

RELATIONSHIP CHARACTERISTICS, SOCIAL SUPPORT, MASCULINE  
IDEOLOGIES AND PSYCHOLOGICAL FUNCTIONING  
OF GAY MEN IN COUPLES

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By

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RELATIONSHIP CHARACTERISTICS, SOCIAL SUPPORT, MASCULINE  
IDEOLOGIES AND PSYCHOLOGICAL FUNCTIONING  
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## CHAPTER 1 - INTRODUCTION

### Statement of the Problem

Beginning with the work of Evelyn Hooker in 1957, psychological research regarding gay men has shifted from a focus on pathology and etiology of homosexuality to a more descriptive exploration of behavior regarding the gay male experience. However, research based upon myths and stereotypes regarding gay couples continues to be published, with many theories of psychology continuing to base their hypotheses regarding gay male couples on stereotypes and value-laden comparisons between heterosexual and gay relationships. Traditional psychodynamic theory (Friedman, 1988) hypothesizes that gay couples exist because of the pathological need of the members of the couple to separate from their respective mothers to such an extreme that women are rejected as objects of desire. Narcissism and exhibitionism also have been hypothesized as motivations for entering into a gay couple relationship (Friedman, 1988). Certain gender-focused family systems theories suggest that gay male couple relationships are more disengaged than heterosexual couple relationships, inherently problematic, and susceptible to dysfunction because the relationship consists of two men (Krestan & Bepko, 1980). The purpose of this study is to examine gay male couples from a variety of perspectives. This study will measure the perceptions of gay men regarding the characteristics of their relationships, the social support structure in which gay couples exist, and the extent to which partners endorse stereotypical ideas about the way men should act.

### Background

## Closeness and Distance in Gay Male Couples

The notion of disengagement is central to theories of psychological dysfunction in gay male couples. According to Minuchin's (1974) structural family therapy theory of psychological functioning, the family system consists of couple, parental, and sibling subsystems. Individuals can also be thought of as subsystems. These subsystems are separated by "boundaries," which Minuchin defines as the rules governing who participates in the family process and how they participate. In a healthy family system, the parental team, consisting of the mother and father, operate in an executive manner, with authority over the children. Healthy families or couples have neither rigid nor diffuse boundaries between the members of the system. Dysfunction occurs when there is extreme rigidity of boundaries (which Minuchin calls "disengagement") or diffuseness of boundaries termed ("enmeshment").

According to Krestan & Bepko (1980), gay males in relationships will tend to be emotionally disengaged. Disengagement occurs when an individual has too much autonomy and separateness, lacks feelings of loyalty, and does not have the capacity for interdependence. Gay male couples are thought to suffer from disengagement because they are composed of two men, both of whom have been socialized to seek separation. This hypothesis is based upon the notion that men in general have different developmental tasks due to their gender (Chodorow, 1978). Boys are a different gender from their mothers and therefore must dis-identify with the nurturing mother and identify with their fathers. In the process, a boy must disavow dependency upon his mother by seeking independence, separation, and distance from her.

Several family theorists including Krestan & Bepko (1980) hypothesize that, when two individuals who experience the same developmental need to defend against dependency and to separate enter into a relationship, neither member will be comfortable with interdependence, and both members will react to the threat of dependency by isolation and distancing (see the critical review by Green, Bettinger, & Zacks, 1996). These ideas perpetuate the stereotype that gay men do not want enduring relationships and are not capable of achieving them. The recent study by Green, et al., challenges the notion that gay male couples have a tendency to be emotionally “disengaged.” In a study of 50 gay male couples living in the San Francisco Bay Area, Green, et al. (1996), found that gay male couples demonstrated higher cohesion than married heterosexual couples (where cohesion is defined as a measure of overall relationship closeness). This finding directly contradicted the notion that gay male couples tend to be more disengaged, and in fact their findings supported the idea that men and women in heterosexual marriages tend to be more disengaged than their gay male counterparts. In addition, Green, et al.’s results indicated that in gay male couples, levels of higher relationship cohesion and flexibility are associated with higher relationship satisfaction.

#### Research on the Dynamics of Gay Male Couples

Gay male couples are different from heterosexual couples because of social and environmental factors. Gay couples are subject to legal and social discrimination, and lack the social support from family members that is enjoyed by heterosexual couples. There are differences in how gay relationships develop, how they are maintained, as well as how relationships are defined. McWhirter and Mattison’s (1984) study of 156 gay

male couples led to a better understanding of these differences. They found that gay male couples progress through a series of six stages: Blending, Nesting, Maintaining, Building, Releasing, and Renewing. In Blending, the initial stage of the relationship, partners invest their energy in the formation of the couple at the cost of all other relationships. In this stage, gay couples experience a high degree of sexual activity and an emphasis in the formation of the identity of the couple at the expense of the individual identity.

The Nesting stage is similar to disillusionment experienced by couples in general. "Maintaining" is characterized as a stage when the couple establishes its own traditions, deals with conflicts between partners, and where the individual identities of the partners begin to re-emerge. The Building stage is a time when individual and couple identities exist simultaneously and partners begin to feel a sense of dependability. The Releasing stage is characterized by a solidification of trust between partners, merging of money and possessions, and a tendency for partners to take each other for granted. Finally, the Renewing stage is based upon security in the relationship, restoring the relationship, and remembering. These stages are proposed as guidelines to predicting the development of typical gay couple relationships although the authors acknowledge that individual differences might have an effect on the rate at which a couple might move through the stages and on stages where a couple may get stuck (McWhirter & Mattison, 1984). Although many of the behaviors explained by these stages also occur in heterosexual relationships, these stages are important for identifying areas of relationship development in which gay couples are unique.

Green et al. (1996) speculate as to why gay male couple relationships are shorter in duration as compared to heterosexual couples. Married couples receive greater social support and pressure to stay together from their families of origin. Typically, gay couples do not experience support for their relationships from society or their families of origin and therefore have fewer obstacles to breaking up. The presence of children in a heterosexual couple may also be an additional factor when a married couple experiences moments of stress and internal pressure to dissolve the union. Married couples may tend to be more socially conforming, whereas a gay couple might be more open to alternative solutions to conflict other than remaining in an unhappy situation. Finally, married couples may experience greater economic and legal barriers to divorce and may perceive fewer relationship alternatives (i.e. future mates).

#### Social Support and Gay Male Couple Functioning

Network theory views the individual within a social context. Similar to Minuchin's theory of structural family therapy, the individual is believed to be motivated and influenced by a larger system of support (Kliman & Trimble, 1983). Social support and its relation to psychological health has been studied looking at both familial and non-familial sources of support. For example, Tolsdorf's (1976) exploratory study suggests that social networks are useful for dealing with stress and coping as it relates to psychopathology. One aspect of support networks Tolsdorf studied was that of network density, which he defined as the extent to which individual members of the support network know each other. Tolsdorf also examined the quality of social networks by classifying support as either functional or nonfunctional, with a functional support system

defined as one which is supportive, empathic, receptive, and understanding.

