability estimate of .91 for the Global Severity Index among their sample. They also found that the Global Severity Index was significantly correlated with experiences of institutionalized racism for men, and institutionalized and individual racism for women, suggesting evidence for convergent validity of the BSI 18 among an African American sample. However, this sample, of which two-thirds were women (n = 132), reported an
average age of 19 years (SD = 2.5). Thus it remains unknown how well the psychometric properties of the BSI 18 may generalize to other African American populations.

Utsey and Hook (2007) compared participants’ Global Severity Index scores to each other within their sample, rather than the BSI 18’s community sample. This procedure eliminates the potential issue of African American samples scoring differently on the BSI 18 than the instrument’s community sample, an issue that may be particularly important for researchers to attend to when using the BSI 18 as racial demographics of the community sample were not provided. Furthermore, Asner-Self and colleagues (2006) provided strong evidence that culturally diverse groups may produce different profiles than the community sample used during development of the BSI 18. The current study therefore compared participants’ Global Severity Index scores within the current sample rather than to the BSI 18’s community sample. The current study also used the Global Severity Index as a general measure of psychological distress/well-being to increase statistical power and avoid issues of interfactor loading found by others (e.g., Asner-Self et al., 2006; Derogatis, 2000). Finally, although other researchers (e.g., Balsam et al., 2004; Crawford et al., 2002) have used the BSI 18’s parent instruments (BSI, SCL-90-R, respectively) with same sex attracted populations of color, the current study used the BSI 18 to reduce administration time and potential fatigue for participants. Also, as participants in the current study are not psychiatric patients, it may be more appropriate to assess for the more general distress symptoms of depression, anxiety, and somatization assessed by the BSI 18, rather than the more severe symptomology (e.g., Obsessive-Compulsive, Psychoticism) assessed for on the BSI and SCL-90-R. In the current study, the Global Severity Index score of the BSI 18 operationalized
psychological well-being, with lower scores representing higher levels of well-being. A reliability estimate of .90 was derived for the Global Severity Index of the BSI 18 in the current study.

**Difficult Sexual Situations**

Diaz and colleagues (2004) used a Difficult Sexual Situations scale (Diaz & Ayala, 1998, see Appendix G) among gay Latino participants (N = 912), which was also used to assess for difficult sexual situations in the current study. The original ten-item scale used by Diaz and colleagues was developed from previous qualitative data on difficult sexual situations gathered from a series of focus groups with Latino gay men. Examples of difficult situations include having sex in public sex environments, under the influence of drugs and alcohol, for the purpose of escaping negative affect, within relationships of unequal power, experiences of sexual dysfunction, and sex with a partner who resists using a condom. All items assess for situations that occurred within the previous 12 months. Items are rated on a four-point scale from never (0) to many times (4). Diaz and colleagues (2004) obtained a Cronbach’s alpha of .74 among their sample. More recently, Diaz has discovered a possible expanded two-factor structure for the Difficult Sexual Situations scale, consisting of Circumstantial Restraints (to safer sex, e.g., all items used in the 2004 study), and Interpersonal Restraints (to safer sex, e.g., having difficulty asking a partner one wants to feel very connected with to use a condom) (R. M. Diaz, personal communication, April 9, 2008). Diaz’s current version of the scale (currently under review) has 19 items, and was given to participants in the current study. Upon Diaz’s recommendation (R. M. Diaz, personal communication, April 9, 2008), an exploratory factor analysis was performed to examine if this two-factor structure would
replicate in the current study’s sample of HIV-positive African American MSMs. It was decided a priori that if this factor structure replicated in the current study, then the current 19-item version would be used, which was the case. Scores were averaged across each subscale to portray the amount of Circumstantial and Interpersonal Restraints to engaging in safer sex that participants have encountered over the past year. In the current study, reliability estimates for Circumstantial and Interpersonal Restraints were .89 and .89, respectively.

**Sexual Risk Practices**

A Sexual Risk Practices scale was created for the current study and assessed for the frequency with which participants have engaged in receptive, and insertive, anal sex, and received and given oral sex (to ejaculation), without use of a condom, both inside and outside of a committed monogamous relationship (see Appendix H). These behaviors are associated with sexual risk taking known to increase HIV transmission among men who have sex with men (de Vroome, de Wit, Stroebe, Sandfort, & van Griensven, 1998), and were therefore used in the current study to operationalize sexual risk practices. Each of these four situations was assessed by one question with response options ranging from never while engaging in sex with men (0) to always while engaging in sex with men (4). Scores from the four items were averaged separately for occurring inside and outside of a committed relationship to represent the frequency with which participants have engaged in sexual risk practices. Reliability estimates in the current study for the sexual risk practices scale Inside and Outside of a Committed Relationship were .76 and .86, respectively.

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**Open Ended Commentary**

The open ended commentary (see Appendix I) consisted of three questions asking participants to describe 1) their personal experiences as African American men attracted to other men, 2) specific challenges associated with these multiple minority identities, and 3) specific rewards associated with these multiple minority identities. This assessment was exploratory, and included in the current study as participants’ experiences negotiating multiple minority identities may be more multifaceted and complex than current quantitative single identity measures can adequately portray. Topic areas and core ideas were highlighted from these data and described as a supplement to the quantitative data.
CHAPTER IV
RESULTS

This chapter reexamines the current study’s hypotheses and describes the findings of the analyses performed to test these hypotheses. The hypotheses and analyses are grouped in five sections. First, descriptive statistics for predictor and outcome scales are presented. Second, the factor analysis performed with the Difficult Sexual Situations scale is presented. Third, bivariate Pearson correlation results are presented. The fourth section presents statistical tests of the current study’s main hypotheses, as well as additional exploratory analyses. Finally, the fifth section evaluates the qualitative results asking about participants’ experiences as same sex attracted African American men.
**Descriptive Statistics**

Means, medians, and standard deviations of all predictor and outcome scales are provided in Table Two.

Table 2
**Scale Means, Medians, and Standard Deviations (N = 73)**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Mean</th>
<th>Median</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRIS (possible range: 1 – 7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA</td>
<td>3.80</td>
<td>4.00</td>
<td>1.37</td>
</tr>
<tr>
<td>PM</td>
<td>3.91</td>
<td>4.00</td>
<td>1.56</td>
</tr>
<tr>
<td>PSH</td>
<td>3.00</td>
<td>2.80</td>
<td>1.49</td>
</tr>
<tr>
<td>IEAW</td>
<td>2.00</td>
<td>1.40</td>
<td>1.34</td>
</tr>
<tr>
<td>IA</td>
<td>3.40</td>
<td>3.40</td>
<td>1.47</td>
</tr>
<tr>
<td>IMCI</td>
<td>4.57</td>
<td>4.50</td>
<td>1.58</td>
</tr>
<tr>
<td>LGIS (possible range: 1 – 7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NP</td>
<td>4.44</td>
<td>4.42</td>
<td>1.30</td>
</tr>
<tr>
<td>NA</td>
<td>3.55</td>
<td>3.43</td>
<td>1.47</td>
</tr>
<tr>
<td>H</td>
<td>3.27</td>
<td>3.19</td>
<td>1.43</td>
</tr>
<tr>
<td>DP</td>
<td>3.97</td>
<td>4.00</td>
<td>1.49</td>
</tr>
<tr>
<td>IC</td>
<td>3.07</td>
<td>3.20</td>
<td>1.55</td>
</tr>
<tr>
<td>S</td>
<td>2.55</td>
<td>2.50</td>
<td>1.68</td>
</tr>
<tr>
<td>BSI 18 (possible range: 0-4)</td>
<td>0.77</td>
<td>0.67</td>
<td>0.70</td>
</tr>
<tr>
<td>DSS (possible range: 0-4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CR</td>
<td>0.82</td>
<td>0.80</td>
<td>0.71</td>
</tr>
<tr>
<td>IR</td>
<td>1.29</td>
<td>1.44</td>
<td>0.85</td>
</tr>
<tr>
<td>SRP (possible range: 1 – 5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICR</td>
<td>2.21</td>
<td>2.00</td>
<td>0.96</td>
</tr>
<tr>
<td>OCR</td>
<td>2.09</td>
<td>2.00</td>
<td>1.05</td>
</tr>
</tbody>
</table>

*Note. CRIS = Cross Racial Identity Scale; PA = Pre-Encounter Assimilation, PM = Pre-Encounter Miseducation, PSH = Pre-Encounter Self-Hatred, IEAW = Immersion-Emersion Anti-White, IA = Internalization Afrocentric, IMCI = Internalization Multiculturalist Inclusive. LGIS = Lesbian and Gay Identity Scale; NP = Need for Privacy, NA = Need for Acceptance, H = Homonegativity, DP = Difficult Process, IC = Identity Confusion, S = Superiority. BSI 18 = Brief Symptom Inventory 18. DSS = Difficult Sexual Situations; CR = Circumstantial Restraints, IR = Interpersonal Restraints. SRP = Sexual Risk Practices; ICR = Inside Committed Relationship, OCR = Outside Committed Relationship.*
Although not a main question of the current study, CRIS and LGIS scale means, as well as inter-scale correlations, differed considerably between the current study and scale development samples. These findings, presented below, offer important information about the current study sample, and inform data analysis and interpretations.

Table 3 compares the means and standard deviations for the CRIS subscales in the current study with the final sample used in the scale’s development (from Vandiver et al., 2000).

Table 3
CRIS Subscale Means and SDs between Current Study and Scale Development Sample

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Current Study Sample (N = 73)</th>
<th>Scale Development Sample (N=336)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>PA</td>
<td>3.80</td>
<td>1.37</td>
</tr>
<tr>
<td>PM</td>
<td>3.91</td>
<td>1.56</td>
</tr>
<tr>
<td>PSH</td>
<td>3.00</td>
<td>1.49</td>
</tr>
<tr>
<td>IEAW</td>
<td>2.00</td>
<td>1.34</td>
</tr>
<tr>
<td>IA</td>
<td>3.40</td>
<td>1.47</td>
</tr>
<tr>
<td>IMCI</td>
<td>4.57</td>
<td>1.58</td>
</tr>
</tbody>
</table>

Note. PA = Pre-Encounter Assimilation, PM = Pre-Encounter Miseducation, PSH = Pre-Encounter Self-Hatred, IEAW = Immersion-Emersion Anti-White, IA = Internalization Afrocentric, IMCI = Internalization Multiculturalist Inclusive (CRIS).

It is apparent that the current study sample seemed to endorse Pre-Encounter subscales more highly, and Internalization subscales less highly, than the scale development sample. In fact, the current study sample endorsed the two Pre-Encounter subscales of Assimilation and Miseducation more highly than the Internalization Afrocentric subscale, a pattern not found in the scale development sample. There is also a noticeable difference between the two samples regarding the Self-Hatred subscale, which the current study sample endorsed more highly. The current study sample also seemed to provide
more varied responses overall than the scale development sample, especially for the Multiculturalist Inclusive scale.

Intercorrelations among CRIS subscales also differed between the current study and scale development samples. Table 4 compares subscale intercorrelations between the two samples, with the current study data above the diagonal and scale development data (Vandiver et al., 2000) below the diagonal.

Table 4
CRIS Subscale Intercorrelations from the Current Study (above diagonal, N = 73) and Scale Development Samples (below diagonal, N = 309)

<table>
<thead>
<tr>
<th></th>
<th>PA</th>
<th>PM</th>
<th>PSH</th>
<th>IEAW</th>
<th>IA</th>
<th>IMCI</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA</td>
<td>--</td>
<td>.26*</td>
<td>.07</td>
<td>-.11</td>
<td>-.03</td>
<td>.61**</td>
</tr>
<tr>
<td>PM</td>
<td>.24**</td>
<td>--</td>
<td>.29*</td>
<td>.13</td>
<td>.27*</td>
<td>.04</td>
</tr>
<tr>
<td>PSH</td>
<td>.13</td>
<td>.17</td>
<td>--</td>
<td>.59**</td>
<td>.45**</td>
<td>-.30*</td>
</tr>
<tr>
<td>IEAW</td>
<td>-.16</td>
<td>.04</td>
<td>.13</td>
<td>--</td>
<td>.48**</td>
<td>-.35**</td>
</tr>
<tr>
<td>IA</td>
<td>-.15</td>
<td>.19**</td>
<td>.08</td>
<td>.42**</td>
<td>--</td>
<td>-.13</td>
</tr>
<tr>
<td>IMCI</td>
<td>.17</td>
<td>-.05</td>
<td>-.06</td>
<td>-.35**</td>
<td>-.20**</td>
<td>--</td>
</tr>
</tbody>
</table>

Note. PA = Pre-Encounter Assimilation, PM = Pre-Encounter Miseducation, PSH = Pre-Encounter Self-Hatred, IEAW = Immersion-Emersion Anti-White, IA = Internalization Afrocentric, IMCI = Internalization Multiculturalist Inclusive (CRIS). * p < .05, ** p < .001. Vandiver et al. did not indicate values at the p < .05 level.

It is apparent from these data that overall higher intercorrelations are observed within the current study sample. Specifically, high positive correlations within the current study sample are found between the identities of Assimilation and Multiculturalist Inclusive, Self-Hatred and Anti-White, Afrocentric and Self-Hatred, and Afrocentric and Anti-White; a high negative correlation is found between the identities of Multiculturalist Inclusive and Anti-White.

CRIS authors (Cross & Vandiver, 2001) have called for the CRIS to be validated on more diverse African American samples. Responding to this call, data in the current
study suggest that the HIV-positive African American MSM participants may endorse more Pre-Encounter attitudes, less Internalization attitudes, and more closely associate differing CRIS identities together than the scale development sample of predominantly female college students. Such differences between the two samples raise the question of whether the underlying six-factor structure of the CRIS replicates within the current sample. To address this question a principle components factor analysis with a Varimax rotation was performed (see Appendix K). Results indicated that the CRIS six-factor structure generally did hold for the current study sample, but with some cross-loading among the Assimilationist and Multiculturalist Inclusive scales (see Appendix K). Therefore, although the CRIS may be a valid measurement tool within the current sample, participants may nevertheless experience and construe meanings of African American identities differently than expected according to revised nigrescence theory (Cross & Vandiver, 2001).

Table 5 compares the means and standard deviations for the LGIS subscales in the current study with the gay male sample (N = 414) used in the scale’s development (from Mohr & Fassinger, 2000).
Table 5

LGIS Subscale Means and SDs between Current Study and Scale Development Sample

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Current Study Sample (N=73)</th>
<th>Scale Development Sample (N=173)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>NP</td>
<td>4.44</td>
<td>1.30</td>
</tr>
<tr>
<td>NA</td>
<td>3.55</td>
<td>1.47</td>
</tr>
<tr>
<td>H</td>
<td>3.27</td>
<td>1.43</td>
</tr>
<tr>
<td>DP</td>
<td>3.97</td>
<td>1.49</td>
</tr>
<tr>
<td>IC</td>
<td>3.07</td>
<td>1.55</td>
</tr>
<tr>
<td>S</td>
<td>2.55</td>
<td>1.68</td>
</tr>
</tbody>
</table>

Note. NP = Need for Privacy, NA = Need for Acceptance, H = Homonegativity, DP = Difficult Process, IC = Identity Confusion, S = Superiority (LGIS).

It is apparent that the current study sample endorsed all LGIS identities more highly than the predominantly White scale development sample, and especially Need for Acceptance, Homonegativity, and Identity Confusion. Responses among the current sample were also more varied for these three subscales.

Intercorrelations among LGIS subscales also differed between the current study and scale development samples. Table 6 compares subscale intercorrelations between the two samples, with the current study data above the diagonal and scale development data (Mohr & Fassinger, 2000) below the diagonal.
Table 6
LGIS Subscale Intercorrelations from the Current Study (above diagonal, \(N = 73\)) and Scale Development Samples (below diagonal, \(N = 179\))

<table>
<thead>
<tr>
<th></th>
<th>NP</th>
<th>NA</th>
<th>H</th>
<th>DP</th>
<th>IC</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td>NP</td>
<td>--</td>
<td>.72**</td>
<td>.65**</td>
<td>.67**</td>
<td>.56**</td>
<td>-.01</td>
</tr>
<tr>
<td>NA</td>
<td>.38**</td>
<td>--</td>
<td>.79**</td>
<td>.72**</td>
<td>.72**</td>
<td>.45**</td>
</tr>
<tr>
<td>H</td>
<td>.38**</td>
<td>.39**</td>
<td>--</td>
<td>.74**</td>
<td>.77**</td>
<td>.16</td>
</tr>
<tr>
<td>DP</td>
<td>.19</td>
<td>.30**</td>
<td>.32**</td>
<td>--</td>
<td>.56**</td>
<td>.15</td>
</tr>
<tr>
<td>IC</td>
<td>.06</td>
<td>.09</td>
<td>.23**</td>
<td>.10</td>
<td>--</td>
<td>.26*</td>
</tr>
<tr>
<td>S</td>
<td>-.03</td>
<td>.17</td>
<td>-.03</td>
<td>.01</td>
<td>.06</td>
<td>--</td>
</tr>
</tbody>
</table>

Note. NP = Need for Privacy, NA = Need for Acceptance, H = Homonegativity, DP = Difficult Process, IC = Identity Confusion, S = Superiority (LGIS). * p <.05, ** p< .001. Mohr and Fassinger did not indicate values at the p< .05 level.

It is apparent that the current study sample more closely associated LGIS subscales together than the scale development sample. It is also apparent that the Superiority identity seems to portray something different for both samples than the other five identity components, and especially so for the scale development sample. Identity Confusion also seems to mean something different than the other scales, but only for the scale development sample.

Differing descriptive data on the LGIS between the current study sample and mostly White, gay male scale development sample raise the question of whether the underlying six-factor structure of the LGIS replicates within the current sample. A principle components factor analysis with a Varimax rotation would be an ideal analysis for investigating this question. However, the current sample size (\(N = 73\)) is insufficient to perform such an analysis, which would require approximately 200 participants. (The LGIS scale consists of 40 items and the current sample has 73 cases. The recommended minimum subject to variable ratio (STV) is five to one [Grimm and Yarnold, 2003]. The STV ratio for the current study is less than 2.) Therefore it is uncertain as to whether the
six-factor structure of the LGIS actually replicated within the current sample. Thus questions remain regarding the meaning and interpretability of findings involving the LGIS within the current sample. With this caveat, results involving the LGIS are presented below.

The current study’s reported Global Severity Index BSI 18 item mean is .77 (SD = .70), resulting in a Global Severity Index raw mean score of 13.86 (e.g., .77 x 18). This raw mean score translates into a standardized T score of 61 when compared to the community sample of men (N = 605), and a standardized T score of 60 when compared to the male sample of oncology patients (N = 802) used to develop the BSI 18 (Derogatis, 2000, pp. 33, 35). Derogatis calculated standardized T scores to reflect a mean of 50 and standard deviation of 10. Therefore, in spite of an apparently low item mean score (e.g., .77 on a scale ranging from 0 to 5), the current sample of HIV-positive African American MSMs scored on average one standard deviation higher on the BSI 18 than the men in both scale development samples.

*Factor Analysis of the Difficult Sexual Situations Scale*

Upon Diaz’s recommendation (R. M. Diaz, personal communication, April 9, 2008), a factor analysis was performed on the Difficult Sexual Situations scale to examine if the recent two-factor structure found by the scale’s author among a gay male Latino sample would replicate in the current study’s sample of HIV-positive African American MSMs. A principal components factor analysis with a Varimax rotation was performed to identify the scale’s underlying factor structure. This analysis extracted four factors with Eigenvalues greater than one, accounting overall for 68 percent of the variance. Examination of a Scree plot indicated that the first two factors explained a
meaningful portion of variance (56%) within the scale. The analysis was therefore repeated constraining the items to load on two factors (with Eigen values ≥ 2). The loadings on the two Varimax rotated components of the 19 scale items are presented in Table Seven. Overall, the two-factor structure proposed by Diaz was confirmed. All 10 items proposed to compose the Circumstantial Restraints subscale (items 1, 3, 8, 9, 10, 11, 13, 14, 15, and 18) loaded on the same factor with loadings exceeding .50 (item 14 had a loading of .49). All of those items also had considerably lower loadings on factor 2 (except for item 3, which loaded almost equally highly on both factors [.53 on factor 1 vs. .51 on factor 2]). Six of the nine items proposed to compose the Interpersonal Restraints subscale (items 2, 4, 5, 6, 7, 12, 16, 17, 19) loaded highly (> 50) on factor 2 (items 2, 4, 5, 6, 12, and 17). Items 16 and 19 loaded higher on factor 1 than factor 2 but their loadings on factor 2 were not much lower (both had loadings greater than .40 on factor 2). Only item 7 seemed to have more of an association with factor 1 than factor 2, and both loadings were less than .50 (.47 on factor 1 and .27 on factor 2). Based on these results, the two subscales, as proposed by Diaz, were computed and used in subsequent analyses. Item 7 was retained on the Interpersonal Restraints subscale despite its low loading value because an internal reliability analysis of the subscale indicated that it would not be detrimental to do so (e.g., Cronbach’s alpha would increase from .888 to .894 if item 7 was deleted from the subscale).
Table 7
Exploratory Factor Analysis of the 19-item Difficult Sexual Situations Scale (N = 73).