Social support is a multifaceted phenomena that can be examined from a number of perspectives. For the purposes of this study, social support will be defined as “the existence or availability of people outside the couple who are perceived...as willing to offer emotional, material, social, informational, and other resources in a manner that provides needed assistance and that affirms the validity of the couple’s status as a couple” (Smith & Brown, 1997). Social support networks -- defined as family, friends, and all others who have contact with an individual or couple -- can be examined to determine the relationship that an individual or couple has with those around and can be examined to determine where support is sought: amount, type, timing, structure, and frequency of support (Shinn, Lehmann, & Wong, 1984).

Research has demonstrated that gay men who report more emotional support from friends are less psychologically distressed than those who report less emotional support from friends (Kurdek, 1988). In addition, gay male couples were found to rely more on friends as a source of support as compared to heterosexual couples, which rely more on family of origin (Kurdek, 1987). This suggests that heterosexual couples receive more acceptance by family members for their socially sanctioned relationship but that gay male couples must seek support beyond the family to create a “family of choice,” defined by Weston (1991) as a support network that provides both emotional and material support and acceptance of the gay couple relationship.

Kurdek (1988), found that friends were most frequently named as sources of support followed by partner, family, and co-workers. He also found that psychological

adjustment was related to frequent support from a partner, a large number of individuals in the support network, and satisfaction with this support network. He concluded that partners and friends are the primary providers of support for gay male couples and attributed the difference between heterosexual and gay couples to the difficulty family members of origin have in dealing with the homosexual nature of gay relationships.

More recently, a study measuring the impact of social support on gay male couples found that social support was positively correlated with relationship quality, as measured by the Kansas Marital Satisfaction Scale. The researchers found that social support from family and friends each had a different impact on relationship quality (Smith & Brown, 1997).

### Masculinity Ideology

Joseph Pleck (1995) defines “masculine ideology” as the culturally-based beliefs about behaviors, attitudes, and traits a man should have. This theory proposes that masculine behavior derives from socially constructed ideas of maleness and masculinity rather than from male biology. This masculine ideology views homosexual desire and behavior as unacceptable. Homophobia is the term used to describe negative attitudes, heterosexist stereotypes, beliefs, and behaviors toward gay men. Gay men are exposed to the same ideologies that heterosexual men are exposed to in this society. Through the process of coming out to himself, a gay man must come to terms with his deviance from socially constructed norms of acceptable masculinity (Shidlo, 1994). This is a difficult task, given the pervasiveness of dominant cultural attitudes. Therefore, many gay men internalize homophobic notions, which has the potential to adversely affect the quality of

their relationships. Furthermore, due to the inherent homophobia that exists in traditional masculine ideologies, conformity to a masculine ideology might cause self-hatred and hatred of the other partner within a gay relationship. Conversely, if a gay man is more flexible in his identification with a masculine ideology and is more comfortable in deviating from male role norms, there is more of a likelihood that he can enter into a relationship without conflict around his identity as a gay man and without acting in a hypermasculine way. Furthermore, gay men may be less constrained by the problematic norms of masculinity (which include toughness, aggression, competition, dominance, self-reliance, and avoidance of gender stereotyped feminine characteristics such as dependency, nurturance, and empathy). Conformity to these norms can negatively affect communication openness, closeness, and mutual caregiving in a relationship.

#### Hypotheses and Exploratory Research Questions

Based on the preceding review of the literature, the following directional hypotheses and exploratory research questions guided the present study of gay male couples.

Hypothesis #1: Greater perceived social support from outside sources will be associated with greater perceived closeness-caregiving from the male partner and greater perceived openness of communication from the male partner.

Hypothesis #2: Greater endorsement of stereotypical masculinity ideologies will be associated with lower social support from outside sources.

Hypothesis #3: Greater endorsement of stereotypical masculine ideologies will be associated with poorer psychological functioning.



Hypothesis #4: Perceptions of greater closeness-caregiving and openness of communication with the male partner will be associated with better psychological functioning.

Hypothesis #5: Perceptions of higher intrusiveness from the male partner will be associated with poorer psychological functioning.

Hypothesis #6: Greater perceived social support from outside sources will be associated with better psychological functioning.

Exploratory Research Question #1: Is perceived social support from outside sources associated with the report of intrusiveness received from the male partner?

Exploratory Research Question #2: Is endorsement of stereotypical masculinity ideology associated with perceived closeness-caregiving from the male partner, or with perceived openness of communication from male partner?

Exploratory Research Question #3: Is endorsement of stereotypical masculinity ideology associated with perceived anger/aggression from the male partner and perceived authority/dominance from the male partner?

Exploratory Research Question #4: Does endorsement of stereotypical masculinity ideology correlate with perceived possessiveness/jealousy from the male partner, perceived emotional interactivity, and perceived projective mystification with the male partner?

See Table 1 for a summary of hypotheses and research questions.

Table 1: Summary of Hypotheses and Research Questions

	BSI Global Severity Index	MSPSS/GSSI Social Support	MRNI Masculine Ideology
<u>CIFA-RM</u>			
Warmth	H4 (-)	H1 (+)	Q2 (?)
Time Together	H4 (-)	H1 (+)	Q2 (?)
Nurturance	H4 (-)	H1 (+)	Q2 (?)
Physical Intimacy	H4 (-)	H1 (+)	Q2 (?)
Consistency	H4 (-)	H1 (+)	Q2 (?)
Open./Self-Disclosure	H4 (-)	H1 (+)	Q2 (?)
Conflict Avoidance	H4 (+)	H1 (-)	Q2 (?)
Anger/Aggression	H5 (+)	Q1 (?)	Q4 (?)
Separation Anxiety	H5 (+)	Q1 (?)	Q4 (?)
Possessiveness/Jealousy	H5 (+)	Q1 (?)	Q4 (?)
Emotional Interactivity	H5 (+)	Q1 (?)	Q3 (?)
Projective Mystification	H5 (+)	Q1 (?)	Q4 (?)
Authority Dominance	H5 (+)	Q1 (?)	Q3 (?)
<u>Social Support</u>	H6 (-)	----	H2 (-)
<u>Masculine Ideology</u>	H3 (+)	----	----

Note. H = Hypothesis; Q = Exploratory Question; (+) = positive association; (-) = negative association.