<table>
<thead>
<tr>
<th>Item</th>
<th>Varimax rotated factor</th>
<th>Varimax rotated factor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Circumstantial Restraints</td>
<td>Interpersonal Restraints</td>
</tr>
<tr>
<td>1 Partner doesn’t want to use a condom</td>
<td>.57</td>
<td>.49</td>
</tr>
<tr>
<td>2 Very sexy partner</td>
<td>.21</td>
<td>.83</td>
</tr>
<tr>
<td>3 Have sex when lonely and depressed</td>
<td>.53</td>
<td>.51</td>
</tr>
<tr>
<td>4 In love with partner</td>
<td>.25</td>
<td>.65</td>
</tr>
<tr>
<td>5 Have sex when feeling very aroused</td>
<td>.18</td>
<td>.89</td>
</tr>
<tr>
<td>6 Trust partner a lot</td>
<td>.03</td>
<td>.81</td>
</tr>
<tr>
<td>7 Interrupt sex to look for a condom</td>
<td>.47</td>
<td>.27</td>
</tr>
<tr>
<td>8 You or partner are drunk</td>
<td>.66</td>
<td>.30</td>
</tr>
<tr>
<td>9 You or partner are high on drugs</td>
<td>.67</td>
<td>.39</td>
</tr>
<tr>
<td>10 Condoms would spoil a magic moment</td>
<td>.73</td>
<td>.06</td>
</tr>
<tr>
<td>11 Having sex in public</td>
<td>.76</td>
<td>.18</td>
</tr>
<tr>
<td>12 Want to feel close and connected with partner</td>
<td>.38</td>
<td>.66</td>
</tr>
<tr>
<td>13 Group sex without condoms</td>
<td>.75</td>
<td>-.10</td>
</tr>
<tr>
<td>14 Sex in partner’s residence</td>
<td>.49</td>
<td>.41</td>
</tr>
<tr>
<td>15 Difficulty maintaining an erection</td>
<td>.71</td>
<td>.23</td>
</tr>
<tr>
<td>16 Afraid of losing partner</td>
<td>.56</td>
<td>.42</td>
</tr>
<tr>
<td>17 Really want to please partner</td>
<td>.23</td>
<td>.74</td>
</tr>
<tr>
<td>18 Good time in public sex environment</td>
<td>.59</td>
<td>.35</td>
</tr>
<tr>
<td>19 Partner asks you to trust him</td>
<td>.57</td>
<td>.44</td>
</tr>
</tbody>
</table>

Note. Rotated item loadings above .50 are shown in boldface. Results should be viewed with caution due to a lower than ideal N size, resulting in a low STV ratio (Grimm & Yarnold, 2003).

Pearson Bivariate Correlations

Pearson bivariate correlations among demographic variables of age, income, education, and importance of religion, and all predictor and outcome subscales are listed.
in Table 8. Bivariate correlations among all predictor and outcome subscales are listed in Table 9. Significant correlations relevant to the current study’s research questions are highlighted below, and potential implications of these correlations are discussed in Chapter Five. Regarding relationships between demographic and outcome variables, age was negatively correlated with Circumstantial Restraints (Difficult Sexual Situations). This is consistent with the findings of several CDC studies (2002, 2003) showing a negative association between age and sexual risk behaviors among MSMs. Income and education were also positively associated with the LGIS Difficult Process Scale. Further, income was positively associated with the CRIS Internalization Afrocentric scale, while education was positively associated with the Internalization Multiculturalist Inclusive scale. As importance of religion was not significantly correlated with any variables, it was dropped from all regression analyses.

Regarding correlations among predictor and outcome variables, the CRIS subscales of Self-Hatred and Anti-White were positively correlated with the LGIS subscales of Need for Acceptance, Homonegativity, Difficult Process, Identity Confusion, and most strongly, Superiority. The Afrocentric subscale was also positively correlated with Need for Acceptance, Difficult Process, and Superiority. Higher psychological symptoms as measured by the BSI 18 were correlated with higher scores on the LGIS subscales of Need for Privacy, Need for Acceptance, Homonegativity, and Identity Confusion. Circumstantial Restraints (Difficult Sexual Situations) were positively correlated with the CRIS identities of Self-Hatred, Anti-White, and Afrocentric, the LGIS identity of Need for Acceptance, higher symptomology as measured by the BSI 18, and higher instances of Sexual Risk Practices, both Inside and
Outside of Committed Relationships. Interpersonal Restraints (Difficult Sexual Situations) were positively correlated with CRIS identities of Assimilation, Miseducation, and Multiculturalist Inclusive. Sexual Risk Practices (Outside of a Committed Relationship) were also positively correlated with the CRIS Anti-White identity.

Some intercorrelations among CRIS subscales reached a $p \leq .001$ significance level, including Anti-White and Self-Hatred, Afrocentric and Self-Hatred, Afrocentric and Anti-White, Multiculturalist Inclusive and Anti-White, and Multiculturalist Inclusive and Assimilation. Correlations between the LGIS subscales of Need for Privacy, Need for Acceptance, Homonegativity, Difficult Process, and Identity Confusion were particularly high, ranging between .56 and .79.
Table 8

<table>
<thead>
<tr>
<th></th>
<th>NP</th>
<th>NA</th>
<th>H</th>
<th>DP</th>
<th>IC</th>
<th>S</th>
<th>BSI 18</th>
<th>ICR</th>
<th>OCR</th>
<th>PA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>-0.07</td>
<td>-0.15</td>
<td>-0.05</td>
<td>-0.07</td>
<td>0.03</td>
<td>-0.07</td>
<td>-0.08</td>
<td>0.04</td>
<td>0.04</td>
<td>-0.16</td>
</tr>
<tr>
<td>Income</td>
<td>0.17</td>
<td>0.22</td>
<td>0.26*</td>
<td>0.35**</td>
<td>0.08</td>
<td>-0.09</td>
<td>-0.11</td>
<td>-0.05</td>
<td>-0.06</td>
<td>0.15</td>
</tr>
<tr>
<td>Education</td>
<td>0.22</td>
<td>-0.01</td>
<td>0.15</td>
<td>0.25*</td>
<td>0.02</td>
<td>-0.29*</td>
<td>-0.02</td>
<td>0.01</td>
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Note. PA=Pre-Encounter Assimilation, PM = Pre-Encounter Miseducation, PSH = Pre-Encounter Self-Hatred, IEAW = Immersion-Emersion Anti-White, IA = Internalization Afrocentric, IMCI = Internalization Multiculturalist Inclusive. NP = Need for Privacy, NA = Need for Acceptance, H = Homonegativity, DP = Difficult Process, IC = Identity Confusion, S = Superiority. BSI 18 = Brief Symptom Inventory 18. CR = Circumstantial Restraints, IR = Interpersonal Restraints. ICR = Inside Committed Relationship, OCR = Outside Committed Relationship. * denotes p ≤ .05; ** denotes p ≤ .001.
Table 9
Pearson Correlations among Predictor and Outcome Subscales (N = 73).

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<tr>
<th></th>
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<th>S</th>
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<th>ICR</th>
<th>OCR</th>
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<td>.79**</td>
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Tests of the Hypotheses

Hypotheses one through three were tested using multiple linear regression analyses. Multiple regressions identify variables that uniquely predict dependent
measure variance while controlling for all other variables within the model. These regression models can also discover significance resulting from shared underlying variance among significant predictors. Stepwise regression equations were also performed, but as follow-up, exploratory analyses, and were not used to test the current study’s hypotheses. Stepwise regression analyses are often used in exploratory analyses with previously untested theory-based models among predictor and outcome variables, such as the current study. Stepwise analyses also control for covariance by identifying significant predictors without allowing them to covary. In the results below, multiple regression results are presented first as tests of the current study’s hypotheses. Follow-up exploratory stepwise regressions are presented second. As age, education, and income produced significant Pearson correlations with some predictor and outcome variables, they were included in each model as control variables.

The possibility of collinearity was examined, as intercorrelations were high among and between many of the CRIS and LGIS subscales. Two common indicators of collinearity are variance inflation factors (VIFs) and condition indices. Customarily, VIF values of more than 10 and condition index values of more than 30 indicate collinearity between the predictors in a regression analysis, although, with smaller samples (which is the case in the current study) even smaller values of those two indicators can be a cause for concern. Correlations between CRIS subscales ranged from very low to high with most in the midrange (.20 to .40), but some exceeding .40. An examination of collinearity indicators in the analyses involving CRIS subscales indicated that collinearity was not present (VIF values were less than 3, condition index values were less than 23). Correlations between LGIS subscales ranged from low to very high, with most in the
upper range (between .50 and .80). An examination of collinearity indicators in the analyses involving LGIS subscales indicated that collinearity was not present (VIF values were less than 7, condition index values were less than 26). However, as regression analyses done on a small sample are more vulnerable to collinearity issues, all models in which VIF values were more than six and condition index values were more than 20 were reanalyzed with the variable most responsible for collinearity excluded from the model. These analyses resulted in satisfactorily low levels of collinearity indices and an unchanged pattern of findings. In spite of these findings suggesting that collinearity was not an issue in the current study’s analyses, stepwise regression analyses were in part performed to further control for high intercorrelations among and between certain subscales.

Hypothesis One: CRIS and LGIS Subscales Predicting Mental Health Symptoms (BSI 18)

Hypothesis one predicted that participants who exhibited a) higher scores on the post-discovery African American identities of Anti-White, Afrocentric, and Multiculturalist Inclusive, and lower scores on the pre-discovery identities of Assimilation, Miseducation, and Self-Hatred, as measured by the CRIS, and b) lower scores on the same sex attracted identities of Homonegativity, Need for Acceptance, Need for Privacy, Difficult Process, and Identity Confusion as measured by the LGIS would exhibit higher levels of overall psychological well-being (e.g., lower scores on the BSI 18). An additional linear regression was also run to examine c) how well selected aspects of African American and same sex attracted identity development, in combination, predicted psychological well-being. To test hypothesis 1a a multiple linear regression analysis was performed with the six CRIS subscales entered together as
predictors and the BSI 18 entered as the dependent variable. None of the CRIS subscales significantly predicted psychological well-being scores (see Table 10). The model overall did not account for a significant portion of BSI 18 variance. A follow-up stepwise regression also failed to identify any of the predictors as significant.

To test hypothesis 1b a multiple linear regression analysis was performed with the six LGIS subscales entered together as predictors and the BSI 18 entered as the dependent variable. None of the LGIS subscales significantly predicted psychological well-being scores. The model overall did not account for a significant portion of BSI 18 variance (see Table 11 for coefficient and R² values). However, a follow-up stepwise regression showed the subscale of Homonegativity to explain 11 percent of the variance in psychological well-being: higher endorsement of Homonegativity was associated with higher psychological symptoms (see Table 11). Additionally, CRIS and LGIS identity scales were entered together into a model: none of the subscales was a significant predictor (see Table 12). A follow-up stepwise regression including all CRIS and LGIS subscales together as predictor variables again identified Homonegativity as the only significant predictor, once more explaining 11 percent of the variance in psychological well-being.
### Table 10
CRIS Subscales Predicting Psychological Well-being (*N* = 73).

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Unstandardized β B</th>
<th>SE B</th>
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<th>P value</th>
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<tr>
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### Table 11
LGIS Subscales Predicting Psychological Well-being (*N* = 73)

<table>
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<th>Independent Variables</th>
<th>Unstandardized β B</th>
<th>SE B</th>
<th>Standardized β B</th>
<th>P value</th>
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Table 12
CRIS and LGIS Subscales Predicting Psychological Well-being (N = 73)

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<th>P value</th>
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<td>-0.06</td>
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Adj R² = .03, p = .35

**Stepwise Regression**

| Step 1 | Homonegativity | 0.20 | 0.07 | 0.35 | .007** |

Adj R² = .11, p = .007**

In summary, hypothesis 1a predicted that participants who exhibited higher scores on the post-discovery African American identities of Anti-White, Afrocentric, and Multiculturalist Inclusive, and lower scores on the pre-discovery identities of Assimilation, Miseducation, and Self-Hatred, as measured by the CRIS, would exhibit higher levels of overall psychological well-being (e.g., lower scores on the BSI 18). This hypothesis was not supported as none of the multiple regression analyses where CRIS subscales were entered as predictors significantly contributed to BSI 18 variance.
Hypothesis 1b predicted that lower scores on the same sex attracted identities of Homonegativity, Need for Acceptance, Need for Privacy, Difficult Process, and Identity Confusion as measured by the LGIS would predict higher levels of overall psychological well-being (e.g., lower scores on the BSI 18). This hypothesis was also not supported. However, exploratory stepwise regression models suggested the LGIS subscale of Homonegativity may independently explain psychological well-being variance, with higher scores on the Homonegativity subscale predicting lower levels of psychological well-being.

Hypothesis Two: CRIS and LGIS Subscales Predicting Difficult Sexual Situations and Sexual Risk Practices

Hypothesis two predicted that participants who exhibited a) higher scores on the post-discovery African American identities of Anti-White, Afrocentric, and Multiculturalist Inclusive, and lower scores on the pre-discovery identities of Assimilation, Miseducation, and Self-Hatred, as measured by the CRIS, and b) lower scores on the same sex attracted identities of Homonegativity, Need for Acceptance, Need for Privacy, Difficult Process, and Identity Confusion as measured by the LGIS would exhibit lower frequencies of difficult sexual situations and sexual risk practices. An additional linear regression was also run to examine c) how well selected aspects of African American and same sex attracted identity development, in combination, predicted difficult sexual situations and sexual risk practices.

To test hypothesis 2a, four multiple linear regression analyses were performed with the six CRIS subscales entered together as predictors of the two Difficult Sexual Situation subscales (Circumstantial Restraints and Interpersonal Restraints) and of the
two Sexual Risk Practices subscales (Inside of a Committed Relationship and Outside of a Committed Relationship). The model accounted for a significant proportion of variance in Circumstantial Restraints (see Table 13) but only one CRIS subscale was a significant predictor: higher scores on Anti-White were associated with higher levels of Circumstantial Restraints. The covariate of age was also a significant predictor, with lower ages predicting increased Circumstantial Restraints. A follow-up, exploratory stepwise regression also showed the Anti-White subscale to explain 16 percent of the variance at Step 1. Additionally, the Assimilation subscale explained an added 6 percent of the variance at Step 2 (see Table 13). CRIS subscales also accounted for a significant amount of variance in Interpersonal Restraints (see Table 14). Regression coefficients for two subscales reached significance: higher scores for Multiculturalist Inclusive and Miseducation were associated with higher levels of Interpersonal Restraints. A follow-up, exploratory stepwise regression also showed the Multicultural Inclusive subscale to explain 10 percent of the variance at Step 1, and the Miseducation subscale to predict an additional 8 percent of the variance at Step 2. Additionally, the Anti-White subscale was included at Step 3 for an added 5 percent of explained variance (see Table 14).

The six CRIS subscales did not account for a significant portion of Sexual Risk variance either Inside or Outside of a Committed Relationship (see Tables 15-16 for coefficient and $R^2$ values) in the multiple linear regression analyses. A follow-up, exploratory stepwise regression also failed to identify any of the CRIS predictors as significant for Risk Inside of a Committed Relationship. However, a follow-up stepwise regression showed the Anti-White subscale to explain 5 percent of Sexual Risk variance
Outside of a Committed Relationship, again with higher endorsement of the subscale associated with higher sexual risk practices (see Table 16).

Table 13
CRIS Subscales Predicting Circumstantial Restraints Subscale of Difficult Sexual Situations ($N = 73$)

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Unstandardized $\beta$ B</th>
<th>SE B</th>
<th>Standardized $\beta$ B</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple Linear Regression</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>-0.02</td>
<td>0.01</td>
<td>-0.24</td>
<td>.054*</td>
</tr>
<tr>
<td>Education</td>
<td>0.02</td>
<td>0.07</td>
<td>0.04</td>
<td>.76</td>
</tr>
<tr>
<td>Income</td>
<td>-0.02</td>
<td>0.09</td>
<td>-0.03</td>
<td>.83</td>
</tr>
<tr>
<td>Afrocentric</td>
<td>-0.00</td>
<td>0.07</td>
<td>-0.05</td>
<td>.97</td>
</tr>
<tr>
<td>Anti-White</td>
<td>0.21</td>
<td>0.08</td>
<td>0.41</td>
<td>.01*</td>
</tr>
<tr>
<td>Multiculturalist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inclusive</td>
<td>0.05</td>
<td>0.08</td>
<td>0.12</td>
<td>.48</td>
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<tr>
<td>Assimilation</td>
<td>0.08</td>
<td>0.08</td>
<td>0.15</td>
<td>.34</td>
</tr>
<tr>
<td>Miseducation</td>
<td>-0.01</td>
<td>0.06</td>
<td>-0.02</td>
<td>.85</td>
</tr>
<tr>
<td>Self-Hatred</td>
<td>0.07</td>
<td>0.07</td>
<td>0.14</td>
<td>.37</td>
</tr>
<tr>
<td>Adj $R^2 = .19$, $p = .01^*$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stepwise Regression</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-White</td>
<td>0.21</td>
<td>0.14</td>
<td>0.42</td>
<td>.001**</td>
</tr>
<tr>
<td>Adj $R^2 = .16$, $p = .001^{**}$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Anti-White</td>
<td>0.23</td>
<td>0.06</td>
<td>0.46</td>
<td>.000^{**}</td>
</tr>
<tr>
<td>Assimilation</td>
<td>0.13</td>
<td>0.06</td>
<td>0.26</td>
<td>.02*</td>
</tr>
<tr>
<td>$\Delta R^2 = .06$, $p &lt; .001^{**}$</td>
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</table>
Table 14
CRIS Subscales Predicting Difficult Sexual Situations Subscale of Interpersonal Restraints (N = 73)

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Unstandardized β B</th>
<th>SE B</th>
<th>Standardized β B</th>
<th>P value</th>
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<td><strong>Multiple Linear Regression</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
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<td>0.01</td>
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<td>.33</td>
</tr>
<tr>
<td>Education</td>
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<td>0.09</td>
<td>0.07</td>
<td>.65</td>
</tr>
<tr>
<td>Income</td>
<td>-0.08</td>
<td>0.11</td>
<td>-0.09</td>
<td>.51</td>
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<tr>
<td>Afrocentric</td>
<td>0.08</td>
<td>0.09</td>
<td>0.13</td>
<td>.37</td>
</tr>
<tr>
<td>Anti-White</td>
<td>0.11</td>
<td>0.09</td>
<td>0.18</td>
<td>.24</td>
</tr>
<tr>
<td>Multiculturalist</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Inclusive</td>
<td>0.19</td>
<td>0.09</td>
<td>0.35</td>
<td>.05*</td>
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<tr>
<td>Assimilation</td>
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<td>0.09</td>
<td>0.09</td>
<td>.56</td>
</tr>
<tr>
<td>Miseducation</td>
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<td>0.07</td>
<td>0.24</td>
<td>.05*</td>
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<tr>
<td>Self-Hatred</td>
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<td>0.02</td>
<td>.90</td>
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<tr>
<td>Adj R² = .19, p = .01*</td>
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<tr>
<td><strong>Stepwise Regression</strong></td>
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<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Multiculturalist</td>
<td>0.18</td>
<td>0.06</td>
<td>0.33</td>
<td>.006*</td>
</tr>
<tr>
<td>Adj R² = .10, p = .006*</td>
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<tr>
<td>Step 2</td>
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</tr>
<tr>
<td>Multiculturalist</td>
<td>0.18</td>
<td>0.06</td>
<td>0.33</td>
<td>.006*</td>
</tr>
<tr>
<td>Miseducation</td>
<td>0.17</td>
<td>0.06</td>
<td>0.31</td>
<td>.007*</td>
</tr>
<tr>
<td>Δ R² = .08, p = .001**</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Step 3</td>
<td></td>
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</tr>
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<td>0.06</td>
<td>0.43</td>
<td>.001**</td>
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<tr>
<td>Miseducation</td>
<td>0.16</td>
<td>0.06</td>
<td>0.29</td>
<td>.01*</td>
</tr>
<tr>
<td>Anti-White</td>
<td>0.16</td>
<td>0.07</td>
<td>0.26</td>
<td>.03*</td>
</tr>
<tr>
<td>Δ R² = .05, p &lt; .001**</td>
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Table 15
CRIS Subscales Predicting Sexual Risk Practices Inside of a Committed Relationship (N = 73)

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Unstandardized β</th>
<th>Standardized β</th>
<th>P value</th>
</tr>
</thead>
<tbody>
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<td></td>
<td>B</td>
<td>SE B</td>
<td>B</td>
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<tr>
<td>Multiple Linear Regression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>0.00</td>
<td>0.01</td>
<td>0.01</td>
</tr>
<tr>
<td>Education</td>
<td>0.04</td>
<td>0.11</td>
<td>0.06</td>
</tr>
<tr>
<td>Income</td>
<td>-0.09</td>
<td>0.14</td>
<td>-0.10</td>
</tr>
<tr>
<td>Afrocentric</td>
<td>0.01</td>
<td>0.10</td>
<td>0.01</td>
</tr>
<tr>
<td>Anti-White</td>
<td>0.15</td>
<td>0.12</td>
<td>0.21</td>
</tr>
<tr>
<td>Multiculturalist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inclusive</td>
<td>0.13</td>
<td>0.14</td>
<td>0.21</td>
</tr>
<tr>
<td>Assimilation</td>
<td>-0.16</td>
<td>0.12</td>
<td>-0.23</td>
</tr>
<tr>
<td>Miseducation</td>
<td>0.16</td>
<td>0.08</td>
<td>0.25</td>
</tr>
<tr>
<td>Self-Hatred</td>
<td>-0.01</td>
<td>0.11</td>
<td>-0.02</td>
</tr>
</tbody>
</table>

Adj R² = -.02 (R² = .11), p = .57

Note. A negative adjusted R² indicates a problem with the model. An examination of collinearity indices indicates high intercorrelations between the variables.
Table 16
CRIS Subscales Predicting Sexual Risk Practices Outside of a Committed Relationship
(N = 73)

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Unstandardized β B</th>
<th>SE B</th>
<th>Standardized β B</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Multiple Linear Regression</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>0.00</td>
<td>0.01</td>
<td>0.01</td>
<td>.94</td>
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<tr>
<td>Education</td>
<td>0.08</td>
<td>0.12</td>
<td>0.10</td>
<td>.52</td>
</tr>
<tr>
<td>Income</td>
<td>-0.13</td>
<td>0.16</td>
<td>-0.13</td>
<td>.40</td>
</tr>
<tr>
<td>Afrocentric</td>
<td>-0.02</td>
<td>0.11</td>
<td>-0.03</td>
<td>.84</td>
</tr>
<tr>
<td>Anti-White</td>
<td>0.28</td>
<td>0.13</td>
<td>0.36</td>
<td>.04*</td>
</tr>
<tr>
<td>Multiculturalist Inclusive</td>
<td>0.04</td>
<td>0.13</td>
<td>0.05</td>
<td>.77</td>
</tr>
<tr>
<td>Assimilation</td>
<td>-0.05</td>
<td>0.13</td>
<td>-0.07</td>
<td>.71</td>
</tr>
<tr>
<td>Miseducation</td>
<td>0.09</td>
<td>0.09</td>
<td>0.13</td>
<td>.35</td>
</tr>
<tr>
<td>Self-Hatred</td>
<td>-0.09</td>
<td>0.12</td>
<td>-0.13</td>
<td>.45</td>
</tr>
<tr>
<td><strong>Adj R² = -.03 (R² = .11), p = .64.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Stepwise Regression**

Step 1

| Anti-White | 0.20 | 0.09 | 0.25 | .04* |

**Adj R² = .05, p = .04**

*Note. A negative adjusted R² indicates a problem with the model. An examination of collinearity indices indicates high intercorrelations between the variables.*

In summary, hypothesis 2a predicted that participants who exhibited higher scores on the post-discovery African American identities of Anti-White, Afrocentric, and Multiculturalist Inclusive, and lower scores on the pre-discovery identities of Assimilation, Miseducation, and Self-Hatred, as measured by the CRIS, would exhibit lower frequencies of difficult sexual situations and sexual risk practices. Multiple regression analyses found three CRIS subscales to predict difficult sexual situations. Lower ages and higher scores on the Anti-White subscale accounted for a significant proportion of variance in Circumstantial Restraints. Multiculturalist Inclusive and Miseducation subscales accounted for a significant amount of variance in Interpersonal
Restraints. In follow-up stepwise regressions the Anti-White subscale explained 16 percent of variance, and the Assimilation subscale explained an additional 6 percent of variance in Circumstantial Restraints. The Multicultural Inclusive subscale explained 10 percent of variance, Miseducation explained an additional eight percent, and the Anti-White subscale added an additional five percent of explained Interpersonal Restraints variance. The six CRIS subscales did not account for a significant portion of Sexual Risk variance either Inside or Outside of a Committed Relationship in multiple linear regression analyses. An exploratory stepwise regression showed the Anti-White subscale to explain five percent of Sexual Risk variance Outside of a Committed Relationship, again with higher endorsement of the subscale associated with higher sexual risk behaviors. In conclusion, higher levels of the pre-discovery CRIS scale of Miseducation, and the post-identity CRIS scales of Anti-White and Multiculturalist Inclusive, predicted higher instances of difficult sexual situations in multiple linear regressions, providing limited, mixed evidence both supporting and not supporting hypothesis 2a.

To test hypothesis 2b four multiple linear regression analyses were performed with the six LGIS subscales entered together as predictors of the two Difficult Sexual Situation subscales (Circumstantial Restraints and Interpersonal Restraints) and of the two Sexual Risk Practices subscales (Inside of a Committed Relationship and Outside of a Committed Relationship). The six LGIS subscales did not account for a significant portion of Circumstantial Restraints variance (see Table 17 for coefficient and R² values) in the multiple linear regression analysis. An exploratory stepwise regression showed the Need for Acceptance subscale to explain 8 percent of Circumstantial Restraints variance with higher endorsement of the subscale associated with more difficult sexual situations
The six LGIS subscales also did not account for a significant portion of Interpersonal Restraints variance (see Table 18 for coefficient and R² values) in the multiple linear regression analysis. A stepwise regression also did not identify any of the LGIS predictors as significant in contributing Interpersonal Restraints variance.

The six LGIS subscales also did not account for a significant portion of Sexual Risk (Inside of a Committed Relationship) variance (see Table 19 for coefficient and R² values) in the multiple linear regression analysis. A stepwise regression also did not identify any of the LGIS predictors as significant in contributing to Sexual Risk (Inside of a Committed Relationship) variance. Finally, The six LGIS subscales did not account for a significant portion of Sexual Risk (Outside of a Committed Relationship) variance (see Table 20 for coefficient and R² values) in the multiple linear regression analysis. A stepwise regression also did not identify any of the LGIS predictors as significant in contributing to Sexual Risk (Outside of a Committed Relationship) variance.
Table 17
LGIS Subscales Predicting Difficult Sexual Situations Subscale of Circumstantial Restraints (N = 73)

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Unstandardized β B</th>
<th>SE B</th>
<th>Standardized β B</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Multiple Linear Regression</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>-0.01</td>
<td>0.01</td>
<td>-0.21</td>
<td>.15</td>
</tr>
<tr>
<td>Education</td>
<td>0.10</td>
<td>0.09</td>
<td>0.21</td>
<td>.23</td>
</tr>
<tr>
<td>Income</td>
<td>-0.02</td>
<td>0.11</td>
<td>-0.03</td>
<td>.85</td>
</tr>
<tr>
<td>Need Privacy</td>
<td>-0.12</td>
<td>0.12</td>
<td>-0.22</td>
<td>.31</td>
</tr>
<tr>
<td>Need Acceptance</td>
<td>0.23</td>
<td>0.16</td>
<td>0.47</td>
<td>.16</td>
</tr>
<tr>
<td>Homonegativity</td>
<td>0.14</td>
<td>0.13</td>
<td>0.26</td>
<td>.30</td>
</tr>
<tr>
<td>Difficult Process</td>
<td>-0.07</td>
<td>0.11</td>
<td>-0.14</td>
<td>.52</td>
</tr>
<tr>
<td>Identity Confusion</td>
<td>-0.10</td>
<td>0.10</td>
<td>-0.21</td>
<td>.31</td>
</tr>
<tr>
<td>Superiority</td>
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<td>-0.00</td>
<td>.99</td>
</tr>
<tr>
<td>Adj R² = .06, p = .21.</td>
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<tr>
<td><strong>Stepwise Regression</strong></td>
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<tr>
<td>Step 1</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Need for Acceptance</td>
<td>0.15</td>
<td>0.06</td>
<td>0.30</td>
<td>.02*</td>
</tr>
<tr>
<td>Adj R² = .08, p = .02*</td>
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</tr>
</tbody>
</table>

Table 18
LGIS Subscales Predicting Difficult Sexual Situations Subscale of Interpersonal Restraints (N = 73)

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Unstandardized β B</th>
<th>SE B</th>
<th>Standardized β B</th>
<th>P value</th>
</tr>
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<tbody>
<tr>
<td><strong>Multiple Linear Regression</strong></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Age</td>
<td>-0.02</td>
<td>0.01</td>
<td>-0.22</td>
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<tr>
<td>Education</td>
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<td>0.32</td>
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<td>Income</td>
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<td>0.14</td>
<td>-0.05</td>
<td>.77</td>
</tr>
<tr>
<td>Need Privacy</td>
<td>-0.18</td>
<td>0.15</td>
<td>-0.26</td>
<td>.24</td>
</tr>
<tr>
<td>Need Acceptance</td>
<td>0.17</td>
<td>0.21</td>
<td>0.28</td>
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<tr>
<td>Homonegativity</td>
<td>-0.09</td>
<td>0.17</td>
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<tr>
<td>Difficult Process</td>
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<td>0.14</td>
<td>-0.15</td>
<td>.52</td>
</tr>
<tr>
<td>Identity Confusion</td>
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<td>0.13</td>
<td>0.11</td>
<td>.61</td>
</tr>
<tr>
<td>Superiority</td>
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<td>0.09</td>
<td>-0.07</td>
<td>.69</td>
</tr>
<tr>
<td>Adj R² = -.04 (R² = -.13), p = .64.</td>
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</tbody>
</table>

Note. A negative adjusted R² indicates a problem with the model. An examination of collinearity indices indicates high intercorrelations between the variables.
### Table 19
LGIS Subscales Predicting Sexual Risk Behaviors Inside of a Committed Relationship (N = 73)

<table>
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<tr>
<th>Independent Variables</th>
<th>Unstandardized β</th>
<th>Standardized β</th>
<th>P value</th>
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<td>B</td>
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<td>0.01</td>
<td>0.00</td>
</tr>
<tr>
<td>Education</td>
<td>0.03</td>
<td>0.12</td>
<td>0.04</td>
</tr>
<tr>
<td>Income</td>
<td>-0.02</td>
<td>0.16</td>
<td>-0.02</td>
</tr>
<tr>
<td>Need Privacy</td>
<td>0.11</td>
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<td>0.14</td>
</tr>
<tr>
<td>Need Acceptance</td>
<td>-0.06</td>
<td>0.24</td>
<td>-0.09</td>
</tr>
<tr>
<td>Homonegativity</td>
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<td>0.19</td>
<td>0.71</td>
</tr>
<tr>
<td>Difficult Process</td>
<td>-0.35</td>
<td>0.16</td>
<td>-0.47</td>
</tr>
<tr>
<td>Identity Confusion</td>
<td>-0.25</td>
<td>0.14</td>
<td>-0.36</td>
</tr>
<tr>
<td>Superiority</td>
<td>0.10</td>
<td>0.10</td>
<td>0.17</td>
</tr>
<tr>
<td>Adj R² = .03, p = .31.</td>
<td></td>
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</tr>
</tbody>
</table>

### Table 20
LGIS Subscales Predicting Sexual Risk Practices Outside of a Committed Relationship (N = 73)

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Unstandardized β</th>
<th>Standardized β</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>SE B</td>
<td>B</td>
</tr>
<tr>
<td><strong>Multiple Linear Regression</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>0.01</td>
<td>0.01</td>
<td>0.08</td>
</tr>
<tr>
<td>Education</td>
<td>0.19</td>
<td>0.13</td>
<td>0.25</td>
</tr>
<tr>
<td>Income</td>
<td>-0.20</td>
<td>0.17</td>
<td>-0.20</td>
</tr>
<tr>
<td>Need Privacy</td>
<td>-0.31</td>
<td>0.18</td>
<td>-0.36</td>
</tr>
<tr>
<td>Need Acceptance</td>
<td>0.32</td>
<td>0.25</td>
<td>0.42</td>
</tr>
<tr>
<td>Homonegativity</td>
<td>0.36</td>
<td>0.20</td>
<td>0.44</td>
</tr>
<tr>
<td>Difficult Process</td>
<td>-0.10</td>
<td>0.16</td>
<td>-0.13</td>
</tr>
<tr>
<td>Identity Confusion</td>
<td>-0.24</td>
<td>0.15</td>
<td>-0.33</td>
</tr>
<tr>
<td>Superiority</td>
<td>0.04</td>
<td>0.11</td>
<td>0.06</td>
</tr>
</tbody>
</table>

In summary, hypothesis 2b predicted that lower scores on the same sex attracted identities of Homonegativity, Need for Acceptance, Need for Privacy, Difficult Process,
and Identity Confusion as measured by the LGIS would predict lower levels of difficult sexual situations and sexual risk practices. This hypothesis was not supported as the LGIS did not account for a significant portion of variance in any of the linear regression analyses. However, the subscale of Need for Acceptance explained 8 percent of the Circumstantial Restraints variance (Difficult Sexual Situations) in an exploratory stepwise regression.

Additional multiple linear regression analyses were performed with the six CRIS and LGIS subscales entered together as predictors of the two Difficult Sexual Situation subscales (Circumstantial Restraints and Interpersonal Restraints) and of the two Sexual Risk Practices subscales (Inside of a Committed Relationship and Outside of a Committed Relationship). The CRIS and LGIS subscales together did not account for a significant portion of Circumstantial Restraints variance (see Table 21 for coefficient and R² values) in the multiple linear regression analyses. A follow-up, exploratory stepwise regression showed the Anti-White subscale to explain 15 percent of the variance at Step 1, and age added an additional five percent of Circumstantial Restraints variance at Step 2. Higher endorsement of the Anti-White subscale and lower ages were associated with higher instances of difficult sexual situations (see Table 21). The model did account for a significant portion of Interpersonal Restraints variance in the multiple linear regression analyses (See Table 22). Regression coefficients for the CRIS subscales of Multiculturalist Inclusive and Miseducation, and the LGIS subscale of Superiority, reached significance, with higher scores on these subscales associated with higher Difficult Sexual Situations scores. An exploratory stepwise regression replicated some of these findings, showing the Multiculturalist subscale to explain 12 percent of the variance
at Step 1; and the Miseducation subscale explained an additional 12 percent of variance at Step 2. Additionally, the Afrocentric subscale explained an added six percent of the variance in Interpersonal Restraints at Step 3. However, the finding showing the LGIS subscale of Superiority to be a significant predictor of Interpersonal Restraints was not replicated in the exploratory stepwise regression model. Again, higher endorsements of all subscales were associated with higher instances of difficult sexual situations (See Table 22).

The model did not account for a significant portion of Sexual Risk variance (Inside of a Committed Relationship) in the multiple linear regression analysis (see Table 23 for coefficient and $R^2$ values). A stepwise regression also failed to identify any of the CRIS and LGIS predictors together as significant in contributing to Sexual Risk variance (Inside of a Committed Relationship). The CRIS and LGIS subscales together did not account for a significant portion of Outside of a Committed Relationship variance (see Table 24 for coefficient and $R^2$ values) in the multiple linear regression analysis. An exploratory stepwise regression showed the Anti-White subscale to explain seven percent of Sexual Risk variance (Outside of a Committed Relationship), again with higher endorsement of the subscale associated with greater sexual risk practices (see Table 24).
Table 21
CRIS and LGIS Subscales Predicting Difficult Sexual Situations Subscale of Circumstantial Restraints (N = 73)

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Unstandardized β</th>
<th>SE B</th>
<th>Standardized β</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Multiple Linear Regression</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>-0.01</td>
<td>0.01</td>
<td>-0.21</td>
<td>.15</td>
</tr>
<tr>
<td>Education</td>
<td>0.09</td>
<td>0.09</td>
<td>0.17</td>
<td>.34</td>
</tr>
<tr>
<td>Income</td>
<td>-0.06</td>
<td>0.11</td>
<td>-0.09</td>
<td>.61</td>
</tr>
<tr>
<td>IA</td>
<td>0.00</td>
<td>0.08</td>
<td>0.00</td>
<td>.99</td>
</tr>
<tr>
<td>IEAW</td>
<td>0.18</td>
<td>0.10</td>
<td>0.36</td>
<td>.08</td>
</tr>
<tr>
<td>IMCI</td>
<td>0.10</td>
<td>0.08</td>
<td>0.23</td>
<td>.24</td>
</tr>
<tr>
<td>PA</td>
<td>-0.01</td>
<td>0.09</td>
<td>-0.01</td>
<td>.94</td>
</tr>
<tr>
<td>PM</td>
<td>0.14</td>
<td>0.07</td>
<td>0.03</td>
<td>.83</td>
</tr>
<tr>
<td>PSH</td>
<td>0.13</td>
<td>0.09</td>
<td>0.29</td>
<td>.15</td>
</tr>
<tr>
<td>NP</td>
<td>-0.11</td>
<td>0.14</td>
<td>-0.19</td>
<td>.36</td>
</tr>
<tr>
<td>NA</td>
<td>0.28</td>
<td>0.17</td>
<td>0.56</td>
<td>.11</td>
</tr>
<tr>
<td>H</td>
<td>0.07</td>
<td>0.13</td>
<td>0.13</td>
<td>.61</td>
</tr>
<tr>
<td>DP</td>
<td>-0.10</td>
<td>0.11</td>
<td>-0.21</td>
<td>.34</td>
</tr>
<tr>
<td>IC</td>
<td>-0.13</td>
<td>0.10</td>
<td>-0.27</td>
<td>.19</td>
</tr>
<tr>
<td>S</td>
<td>-0.13</td>
<td>0.08</td>
<td>-0.31</td>
<td>.12</td>
</tr>
<tr>
<td>Adj R² = .15, p = .10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Stepwise Regression**

**Step 1**
| Anti-White | 0.20 | 0.06 | 0.41 | .001* |
| Adj R² = .15, p = .001** |

**Step 2**
| Anti-White | 0.19 | 0.06 | 0.39 | .002* |
| Age        | -0.02 | 0.01 | -0.25 | .04* |
| Δ R² = .05, p = .001** |

*Note. PA = Pre-Encounter Assimilation, PM = Pre-Encounter Miseducation, PSH = Pre-Encounter Self-Hatred, IEAW = Immersion-Emersion Anti-White, IA = Internalization Afrocentric, IMCI = Internalization Multiculturalist Inclusive (CRIS). NP = Need for Privacy, NA = Need for Acceptance, H = Homonegativity, DP = Difficult Process, IC = Identity Confusion, S = Superiority (LGIS).*
Table 22
CRIS and LGIS Subscales Predicting Difficult Sexual Situations Subscale of Interpersonal Restraints (N = 73)

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Unstandardized β B</th>
<th>SE B</th>
<th>Standardized β B</th>
<th>P value</th>
</tr>
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<tbody>
<tr>
<td>Multiple Linear Regression</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>-0.01</td>
<td>0.01</td>
<td>-0.12</td>
<td>.39</td>
</tr>
<tr>
<td>Education</td>
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<td>0.10</td>
<td>0.16</td>
<td>.35</td>
</tr>
<tr>
<td>Income</td>
<td>-0.10</td>
<td>0.13</td>
<td>-0.13</td>
<td>.42</td>
</tr>
<tr>
<td>IA</td>
<td>0.14</td>
<td>0.10</td>
<td>0.24</td>
<td>.15</td>
</tr>
<tr>
<td>IEAW</td>
<td>0.10</td>
<td>0.11</td>
<td>0.16</td>
<td>.40</td>
</tr>
<tr>
<td>IMCI</td>
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<td>0.10</td>
<td>0.49</td>
<td>.01*</td>
</tr>
<tr>
<td>PA</td>
<td>-0.04</td>
<td>0.10</td>
<td>-0.07</td>
<td>.68</td>
</tr>
<tr>
<td>PM</td>
<td>0.16</td>
<td>0.08</td>
<td>0.30</td>
<td>.04*</td>
</tr>
<tr>
<td>PSH</td>
<td>0.09</td>
<td>0.10</td>
<td>0.17</td>
<td>.36</td>
</tr>
<tr>
<td>NP</td>
<td>-0.16</td>
<td>0.13</td>
<td>-0.23</td>
<td>.24</td>
</tr>
<tr>
<td>NA</td>
<td>0.22</td>
<td>0.19</td>
<td>0.36</td>
<td>.27</td>
</tr>
<tr>
<td>H</td>
<td>-0.16</td>
<td>0.16</td>
<td>-0.24</td>
<td>.32</td>
</tr>
<tr>
<td>DP</td>
<td>-0.34</td>
<td>0.13</td>
<td>-0.06</td>
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<td>IC</td>
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<td>0.11</td>
<td>0.06</td>
<td>.78</td>
</tr>
<tr>
<td>S</td>
<td>-0.20</td>
<td>0.09</td>
<td>-0.40</td>
<td>.04*</td>
</tr>
</tbody>
</table>

Adj R² = .24, p = .03*

Stepwise Regression

Step 1
| IMCI                  | 0.19                | 0.07 | 0.37             | .005*   |

Adj R² = .12, p = .005*

Step 2
| IMCI                  | 0.19                | 0.06 | 0.37             | .003*   |
| Miseducation          | 0.19                | 0.06 | 0.36             | .004*   |