## CHAPTER II - METHOD

### Overall Design of the Study

This correlational study was conducted to explore the relationships among the reports of gay men who are in couple relationships, using the California Inventory of Family Assessment-Received from Male Partner Version (CIFA-RM), Multidimensional Scale of Perceived Social Support (MSPSS), Gay Social Support Index (GSSI), Male Role Norms Inventory (MRNI), Brief Symptom Inventory (BSI), and a Background Information Questionnaire (BIQ).

### Participants

Participants were recruited at booths secured at gay-related festivals and events in the San Francisco Bay Area, San Diego, and Orange County. Participants had the option of completing the questionnaire immediately or having the questionnaires sent to them by mail. The partners of the participants were also invited to participate by either filling out the entire packet of questionnaires or by filling out only the MRNI. Participants who completed the entire set of questionnaires were identified as “Respondent” and their partner, who only filled out the MRNI, was identified as “Partner”. Names and phone numbers were collected, and packets containing each measure were sent to participants and their partners by mail if they chose not to complete the survey immediately.

This sample was restricted to self-identified gay male individuals who had been in a couple relationship with another man for at least one year’s duration and were 18 years of age or older at the time of data collection. A power analysis was performed and a sample size of 126 was deemed necessary to detect a medium effect size (.220) at an

alpha level of .05 (two-tailed) and power level of .70.

All 126 participants were Caucasian, were born in the United States (one participant was born in Canada), have lived in the United States all of their lives (Mean years in the U.S. = 41.5, SD = 11.46), and speak English as their primary language. The number of cross-cultural couples was not large enough to determine whether there were significant differences based on race and ethnicity. Therefore they were not included in the analysis. The average age of participants was 42.0 years (SD = 10.62) and ranged between 22.3 and 70.3 years. Participants had an average income of \$57,000 (SD = \$47,000) with a minimum of \$5,000 and a maximum of \$300,000. Median income was \$44,000. Average education was 16.6 years (SD = 3.31). Twenty-nine percent of participants had less than AA degrees, 7% had AA degrees, 36% had Bachelors degrees, and 28% had advanced degrees.

Participants had self-identified as gay men for an average of 21.7 years (SD = 11.7) and had an average relationship length of 8 years (SD = 7.46) ranging from 1 to 39.8 years. The median relationship lengths were 5.3. See Table 1 in Appendix B for a distribution of relationship length. Seventy percent (n = 123) stated they were in monogamous relationships; 20% were in open relationships; and the remaining 10% (n = 123) defined their relationships as something other than open or monogamous. Eighty-seven percent (n = 126) lived with their partner. Eighteen percent (n = 126) of participants had children, the majority of which were biological children. Two participants reported adopting children. Twenty-one percent (n = 126) of participants were currently in counseling or had been in the past.

Participants reported having sex an average of 9 times a month ( $SD = 7.19$ ), 20% ( $n = 125$ ) were HIV positive, 75% were HIV negative, and the remaining 5% did not know their HIV status. Thirty-nine percent ( $n = 121$ ) practiced safe sex; 48% did not practice safe sex; and 13% practiced safe sex occasionally.

Of the participants in the study who responded about support from family members, 95% ( $n = 107$ ) were out to their mothers, 86% ( $n = 88$ ) were out to their fathers, 98% ( $n = 93$ ) were out to their sisters, and 92% ( $n = 96$ ) were out to their brothers. Those who did not respond either did not have brothers or sisters, or one or both parents were deceased.

#### Measures and their Administration

All measures for this study were self-report and took approximately one to one and a half hours to complete.

#### California Inventory of Family Assessment - Received from Male Partner (CIFA-RM)

The CIFA-RM was administered to assess how gay men perceive various relationship behaviors of their partners. This measure consists of 200 Likert-scale items and measures 13 relationship characteristics that generally factor into three theoretical domains. The characteristics of warmth, time together, nurturance, physical intimacy, and consistency generally factor into the domain of closeness-caregiving.

Anger/aggression, separation anxiety, possessiveness/jealousy, emotional interactivity, projective mystification, and authority/dominance generally factor into the domain of intrusiveness. Openness/self-disclosure and conflict avoidance generally factor into the domain of openness of communication (Green & Werner, 1996).

Currently there is one study that has used the revised 4 point Likert scale version of the CIFA-RM, which was used in the present study: Carolyn Murphy administered the CIFA-RM to 118 college aged women who were enrolled in community college and state universities throughout California. Alpha reliabilities for the CIFA-RM subscales (using the 4-point response format) ranged from .84 to .97 with an average of .92. All other CIFA studies to date have used a true/false response format, which tends to yield somewhat lower but still generally high alpha reliabilities ranging between .63 and .85 (Conversation with Robert Jay-Green, 2000).

In the study of marital relations, Werner and Green (1991) correlated spouses' independent reports of each other's behavior. Results indicated generally positive and significant correlations, demonstrating concurrent validity for the CIFA. Berg (1994) demonstrated convergent validity between the CIFA and the Colorado Self Report Measure of Family Functioning (SRMFF; Bloom & Naar, 1992), using youths' descriptions of their parents' past behaviors. For the purposes of this study, all 13 CIFA-RM subscales and CIFA-RM factors were used as measurements of relationship qualities. Alpha reliability coefficients for participants' CIFA-RM descriptions of their perception of their partner's behavior toward them ranged from .81 to .94 with a mean alpha of .90. See Table 1 in Appendix B for alpha coefficients for all subscales of the CIFA-RM.

Prior to the analysis of the hypotheses and research questions, a factor analysis of the CIFA-RM subscale scores was performed using the principal axis factors method with the Varimax rotation to identify potential underlying factors. Factor 1, labeled "Closeness/Caregiving," had an eigenvalue of 5.14, accounting for 39.5% of the

variance. Factor 2, labeled “Intrusiveness,” had an eigenvalue of 2.18, accounting for 16.8% of the variance. Factor 3, labeled “Openness of Communication,” had an eigenvalue of .82, accounting for 6.3% of the variance. Cumulatively, the three factors accounted for 62.6% of the variance.

### Multidimensional Scale of Perceived Social Support (MSPSS)

The MSPSS is a self-report measure designed to measure perceived support from friends, family members and significant others (Zimet, 1988). It consists of 12 questions regarding perceptions of support. A total score measures the amount of overall support. The three subscales measure support from friends, family, and significant other, with four items geared to each of the above-mentioned sources of support. A principal components analysis using 275 male and female Duke University undergraduates confirmed the subscale structure. Alphas for the subscales and the entire scale ranged from .85 to .91, and test-retest reliability ranged from .72 to .85. Criterion-related validity has been demonstrated in previous studies that use the CIFA (Roper, 1997; Ehrlich, 1998). In these studies, the MSPSS scores correlated in hypothesized ways with the CIFA as predicted by theory.