Δ R² = .12, p < .001**

Step 3
| IMCI                  | 0.21                | 0.06 | 0.40             | .001**  |
| Miseducation          | 0.16                | 0.06 | 0.30             | .01*    |
| Afrocentric           | 0.16                | 0.07 | 0.29             | .02*    |

Δ R² = .06, p < .001**

Note. PA = Pre-Encounter Assimilation, PM = Pre-Encounter Miseducation, PSH = Pre-Encounter Self-Hatred, IEAW = Immersion-Emersion Anti-White, IA = Internalization Afrocentric, IMCI = Internalization Multiculturalist Inclusive (CRIS). NP = Need for Privacy, NA = Need for Acceptance, H = Homonegativity, DP = Difficult Process, IC = Identity Confusion, S = Superiority (LGIS).
Table 23
CRIS and LGIS Subscales Predicting Sexual Risk Practices Inside a Committed Relationship (N = 73)

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Unstandardized β B</th>
<th>SE B</th>
<th>Standardized β B</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0.00</td>
<td>0.01</td>
<td>0.01</td>
<td>.94</td>
</tr>
<tr>
<td>Education</td>
<td>0.07</td>
<td>0.12</td>
<td>0.09</td>
<td>.60</td>
</tr>
<tr>
<td>Income</td>
<td>-0.10</td>
<td>0.16</td>
<td>-0.10</td>
<td>.55</td>
</tr>
<tr>
<td>IA</td>
<td>0.09</td>
<td>0.12</td>
<td>0.14</td>
<td>.46</td>
</tr>
<tr>
<td>IEAW</td>
<td>0.08</td>
<td>0.15</td>
<td>0.11</td>
<td>.60</td>
</tr>
<tr>
<td>IMCI</td>
<td>0.13</td>
<td>0.12</td>
<td>0.21</td>
<td>.030</td>
</tr>
<tr>
<td>PA</td>
<td>-0.20</td>
<td>0.13</td>
<td>-0.28</td>
<td>.14</td>
</tr>
<tr>
<td>PM</td>
<td>0.11</td>
<td>0.10</td>
<td>0.18</td>
<td>.26</td>
</tr>
<tr>
<td>PSH</td>
<td>0.09</td>
<td>0.13</td>
<td>0.14</td>
<td>.48</td>
</tr>
<tr>
<td>NP</td>
<td>0.14</td>
<td>0.17</td>
<td>0.17</td>
<td>.42</td>
</tr>
<tr>
<td>NA</td>
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<td>0.25</td>
<td>0.00</td>
<td>.998</td>
</tr>
<tr>
<td>H</td>
<td>0.52</td>
<td>0.20</td>
<td>0.66</td>
<td>.02*</td>
</tr>
<tr>
<td>DP</td>
<td>-0.39</td>
<td>0.16</td>
<td>-0.53</td>
<td>.02*</td>
</tr>
<tr>
<td>IC</td>
<td>-0.30</td>
<td>0.15</td>
<td>-0.43</td>
<td>.05*</td>
</tr>
<tr>
<td>S</td>
<td>-0.00</td>
<td>0.12</td>
<td>-0.01</td>
<td>.96</td>
</tr>
</tbody>
</table>

Adj R² = .05, p = .30.

*Note. PA = Pre-Encounter Assimilation, PM = Pre-Encounter Miseducation, PSH = Pre-Encounter Self-Hatred, IEAW = Immersion-Emersion Anti-White, IA = Internalization Afrocentric, IMCI = Internalization Multiculturalist Inclusive (CRIS). NP = Need for Privacy, NA = Need for Acceptance, H = Homonegativity, DP = Difficult Process, IC = Identity Confusion, S = Superiority (LGIS).*
Table 24
CRIS and LGIS Subscales Predicting Sexual Risk Practices Outside a Committed Relationship

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Unstandardized β</th>
<th>Standardized β</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>SE B</td>
<td>B</td>
</tr>
<tr>
<td><strong>Multiple Linear Regression</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>.01</td>
<td>.02</td>
<td>.09</td>
</tr>
<tr>
<td>Education</td>
<td>.22</td>
<td>.14</td>
<td>.29</td>
</tr>
<tr>
<td>Income</td>
<td>-.24</td>
<td>.18</td>
<td>-.23</td>
</tr>
<tr>
<td>IA</td>
<td>.04</td>
<td>.14</td>
<td>.09</td>
</tr>
<tr>
<td>IEAW</td>
<td>.16</td>
<td>.16</td>
<td>.21</td>
</tr>
<tr>
<td>IMCI</td>
<td>.05</td>
<td>.14</td>
<td>.08</td>
</tr>
<tr>
<td>PA</td>
<td>-.12</td>
<td>.15</td>
<td>-.16</td>
</tr>
<tr>
<td>PM</td>
<td>.05</td>
<td>.11</td>
<td>.08</td>
</tr>
<tr>
<td>PSH</td>
<td>.01</td>
<td>.14</td>
<td>.02</td>
</tr>
<tr>
<td>NP</td>
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<td>.19</td>
<td>-.30</td>
</tr>
<tr>
<td>NA</td>
<td>.34</td>
<td>.28</td>
<td>.44</td>
</tr>
<tr>
<td>H</td>
<td>.30</td>
<td>.22</td>
<td>.37</td>
</tr>
<tr>
<td>DP</td>
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<td>.18</td>
<td>-.19</td>
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<tr>
<td>IC</td>
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<td>.16</td>
<td>-.36</td>
</tr>
<tr>
<td>S</td>
<td>-.03</td>
<td>.13</td>
<td>-.05</td>
</tr>
<tr>
<td><strong>Adj R² = -.02 (R² = .25), p = .53</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Stepwise Regression**

**Step 1**

| IEAW | .23  | .10  | .30  | .02* |

Adj R² = .07, p = .02*

Note.  
PA = Pre-Encounter Assimilation, PM = Pre-Encounter Miseducation, PSH = Pre-Encounter Self-Hatred, IEAW = Immersion-Emersion Anti-White, IA = Internalization Afrocentric, IMCI = Internalization Multiculturalist Inclusive (CRIS).  NP = Need for Privacy, NA = Need for Acceptance, H = Homonegativity, DP = Difficult Process, IC = Identity Confusion, S = Superiority (LGIS).  A negative adjusted \( R^2 \) indicates a problem with the model.  An examination of collinearity indices indicates high intercorrelations between the variables.

In summary, additional linear regression models were run to examine how well selected aspects of African American and same sex attracted identity development, in combination, predicted difficult sexual situations and sexual risk behaviors. The CRIS subscales of Multicultural Inclusive and Miseducation, as well as the LGIS subscale of
Superiority predicted a significant proportion of variance in Interpersonal Restraints (Difficult Sexual Situations). Exploratory stepwise regression models also identified the Anti-White and age variables as predictors of Circumstantial Restraints, and the Multiculturalist Inclusive, Miseducation, and Afrocentric subscales as predictors of Interpersonal Restraints. Another exploratory stepwise regression equation showed the Anti-White subscale to predict Sexual Risk (Outside of a Committed Relationship). Higher levels of all significant subscales, and lower ages, predicted increased instances of difficult sexual situations and sexual risk behaviors.

_Hypothesis Three: Psychological Well-being Predicting Difficult Sexual Situations and Sexual Risk Practices_

Hypothesis three predicted that participants who exhibited higher levels of psychological well-being would have engaged in fewer instances of difficult sexual situations and sexual risk practices. To test this hypothesis four multiple linear regression analyses were performed with the BSI 18 entered as a predictor variable (along with age, education, and income) for the two Difficult Sexual Situation subscales (Circumstantial Restraints and Interpersonal Restraints) and the two Sexual Risk Practices subscales (Inside of a Committed Relationship and Outside of a Committed Relationship). A significant portion of Circumstantial Restraints variance (See Table 25) was accounted for in the multiple linear regression analysis, with the BSI 18 regression coefficient reaching significance. Higher levels of psychological symptoms were associated with higher instances of difficult sexual situations. An exploratory stepwise regression also showed the BSI 18 to explain nine percent of the variance at Step 1, and age explained an additional four percent of the variance in Circumstantial Restraints at Step 2. More
psychological symptoms and younger ages were associated with higher instances of
difficult sexual situations (see Table 25). The BSI 18 did not account for a significant
portion of Interpersonal Restraints variance (see Table 26 for coefficient and $R^2$ values)
in the multiple linear regression analysis. A stepwise regression also failed to identify the
BSI 18 as a significant predictor of Interpersonal Restraints. The BSI 18 also did not
account for a significant portion of Sexual Risk (Inside a Committed Relationship)
variance (see Table 27 for coefficient and $R^2$ values) in the multiple linear regression
analysis. A stepwise regression also failed to identify the BSI 18 as a significant
predictor of Sexual Risk (Inside a Committed Relationship) variance. Finally, the BSI 18
did not account for a significant portion of Sexual Risk (Outside a Committed
Relationship) variance (see Table 28 for coefficient and $R^2$ values) in the multiple linear
regression analysis. A stepwise regression likewise failed to identify the BSI 18 as a
significant predictor of Sexual Risk (Outside a Committed Relationship) variance.
Table 25
BSI 18 Predicting Difficult Sexual Situations Subscale of Circumstantial Restraints (N = 73)

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Unstandardized β</th>
<th>Standardized β</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>SE B</td>
<td>B</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple Linear Regression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>-0.03</td>
<td>0.01</td>
<td>-0.20</td>
</tr>
<tr>
<td>Education</td>
<td>-0.03</td>
<td>0.07</td>
<td>-0.05</td>
</tr>
<tr>
<td>Income</td>
<td>0.10</td>
<td>0.09</td>
<td>0.15</td>
</tr>
<tr>
<td>BSI 18</td>
<td>0.34</td>
<td>0.12</td>
<td>0.33</td>
</tr>
<tr>
<td>Adj R² = .12, p = .015*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stepwise Regression</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>BSI 18</td>
<td>0.34</td>
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<tr>
<td>R² = .09, p = .007*</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSI 18</td>
<td>0.32</td>
<td>0.12</td>
<td>0.31</td>
</tr>
<tr>
<td>Age</td>
<td>-0.02</td>
<td>0.01</td>
<td>-0.23</td>
</tr>
<tr>
<td>Δ R² = .04, p = .004*</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. BSI 18 = Brief Symptom Inventory 18.

Table 26
BSI 18 Predicting Difficult Sexual Situations Subscale of Interpersonal Restraints (N = 73)

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Unstandardized β</th>
<th>Standardized β</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>SE B</td>
<td>B</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple Linear Regression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>-0.01</td>
<td>0.01</td>
<td>-0.17</td>
</tr>
<tr>
<td>Education</td>
<td>0.08</td>
<td>0.09</td>
<td>0.12</td>
</tr>
<tr>
<td>Income</td>
<td>-0.00</td>
<td>0.12</td>
<td>-0.01</td>
</tr>
<tr>
<td>BSI 18</td>
<td>0.22</td>
<td>0.15</td>
<td>0.18</td>
</tr>
<tr>
<td>Adj R² = .015, p = .30</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. BSI 18 = Brief Symptom Inventory 18.
Table 27
BSI 18 Predicting Sexual Risk Practices Inside a Committed Relationship (N = 73)

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Unstandardized β B</th>
<th>SE B</th>
<th>Standardized β B</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Multiple Linear Regression</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>0.00</td>
<td>0.01</td>
<td>0.02</td>
<td>.88</td>
</tr>
<tr>
<td>Education</td>
<td>0.03</td>
<td>0.10</td>
<td>0.04</td>
<td>.76</td>
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<tr>
<td>Income</td>
<td>-0.07</td>
<td>0.14</td>
<td>-0.08</td>
<td>.60</td>
</tr>
<tr>
<td>BSI 18</td>
<td>-0.04</td>
<td>0.17</td>
<td>-0.03</td>
<td>.81</td>
</tr>
</tbody>
</table>

Adj R² = -.05 (R² = .01), p = .98

*Note. BSI 18 = Brief Symptom Inventory 18. A negative adjusted R² indicates a problem with the model. An examination of collinearity indices indicates high intercorrelations between the variables.*

Table 28
BSI 18 Predicting Sexual Risk Practices Outside a Committed Relationship (N = 73)

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Unstandardized β B</th>
<th>SE B</th>
<th>Standardized β B</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Multiple Linear Regression</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>0.00</td>
<td>0.01</td>
<td>0.02</td>
<td>.89</td>
</tr>
<tr>
<td>Education</td>
<td>0.03</td>
<td>0.11</td>
<td>0.04</td>
<td>.80</td>
</tr>
<tr>
<td>Income</td>
<td>-0.08</td>
<td>0.15</td>
<td>-0.08</td>
<td>.59</td>
</tr>
<tr>
<td>BSI 18</td>
<td>0.00</td>
<td>0.19</td>
<td>0.00</td>
<td>.99</td>
</tr>
</tbody>
</table>

Adj R² = -.06 (R² = .01), p = .98

*Note. BSI 18 = Brief Symptom Inventory 18. A negative adjusted R² indicates a problem with the model. An examination of collinearity indices indicates high intercorrelations between the variables.*

In summary, hypothesis three predicted that participants who exhibited higher levels of psychological well-being would have engaged in fewer instances of difficult sexual situations and sexual risk practices. Multiple regression models provided limited support for this hypothesis as psychological well-being significantly predicted Circumstantial Restraints (Difficult Sexual Situations). In an exploratory stepwise regression, psychological well-being and age also predicted Circumstantial Restraints,
with higher levels of psychological symptoms, and lower ages predicting more difficult sexual situations. None of the other regression models produced significant results.

**Hypothesis Four: Psychological Well-being Mediating a Relationship between Racial and Sexual Identities and Sexual Risk Practices**

Hypothesis four proposed that psychological well-being would mediate relationships found between racial and sexual identity, and difficult sexual situations and sexual risk behaviors. According to Baron and Kenny (1986), three conditions must be met in order to demonstrate mediation. First, the predictor variable must predict the mediating variable. Second, the predictor variable must predict the outcome variable. Finally, the mediating variable must predict the outcome variable when the predictor variable is also included in the model. In the current study, only one variable, Homonegativity, predicted psychological well-being, but only in exploratory stepwise regression analyses. Homonegativity was also a significant predictor of sexual risk (Inside a Committed Relationship), but only within a nonsignificant linear regression model (see Tables 19 and 23). Also, the BSI 18 did not predict sexual risk (Inside a Committed Relationship). As the mediating variable did not predict the outcome variable, no case could be made for performing a mediation analysis in the current data set, rendering hypothesis four inapplicable to the current study.

**Qualitative Data Analysis**

Qualitative data were also collected in order to better observe how participants, in their own words, negotiated intersecting racial and sexual minority identities. Three open ended questions were asked as African American and same sex attracted identity development assessment tools currently do not examine the intersection of racial and
sexual minority identities. Participants were asked to describe how they individually experienced 1) being an African American man and same sex attracted, 2) challenges associated with being an African American man and same sex attracted, and 3) rewards associated with being an African American man and same sex attracted. Sixty-eight participants provided responses to these open ended questions. The primary researcher followed steps involved in consensual qualitative research methodology (Hill, Thompson, & Williams, 1997) of condensing participants’ direct statements into topic areas, and delineating key ideas within each topic area. All topic areas are listed in order with those most frequently referred to presented first. The time intensive step of using multiple researchers to reach consensus was eliminated as these data were supplemental rather than central to the current study’s research questions, and exploratory in nature. These qualitative data provide valuable and multilayered perspectives from this sample of HIV-positive African American MSMs who do, and do not, identify as gay, adding these underrepresented voices to the literature base examining the negotiation of minority racial and sexual identities.

Experiences of being an African American Man and Same Sex Attracted

The primary researcher developed a list of topic areas to organize and represent the content of participants’ responses to the first question, asking about their experiences as African American same sex attracted men. Topic areas expressed, listed in order with those most frequently referred to presented first, included the following:

1. having a difficult experience
2. showing resiliency in the face of difficulty
3. having compartmentalized identities
4. no longer being “in the life” or acting on one’s sexual attraction to other men.

Summaries and quotes of participants’ statements representing each of these topic areas are listed below.

In order to summarize and condense responses, key ideas within each topic area were delineated from summaries and quotes of participants’ direct statements. The primary researcher looked for similarities among direct statements to cluster into groups representing different key ideas. This procedure was followed until all direct statements and quotes fit within one key idea. Key ideas under the topic area of having a difficult experience, listed in order with most frequently referred to ideas presented first, included the following:

- having difficulty finding a fulfilling relationship or love with another man
- being rejected by one’s family and other African Americans
- feeling afraid
- having difficulty accepting oneself
- keeping one’s same sex attractions and activities secret
- dealing with being HIV-positive
- feeling isolated and lonely
- feeling ashamed.

Key ideas under the topic area of showing resiliency in the face of difficulty, listed in order with most frequently referred to ideas presented first, included the following:

- reporting experiencing no problems negotiating minority racial and sexual minority identities
- feeling good about oneself
being happy with African American and gay male cultures

experiencing joy from loving a particular man

feeling comfortable being romantically involved with a man or a woman

having fun as an African American same sex attracted man

loving being with men

endorsing the philosophy that “struggling is [a part of] life”

learning and gaining enlightenment from struggles involved with negotiating racial and sexual minority identities

believing one was created by God to live as an African American same sex attracted man

enjoying acceptance and [nonromantic] intimacy from African American same sex attracted peers

striving to be mentally strong from life’s challenges.

Key ideas under the topic area of having compartmentalized identities, listed in order with most frequently referred to ideas presented first, included the following:

keeping one’s same sex attractions and activities secret from others

only feeling accepted in the gay, but not African American community

not associating with “fairies”

identifying as “human”

believing that people should not be judged by [racial and sexual] labels.

Key ideas under the topic area of no longer acting on one’s same sex attraction to other men, listed in order with most frequently referred to ideas presented first, included the following:
following “God’s way”

- living consistently with one’s Christian morals and values
- having a “clear conscience”
- considering oneself to be heterosexual in spite of one’s attractions to other men.

*Challenges Associated with being an African American Man and Same Sex Attracted*

The same procedures described above were used to organize raw data from the second question, asking about challenges associated with being an African American same sex attracted man. Topic areas representing participants’ responses, again listed in order with most frequently mentioned areas presented first, included the following:

1. feeling rejected by the African American community
2. dealing with the African American gay male community
3. finding love with another man
4. not experiencing any challenges
5. dealing with the predominantly White gay male community
6. finding a place in society to belong.

Key ideas representing participants’ direct statements were also developed using the same procedures described above, and are listed in detail below. Key ideas under the topic area of feeling rejected by the African American community, with most frequently referred to ideas presented first, included the following:

- being stereotyped
- not feeling free to be “oneself” around other African Americans
- feeling ostracized by one’s church family
- dealing with African American women’s expectations that one is available for dating
- being told one is living against religious doctrine
- considering oneself “immoral” from being told one is going against religious doctrine
- feeling rejected by one’s family [of origin]
- perceiving it “impossible” to disclose one’s same sex attractions and relationships [among African Americans]
- perceiving no support for one’s same sex romantic relationships.

Key ideas under the topic area of dealing with the African American gay male community, with most frequently referred to ideas presented first, included the following:

- meeting potential partners who live on the “down low” [opposed to being out gay men]
- lacking privacy because “there is always going to be some other fag, tranny, or so called bisexual in your business and you just have to accept it”
- feeling pressure to assume a “butch” or “femme” role
- meeting men who engage in unprotected sex and have multiple sexual partners
- meeting men who have sex for money or drugs
- dealing with “games men play”
- having difficulty forming platonic friendships with other men in the community [who expect a sexual relationship]
feeling pressure to be “well sculpted” in order to find a sexual/romantic partner.

Key ideas under the topic area of finding love with another man, with most frequently referred to ideas presented first, included the following:

- encountering “undesirable” potential partners who live “on the down low,” are promiscuous, engage in unprotected sex, “trade” sex [for drugs, money], and “play games”
- lacking social support for one’s same sex relationship
- negotiating dating as an HIV-positive man.

Key ideas under the topic area of not experiencing any challenges, with most frequently referred to ideas presented first, included the following:

- “nothing”
- feeling free to engage in same sex relationships
- “being myself at all times”
- “living by doing the right thing.”

Key ideas under the topic area of dealing with the predominantly White gay male community, with most frequently referred to ideas presented first, included the following:

- encountering racism
- dealing with “too much racial separation [in the gay community]”
- being judged and avoided [by White gay men] for being closeted [not disclosing one’s same sex orientation to others].

Key ideas under the topic area of finding a place in society to belong, with most frequently referred to ideas presented first, included the following:
- experiencing rejection by society
- feeling like an outsider in both the African American and gay communities
- going through the process of searching for a “comfortable environment.”

Rewards Associated with being an African American Man and Same Sex Attracted

The same procedures described above were used to organize raw data from the third question into topic areas, asking about rewards associated with being an African American same sex attracted man. Topic areas, listed in order with those most frequently mentioned presented first, included the following:

1. belonging to a community of African American same sex attracted men
2. experiencing love and commitment
3. valuing oneself
4. feeling a sense of Black pride
5. experiencing freedom
6. nothing.

Again, key ideas were developed by summarizing and condensing raw data within each topic area, and are listed in detail below.

Key ideas under the topic area of belonging to a community of African American same sex attracted men, listed in order with most frequently referred to ideas presented first, included the following:

- enjoying friendship and [nonromantic] intimacy
- feeling accepted and respected
- not feeling lonely.
Key ideas under the topic area of experiencing love and commitment, listed in order with most frequently referred to ideas presented first, included the following:

- enjoying being in love
- enjoying intimacy
- feeling wanted
- feeling secure
- practicing safer sex with one’s partner
- experiencing trust
- feeling support from one’s partner [to take on the world]
- feeling excitement about meeting men
- enjoying life with one’s partner
- having someone that one can relate to
- enjoying sex.

Key ideas under the topic area of valuing oneself, listed in order with most frequently referred to ideas presented first, included the following:

- affirming one’s racial and sexual identities through one’s relationship with God
- finding strength through adversity
- experiencing self-acceptance
- seeing one’s life as unique
- not worrying about others’ judgments
- finding life to get easier over time.
Key ideas under the topic area of feeling a sense of Black pride, with most frequently referred to ideas presented first, included the following:

- seeing other African American men as “beautiful and strong”
- looking for “the right Black man”
- noting that “Black gay men are everywhere [in all strata of society]”
- enjoying the experience of “sharing passion and love with a Black man.”

Key ideas under the topic area of experiencing freedom, with most frequently referred to ideas presented first, included the following:

- feeling freedom to be oneself [within multiple communities]
- feeling free in one’s soul [to live openly]
- experiencing sexual freedom
- feeling freedom to “break down stereotypes”
- appreciating the freedom to live as a gay man in America.

Key ideas under the topic area of nothing, with most frequently referred to ideas presented first, included the following:

- feeling uncomfortable with or unsure about the question
- questioning how living as an African American same sex attracted man could be rewarding
- stating that acting on one’s same sex attraction is no longer part of one’s “lifestyle.”

In summary, qualitative data demonstrated participants’ multilayered and diverse ways of experiencing multiple racial and sexual minority identities. Responses ranged from finding strength and pride within one’s minority identities, to showing resiliency
when faced with challenges, and struggling to find acceptance within African American and gay communities. Participants demonstrated many coping techniques, from choosing not to act on their same sex attracted behaviors to embracing their minority identities. Several participants also cited religion as a coping mechanism. Again, religion was used in quite diverse ways, from identifying as heterosexual in order to be “right with God,” to believing that one was created by God to live openly as a same sex attracted African American man. Overall, qualitative data provided insights into the complex process of negotiating multiple minority identities that the current state of the art in racial and sexual identity development assessment seems as yet unable to sufficiently address. Implications for these findings are further presented in Chapter Five.

Summary of Results

The aforementioned analyses were performed in order to add to the body of literature examining associations between minority sexual and racial identity development, psychological well-being, and sexual risk practices (including difficult sexual situations). The analyses in the current study were performed within a sample of HIV-positive African American MSMs who did and did not identify as gay or bisexual, thereby further examining generalizability of the current state of the extant literature. The results of the analyses provided limited, mixed support for the current study’s hypotheses. Specifically, the CRIS identity of Anti-White (and age) predicted Difficult Sexual Situations (Circumstantial Restraints), while the CRIS identities of Multicultural Inclusive and Miseducation, as well as the LGIS identity of Superiority, predicted Difficult Sexual Situations (Interpersonal Restraints). Psychological well-being also predicted Difficult Sexual Situations (Circumstantial Restraints). Exploratory step-wise
regressions also showed the LGIS Homonegativity identity to explain psychological well-being variance; CRIS Anti-White and Assimilation identities, as well as age, to explain Circumstantial Restraints variance; CRIS Multicultural Inclusive, Miseducation, Anti-White, and Afrocentric identities to explain Interpersonal Restraints variance; CRIS Anti-White identity to explain Sexual Risk Practices (Outside of a Committed Relationship) variance; and psychological well-being and age to explain Circumstantial Restraints variance. One interesting finding was that both pre and post-discovery CRIS identities predicted increased instances of difficult sexual situations. Qualitative data also demonstrated participants’ multilayered and diverse ways of negotiating multiple racial and sexual minority identities. The following chapter discusses these results and expands upon their role in informing further research, theory, and practice.
CHAPTER V
DISCUSSION

This chapter reviews the present study’s findings and discusses their implications regarding associations between African American and same sex attracted identity development, psychological well-being, and sexual situations and practices among a sample of HIV-positive African American MSMs. This discussion of the findings is grouped into six sections. First, a brief section reviewing the rationale for the current study is presented. A second section reviews results relevant to the current study’s hypotheses, and discusses their implications. Third, a section reviews descriptive data and bivariate correlations from the current study’s sample and considers implications for the results observed. Fourth, implications for specific interventions are presented. Fifth, strengths and limitations of the current study are reviewed. Finally, sixth, implications for further theory development, and considerations for extending the current research, are offered.

Review of the Rationale for the Present Study

HIV remains an ongoing crisis in the world and United States today, impacting people from all walks of life. MSMs are one group (of many) to have been particularly impacted, historically and currently, by HIV. African American MSMs continue to experience higher HIV transmission rates, and are also less likely to be aware of having a
positive status (CDC, 2005) than other MSMs. Addressing this issue, Mays and colleagues (2004) have passionately argued that psychologists can play a role in providing support to African American MSMs at risk for acquiring HIV or dealing with issues related to living with HIV. These authors call for psychological research to examine how HIV risk is a function of contextual, cultural, and personal determinants in the lives of African American MSMs. They provide several examples of potentially risky determinants including fears of rejection, isolation, lack of available social support regarding issues of sexuality, perceived risk of disclosing matters involving sexual orientation or HIV status to others, feelings of inadequacy, challenges to masculinity, loneliness, challenges with love, discrimination, poverty, threats of violence, and violence itself.

Expanding the theoretical work of Mays and colleagues (2004), Williams and colleagues (2004) performed a qualitative study to better understand what psychosocial issues may be impacting the lives of African American and Latino HIV-positive MSMs (N = 23) who do and do not identify as gay or bisexual. Findings suggested that specific cultural issues around having sex with men, having sex with women, sexual and racial stereotypes, familial expectations, gender roles and social expectations, sex with drugs and alcohol, church and religion, and living with HIV were linked to participants’ sexual scripts, pressures, and behaviors. Williams and colleagues’ results helped to inform theory, which can now be used as a foundation with which to examine empirically links between specific contextualized issues and sexual risk behaviors among African American MSMs. The current study extended Williams and colleagues’ work by attempting one such empirical investigation, exploring associations between the highly
culturalized and contextualized processes of African American and same sex attracted identity development, psychological well-being, and sexual risk practices.

Diaz and colleagues (2004, 2006) examined associations between specific sociocultural factors, psychological health, difficult sexual situations and sexual risk behaviors among gay Latino men. Diaz and colleagues (2006) found that the overlapping experiences of racism, poverty, and homophobia predicted isolation, low self-esteem, depression, insomnia, anxiety, and suicidal ideation, and that isolation and self-esteem mediated the relationship between experiences of racism, poverty, homophobia, and clinical symptomology. Diaz and colleagues (2004) also found that the experiences of racism, poverty, and homophobia among same sex attracted Latino men predicted both psychological distress and difficult sexual situations that in turn promoted risky sexual behaviors. They also found that difficult sexual situations fully mediated the relationship between racism, poverty, homophobia, and psychological distress, and unprotected anal intercourse with nonmonogamous partners. Diaz and colleagues’ research show specific sociocultural factors (e.g., experiences of racism, homophobia, poverty) experienced by same sex attracted Latino men to be associated with psychological well-being, difficult sexual situations, and sexual risk behaviors. The current study was an attempt to extend the work of Diaz and colleagues to a sample of African American HIV-positive MSMs, while examining associations with the related sociocultural factors of African American and same sex attracted identity development.

Crawford, Allison, Zamboni, and Soto (2002) performed an initial (and rare) examination of associations between ethnic (opposed to racial) and sexual orientation identity development, psychological well-being, and sexual risk taking among mostly gay
and bisexually identified African American men (N = 174), of whom 22 percent identified as HIV-positive. The authors found that integrated participants (high ethnic and gay identity scores) had less overall psychological distress than marginalized participants (low ethnic and gay identity scores), less male gender role stress than marginalized and assimilated participants (high ethnic, low gay identity scores), higher life satisfaction and self-esteem than marginalized and separated participants (low ethnic and high gay identity scores), higher HIV prevention self-efficacy than separated participants, and higher social support than marginalized or assimilated participants. The authors also found that higher ethnic identity scores and fewer experiences with racism predicted more life satisfaction, but higher gay identity scores and experiences with homophobia did not. Higher psychological distress levels, and higher gay identity scores and life satisfaction levels combined predicted more sexual risk taking.

Crawford and colleagues’ (2004) study is significant in that it looks specifically at the process of negotiating ethnic and same sex attracted identity development in African American MSMs, and relates these processes to psychological well-being, HIV prevention self-efficacy, and sexual risk taking, thus providing an important foundation upon which the current study was based. The current study extended Crawford and colleagues’ work in several ways. First, the current study extended sample generalizability, as Crawford and colleagues’ sample mostly identified as gay, and were generally educated, middle-class, HIV-negative Midwestern African American men from urban areas. Second, the current study measured African American racial identity with the CRIS, whereas Crawford and colleagues discussed implications regarding racial identity in spite of assessing instead for ethnic identity. Recently, some authors (e.g.,
Cokley, 2007; Helms, 2007) have delineated theoretical differences between ethnic and racial identity development, and warned authors to carefully heed these differences in their operationalization of variables. Third, Crawford and colleagues used a gay identity scale that they created for their study, while the current study used the LGIS, a scale grounded in same sex attracted identity developmental theory, and appearing to offer ample reliability and validity from previous research (e.g., Mohr & Fassinger, 2000, 2006), to assess for same sex attracted identity development.

In summary, the current study integrates and expands upon the research of Williams and colleagues (2004), Diaz and colleagues (2004, 2006) and Crawford and colleagues (2004), and responds to Mays and colleagues’ (2004) call for psychological research examining associations between specific cultural factors, psychological well-being, and sexual behaviors among African American MSMs. The current study also incorporates a positive prevention approach through its use of an HIV-positive sample. Positive prevention research has the capacity to highlight and realistically address challenges that sexually active HIV-positive individuals experience, which in turn can help to promote sexual health among this population (Halkitis, Gomez, & Wolitski, 2005; Kalichman, 2005). Finally, the current study is an attempt to produce data relevant to the ongoing HIV crisis affecting African American MSMs, and useful in informing interventions designed to address this crisis.

**Examining the Results of the Hypotheses**

In the current study’s hypotheses, it was predicted that participants who incorporated Afrocentric ideals and principles into their overall identities, as well as attempted to connect with different cultural groups of people, would display higher levels
of psychological well-being and engage in fewer instances of difficult sexual situations and sexual risk behaviors. Likewise, it was predicted that participants who minimized the role of race in order to assimilate into White dominant culture, who endorsed stereotypes of (other) African Americans, and who held negative feelings about themselves for being African American would display higher levels of psychological symptomology and engage in more instances of difficult sexual situations and sexual risk behaviors. These predictions were based upon expanded (Cross & Vandiver, 2001) nigrescence theory.

It was also expected that participants experiencing intense, absolutist negative feelings toward White people and culture would report higher levels of psychological well-being and engage in fewer instances of difficult sexual situations and sexual risk behaviors. This latter, and somewhat counterintuitive, prediction was based upon Vandiver and colleagues’ (2002) finding of a two-factor higher order model for African American identity development consisting of a pre-discovery (of a positive Black reference group orientation) factor, and post-discovery (of a positive Black reference group orientation) factor. In their model harboring intense negative feelings toward Whites loaded on the post-discovery factor, suggesting that participants in their study experiencing strong Anti-White sentiments had incorporated positive feelings toward being African American into their self-concepts. However, revised nigrescence theory (Cross, 1995) describes the embracing of Anti-White sentiments as a rigid phase where individuals are likely construing an external or superficial definition of what it means to be Black. This theoretical conception contrarily suggests that this phase of identity, on its own, may not incorporate effective means for coping with racial identity issues. In short,
it currently remains unclear as to whether harboring intense negative feelings toward White people and culture encourage protective, or less effective, means of coping with racial identity issues.

Although the current study’s hypotheses predicted findings in specific directions based upon theory (e.g., Cross & Vandiver, 2001) and previous empirical findings (e.g., Vandiver et al., 2002), regression results indicated that higher endorsements of both pre and post-discovery African American identities predicted more involvement with difficult sexual situations. There are several possible explanations for such findings. First, it remains unclear among authors (e.g., Cross, 1995, Vandiver et al., 2002) whether possessing strong negative feelings toward White people and culture is a protective, or ineffective, coping method. Second, it remains unclear whether African American, and same sex attracted, identity developmental theories generalize to a group of men negotiating intersecting minority identities (although the six-factor structure operationalizing African American identity development generally replicated within the current sample). Due to these ambiguities, findings for the current study’s hypotheses are interpreted below as data informing broader research questions regarding relationships, in any given direction, between African American and same sex attracted identities, psychological well-being, difficult sexual situations, and sexual risk practices, rather than as data from which definitive conclusions can be drawn.

A first set of hypotheses examined how racial and sexual identity components, separately and together, predicted psychological well-being. Regarding the first hypothesis, testing the impact of racial identity on psychological well-being, no support was found to suggest that African American identity components predict mental health
among the current sample of HIV-positive, African American MSMs. Regarding the second hypothesis, testing the impact of sexual identity on psychological well-being, again no support was found to suggest that same sex attracted identity components predict mental health among the current sample. However, in an exploratory analysis, one (of six) same sex attracted identity component of Homonegativity predicted psychological well-being, implying that participants who personally endorse negative views of homosexuality, same sex attracted individuals, and the same sex attracted male community may experience higher levels of depressive and anxiety symptoms. These results were replicated when racial and sexual identity components were entered together as predictors. This finding extends previous literature (e.g., Balsam et al., 2004; Cochran & Mays, 2006; Consolacion, Russell, & Sue, 2004) showing links between a same sex attracted identity status and psychological symptomology by suggesting that it is not status alone, but rather an internal discomfort with one’s same sex attracted identity, which is linked to increased distress. However, this finding should be interpreted cautiously as a) the stepwise procedure did not allow the identity component of internalizing negative feelings toward being same sex attracted to covary with other predictor variables, in spite of its involvement in rendering significant bivariate correlations (see Table 9), and b) it remains unknown whether the measure assessing for same sex attracted identity components was valid within the current sample.

Although the above finding should be interpreted with caution, it does raise the question of whether sexual identity developmental issues predict psychological well-being among the current sample. If this is the case, a relevant follow-up question involves whether African American MSMs in general receive less social support around
sexual, rather than racial, identity issues. Some qualitative data in the current study seems to suggest such a trend. For example, one participant stated that “not being part of the mainstream of Black society [due to being same sex attracted]” was the most challenging aspect of being an African American same sex attracted man.

A second set of hypotheses examined how racial and sexual identity components, separately and together, predicted difficult sexual situations and sexual risk behaviors among the current sample of HIV-positive African American MSMs. A first hypothesis examined how racial identity components predicted difficult sexual situations and sexual risk practices. Results indicated that participants who tended to hold negative, rigid views toward White people and culture, and who were younger in age, were most likely to report engaging in situations promoting unsafe sex (e.g., having sex in a public environment). These data suggest that harboring intense negative feelings toward White people and culture, especially at a younger age, may be a less productive means of coping with racial identity issues (e.g., anger toward racism) within the current sample. This finding raises the questions of a) whether this racial identity component tends to be associated with anger, but without constructive means to deal with such anger, and b) whether harboring intense negative feelings toward White people promotes risky sexual practices specifically among HIV-positive African American MSMs negotiating intersecting minority identities.

Furthermore, participants who felt that it was important to connect to other cultural groups, and who tended to endorse stereotypes of (other) African Americans, were more likely to report experiencing interpersonal barriers to unsafe sex. Again, these data raise the question of what is specific to these identity components, among the current
sample, that may be promoting difficult sexual situations. One possibility is that for the current sample, seeking to form connections with other cultural groups was associated with minimizing the role of race and racism and endorsing a dominant cultural frame of reference (see Appendix K and Table 9). A remaining question is whether participants downplayed the role of race in order to connect with other (e.g., HIV-positive, same sex attracted) cultures that they regularly traverse. Qualitative data also supports this possibility, as many participants expressed feeling as if they “[didn’t] belong anywhere.”

Exploratory analyses replicated and extended the results presented above. One additional finding was that either attributing all of one’s problems to White culture and racism, or conversely, minimizing the role of race and racism, predicted circumstances promoting unsafe sex. Also, endorsing negative stereotypes about (other) African Americans, striving to connect with other cultural groups, or harboring absolutist negative feelings toward White people and culture predicted interpersonal barriers to unsafe sex. Finally, exploratory analyses found that harboring rigid, negative feelings toward White people and culture also predicted sexual risk practices outside of a committed relationship. Although exploratory, these findings raise specific questions regarding how the identity component of harboring intense negative feelings toward White people and culture may specifically impact participants’ engagement in risky sexual behaviors. Therefore, structured interventions (e.g., peer and psychoeducational support groups offered within community organizations concerned with HIV issues within African American and same sex attracted male communities) aimed at HIV-positive, same sex attracted African American men may want to focus on exploring
effective ways of coping with racial identity issues, and in particular, intense feelings of anger toward White people, culture, and racism.

A second hypothesis examined if sexual identity components predicted difficult sexual situations or sexual risk practices within the current sample. No support was found for this premise. However, an exploratory analysis did find that having a need for others to accept one’s same sex attractions predicted circumstances promoting unsafe sex. This finding raises the question of whether participants who need others to accept their same sex attractions may in turn engage more often in difficult sexual situations in an attempt to fulfill their need for acceptance through sexual intimacy. This possibility is consistent with some of the findings of Williams and colleagues (2004), who examined sociocultural factors impacting the lives of HIV-positive African American and Latino MSMs. This possibility is also consistent with findings (e.g., Bancroft et al., 2003, Diaz et al., 2004) that some same sex attracted men tend to use sex to relieve depressive symptoms or loneliness, which may shift focus away from the consequences of risky sexual behaviors. Qualitative data in the current study also suggest that for some participants, having a secure base of social support may fulfill one’s need for acceptance (e.g., “knowing that you can be secure with another man and not be worried about what anyone has to say as long as it's the two of you”) and promote safer sex (e.g., “My partner and I care about each other, we respect one another, we trust each other, and we practice safe sex.”). However, the finding that needing other’s acceptance around being same sex attracted predicts circumstances promoting unsafe sex should be interpreted with much caution as it a) was derived from an analysis used only for exploratory purposes, and b) it
remains unknown whether the measure assessing for same sex attracted identity components was valid within the current sample.

This study also investigated whether racial and sexual identity components combined would predict difficult sexual situations and sexual risk behaviors. Multiple regression analyses produced only one additional finding that feeling superior to heterosexual people, together with desiring to connect with other cultural groups, and endorsing stereotypes of (other) African Americans, predicted interpersonal barriers to unsafe sex. Interestingly, feeling superior to heterosexuals was not a significant predictor in exploratory stepwise analyses, suggesting that this sexual identity component may share underlying variance with the other significant predictors, which may actually be causing the significant finding. Exploratory analyses reinforced previous findings, and also suggested that endorsing Afrocentric perspectives predicted interpersonal barriers to unsafe sex. Although exploratory, this finding nevertheless raises the question of whether embracing an Afrocentric perspective, contrary to nigrescence theory, may trigger conflicting issues around identity for some same sex attracted participants. For example, it is possible that the term Afrocentric carries homophobic or heterosexist connotations for some participants (Boykin, 1996).

Measurement issues with the Interpersonal Restraints scale provide another possible explanation for results suggesting that striving to connect with other cultural groups, and endorsing an Afrocentric perspective, predict interpersonal barriers to safer sex. Although six of the nine items on this scale loaded as expected, three did not (see Table 7). Furthermore, it is possible that the scale measuring interpersonal barriers to safer sex contained ambiguous wording (e.g., how often have you been in a sexual
situation with a man you are in love with), and in fact did not operationalize difficult, but rather healthy, sexual situations within the current sample. This possibility would suggest that participants who are seeking to build alliances with other cultural groups, and who endorse Afrocentric perspectives, are in fact engaging in more healthy sexual situations. This explanation is also consistent with nigrescence theory’s conceptualization of these two internalization identity components as representing successful racial identity resolution. Thus, two remaining questions raised by the current study are a) whether racial identity developmental theory generalizes, as predicted by nigrescence theory, to a same sex attracted sample negotiating intersecting minority identities, and b) whether the scale used to operationalize interpersonal barriers to safer sex possesses construct validity within the current sample.