The total and subscale scores were used in the present study to measure the social support that the individual participant received. Alpha reliability coefficients for the subscales and total score of the MSPSS ranged from .87 to .94 with a mean alpha of .91. See Table 2 in Appendix B for alpha coefficients for all subscales of the MSPSS.

### Gay Social Support Index (GSSI)

The GSSI was adapted from the Lesbian Social Support Index developed by

Roper (1997). It is a measure of social support that specifically addresses the amount of support gay men receive from important people in their lives. The LSSI has 28 items rated on a five point Likert scale, 13 yes/no/maybe/not items, and 8 items on a four point Likert scale. Additional questions were added to assess whether the significant people in the participants' lives had knowledge of their couple relationship as well as two questions to assess the overall density and quality of the support network.

Alpha reliabilities on the data collected using the LSSI were .73 for social support of lesbian identity and .73 for social support of the lesbian relationship (Roper, 1997). Criterion-related validity was demonstrated by Roper in that the LSSI scores correlated in hypothesized ways with the MSPSS, CIFA, and the Brief Symptom Inventory, as predicted by theory.

For this study, subscale scores were calculated to measure support for the couple as well as support for the individual as a gay man. These subscales were created by adding all of the items that pertain to each type of support (support includes questions about the knowledge of the couple relationship or individual as a gay man and the extent to which the participant feels supported in the couple relationship or as a gay man). This yielded the following 8 subscale scores: support for the individual and the couple from family (2 scales); support for the individual and couple from friends (2 scales); support for individual and couple from co-workers (2 scales); support for individual and couple from others (2 scales); and two overall total scores (Total-Individual and Total-Couple). Preliminary analysis was performed to determine whether there were high correlations between the subscale support variables. Since the correlations were above a Pearson  $r$  of



.6, the GSSI total scores (GSSI-Total-Individual and GSSI-Total-Couple) were used in the subsequent tests of the hypotheses and research questions. The alpha reliability coefficients for the GSSI-Total-Individual and GSSI-Total-Couple for this study were .60 and .64 respectively.

### Male Role Norms Inventory (MRNI)

This revised instrument measures the extent to which individuals endorse traditional ideas and beliefs about masculinity (Levant, 1996). It consists of 57 items about the male role, grouped into eight scales: Avoidance of Femininity, Rejection of Homosexuals, Self-Reliance, Aggression, Achievement/Status, Attitudes Toward Sex, Restrictive Emotionality, and Non-Traditional Attitudes Toward Masculinity. A Total Traditional Scale can also be calculated as an average of all the subscales except for the Non-Traditional Attitudes Toward Masculinity subscale.

Reliability analysis was conducted using 1,484 male and female college students. Cronbach Alpha's for the MNRI ranged from a high of .77 on the Avoidance of Femininity scale and a low of .52 on the Aggression scale. Discriminant and convergent validity was demonstrated using correlations between theoretically congruent and theoretically distinct measures. Theoretically congruent measures included the Masculine Gender Role Stress Scale, MGRSS (Eisler & Skidmore, 1987); and the Gender Role Conflict Scale-I, GRCS-I, (O'Neil, Helms, Gable, David, & Wrightsman, 1986). The MNRI Restrictive Emotionality Scale correlated with the MGRSS Emotional Inexpressiveness Scale ( $r = .46, p = .000$ ) and with the GRCS-I Restrictive Emotionality Scale ( $r = .40, p = .000$ ).

For the purposes of this study, only the MRNI-Total Traditional Scale was used because alpha reliabilities for other subscales were too low. The alpha reliability coefficient for the MRNI Total Traditional was .86. See Table 3 in Appendix B for alpha coefficients for all subscales of the MRNI.

### Brief Symptom Inventory (BSI)

The Brief Symptom Inventory (BSI) (Derogatis & Spencer, 1982) is a multidimensional, self-report short-form psychological symptom inventory derived from the longer Symptom Check List-90. It is composed of 53 Likert scaled items and it yields the following 9 subscale scores: Somatization, Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, Psychoticism, and 3 global indices: Global Severity Index, Positive Symptom Distress, Positive Symptom Total.

The internal consistency reliabilities (Cronbach's alpha) range from a low of .71 on Psychoticism to a high of .83 on Obsessive-Compulsive. Convergent validity was demonstrated using the Symptom Check List-90 as a congruent measure. Correlations between the BSI and the SCL-90 ranged from .92 to .99.

For this study, the Global Severity Index (BSI - Global) was used to measure the extent of individual psychological adjustment. Lower BSI- Global scores indicated better adjustment, whereas higher BSI - Global scores indicated more symptoms. The alpha reliability coefficient for the BSI - Global for this study was .97. See Table 4 in Appendix B for alpha coefficients for all subscales of the BSI.

### Background Information Questionnaire (BIQ)

The background questionnaire was developed by Roper (1997) and modified for this study. The BIQ was modified by the addition of questions regarding HIV status, country of origin, primary language, number of years in the United States, number of years of education, and whether the participant has participated in individual or couples therapy to solve problems in their current relationship. Items regarding spiritual/religious affiliation were removed. The revised BIQ was used to describe the demographics of the sample and to assess for demographic covariates in this study, including age, income, and SES. See Appendix C for the revised Background Information Questionnaire.

## CHAPTER III – RESULTS

Tests of Hypotheses and Analyses of Exploratory Research Questions

Pearson product-moment correlation coefficients were conducted for all hypotheses and research questions to examine the relationships among variables.

Table 2 addresses Hypothesis #1 and summarizes the results of correlations between the perceptions of the behavior the participants' receive from their partners (CIFA-RM factors) and social support (MSPSS and GSSI Total) (See Table 2). Family support related to Openness of Communication, and support from friends was related to 10 out of the 13 CIFA-RM scales. These correlations were all weak to moderately low.

TABLE 2: Pearson Correlations of CIFA-RM Factors With Social Support Variables (N=125)

CIFA - RM	MSPSS		GSSI Total	
	Friends	Family	Individual	Couple
Warmth	.26 <sup>††</sup>	.09	.24 <sup>††</sup>	.33 <sup>†††</sup>
Time Together	.20 <sup>†</sup>	.15 <sup>†</sup>	.22 <sup>††</sup>	.28 <sup>†††</sup>
Nurturance	.29 <sup>†††</sup>	.16 <sup>†</sup>	.22 <sup>††</sup>	.24 <sup>††</sup>
Physical Intimacy	.11	.13	.09	.13
Consistency	.27 <sup>†††</sup>	.17 <sup>†</sup>	.29 <sup>†††</sup>	.36 <sup>†††</sup>
Openness/Self-Disclosure	.18 <sup>†</sup>	.25 <sup>†</sup>	.13	.11
Conflict Avoidance	-.20 <sup>††</sup>	-.19 <sup>†</sup>	-.05	-.03
Anger Aggression	-.21*	-.01	-.22*	-.26**
Separation Anxiety	-.14	-.14	-.19*	-.14
Possessive Jealousy	-.21*	.09	-.24**	-.23**
Emotional Interactivity	-.19*	-.04	-.14	-.14
Projective Mystification	-.21*	-.12	-.15	-.16
Authority Dominance	-.03	-.05	-.17	-.16
Closeness Caregiving Factor	.20*	.03	.20*	.29***
Intrusiveness Factor	-.18*	-.05	-.18*	-.15
Openness of Communication Factor	.08	.24**	.02	-.06

\* $p < .05$ , two-tailed. \*\* $p < .01$ , two-tailed. \*\*\* $p < .001$ , two-tailed.  
<sup>†</sup> $p < .05$ , one-tailed. <sup>††</sup> $p < .01$ , one-tailed. <sup>†††</sup> $p < .001$ , one-tailed.

Table 3 addresses Hypothesis #2 and summarizes the results of correlations between the endorsement of masculine ideology of both partners (MRNI - Traditional Scale: Respondent & Partner) and social support (MSPSS and GSSI Total). The results were not consistent with Hypothesis #2 except for significant negative correlations between the Traditional Scale (Respondent) and GSSI Total-Individual and Couple. Participants who more strongly endorsed traditional norms of masculinity experienced less social support from all sources for being a gay individual and for their gay couple relationship. Additional analyses of the relationship between the partner's MRNI – Total Traditional Scale and social support variables were performed without significant results. A Pearson correlation performed between the two MRNI-Total Traditional Scale scores was not significant. See Tables 5 and 6 in Appendix B for correlation matrices between MRNI subscales and social support variables for the respondent and the partner.

**TABLE 3: Pearson Correlations of MRNI with Social Support Variables**

MRNI	MSPSS - Respondent				GSSI Total - Respondent	
	Total	S.O.	Friends	Family	Individual	Couple
Total Trad. Scale: Respondent <sup>a</sup>	-.06	-.08	-.06	-.01	-.28 <sup>††</sup>	-.28 <sup>†††</sup>
Total Trad. Scale: Partner <sup>b</sup>	.08	-.16	.15	.08	.15	.04

<sup>a</sup>n = 125. <sup>b</sup>n = 59.

<sup>†</sup>p < .05, one-tailed. <sup>††</sup>p < .01, one-tailed. <sup>†††</sup>p < .001, one-tailed.

For Hypothesis #3, none of the correlations between the MRNI subscales and the BSI subscales were significant (See Table 7 in Appendix B for correlation matrix).

Table 4 addresses Hypothesis #4 and #5 and summarizes the results of correlations between the respondent's perceptions of their partner's behavior (CIFA-RM subscales and factors) and psychological functioning (BSI - Global). All CIFA-RM subscales and factors were significantly correlated with the BSI-Global Scale in the hypothesized direction. The more positively the participant perceived his partner's behavior, the fewer psychiatric symptoms reported. See Table 8 in Appendix B for the correlation matrix between CIFA-RM and BSI subscales.

TABLE 4. Pearson Correlations of CIFA-RM with BSI-Global Scale (n = 125)

	<u>BSI - Global Scale</u>
<u>CIFA-RM Scales</u>	
Warmth	-.37 <sup>†††</sup>
Time Together	-.33 <sup>†††</sup>
Nurturance	-.45 <sup>†††</sup>
Physical Intimacy	-.19 <sup>††</sup>
Consistency	-.34 <sup>†††</sup>
Open./Self-Disclosure	-.33 <sup>†††</sup>
Conflict Avoidance	.25 <sup>††</sup>
Anger/Aggression	.38 <sup>†††</sup>
Separation Anxiety	.25 <sup>††</sup>
Possessiveness/Jealousy	.27 <sup>††</sup>
Emotional Interactivity	.17 <sup>†</sup>
Projective Mystification	.34 <sup>†††</sup>
Authority Dominance	.27 <sup>††</sup>
Closeness Caregiving Factor	-.33 <sup>†††</sup>
Intrusiveness Factor	.28 <sup>††</sup>
Openness of Communication Factor	-.19 <sup>†</sup>

<sup>†</sup>p < .05, one-tailed. <sup>††</sup>p < .01, one-tailed. <sup>†††</sup>p < .001, one-tailed.

Table 5 addresses Hypothesis #6 and summarizes the results of correlations between the perceptions of social support (MSPSS and GSSI Total) and psychological functioning (BSI-Global Scale). Results were mostly consistent with Hypothesis #6. All subscales of the MSPSS were significantly correlated with the BSI-Global Scale except for MSPSS - Family. Both subscales of the GSSI - Total were significantly correlated with the BSI-Global Scale. Higher social support from all sources was associated with fewer psychiatric symptoms. See Table 9 in Appendix B for the correlation matrix between the social support variables and the BSI.

TABLE 5: Pearson Correlations of BSI-Global Scale with Social Support Variables

	MSPSS				GSSI Total	
	Total	S.O.	Friends	Family	Individual	Couple
BSI - Global Scale	-.31 <sup>†††</sup>	-.47 <sup>†††</sup>	-.18 <sup>†</sup>	-.15	-.24 <sup>††</sup>	-.21 <sup>††</sup>

<sup>†</sup>  $p < .05$ , one-tailed. <sup>††</sup>  $p < .01$ , one-tailed. <sup>†††</sup>  $p < .001$ , one-tailed.

Exploratory Research Question #1: Intrusiveness was significantly correlated negatively with MSPSS-Friends ( $r = -.18$ ,  $p < .05$ ), and GSSI Total-Couple ( $r = -.18$ ,  $p < .05$ ).

Participants who experienced lower social support from friends and for their gay couple relationships described their partners as more intrusive.

Exploratory Research Questions #2 - #4: Table 6 addresses Exploratory Research Questions #2 - #4 and summarizes the results of correlations between the MRNI and CIFA-RM. Emotional Interactivity and Authority Dominance had significant positive correlations with the MRNI Traditional Scale of the Respondent. No significant

correlations were found between the CIFA-RM and the Traditional Scale of the Partner.

See Tables 10 and 11 in Appendix B for the correlation matrices between the MRNI subscales for both Respondent and Partner and CIFA-RM.