A third set of hypotheses predicted that participants who exhibited higher levels of psychological well-being would report having engaged in fewer instances of difficult sexual situations and sexual risk practices. Support for this premise was found as psychological well-being predicted circumstances promoting unsafe sex, with higher levels of well-being predicting fewer difficult sexual situations. These results suggest that along with racial identity components, psychological health also influences whether participants engage in difficult sexual situations. Therefore, as a way to promote sexual health from a positive prevention perspective, structured interventions may also want to offer support around effectively managing symptoms of anxiety and depression. Exploratory analyses replicated this result and also suggested that younger ages predict more engagement in difficult sexual situations, which is consistent with several other studies (CDC, 2002, 2003; Valleroy et al., 2000). Therefore, outreach programs may
also want to aim their interventions at younger men, a task which may be especially challenging as younger men may more likely perceive such interventions as being irrelevant or unnecessary to their lives (CDC, 2002, 2003; Valleroy et al., 2000). (See Diaz [1998] for a detailed example of structuring and promoting a group focusing on issues of culture and safer sex among Latino gay men of diverse ages.)

**Examining Scale Statistics and Pearson Correlations from the Current Study**

Descriptive statistics for predictor and outcome measures, and bivariate correlations among scales in the current study, may have particular implications for interpreting data and investigating generalizability issues. These data may be especially important as descriptive data for racial and sexual identity developmental scales appeared to be quite different than scale development sample data. Potential implications for these findings, along with additional questions raised, are presented below.

The current study sample displayed higher scores on pre-discovery African American identity components, and lower scores on post-discovery African American identity components, than the scale development sample. As nigrescence theory links post-discovery components with effective means of resolving racial identity issues, one interpretation of these data suggest that the current sample of HIV-positive African American MSMs may feel more conflicted about being African American than the predominantly female scale development sample of college students.

The different African American identity developmental profiles found between the two samples may be due to additional challenges experienced by the current sample of negotiating male, HIV-positive, and minority sexual identities with an African American identity. Previous research (e.g., Consolacion, Russell, & Sue, 2004) has
suggested that negotiating intersecting minority identities may be particularly challenging for African American male adolescents, which may also be true for adults. Perhaps the challenges of developing a positive reference group orientation toward being African American looks different and includes more steps for men who are also same sex attracted and HIV-positive. This may be especially so in contexts where the latter two identities are still considered to be incompatible with being an African American male (Boykin, 2004; King, 2003). Differences between the current study and scale development sample could also reflect a difference in income and education levels, suggesting that nigrescence theory may not be universally applicable to lower socioeconomic status, HIV-positive same sex attracted men. It is also possible that the scale development sample, comprised of a college student population, is more immersed in a predominantly White setting, making racial issues more salient.

Some intercorrelations among CRIS subscales were inconsistent with expanded nigrescence theory, and may therefore be specific to the current sample of men negotiating intersecting minority identities. One unexpected finding was that the current sample seemed to associate endorsing a color blind, dominant cultural perspective with attempting to connect with other cultural groups. (These two subscales cross-loaded as well in an exploratory factor analysis, see Appendix K.) Perhaps participants downplayed issues of race in order to be open to other cultural perspectives (or perhaps to more easily exist within other cultural contexts, e.g., HIV, gay communities). A remaining question is whether participants in the current study highlight or reduce the salience of racial issues in order to traverse different minority communities and cultures.
Considering the also unanticipated correlation between the identities of Self-Hatred and Anti-White, it is possible that participants who expressed more anger and hatred toward White people also expressed more anger and hatred toward themselves, perhaps projecting and/or internalizing anger felt toward one or the other. A question for further research involves exploring whether this association between self-hatred and anger toward White people is more pronounced in participants who may regularly engage in risky sexual behaviors with White men. This question may be particularly important to investigate as harboring rigid negative feelings toward White people and culture was found to predict circumstances promoting unsafe sex, interpersonal barriers to safer sex, and sexual risk practices outside of committed relationships within multiple and exploratory regression analyses.

Furthermore, the unanticipated correlation between harboring self-hatred for being African American and endorsing Afrocentric perspectives may specifically apply to same sex attracted African American men who possibly associate terms such as “Afrocentric” with homophobic and heterosexist perspectives. These correlational data suggest that even identity phases theoretically associated with the resolution of racial identity conflicts may have more associations with race neutral or negative perspectives toward being African American among the current sample. It therefore seems important for research and structured interventions (with HIV-positive African American MSMs) to explore the process of African American identity development among same sex attracted men, identify sources (e.g., lack of resources, multiple minority statuses) that may make this process qualitatively different for this group of men, and likewise examine effective ways to address and manage these sources.
The current study sample endorsed all sexual identity components more highly than the scale development sample. As sexual identity components assessed for on the LGIS relate to challenges involved in the process of developing a same sex identity, one interpretation of these data suggests that the current sample of HIV-positive African American MSMs may feel more conflicted about being same sex attracted than the scale development sample of predominantly White, college educated gay men involved in long-term same sex relationships.

Differing mean scores between the two samples were especially noticeable regarding the identity components of needing more acceptance from others for being same sex attracted, internalizing more negative feelings about being same sex attracted, feeling superior to heterosexuals, and experiencing more confusion about one’s sexuality. It is interesting to consider potential reasons for these differences. Rosario, Schrimshaw, and Hunter (2004) concluded from their study with young same sex attracted individuals of diverse races \( N = 145 \) that race may have a greater impact on externally (rather than internally) motivated processes of same sex attracted identity development. However, differing scores on several internal identity components (e.g., Homonegativity, Identity Confusion) among the current and scale development samples seem to contradict this theory. Another possibility is that the covariates of income and education contributed to the different scale means between the two samples. It is predictable that the scale development sample, all of whom identified as gay and were involved in gay relationships, would display less identity confusion. Furthermore, the current study sample, unlike the majority of the scale development sample, is dealing with additional challenges of negotiating minority racial and HIV-positive identities, which are likely to
further complicate the process of developing a same sex attracted identity. It is also possible that the scale development sample responded in more socially desirable ways. Finally, the current study sample may be less immersed within a gay community, thereby receiving less support to deal with same sex attracted identity challenges. Qualitative data from the current study suggests support for the latter possibility, as some participants lamented that many men in the same sex attracted African American community are more likely to be “on the down low” than living as openly gay men. This possibility again implies that social support venues that are accepting of African American and same sex attracted identities, including peer and structured support group interventions specifically offered to HIV-positive African American MSMs, may be especially important.

Same sex attracted subscales tended to covary very highly together among the current sample. Currently, it remains unknown if the six-factor structure of the LGIS replicated within the current sample, as there was an insufficient sample size to perform a factor analysis. However, the high intercorrelations among the subscales may indicate that for the current sample, many sexual identity components dealing with challenges related to being same sex attracted are overlapping considerably. Only the component of feeling superior to heterosexuals, which connotes both feeling anger toward heterosexuals and endorsing positive feelings (although perhaps superficially) toward being same sex attracted, seemed to represent a separate identity component among the current sample. Therefore, it is possible that a higher order factor model would more accurately assess same sex attracted identity developmental processes among the current sample. Mohr and Fassinger (2000) did find a three factor higher-order model among the
(male) scale development sample. However, the current sample still associated all identity components more closely together than the scale development sample. These data raise the question of what experiences specific to the current sample may have caused these sexual identity components to be perceived as so highly overlapping. Perhaps it is such specific experiences that are contributing, on a deeper level, to significant results found within the current study.

Bivariate correlations between predictor and outcome scales provide supplemental data to regression findings. The BSI 18 obtained significant correlations with several variables of interest including the same sex attracted identities of Need for Privacy, Need for Acceptance, Homonegativity, and Identity Confusion, and circumstances promoting unsafe sex. These data suggest same sex attracted identity components, as well as circumstances promoting unsafe sex, are correlated with psychological well-being among HIV-positive African American MSMs. Although only one exploratory regression analysis found a connection between sexual identity components and psychological well-being, the correlational data raise the question of whether sexual identity components (or shared underlying variance among these components) are related to psychological well-being within the current sample. For example, might participants lacking social support around same sex attracted related issues feel lonely and depressed, which in turn may encourage risky sexual encounters that perhaps serve as (unsuccessful) attempts to establish intimacy and connections with others. These correlational data infer that positive prevention efforts should focus on promoting effective ways of coping with both sexual identity and mental health issues as a way to promote healthy sexual situations and practices.
Regression results also raised a question of whether the ambiguously worded Interpersonal Restraints subscale of the Difficult Sexual Situations scale measured interpersonal barriers to safer sex (as intended), or rather attempts to achieve intimacy and engage in healthy sexual situations. Correlational data further raise this question. Only circumstances promoting unsafe sex were significantly correlated with sexual risk practices (inside and outside of a committed relationship) in the current study, suggesting that interpersonal barriers to safer sex may not actually promote sexual risk practices among the current sample. However, data from the exploratory factor analysis (see Chapter Four) found the two-factor structure of the Difficult Sexual Situations scale to generalize, overall, to the current study’s sample of HIV-positive African American MSMs. Furthermore, circumstances promoting unsafe sex and interpersonal barriers to safer sex were highly correlated. These two latter points offer examples of external and convergent validity, respectively, for the Interpersonal Restraints scale.

Both the Difficult Sexual Situations and Sexual Risk Practices subscales produced significant correlations with other variables of interest. Specifically, circumstances promoting unsafe sex were significantly correlated in a negative direction with age, and in a positive direction with the African American identities of Self-Hatred, Anti-White, and Afrocentric, the same sex attracted identity of Need for Acceptance, psychological symptomology, and sexual risk practices inside and outside of committed relationships. Interpersonal barriers to safer sex were significantly positively correlated with the African American identities of Assimilation, Miseducation, and Multiculturalist Inclusive. Sexual risk practices outside of a committed relationship were significantly positively correlated with the African American Anti-White identity. These correlations
are important as they offer additional support for the current study’s main premises. Specifically, same sex attracted identity developmental components were correlated with psychological well-being and circumstances promoting unsafe sex. Additionally, African American identity developmental components were correlated with sexual risk practices outside of a committed relationship, interpersonal barriers to safer sex, and circumstances promoting unsafe sex. Psychological well-being was also correlated with circumstances promoting unsafe sex. The significant correlations found between the Circumstantial Restraints subscale, and both Sexual Risk Practices subscales, offer additional support for Diaz, Ayala, and Bien’s (2004) finding that difficult sexual situations predict sexual risk practices, suggesting this finding may extend to a sample of HIV-positive African American MSMs. These data suggest that in addition to intentions to engage in safer sex, specific sexual situations (e.g., having sex in a public sex environment, with a man who resists using condoms) also influence sexual risk taking among HIV-positive African American men. Data from the current study suggest that these sexual situations in turn are correlated with and impacted by several sources, including racial and sexual identity components, and psychological well-being. These data as a whole highlight a need for structured interventions that can explore all of these issues in a safe, confidential environment among HIV-positive, African American MSMs. Exploring effective ways of coping with such issues as racial and sexual identity conflicts, and psychological distress, may in turn help such men engage in healthy sexual situations, which could help to promote positive prevention efforts.

This section discussed the results and potential implications of the current study’s descriptive data and bivariate Pearson correlation results. One interesting question
arising from these findings is whether the current study sample experiences more challenges associated with racial and sexual identity development than the CRIS and LGIS scale development samples. However, the differences found among the samples may be due to the fact that neither the CRIS nor the LGIS taps into an identity developmental process integrating intersecting racial and sexual minority identities. Qualitative data in the current study suggest that many participants do experience conflicts around identity issues, but are also able to address effectively such conflicts (e.g., believing one was created by God to live openly and proudly as an African American man attracted to other men, noting same sex attracted African American men exist in all professions and strata of society). Also, both scale development samples were primarily negotiating one (e.g., African American or gay) minority identity. The current study extends the state of the art in African American and same sex attracted identity development assessment by using the CRIS and LGIS scales with a sample of HIV-Positive African American MSMs. Some generalizability for the CRIS was found, as the six-factor structure in general replicated within the current sample. Subscale reliabilities among the current sample also ranged from adequate to good. However, means and intercorrelations among the subscales differed considerably among the current and scale development samples, and it remains unknown whether the LGIS factor structure replicates within the current sample. A larger remaining question is whether the CRIS, and LGIS, are capable of accurately capturing the identity developmental processes of a sample negotiating the intersection of multiple minority identities.
Summary of the Present Study

Tests of the hypotheses indicated that harboring rigid, negative feelings toward White people and culture, along with being of a younger age, predicted circumstances promoting unsafe sex. Endorsing stereotypes of (other) African Americans, desiring to connect with people belonging to other cultural groups, and feeling superior to heterosexuals, predicted interpersonal restraints to safer sex. Psychological well-being also predicted circumstances predicting unsafe sex. Additionally, an analysis of scale descriptive data revealed that the current study sample seemed to more highly endorse pre-discovery racial identity components, and sexual identity components associated with challenges related to being same sex attracted, than the respective scale development samples. This is not particularly surprising, considering that the men in this study are not only negotiating multiple minority identities (e.g., African American, same sex attracted, HIV-positive), but also seem considerably more disenfranchised in terms of income and education than both scale development samples.

One unexpected group of findings involved associations between incorporating Afrocentric values and principles into one’s life and other variables of interest. Significant correlations were found between incorporating Afrocentric ideals into one’s life and other ways of coping with racial identity issues such as endorsing stereotypes of (other) African Americans and holding negative internalized feelings toward being African American; ways of coping with sexual identity issues such as needing to feel accepted by others for being same sex attracted, having a difficult experience accepting one’s same sex attractions, and feeling superior to heterosexual people and culture; and engaging in circumstances promoting unsafe sex. Similarly, striving to connect with
other cultural groups as a way of coping with racial issues was correlated significantly with downplaying issues of race while endorsing dominant White cultural values, and encountering interpersonal barriers to safer sex. These findings raise the question of whether incorporating Afrocentric principles into one’s life, and working to connect with other cultural groups are more associated with racial identity conflict, sexual identity conflict, and difficult sexual situations within the current sample than anticipated by nigrescence theory (Cross & Vandiver, 2001). This question raises a larger question of whether current state of the art in African American and same sex attracted identity developmental theory and assessment generalizes to a sample negotiating intersecting minority identities.

Bivariate Pearson correlations and regression model results showed sexual identity development to be primarily associated with psychological well-being, while racial identity development was primarily associated with difficult sexual situations and sexual risk practices outside of committed relationships. However, this trend should be interpreted with caution as support was produced from exploratory stepwise analyses, and as it remains unknown whether the measurement of sexual identity components generalize to the current sample. Correlation results do show psychological well-being, difficult sexual situations, and sexual risk practices to be somewhat associated, although without the use of analyses such as structural equation modeling the current study cannot further expand on these potential connections (and the N-size of the current study does not promote the use of these statistical analyses).

Finally, findings from the current study raise the question of whether the Circumstantial Restraints subscale of Difficult Sexual Situations may be a better measure
of sexual behaviors than the ambiguous Interpersonal Restraints subscale, and explicit Sexual Risk Practices scales. This possibility emerges as engaging in circumstances promoting unsafe sex was predicted significantly more so than other outcome variables, as well as significantly correlated with sexual risk practices (inside and outside of committed relationships). A point of confusion emerging from the current study’s results involved interpreting associations between racial identity components and interpersonal barriers to safer sex. Both incorporating Afrocentric ideals into one’s life and striving to connect with other cultural groups significantly predicted interpersonal barriers to safer sex. One explanation for this finding is that both of these coping methods were associated with more ongoing racial identity conflict in the current sample than expected from theory, which in turn promoted difficult sexual situations. This possibility is also supported by the very strong correlation found between engaging in circumstances promoting unsafe sex, and experiencing interpersonal barriers to safer sex, which presents convergent validity for the scale operationalizing interpersonal barriers to unsafe sex. Yet, it is possible that the ambiguously worded Interpersonal Restraints subscale actually represents healthy sexual situations, which alternately would suggest that incorporating Afrocentric principles into one’s life and connecting to other cultural groups are associated with decreased or successful resolution of racial identity conflicts within the current sample. These contrasting findings raise the larger question of whether racial and sexual identity developmental theory and assessment generalize to a sample of HIV-positive same sex attracted African American men who are negotiating intersecting minority identities.
Implications for Practice Interventions

Tests of the hypotheses reviewed above indicate that the current sample of HIV-positive African American MSMs may be experiencing racial and sexual identity components in a way that may be promoting difficult sexual situations (circumstances promoting unsafe sex and interpersonal barriers to safer sex). Findings also suggest that psychological symptomology may also encourage more instances of engaging in circumstances promoting unsafe sex. Exploratory analyses also suggested that sexual identity components may influence psychological well-being, and that racial identity components may influence sexual risk practices outside of committed relationships.

These results suggest directly that a variety of interventions specifically targeting this population (e.g., peer support and structured psychoeducational and therapeutic support groups) may be particularly needed in a variety of settings (e.g., HIV-service agencies, churches, and other community agencies concerned with the continuing HIV crisis within African American and same sex attracted male communities). Such interventions could offer an environment accepting of individuals’ identities as HIV-positive, African American, same sex attracted men, and supportive of the diverse ways that individuals are coping with related identity challenges. These interventions could further aim to explore racial and sexual identity conflicts (which the current data suggest to be sources of risky sexual situations and behaviors), and help participants share ideas and examples around constructing and managing effective and healthy ways of coping with these conflicts for themselves and each other. In addition to providing support that individuals may be lacking in other areas of their lives, and highlighting issues that otherwise may remain invisible and neglected, such interventions are also needed as they directly attend
to sexual health issues among individuals who are HIV-positive, with the aim of helping such individuals and their partners experience healthy, satisfying, and safe sexual lives. Such positive prevention approaches aim to prevent new cases of HIV while helping HIV-positive individuals protect themselves from acquiring different strands of HIV, other sexually transmitted infections, and damaging psychological consequences of practicing unsafe sex (Halkitis, Gomez, & Wolitski, 2005; Kalichman, 2005, Schlizt, & Sandfort, 2000).

Currently, the Centers for Disease Control endorses guidelines for one structured group intervention “Many Men, Many Voices” (http://www.effectiveinterventions.org/go/interventions/many-men-many-voices) aimed at addressing issues of race and sexuality among African American MSMs. In spite of the specific cultural factors this intervention strives to highlight, the CDC offers only one citation to support this intervention (Kelly, St. Lawrence, Hood, & Brasfield, 1989), which in turn offers empirical support for group interventions addressing general cognitive-behavioral strategies, sexual assertion skills, and social support development. The current study offers empirical support for moving beyond such generalist skills and addressing associations among racial and sexual identity issues, psychological well-being and sexual situations and behaviors among HIV-positive African American MSMs. Interventions such as Many Men, Many Voices provide a promising start for highlighting such specific cultural issues within a safe forum for HIV-positive, African American MSMs. Such group interventions may be particularly useful for individuals who remain isolated from same sex attracted, African American communities, feel estranged within predominantly White LGBT, and predominantly heterosexual, African American
communities, and lack social support from family members, friends, and romantic partners.

In addition to quantitative and qualitative data collected in the current study, two agency contact people reported that after completing survey packets for the current study some participants initiated a discussion regarding issues (e.g., challenges and coping with such challenges) regarding racial and sexual identity, relationships and sex. Both case managers reported that such topics had not been openly and directly discussed with HIV-positive African American MSMs receiving services in their agencies before. These anecdotal data further suggest the need for structured interventions to provide a safe environment in which to highlight such issues.

Data from the current study also suggest that some realistic challenges involved in implementing such interventions may involve overcoming tendencies among potential participants to remain hidden (as same sex attracted, HIV-positive men). Another major challenge involves directly highlighting such taboo topics within African American community venues. It may be especially effective and necessary for HIV-positive same sex attracted African American men who have experienced success in managing identity related challenges to take a leadership role in providing peer support interventions and encouraging other HIV-positive African American MSMs to participate within community venues concerned with HIV issues. Psychologists and other mental health providers can play a role by working with (e.g., co-facilitating interventions) and supporting peer community leaders in this regard. In spite of these challenges, quantitative and qualitative data from participants in the current study suggest a strong need for the development of such resources and interventions.
Strengths and Limitations of the Current Study

The current study can claim multiple strengths. First, the current study used multiple measures to assess for sexual behaviors, including the Difficult Sexual Situations subscales of Circumstantial and Interpersonal Restraints, and the Sexual Risk Practices subscales assessing for risky behaviors both Inside and Outside of Committed Relationships. As it turned out, the Circumstantial Restraints subscale seemed to be associated much more often with other variables than the other outcome measures. These theoretically consistent findings (e.g., more racial and sexual identity conflict, more symptomology, younger ages predict difficult sexual situations), as well as the Circumstantial Restraints subscale’s strong correlations with sexual risk behaviors (inside and outside of a relationship), suggest that the Circumstantial Restraints subscale may be a particularly effective operationalization of sexual behaviors. It is quite possible that this measure helped obtain findings within a very sensitive topic area that otherwise could have remained hidden. For example, authors found that diverse same sex attracted male participants tended to underreport sexual risk practices in previous studies (e.g., de vroome, de Wit, Stroebe, Sandfort & van Griensven, 1998; Halkitis, Parsons, & Wilton, 2003; Peterson et al., 1992) that did not use multiple measures to assess for sexual behaviors. In addition to possibly being less intimidating than the explicit Sexual Risk Practices scales, the Circumstantial Restraints subscale may also shift the focus from participants’ personal behavior to external situations, helping to preserve a positive self-concept among participants.