TABLE 6: Pearson Correlations of CIFA-RM Factors & Subscales with MRNI Total Trad. Scale

	MRNI	
	Total Trad. Scale-Respondent <sup>a</sup>	Total Trad. Scale-Partner <sup>b</sup>
<u>CIFA – RM</u>		
Warmth	-.07	-.16
Time Together	-.01	-.24
Nurturance	.02	-.16
Physical Intimacy	.02	-.15
Consistency	-.12	-.11
Openness/Self-Disclosure	.00	-.09
Conflict Avoidance	.06	-.04
Anger Aggression	.15	.02
Separation Anxiety	.15	.04
Possessive Jealousy	.08	.07
Emotional Interreactivity	.30***	.17
Projective Mystification	.11	.19
Authority Dominance	.21*	.06
Closeness Caregiving Factor	-.04	-.15
Intrusiveness Factor	.21*	.01
Openness of Comm. Factor	.06	-.01

\* $p < .05$ , two-tailed. \*\* $p < .01$ , two-tailed. \*\*\* $p < .001$ , two-tailed.

<sup>a</sup> $n = 125$ . <sup>b</sup> $n = 59$ .

### Additional Findings



Additional analyses were conducted comparing the MRNI subscale scores of the gay men in this study to the scores of 106 European American male college students (Levant & Majors, 1997). The gay men in this study scored significantly lower on all of the MRNI scales, than the men in the Levant study except for the Non-Traditional Scale where the gay men scored significantly higher than the heterosexual men (See Table 7).

TABLE 7: Comparison of Means of Gay and Heterosexual Men on the MRNI for Respondent

<u>MRNI<sup>a</sup> Respondent</u>	<u>Gay Men</u>		<u>Heterosexual Men</u>	<u>t</u>	<u>df</u>
	<u>M</u>	<u>SD</u>	<u>M</u>		
Avoidance of Femininity	2.1	(.77)	3.8	-25.02***	125
Self Reliance	4.1	(.94)	4.8	-8.06***	125
Aggression	3.9	(.99)	4.8	-9.66***	125
Achievement/Status	2.6	(.78)	3.7	-16.28***	125
Attitudes Towards Sex	2.4	(.70)	3.2	-12.69***	125
Restrictive Emotionality	2.2	(.77)	3.2	-14.42***	125
Non-Traditional Subscale	5.2	(.56)	4.3	19.02***	125
Total Traditional Subscale	2.9	(.59)	3.9	-19.74***	125

\* $p < .05$ , two-tailed. \*\* $p < .01$ , two-tailed. \*\*\* $p < .001$ , two-tailed.

<sup>a</sup> $n = 126$ .

Support of the participants as gay-identified men by all measured sources of support (GSSI-Individual) was ranked from greatest to smallest amount of support and reported in Table 8.

Table 8. Support for the Participant as a Gay Man.

Type of Support	<u>M</u>	<u>SD</u>
Gay Male Friends	4.94	.29
Lesbian Friends	4.84	.48
Therapist	4.70	.72
Female Heterosexual Friends	4.60	.70
Spiritual Leader	4.47	1.08
Male Heterosexual Friends	4.23	.94
Co-workers	4.09	.99
Sister(s)	3.97	1.21
Mother	3.80	1.26
Brother(s)	3.54	1.35
Father	3.35	1.41

Additional Pearson product-moment correlations were calculated to determine if the length of the relationship was related to monogamy or frequency of sex in the relationship. No significant relationship was found between relationship length and monogamy; however, a significant relationship was found between relationship length and frequency of sex ( $r = -.27$ ,  $p < .01$ ). Frequency of sex decreased as length of relationship increased (see Figure 1).

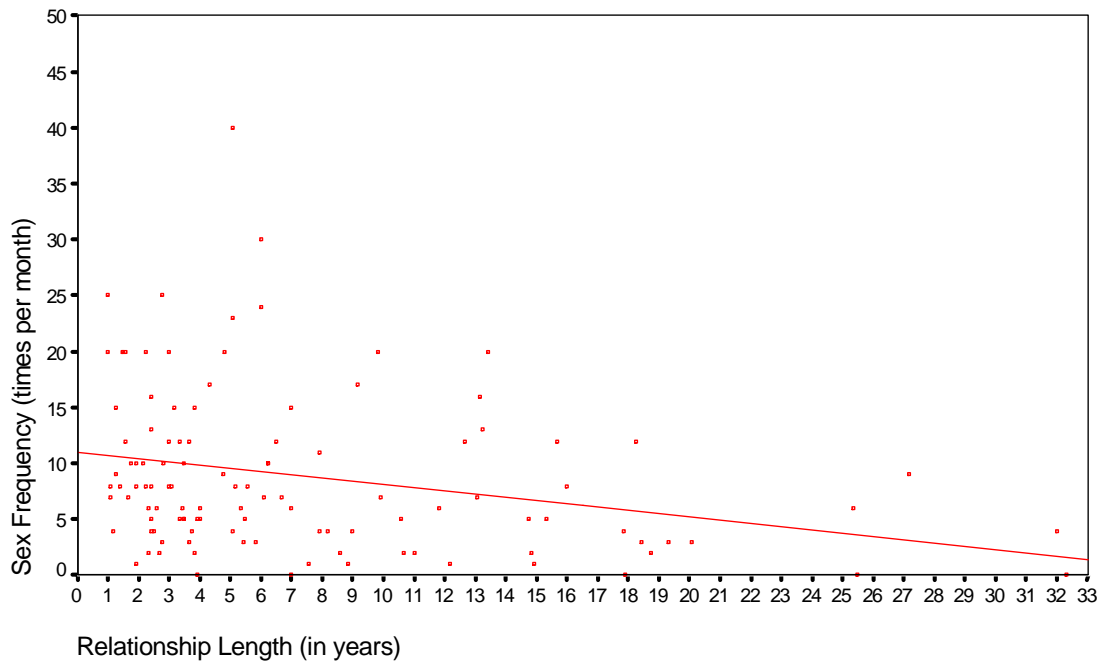


Figure 1. Scatterplot of Sex Frequency by Time

## CHAPTER IV - DISCUSSION

### Interpretation of the Findings

Consistent with previous research (Lewis & Spanier, 1979; Milardo, 1982; Kurdek, 1988b; Smith & Brown, 1997), the results from Hypothesis #1 suggest that social support from all sources is related to the amount of closeness and caregiving in the couple relationship. There were differences between support from family and support from friends variables, as previous research suggests (Nardi, 1982; Dickstein, et al., 1990; Weston, 1991; Kurdek, 1995; Smith & Brown, 1997). Support of the individual and the couple by friends was related to many aspects of couple relationship quality including more closeness and caregiving and less intrusiveness. This is consistent with the notion that gay men create “families of choice” (Weston, 1991) composed of a network of friends who provide support when the family of origin is not supportive. The amount of closeness, caregiving, and intrusiveness perceived by the participant from his partner was not related to the support from the family, which also suggests that support from friends is more related to positive relationship qualities than support from family. However, couples’ openness of communication was related to support from family and from friends as well, suggesting that supportive family of origin relationships might serve as a model for openness of communication in couple relationships. In a dissertation study conducted by Murphy (1998) openness of communication with family was significantly correlated with openness of communication with partner in a sample of adolescent girls.