A second strength of the current study is that it extends current descriptive data for the CRIS and LGIS, scales both developed from current theory in African American
and same sex attracted identity development, respectively, and demonstrating adequate to very good reliability data in the current study. Homogeneity of the samples used in the development of both the CRIS and LGIS have limited the generalizability for both scales. The CRIS scale development sample was comprised of predominantly middle or working class, young, female African American college students. The LGIS scale development sample was comprised of predominantly middle class, highly educated White gay and lesbian individuals involved in same sex relationships. The current study extends descriptive data for both scales by using these scales on a sample of HIV-positive African American MSMs with predominantly low education and income levels. A factor analysis suggested that the CRIS six-factor structure generally replicated to the current sample, in spite of a less than ideal N size. It remains unknown whether the LGIS factor structure replicated within the current sample, as the current sample size is insufficient to run a factor analysis. However, descriptive data suggest that the current study sample may more highly associate together sexual identity components emphasizing challenges related to being same sex attracted. These findings raise a question of whether a higher-order factor model may better represent the current sample’s experiences with developing a same sex attracted identity. Investigating whether current racial and sexual identity development theory and assessment generalize to the current sample of men negotiating intersecting minority identities may be particularly important due to the current study sample’s underrepresentation (and perhaps even invisibility) in extant sexual and racial identity developmental literature. The current study is a first step toward this end.

A third strength of the current study is the presence of statistically significant observations in spite of low power from the current sample (N = 73) of participants. The
number and strength of significant findings imply noteworthy trends suggesting racial and sexual identity components, psychological well-being, and age to predict difficult sexual situations. The trends suggested by regression results are further reinforced by significant bivariate Pearson correlations, but the correlations do not imply causality and could be interpreted in either direction. Furthermore, data showing the factor structures of the CRIS and Difficult Sexual Situation scales to generally replicate within the current sample, in spite of low power due to a restricted sample size, suggest that these factor structures are particularly reliable and valid among the current sample.

A fourth strength of the current study comes from the rich qualitative results. Although supplemental to the hypotheses of interest, these data provide more complex and multilayered perspectives on negotiating both racial and sexual minority identities informed by participants’ daily experiences. Again, such data provide important information to two literature bases (racial and sexual minority identity development) that have largely ignored considerations affecting individuals negotiating multiple minority identities, and especially individuals who also represent lower education and income levels. Although quantitative racial and sexual identity developmental measures are not yet at the point of reflecting a multiple minority identity developmental process, the current study’s qualitative data suggest that participants regularly experience struggles and display resiliencies in coping with multiple minority identity challenges. Examples of these struggles and resiliencies have implications for further theory development regarding multiple minority identity development, and are further expounded upon in the following section.
There are also several limitations within the current study. First, many of the CRIS, and especially LGIS, subscales displayed very high intercorrelations. Some of the CRIS and LGIS subscales were also highly correlated with each other. Some degree of intercorrelation was expected based on theoretical similarities and similar findings within scale development samples. To account for this limitation, collinearity tests were performed and stepwise regressions were run in addition to multiple regression analyses. However, the high amount of covariance among variables could indicate underlying shared variance that may in fact be contributing to the significant results that were found. This may be especially so within regression equations that yielded negative $R^2$ values (see Tables 15, 16, 18, 24, 27, 28). Further research using techniques such as structural equation modeling may be needed to more deeply explore and begin to comprehend this potential underlying variance.

A second limitation is the limited sample size ($N = 73$) of participants. The current sample size compromised statistical power in all analyses, and especially analyses where larger numbers of predictors were entered into regression models. Furthermore, power was also compromised for exploratory factor analyses performed with the CRIS and Difficult Sexual Situations scale. Low power also prevented an exploratory factor analysis to be performed with the LGIS to investigate whether the factor structure of this scale replicated within the current sample. It is possible that increased statistical power would have produced more findings, especially involving the effect of sexual identity components on dependent measures. However, it is also likely that significant findings from the current study are reliable, given that statistical power was an issue in the current study.
A third limitation of the current study is that the LGIS was developed on and intended for use with samples who identify as gay and lesbian. This limitation exposes a deeper limitation within the theoretical and empirical same sex attracted identity development literature of not yet accounting for non-gay, lesbian, and bisexual identities among individuals who engage in same sex behaviors. Wording on the LGIS was altered to somewhat accommodate this shortcoming, although this modification only superficially addresses this limitation. At the same time, the current study provided an initial assessment of LGIS scores within a sample somewhat comprised of non-gay and bisexual identifying MSMs (which is also a strength of the current study). Mays and colleagues (2004) argue that psychologists need to expand same sex attracted identity development theory to account for the range of (gay and non-gay) identities claimed among MSMs, especially those who are African American. Qualitative data exploring this issue may be a good place to begin such theory building. Although not the main task at hand within the current study, the current study’s qualitative data results have implications for such theory building, and are discussed in the next section.

A fourth limitation is that the BSI 18 is a fairly clinical measure of psychological symptomology, which may have also promoted underreporting. It may have been better to assess for other psychological factors such as self-esteem, life satisfaction, or self-efficacy, which also would have shifted the focus further away from symptomology and instead emphasized health and resiliency. This may have been especially beneficial if participants were motivated to present themselves as relatively symptom free so as not to promote mental health stereotypes based on race or sexuality. As the BSI 18 assesses for depressive, anxiety, and psychosomatic symptoms, it is possible that this measure also
tapped into HIV-related physical symptoms, and HIV medication side effects, rather than psychological symptomology. Furthermore, the BSI 18 asked participants to indicate symptoms experienced within one week. The Difficult Sexual Situations scale assessed for situations occurring within one year. The Sexual Risk Behaviors scale assessed for all of participants’ past sexual experiences with men since becoming aware of their HIV-positive status. Clearly, these three timetables are inconsistent, which could complicate interpretations of associations among these three variables.

Implications for Theory Development

As discussed above, descriptive data from the CRIS and LGIS suggest that the current study sample may experience a fair amount of challenges related to developing African American and same sex attracted identities. However, it is possible that data are appearing this way because the CRIS and LGIS do not adequately describe participants’ experiences with negotiating both racial and sexual minority identities concurrently. The current study’s qualitative results may provide examples of what this combined identity negotiation process may look like for participants. These results suggest that participants are indeed struggling with multiple minority identity challenges, but are also developing strength from, and displaying effective means of coping with, such challenges.

The following quotes provide examples of identity conflicts participants have experienced related to being African American same sex attracted men. These quotes are all responses to the first open ended question, asking participants to expand upon their experiences as African American same sex attracted men. Thus participants were not primed to focus on identity related challenges or conflicts.
As a Black man I am very aware of those around me and the feeling they may or may not have about me. I try not to project my own fears but it doesn't always work;

Rough, lonely;

It's fun, but not easy. I'm like two people with my family/friends and lover;

It's a struggle to accept your identity;

I feel funny sometimes because I like men;

Sometimes it gets scary. I have always been gay though. I don't like being [HIV] positive;

It's very hard on me from my family [who] disagree with my lifestyle;

I often feel judged, less than and not worthy, put down;

Being that I was raised in a Christian home and I'm dedicated to my Christian morals, I have problems accepting my attraction to another man;

Sometimes I am treated very harshly;

Sometimes it's not so great especially if the person still is attracted to women or has baby mommas and/or teenage kids;

I have known fear, rejection, and shame on a level I think others will not approach;

It’s a bad life, you get it from all sides. Isolation and loneliness are normal at this time;

In short I feel as long as I stay in the gay spectrum and operate in a gay friendly environment everything is fine [but] the moment I step out of that I can expect some kind of friction eventually;

It is very hard. I feel I am walking a tightrope.

These quotes suggest multiple ways some participants are experiencing internal identity conflicts around issues of race and sexuality. Participants also provided diverse examples of external, societal, and cultural challenges they experience.
The next set of quotes provide examples of resiliencies and effective means of coping participants have displayed in the process of negotiating African American and same sex attracted identities. Again, these quotes are all responses to the first open ended question, asking participants to expand upon their experiences as African American same sex attracted men. Thus participants were not primed to focus on effective means of coping with identity related issues.

Over the years I have come to terms and I am ok with who I am;

I have to say it hasn't been problematic for me at all. I am content and pleased with my culture and my sexuality;

I do not live this lifestyle anymore and because of it I'm able to live a happy life with God in it without a bad conscience;

I like being a gay black man. I find it hard to find love and a person that's compatible with me, but I am cool with who I am;

It's kind of fun;

My life is great as an African American living with another man;

Sometimes its more hard but you have to make due, [it’s] part of life;

I have come to a place of peace in the knowledge that God made no mistake with me. I am fearfully and wonderfully made is His image.

As a Black man I find life as a gay man a learning process. My personal life is very good now but has not always been.

I'm a (bi/Black) man and I feel good about myself. And I don't give a SHIT about how or who feels [otherwise]!

Life for me as an African American gay male is really easy. Some people know about me living in this lifestyle. I don't come off as a homo, but when men (heteros) find out they're cool about the subject;

My love for Black men is a good thing in my mind even though my people say it's wrong. I have come to terms with who I am over the years;
I feel every day I awake I'm a very blessed Black gay male.

These quotes suggest that participants find quite diverse ways to cope effectively with the identity related challenges they experience. Some of these means of coping seem to contradict each other (e.g., no longer living the “lifestyle” vs. affirming one’s sexuality through one’s relationship with God) but may be equally effective on an individualized level for participants holding differing values and connected with differing communities and support sources. These coping strategies seem to encompass cognitive, behavioral, affective, and spirituality based elements. These means of coping incorporate internal work as well as utilizing connections with partners, peers, cultural groups, and God.

These rich qualitative data suggest that although participants do experience identity struggles, they also find ways to cope with and transcend such struggles. Without these qualitative results, it may have appeared that the sample was mostly experiencing, but not effectively coping with, identity conflicts and challenges. Perhaps the limited data obtained on the CRIS and LGIS were due to these measures only being focused on assessing for a developmental process based on a single identity. These data also suggest that participants’ experiences with being African American, same sex attracted men seem to encompass aspects of pre and post-discovery, individual and group developmental components. Such qualitative data provide an excellent starting ground for devising a developmental theory capturing the process of experiencing, struggling with, and effectively working through issues involving combined African American and same sex attracted identity negotiation, while recognizing that diverse African American MSMs (even within the current sample) work through this process differently. Mays and colleagues (2004) have called for researchers to develop theory regarding such a
developmental process for African American MSMs. Finally, recognizing and displaying unconditional acceptance for diverse and effective ways of coping with racial and sexual identity challenges may be an important condition for practice interventions aimed specifically at highlighting these issues within this population.

Directions for Further Research

Research aiming to replicate the current study’s premise is needed to provide further support for the results and trends found within the current study. However, limitations of the current study, outlined above, should be addressed through modifications. One important modification would be to collect a larger sample of participants. A larger sample (e.g., N = 200), would make it possible to conduct a factor analysis to test whether the LGIS is a valid measure among an HIV-positive, African American MSM sample. If a higher-order factor model was found, modified sexual identity components could be created from this analysis, and entered as predictor variables within regression models. It would also be important to use dependent measures assessing for psychological factors and sexual behaviors occurring within the same time frame. Furthermore, a less clinical measure of psychological symptoms, or use of multiple measures operationalizing psychological well-being (e.g., self-esteem, self-efficacy, social support) as well as symptomology, may garner more varied responses.

In the current study circumstances promoting unsafe sex were significantly correlated with sexual risk practices, and predicted by variables expected to impact sexual risk practices. Furthermore, Diaz and colleagues (2004) found circumstances promoting unsafe sex to predict sexual risk taking among a sample of gay, Latino men.
However, these data alone, although strongly suggestive, are not enough to offer support that such sexual circumstances do in fact predict sexual risk behaviors among an HIV-positive African American MSM sample. Further research could use regression equation models to test this premise directly (with Difficult Sexual Situations entered as predictors, and Sexual Risk Practices entered as outcome variables). Direct evidence supporting this finding would add support for the notion that the Circumstantial Restraints subscale may indeed be a culturally relevant and better measure of sexual risks than an explicit measure of sexual behaviors. Likewise, similar methodology could also examine whether the Interpersonal Restraints subscale does in fact predict sexual risk practices, which would help to clear up points of confusion discussed previously regarding the construct validity of this scale.

Many predictor variables were highly correlated within the current study. These findings raise a question of whether underlying variance among predictor variables contributed to the current study’s significant findings (e.g., what common variance among being of a younger age and harboring negative feelings toward White people may predict circumstances predicting unsafe sex; what common variance among desiring to connect to other cultural groups, endorsing negative stereotypes of [other] African Americans, and feeling superior toward heterosexuals may predict interpersonal barriers to safer sex?). Further research could go beyond regression models and employ use of latent variable analyses such as structural equation modeling to more deeply explore this question. Such statistical analyses could also illustrate how all variables of interest in the current study may directly and indirectly impact each other.
Finally, data and trends observed from the current study raised many exploratory questions that could be investigated in further studies. Such studies could use the current data set, as well as expand upon it by distributing survey packets to more eligible participants within HIV service agencies in order to increase the sample size of participants. One further question involves examining how sexual orientation identity may differently impact racial and sexual identity developmental processes. As the current sample was diverse in sexual orientation identification, subscale analyses could be used to code and differentiate potential effects of this covariate. Likewise, the impact of other covariates on racial and sexual identity development, such as importance of religion, could also be investigated. Another question that arose out of current data involves examining whether the correlation between harboring rigid, negative feelings toward White people and culture and internalizing feelings of self-hatred is more relevant to participants who engage in risky sexual practices with White men. This issue may be especially important to explore as the Anti-White identity component was the most frequent predictor of difficult sexual situations and sexual risk practices (outside of committed relationships) in tests of the hypotheses and exploratory regression analyses. Furthermore, to better utilize the rich qualitative data obtained in the current study, themes and key ideas could be quantified and coded and run in analyses with predictor and outcome variables. All of these questions would help to develop a new body of literature attempting to better understand cultural issues (e.g., sexual orientation identification, negotiating intersecting minority identities) that may be impacting psychological well-being and risky, or healthy, sexual behaviors among HIV-positive African American MSMs.
In conclusion, the current study provided specific empirical support for the notion that racial and sexual identity components, as well as psychological well-being, impact difficult sexual situations (involving specific circumstantial and interpersonal barriers to safer sex) among HIV-positive African American MSMs. Exploratory analyses also suggested that sexual identity components impact psychological well-being, and racial identity components impact sexual risk practices outside of a committed relationship. These data underline the need for interventions highlighting these issues, exploring effective ways of coping with such issues, and providing social support within this community. These data also provide a starting place for more accurately conceptualizing and measuring the intersection of African American and same sex attracted male identity development in theory and assessment. Finally, the current study extends positive prevention efforts to an underserved HIV-positive population by focusing on culturally specific factors impacting sexual health and risks among African American same sex attracted men.
REFERENCES


APPENDICES
Greetings and Welcome,

Thank you very much for filling out this survey.

This study explores how social attitudes held by African American, HIV-positive, men who have sex with men may be connected with mental health and sexual risk/safer sex practices. This is important considering the continuing spread of HIV disease in the United States, especially among African American men who have sex with men. It is my hope that study results will help HIV service providers of every race, sex, and sexual orientation provide better services to African American male consumers having sex with men. It is also my hope that study results will help HIV-positive consumers and service providers work together to promote mental and sexual health.

Again, I truly appreciate your help in this study. Remember that all of your responses are completely anonymous and confidential, and there are no right or wrong answers to any of the questions. Also, at no time will you be asked to provide your name on any study materials. Some questions ask about sexual practices and are quite personal in nature, but it is very important that you try your best to answer every question honestly. When you complete the survey you also will receive a $10.00 gift certificate to Giant Eagle supermarkets as a gesture of my appreciation. If you have any questions about this study, please feel free to email me at lek102002@yahoo.com. You may also leave a message for me at (330) 972-7280. It may take a day or two to receive your telephone message, but I will call you back once I receive it. Please also feel free to email or call me if you would like a summary of the results when the study is complete. Please put the word “study” in the subject heading of all emails so I will be able to find them.

Again, thank you and best wishes,

Laurie Kessler, M. A.
APPENDIX B

INFORMED CONSENT FORM

AGREEMENT TO PARTICIPATE IN

Social Attitudes, Psychological Health, and Safer Sex Practices
(Title of Project)

Laurie Kessler, M.A.  Department of Psychology, Buchtel College of Arts and Science, Rm. 341, The University Of Akron, Akron, OH  44325-4301.  Phone: (330) 972-7280
(Primary Investigator)

The purpose of this study is to learn about how different social attitudes may be connected with mental health and sexual risk/safer sex practices among HIV-positive African American men who have sex with men. Participants will complete several questionnaires covering these areas as well as a basic information form. The survey will take approximately 30-45 minutes. As a gesture of my appreciation participants will receive a $10.00 Giant Eagle supermarket gift card when handing in completed surveys. I plan to recruit approximately 75 volunteers to participate in this study.

Participation in this study is voluntary, and refusal to participate will involve no penalty. Further, participants may withdraw from the survey at any time without penalty.

All surveys will be assigned code numbers, and kept separate from demographic information forms. At no time will you be asked to include your name on any survey form. These steps will be taken to ensure participants’ full confidentiality and privacy.

One benefit of this study is that participants will help psychologists and others better understand how specific social attitudes are connected to mental health and safer sex/sexual risk practices among HIV positive African American men who have sex with men. This knowledge can help HIV service providers offer better services to African American male consumers having sex with men, and help HIV-positive consumers and service providers work to promote better mental and sexual health among positive consumers.
Alternatives to participating in this study include not participating, or participating in counseling or peer support groups through your local HIV service agency. One risk associated with participating is that some people may find it stressful to answer questions about their sexual feelings and behaviors. Some people may also not want to be seen completing these surveys. Therefore participants will be able to complete survey packets in a private setting. Participants can also talk with the primary researcher in person, or by phone or email, if they have any concerns or questions. Participants will also be able to privately discuss concerns or questions about the study with a contact person at their HIV agency. Finally, participants can be provided private and accessible counseling referrals through their contact person at their agency if their participation in the current study causes them to experience any discomfort.

**If you cannot obtain satisfactory answers to your questions or have comments or complaints about your treatment in this study, contact: IRB, c/o Office of Research Services, The University of Akron, 302 Buchtel Common, Akron, OH 44325-2102. Phone: (330) 972-7666.**
Thank you for participating in this project.

Please answer the following questions as completely as possible. Your answers will be combined with the answers of others and will be reported only in the form of group averages. Your answers will also be kept separate from all of your other responses in this study to ensure your privacy.

1. Age: ________ Years
2. Sex: ( ) Man ( ) Woman ( ) Transgender
3. Racial/Ethnic background: Please check all that apply, then CIRCLE the ethnicity with which you most closely identify:
   a. ( ) African American/Black
   b. ( ) Asian American
   c. ( ) Caucasian/White
   d. ( ) Latino/Hispanic/Chicano
   e. ( ) Middle Eastern
   f. ( ) Native American/Native Alaskan
   g. ( ) Pacific Islander
   h. ( ) West Indian/Caribbean
   h. ( ) Other race/ethnicity not specified above__________________________
     __________________________
4. Sexual Orientation: Please check all that apply based on how you see yourself, regardless of sexual activity, then CIRCLE the term with which you most closely identify.
   a. ( ) bisexual
   b. ( ) do not identify as gay or bisexual, but have private sexual relations with men (e.g., “on the down low”)
   b. ( ) gay
   c. ( ) heterosexual
      1. ( ) identify as heterosexual and DO engage in sexual behaviors with men
      2. ( ) identify as heterosexual and DO NOT engage in sexual behaviors with men
   d. ( ) queer
   e. ( ) same gender loving
   f. ( ) other term not specified above ________________________________
   g. ( ) I prefer not to label my sexual orientation/sexuality.
      ________________________________

5. HIV Status: ( ) Positive ( ) Negative ( ) Unknown

6. Geographic area:
   ( ) rural ( ) suburban ( ) urban ( ) other
   closest city ________________________________
   State of residence ________________________________

7. Income level:
   ( ) less than $10,000/year ( ) $10,001-20,000/year
   ( ) $20,001-$35,000/year ( ) $35,001-$60,000/year
   ( ) $60,001 or more/year

8. Employment Status: Please check all that apply.
   ( ) employed full-time ( ) employed less than full-time
   ( ) doing volunteer work ( ) full-time student
   ( ) unemployed
9. Religious Affiliation: Please check all that apply and CIRCLE the group with which you most identify. 