The results from Hypothesis #2 suggest that endorsing a more traditionally masculine ideology is associated with lower levels of support that gay men receive as gay

individuals and as a partner in a gay couple. This is consistent with the notion that a man's endorsement of traditional masculine norms would lead to lower amounts of connectedness and support because men traditionally place a higher value on separation, autonomy, and self-sufficiency. Presumably, gay men who endorse traditional ideologies seek and elicit less social support from others, including their partners. It is also possible that a more traditional gay man may have traditional men in his family, who would not provide support. Additionally, a gay man who endorsed more traditional masculine norms may feel less comfortable eliciting support for himself as a gay man and for his couple relationship because of internalized homophobia.

This finding fits with the previous research exploring the negative consequences of endorsing male gender role ideologies including delinquency (Horowitz & White, 1987), psychological violence towards partners (Thompson, 1990), and stress and conflict in gay male relationships around work, power, and status (Blumstein & Schwartz, 1983). Additionally, endorsement of masculine ideology may inhibit awareness of feelings and lead to a reluctance to disclose emotional vulnerability (because masculine ideology requires men to be analytical, critical, and focused on independence, Grey & Isensee, 1996). Ultimately, gay men may be discouraged from believing that they are capable of sustaining a relationship if they endorse those aspects of masculine ideology that posit that men are unable to have relationships (Johnson & Keren, 1996).

Previous studies demonstrated that restrictive emotionality seems to be the most damaging to social support because it significantly predicted fear of intimacy (Good,

1995), was related to hostile-submissive behavior, mistrust, coldness, detachment, and inhibition, and had the strongest negative correlation with intimacy and close male relationships (Sileo, 1995, 1996).

Although previous researchers consistently report significant relationships between the endorsement of masculine ideology and psychological symptoms (Kurdek, 1987; Levant, 1992; Good, 1995; Blazina & Watkins, 1996; Good, Robertson, et al, 1996; Mahalik, 1996; Sileo, 1995; Sileo, 1996), the results of this study did not corroborate those findings. A possible reason for this is that the participants in this study were psychologically healthy, based on the fact that all of the subscale scores on the Brief Symptom Inventory including the BSI - Global, were positively skewed. The participants in this study scored most similarly to a group of adult non-patients ( $n = 361$ ) (BSI Administration, Scoring, and Procedures Manual, Third Edition, 1993). Therefore, any relationship between endorsement of masculine ideology and psychological symptoms would be minimized due to a restricted range of the psychological functioning variables and sampling bias toward more high functioning gay men in couple relationships. Additionally, the gay men in this study were significantly lower in the endorsement of masculine ideology than a sample of undergraduate men at the University of Florida, Gainesville. It is possible that the gay men in this study were more androgynous (endorsing both masculine and feminine qualities), so they were able to mediate the potentially harmful psychological effects of endorsing a masculine ideology.

Duley (1993) in a study of 65 gay couples found that there was higher dyadic adjustment in male couples composed of two highly feminine partners (as measured by

the PAQ). Therefore, it is also possible that masculinity and femininity are orthogonal constructs and not polar opposites on one linear continuum (Bem, 1981). Thus, high femininity, but not endorsement of masculine norms, may correlate with better mental health and relationship behaviors.

Consistent with previous research (Bryant & Demian, 1990; Deenen, Gijs, and van Naerssen, 1994; Green, et al., 1996), closeness and caregiving was positively associated with higher psychological functioning. Deenen, Gijs, and Van Naerssen (1994) found that emotional intimacy best predicts relationship satisfaction. Green et al. (1996), found that gay male couples demonstrated higher cohesion than married heterosexual couples (where cohesion is defined as a measure of overall relationship closeness). This finding directly contradicted the notion that gay male couples tend to be more disengaged, and in fact their findings supported the idea that men and women in heterosexual marriages tend to be more disengaged than their gay male counterparts. In addition, Green, et al.'s results indicated that in gay male couples, levels of higher relationship cohesion and flexibility are associated with higher relationship satisfaction.

Perceived intrusiveness received by a partner was related to higher amounts of psychological symptoms. This finding supports previous findings that describe healthy gay couples to be: lower in intrusive authority and dominance by stressing financial and educational equality (Blumstein & Schwartz, 1983); avoiding male/female role playing (Harry, 1984; Brown & Zimmer, 1986; Kurdek, 1987; Dickstein et al., 1991; Landolt & Dutton, 1997); having equal power and engaging in shared decision making (Blumstein & Schwartz, 1983; Duffy & Rusbult, 1986; Kurdek, 1994; Kurdek & Schmitt, 1986); and

showing frequent compromise/negotiation, infrequent conflict engagement, and infrequent withdrawal (Kurdek, 1991, 1992).

Openness of communication was associated with psychological functioning in this study, which is consistent with previous research (Peplau, Cochran, Rook, and Pedesky, 1978; Berzon, 1988; Blumstein & Schwartz, 1983; Clunis & Green, 1988; Zacks, Green, & Marrow, 1988; Pearlman, 1989). Although men in general see communication as a competitive endeavor (Huston & Schwartz, 1995), allow the more powerful partner to get their way (Kollock, Blumstein & Schwartz, 1985; Tannen, 1990), perceive challenges as a normal part of dialogue (Tannen, 1990), and use challenges to assert authority in a conversation, the results of this study suggest that gay couples seem to strive for equality, listen to each other, and negotiate a middle ground (Berzon, 1988). Additionally, this study supports the finding of Peplau, Cochran, Rook, and Pedesky (1978) that gay men need to strike a balance between demands of couple and outside forces one of the most critical determinants of relationship viability.

Consistent with previous research, (Pearlin, et al., 1981; Kliman & Trimble, 1983; Zimet, 1988; Barrera, 1981; Brandt & Weinert, 1981; Schaefer et al., 1981; Wilcox, 1981; Lackner, et al., 1993; and Sarason, et al., 1995) the results of hypothesis #6 indicated that greater amounts of social support were related to better psychological functioning. Greater amounts of support from significant other had the strongest relationship with fewer psychological symptoms. Greater support from friends was related to fewer psychological symptoms. However, family support did not bear a significant relationship with psychological symptoms. These results are more evidence



that support from friends is more important than support from family of origin for gay couples, and that gay couples more significant source of support is their “families of choice”-- their friendship network (Weston, 1991). Consistent with the findings of previous research (Milardo, 1982; Hoffman, 1968), greater support for the individual as a gay man and greater support for the gay couple as a unit were related to lower psychological symptoms.