( ) Agnostic/Atheist  
( ) Christian ____________________________ (denomination) 
( ) Jewish  
( ) Muslim  
( ) Other ________________________________  
( ) Spiritual outside of organized religion  

9a. How important is your religion to you? ( ) not important  ( ) somewhat important  ( ) very important  

10. Education Level: ( ) Some high school  ( ) High school diploma/G.E.D. 
( ) Some college  ( ) Associate’s Degree/trade/business school  
( ) Four year degree  ( ) Some graduate/professional school  
( ) Graduate/professional degree  

11. Relational Status: ( ) single  ( ) dating  ( ) committed relationship with one man  
( ) committed relationship with one woman  ( ) married/partnered with one man  
( ) married/partnered with one woman
APPENDIX D

CROSS RACIAL IDENTITY SCALE

Please use the following scale to indicate how much you agree or disagree with each of the following statements. These questions measure social attitudes, and there are no right or wrong answers. Please answer as honestly as you can without skipping any items. Make sure to circle the number that best represents your attitude regarding each of the following statements. (The subscale to which each item belongs is listed in parentheses.)

1: Disagree  2: Disagree  3: Disagree  4: Neither  5: Agree  6: Agree  7: Agree
strongly   somewhat   slightly   agree nor   slightly   somewhat   strongly
disagree

1. As an African 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 (PA). 1 2 3 4 5 6 7

3. Too many Blacks “glamorize” the drug trade and fail to see opportunities that don’t involve crime (PM). 1 2 3 4 5 6 7

4. I go through periods when I am down on myself because I am Black (PSH). 1 2 3 4 5 6 7
5. As a multiculturalist, I am connected to many groups (Hispanics, Asian-Americans, Whites, Jews, gays & lesbians, etc.[IMCI]).

6. I have a strong feeling of hatred and disdain for all White people (IEAW).

7. I see and think about things from an Afrocentric perspective (IA).

8. When I walk into a room, I always take note of the racial make-up of the people around me.

9. I am not so much a member of a racial group, as I am an American (PA).

10. I sometimes struggle with negative feelings about being Black (PSH).

11. My relationship with God plays an important role in my life.

12. Blacks place more emphasis on having a good time than on hard work (PM).

13. I believe that only those Black people who accept an Afrocentric perspective can truly solve the race problem in America (IA).

14. I hate the White community and all that it represents (IEAW).

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.

16. I believe it is important to have both a Black identity and a multicultural perspective, which is inclusive of everyone (e.g., Asians, Latinos, gays & lesbians, Jews, Whites, etc.[IMCI]).

17. When I look in the mirror at my Black image, sometimes I do not feel good about what I see (PSH).
18. If I had to put a label on my identity, it would be “American” and not African American (PA).

19. When I read the newspaper or a magazine, I always look for articles and stories that deal with race and ethnic issues.

20. Many African Americans are too lazy to see opportunities that are right in front of them (PM).

21. As far as I am concerned, affirmative action will be needed for a long time.

22. Black people cannot truly be free until our daily lives are guided by Afrocentric values and principles (IA).

23. White people should be destroyed (IEAW).

24. I embrace my own Black identity, but I also respect and celebrate the cultural identities of other groups (e.g., Native Americans, Whites, Latinos, Jews, Asian Americans, gays & lesbians, etc.).

25. Privately, I sometimes have negative feelings about being Black (PSH).

26. If I had to put myself into categories, first I would say I am an American, and second I am a member of a racial group (PA).

27. My feelings and thoughts about God are very important to me.

28. African Americans are too quick to turn to crime to solve their problems (PM).

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.
30. I hate White people (IEAW). 1 2 3 4 5 6 7

31. I respect the ideas that other Black people hold, but I believe that the best way to solve our problems is to think Afrocentrically (IA). 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 to have both a Black identity and a multicultural perspective, because this connects me to other groups (Hispanics, Asian-Americans, Whites, Jews, gays & lesbians, etc.[IMCI]). 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 (PA). 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. Blacks place too much importance on racial protest and not enough on hard work and education (PM). 1 2 3 4 5 6 7

37. Black people will never be free until we embrace an Afrocentric perspective (IA). 1 2 3 4 5 6 7

38. My negative feelings toward White people are very intense (IEAW). 1 2 3 4 5 6 7

39. I sometimes have negative feelings about being Black (PSH). 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 (Latinos, gays & lesbians, Jews, Native Americans, Asian-Americans, etc.[IMCI]). 1 2 3 4 5 6 7
APPENDIX E

LESBIAN AND GAY IDENTITY SCALE

Please use the following scale to indicate how much you agree or disagree with each of the following statements. These questions measure social attitudes, and there are no right or wrong answers. Please answer as honestly as you can without skipping any items. Make sure to circle the number that best represents your attitude regarding each of the following statements. Please circle N/A if the item does not apply to you. (The subscale to which each item belongs is listed in parentheses.)

1: Disagree 2: Disagree 3: Disagree 4: Neither 5: Agree 6: Agree 7: Agree
strongly somewhat slightly agree nor slightly somewhat strongly disagree

1. I prefer to keep my same sex relationships rather private (NP). 1 2 3 4 5 6 7 N/A
2. I will never be able to accept being attracted to other men until all the people in my life have accepted me (NA). 1 2 3 4 5 6 7 N/A
3. I would rather be solely attracted to women if I could (H). 1 2 3 4 5 6 7 N/A
4. Disclosing my attraction to other men to my friends and family has been a very lengthy process (DP). 1 2 3 4 5 6 7 N/A
5. I’m not totally sure that I’m attracted to other men (IC). 1 2 3 4 5 6 7 N/A
6. I look down on men who are solely attracted to women (S). 1 2 3 4 5 6 7 N/A
7. I keep careful control over who knows about my same sex relationships (NP).
   1 2 3 4 5 6 7 N/A

8. I often worry whether others judge me for being attracted to other men (NA).
   1 2 3 4 5 6 7 N/A

9. I am glad to be attracted to other men (H).
   1 2 3 4 5 6 7 N/A

10. I have felt comfortable with being attracted to other men just about from the start (DP).
    1 2 3 4 5 6 7 N/A

11. I keep changing my mind about being attracted to other men (IC).
    1 2 3 4 5 6 7 N/A

12. People who are solely attracted to those of the opposite gender have boring lives compared with people attracted to members of the same sex (S).
    1 2 3 4 5 6 7 N/A

13. My private sexual behavior is nobody’s business (NP).
    1 2 3 4 5 6 7 N/A

14. I can’t feel comfortable knowing that others judge me negatively for being attracted to other men (NA).
    1 2 3 4 5 6 7 N/A

15. Homosexual lifestyles are not as fulfilling as heterosexual lifestyles (H).
    1 2 3 4 5 6 7 N/A

16. Admitting to myself that I’m attracted to men has been a very painful process (DP).
    1 2 3 4 5 6 7 N/A

17. I can’t decide whether I am attracted to both men and women or solely attracted to other men (IC).
    1 2 3 4 5 6 7 N/A

18. If you are not careful about whom you disclose your attraction to other men to, you can get very hurt (NP).
    1 2 3 4 5 6 7 N/A

19. Being a man attracted to other men makes me feel insecure around people who are solely attracted to the opposite gender (NA).
    1 2 3 4 5 6 7 N/A

20. I’m proud to be part of a community of men who love men (H).
    1 2 3 4 5 6 7 N/A

21. Developing as a man who is attracted to other men has been a fairly natural process for me (DP).
    1 2 3 4 5 6 7 N/A
22. I get very confused when I try to figure out my sexual orientation (IC). 1 2 3 4 5 6 7 N/A
23. I think very carefully before disclosing my attraction to other men to someone (NP). 1 2 3 4 5 6 7 N/A
24. I think a lot about how my attraction to other men affects the way people see me (NA). 1 2 3 4 5 6 7 N/A
25. I wish I were solely attracted to women (H). 1 2 3 4 5 6 7 N/A
26. Admitting to myself that I’m attracted to men has been a very slow process (DP). 1 2 3 4 5 6 7 N/A
27. I have very few doubts as to what my sexual orientation is (IC). 1 2 3 4 5 6 7 N/A
28. My sexual orientation is a very personal and private matter (NP). 1 2 3 4 5 6 7 N/A
29. I find myself preoccupied with trying to decide whom I should disclose my attraction to other men to (NA). 1 2 3 4 5 6 7 N/A
30. Whenever I think a lot about being attracted to other men, I feel critical about myself (H). 1 2 3 4 5 6 7 N/A
31. I’m very open about my attraction to other men, but it has taken me a while to get to this point (DP). 1 2 3 4 5 6 7 N/A
32. I prefer to act like friends rather than lovers with my male partner(s) when we’re out in public (NP). 1 2 3 4 5 6 7 N/A
33. I have made peace with the fact that there will always be people in my life who do not approve of my attraction to other men (NA). 1 2 3 4 5 6 7 N/A
34. Whenever I think a lot about being attracted to other men, I feel depressed (H). 1 2 3 4 5 6 7 N/A
35. I generally feel safe disclosing my attraction to other men these days (NP). 1 2 3 4 5 6 7 N/A
36. Most problems that homosexuals have come from their status as an oppressed minority, not from their homosexuality per se (H). 1 2 3 4 5 6 7 N/A
37. I worry about people finding out I’m attracted to other men (NP). 1 2 3 4 5 6 7 N/A
38. In public I try not to look too obviously like a man who is attracted to other men (NP).

1 2 3 4 5 6 7 N/A

39. I’m embarrassed to be seen in public with obviously gay people (NP).

1 2 3 4 5 6 7 N/A

40. I feel comfortable expressing affection with my male partner(s) out in public (NP).

1 2 3 4 5 6 7 N/A

This scale consists of a list of problems people sometimes have. Read each item carefully and circle the number of the response that best describes how much that problem has distressed or bothered you during the past 7 days including today. Circle only one number for each problem. Do not skip any items.

0 = Not at all  1 = A little bit  2 = Moderately  3 = Quite a bit  4 = Extremely

1. Faintness or dizziness 0 1 2 3 4
2. Feeling no interest in things 0 1 2 3 4
3. Nervousness or shakiness inside 0 1 2 3 4
4. Pains in heart or chest 0 1 2 3 4
5. Feeling lonely 0 1 2 3 4
6. Feeling tense or keyed up 0 1 2 3 4
7. Nausea or upset stomach 0 1 2 3 4
8. Feeling blue 0 1 2 3 4
9. Suddenly scared for no reason 0 1 2 3 4
10. Trouble getting your breath 0 1 2 3 4
11. Feelings or worthlessness 0 1 2 3 4
12. Spells of terror or panic 0 1 2 3 4
13. Numbness or tingling in parts of your body 0 1 2 3 4
14. Feeling hopeless about the future 0 1 2 3 4
15. Feeling so restless you couldn’t sit still 0 1 2 3 4
16. Feeling weak in parts of your body 0 1 2 3 4
17. Thoughts of ending your life 0 1 2 3 4
18. Feeling fearful 0 1 2 3 4

APPENDIX G

SEXUAL SITUATIONS SCALE

The following are sexual situations that men who have sex with other men may find themselves in from time to time. Please use the following scale to indicate how often you have been in the following situations with other men in the last 12 months. Please answer each question as honestly as you can, and remember, all of your answers are completely anonymous. Remember, there are no right or wrong answers.

0: Never        1: Once or twice        2: A few times        3: Many times

1. In the last 12 months, how often have you been in a sexual situation with a man who does not want to use a condom? 0 1 2 3
2. In the last 12 months, how often have you been in a sexual situation with a man who is very, very hot and sexy? 0 1 2 3
3. In the last 12 months, how often have you been lonely and depressed and had sex with a man in order to feel good? 0 1 2 3
4. In the last 12 months, how often have you been in a sexual situation with a man you are in love with? 0 1 2 3
5. In the last 12 months, how often have you been in a sexual situation with a man when you were feeling very, very hot and horny? 0 1 2 3
6. In the last 12 months, how often have you been in a sexual situation with a man whom you trust a lot? 0 1 2 3
7. In the last 12 months, how often have you been in a sexual situation where you had to interrupt sex with a man in order to look for condoms? 0 1 2 3
8. In the last 12 months, how often have you been in a sexual situation with a man where you or your sex partner was drunk on alcohol? 0 1 2 3
9. In the last 12 months, how often have you been in a sexual situation with a man where you or your partner was high on drugs? 0 1 2 3
10. In the last 12 months, how often have you been in a sexual situation with a man where bringing up condoms would spoil a romantic, magic moment? 0 1 2 3
11. In the last 12 months, how often have you been in a situation with a man in which you were having sex in a public place and were afraid of getting caught? 0 1 2 3
12. In the last 12 months, how often have you been in a sexual situation where you wanted to feel really close and connected to the man with whom you were having sex? 0 1 2 3
13. In the last 12 months, how often have you been in a situation in which you were having sex with a group of people, and none of them was using condoms? 0 1 2 3
14. In the last 12 months, how often have you been in a sexual situation where you’re having sex in another man’s house or apartment? 0 1 2 3
15. In the last 12 months, how often have you been in a sexual situation with a man in which you or your partner was having difficulty maintaining an erection? 0 1 2 3
16. In the last 12 months, how often have you been in a sexual situation with a man you were afraid of losing? 0 1 2 3
17. In the last 12 months, how often have you been in a sexual situation with a man you really wanted to please? 0 1 2 3
18. In the last 12 months, how often have you been in a sexual situation with a man in a bookstore, sex club, backroom, or bathhouse, and you were having a really good time? 0 1 2 3
19. In the last 12 months, how often have you been in a sexual situation with a person who asks you to trust him? 0 1 2 3

APPENDIX H

SEXUAL PRACTICES SCALE

Please answer the following questions based on all of your previous experiences with other men since you have known of your HIV-positive status. Please answer each question as honestly as you can, and remember, all of your answers are completely anonymous, and there are no right or wrong answers. Please use the numbers on the scale below to answer the following questions.

1: never       2: rarely       3: sometimes       4: often       5: always

1. When engaging in sex with other men I have been committed to, I have had insertive anal intercourse (you inside him) without the use of a condom.

   1 2 3 4 5

2. When engaging in sex with other men I have been committed to, I have had receptive anal intercourse (him inside you) without the use of a condom.

   1 2 3 4 5

3. When engaging in sex with other men I have been committed to, I have received oral sex until I ejaculated (his mouth on your penis), without the use of a condom.

   1 2 3 4 5

4. When engaging in sex with other men I have been committed to, I have given oral sex until my partner ejaculated (your mouth on his penis), without the use of a condom.

   1 2 3 4 5
5. When engaging in sex with other men I have not been committed to, I have had insertive anal intercourse (you inside him) without the use of a condom.

1 2 3 4 5

6. When engaging in sex with other men I have not been committed to, I have had receptive anal intercourse (him inside you) without the use of a condom.

1 2 3 4 5

7. When engaging in sex with other men I have not been committed to, I have received oral sex until I ejaculated (his mouth on your penis), without the use of a condom.

1 2 3 4 5

8. When engaging in sex with other men I have not been committed to, I have given oral sex until my partner ejaculated (your mouth on his penis), without the use of a condom.

1 2 3 4 5
APPENDIX I
OPEN ENDED COMMENTARY

Please comment on what it is like for you personally as an African American/Black man who is attracted to other men:

What is most difficult about being an African American/Black man who is attracted to other men?

What is most rewarding about being an African American/Black man who is attracted to other men?
APPENDIX J
DEBREIFING LETTER TO RESEARCH PARTICIPANTS

Thank you again for participating in this research study.

As mentioned before, this study examined specific social attitudes among African American men who have sex with men. Specifically, this study is interested in looking at how HIV positive African American men who have sex with men handle being both racial and sexual minorities. For some people, these two identities may coexist peacefully, while for others, they may cause conflict and stress. The current study is interested in how handling being both racial and sexual minorities may be connected to psychological health and distress such as depression and anxiety, as well as sexual risk and safer sex practices.

As mentioned earlier, it is my hope that knowledge gained from this study can help HIV service providers of all races, sexes, and sexual orientations to provide more helpful and culturally sensitive services to African American male clients having sex with men. It is also my hope that knowledge gained from this study can help HIV-positive consumers and service providers work together to promote mental and sexual health. Finally, it is my hope that results of this study will increase awareness of the fact that HIV-positive individuals can have fulfilling and healthy sex lives.

Again, I sincerely appreciate your willingness to participate in this study. If you have any questions, comments, or concerns about this study, please feel free to email me at lek102002@yahoo.com. You may also leave a message for me at (330) 972-7280. It may take a day or two to receive your telephone message, but I will call you back once I receive it. Please also do not hesitate to email or call me if you would like a summary of the results at the study’s completion. Please put the word “study” in the subject heading for all email contacts.

Again, thank you and best wishes,

Laurie Kessler, M. A.
A principal components exploratory factor analysis with a Varimax rotation was used to analyze the underlying factor structure of the CRIS. This analysis extracted nine factors with Eigenvalues greater than one, accounting overall for 75 percent of the variance. An examination of a Scree plot indicated that the first six factors explained the meaningful portion (64%) of variance. The analysis was repeated constraining the items to load on six factors (with Eigenvalues > 1.4). The loadings on the six Varimax rotated components of the 30 CRIS scale items are presented in Table 29. In general, the CRIS six-factor structure was confirmed. All five items proposed to compose the Assimilation subscale (items 2, 9, 18, 26, and 34) loaded on the same factor with loadings exceeding .50 (item 34 loaded at .40). All of these items also had lower loadings on the other factors except for item 34 which loaded higher on the factor associated with the Multiculturalist Inclusive scale (loaded at .53). All five items proposed to compose the Miseducation measure (items 3, 12, 20, 28, and 36) loaded on the same factor with loadings exceeding .50. All of those items also had considerably lower loadings on the other factors. All five items proposed to compose the Self-Hatred measure (items 4, 10, 17, 25, and 39) loaded on the same factor with loadings exceeding .50. All of those items also had considerably lower loadings on the other factors. All five items proposed to
compose the Anti-White measure (items 6, 14, 23, 30, and 38) loaded on the same factor with loadings exceeding .50. All of those items also had considerably lower loadings on the other factors. All five items proposed to compose the Afrocentric measure (items 7, 13, 22, 31, and 37) loaded on the same factor with loadings exceeding .50 (item 7 loaded at .34). All of those items also had considerably lower loadings on the other factors. All items proposed to compose the Multiculturalist Inclusive measure (items 16, 24, 33, and 40) loaded on the same factor with loadings exceeding .50 except for item five, which loaded on the factor associated with Assimilation (.73). The other four items on this scale had considerably lower loadings on the other factors.

It is important to note that a very small number of cases per variable were available (e.g., 73 cases for 30 items, whereas a minimum of five cases per variable [150 cases] is recommended, e.g., Grimm & Yarnold [2003]). Therefore these findings remain questionable. However, the overall results of this factor analysis in general replicated the original six-factor structure of the CRIS, which in spite of a small sample size, further validates the measure within the current sample.
Table 29
Exploratory Factor Analysis of the CRIS Scale Items

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<th>CRIS PSH</th>
<th>CRIS IA</th>
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Exploratory Factor Analysis of the CRIS Scale Items (Continued)

| CRIS38 |  -.13 |  .30 |  .31 |  .76 |  .03 |  .06 |
| CRIS39 |  .05  |  .74 |  .13 |  .18 |  .11 |  -.14 |
| CRIS40 |  .68  | -.34 |  -.06 |  -.30 |  .06 |  .13 |

*Note. Rotated item loadings above .50 are shown in boldface.*
APPENDIX L

HUMAN SUBJECTS APPROVAL LETTER,

THE UNIVERSITY OF AKRON

January 9, 2008

Laura E. Kessler
7227 Wetherpoon St.
Pittsburgh, Pennsylvania 15206

Ms. Kessler:

The University of Akron's Institutional Review Board for the Protection of Human Subjects (IRB) completed a review of the protocol entitled "An Investigation of the Association between Socioeconomic Identity Development, Psychological Well-being, and Safer Sex Practices among HIV-Infected/Positive African American Men who Have Sex with Men". The IRB application number assigned to this project is 20071213.

The protocol qualified for Expedited Review and was approved on January 8, 2008. The protocol represents minimal risk to subjects and matches the following federal category for expedited review:

(7) Research on individual or group characteristics or behavior or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation or quality assurance methodologies

This approval is valid until January 8, 2009 or until modifications are proposed to the project protocol, whichever may occur first. In either instance, an Application for Continuing Review must be completed and submitted to the IRB.

Enclosed is the informed consent document, which the IRB has approved for your use in this research. A copy of this form is to be submitted with any application for continuation of this project.

Please note that within one month of the expiration date of this approval, the IRB will forward an annual review reminder notice to you by email. Nevertheless, it is your responsibility as principal investigator to remember the renewal date of your protocol's review. Please submit your continuation application at least two weeks prior to the renewal date, to ensure the IRB has sufficient time to complete this review.

Please retain this letter for your files. If the research is being conducted for a master's thesis or doctoral dissertation, you must file a copy of this letter with the thesis or dissertation.

Sincerely,

Sharon McPherson
Associate Director

CC: Charles A. Waehler, Advisor
    Rosalie Hall, IRB Chair

Office of Research Services and Sponsored Programs
Akron, OH 44325-0102
330-972-7696 330-972-4281 Fax

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