The results of exploratory Research Question #1 are consistent with previous research regarding the relationship between intrusiveness and social support. Problems with intrusive authority and dominance have been found to lead to poor relationship functioning in previous research of gay male couples and can be generalized to difficulties in creating and maintaining a social support network (Blumstein & Schwartz, 1983; Duffy & Rusbult, 1986; Kurdek, 1994; Kurdek & Schmitt, 1986). Gay men may be more interested in winning arguments than listening to what others are saying (Berzon, 1979, 1988; Tannen, 1990; Patterson & Schwartz, 1994; Steen & Schwartz, 1995) and must overcome the tendency to compete and learn to be cooperative (Berzon, 1988; Blumstein & Schwartz, 1983; Clunis & Green, 1988; Pearlman, 1989; Zacks, Green, & Marrow, 1988). This tendency to be aggressively competitive, authoritative, and dominant in relationships in general might impede the process of creating and maintaining a social support network for both the individual and the couple.

The results from the correlations for exploratory questions #2 through #4 were mostly inconsistent with previous research. Of the correlations performed for these analyses, Emotional Interactivity and Authority/Dominance had significant positive

correlations with the Traditional Subscale. One possible explanation for these results is that endorsement of behavior does not imply that an individual will exhibit this behavior in his relationship. Therefore, endorsement is not an accurate assessment of behavior and the correlation between attitudes and behavior is not one-to-one. An example of this can be found in a recent dissertation study (Teofilo, 1997) where no difference was found between batterers and non-batterers on the endorsement of masculine ideology, as measured by the MRNI.

Additional analysis indicated that gay male participants endorse masculine ideologies to a lesser extent than a college sample of 106 European American male college students (Levant & Majors, 1997). This finding is consistent with previous research. In several studies, gay male couples were found to: have equal power; have at least one emotionally expressive partner; value attachment; and engage in shared decision making (Blumstein & Schwartz, 1983; Duffy & Rusbult, 1986; Kurdek, 1994; Kurdek & Schmitt, 1986). Additionally, studies of gay male couples have demonstrated the presence of gender role flexibility as compared to other types of couples (Brown & Zimmer, 1986; Kurdek, 1987; Dickstein et al., 1991), and reported greater equality, reciprocity, and more role flexibility in their relationships than heterosexual partners (Blumstein & Schwartz, 1983; Kurdek & Schmitt, 1986b; Lynch & Reilly, 1986). Gay men describe themselves as more emotionally expressive than heterosexual men (Spence & Helmreich, 1978), and emotional intimacy -- a characteristic generally linked to femininity -- has been found to be more important to gay men than to heterosexual men (Schwabish, 1990).

The amount of support participants received (from highest to lowest support) from different sources was: gay male friends, lesbian friends, therapist, heterosexual female friends, spiritual leader, heterosexual male friends, co-workers, sister(s), mother, brother(s), and father. These results are consistent with previous research regarding sources of support for gay-identified men. Smith and Brown (1997) in a study of 156 cohabitating couples reported that social support positively related to relationship quality. Family members constituted 28.61% of those listed as members of a support network and friends constituted 72.25% of the providers of support. They concluded that family members may have the most influence on relationship satisfaction but are not often seen as sources of support by gay men. When frequency of support was rank ordered, other gay men were most often listed, followed by female heterosexual friends, gay couples, and mothers. Kurdek (1987) found that gay male couples were found to rely more on friends as a source of support in contrast to heterosexual couples, which rely more on family of origin. Kurdek (1988a) also found that friends were most frequently named as sources of support followed by partner, family, and co-workers, concluding that partners and friends are the primary providers of support for gay male couples and attributed the difference between heterosexual and gay couples to the difficulty family members of origin have in dealing with the homosexual nature of gay relationships. Weston (1991) found that gay male couples must seek support beyond the family to create a “family of choice” (Weston, 1991) for acceptance of the gay couple as a valid relationship.

The additional finding that frequency of sex decreased as length of relationship increased is consistent with previous research. Blumstein & Schwartz (1983), found that

gay male couples were initially more sexually active than heterosexual or lesbian couples. However, after 10 years, gay couples had sex less frequently than married couples and more often had sex outside of the relationship. This may also be due to the acceptability of sexual non-exclusivity in gay male relationships (Blasband & Peplau, 1985). However, with the advent of AIDS, new gay norms now advocate for exclusivity and renewed importance of gay male couples (Berger, 1990). In a pre-AIDS study by McWhirter and Mattison (1984) 4.5% of the couples reported being monogamous, however, Berger found in a 1990 study that 96.4% of participants reported being monogamous. Two-thirds said that AIDS had affected their relationship and many said that it led to changes in their sexual behavior. These more recent findings explain the surprisingly high number of participants in this study who reported that they were in monogamous relationships (70%).

### Limitations

The sample collected for this study was limited to California, with an attempt to cover rural, suburban, midsize urban and large urban areas. However, couples residing in these areas are unique to California and the generalizability of these results to other populations is unknown. Several aspects of this study limit the degree to which the results found are generalizable to gay male couples outside of California. First, the sample was not a truly random one as it was taken from a limited number of gay pride festivals, Internet advertisements, and gay organizations. Gay pride festivals attract a variety of types of gay men and gay couples, but those couples who are not publicly “out” might not be included in this sample. Second, there may also be a selection bias

with subjects collected through Internet contacts, as surveys of Internet use have indicated that the majority of Internet users are Caucasian and upper-middle class. As a result, gay couples with lower socioeconomic status may not be represented in this study. Third, all the questionnaires were self-report measures, which are subject to self-report bias. Fourth, this study was limited to Caucasian gay couples, gay men over the age of 18, and traditionally defined intimate relationships where there are only two members. Therefore the results of this study would not be generalizable to couples consisting of gay men of color, gay men in couples who are younger than 18, and non-traditionally defined relationships of three or more people.

#### Directions for Future Research

Future studies should: 1) look at endorsement of femininity in order to assess for the influence of femininity on the variables examined in this study; 2) compare clinical and non-clinical populations in order to determine which variables are more predictive of relationship functioning in gay couples; 3) compare results to similar study of lesbian couples on the CIFA, GSSI, MSPSS, and BSI, in order to examine gender differences with regards to relationship qualities, support, and psychological functioning; and 4) compare this sample of gay men to a sample of heterosexual men and heterosexual women on the CIFA, in order to determine differences between heterosexual and gay/lesbian couples regarding relationship functioning. The introduction of the second member of the couple as a participant would allow for the examination of: 1) the presence or absence of sex role stereotyping in couples; 2) the effects of psychological

symptoms of one partner on the perceptions of what the other partner receives in the relationship; 3) whether gay men prefer to be in relationships with those who are similar to them in masculine ideology or more different.

### Clinical Implications

There are several clinical implications of these results for future individual and couples therapy and treatment. 1.) Stereotypical ideas about the relationship between masculinity and its effect on gay male couple relationships have been refuted by the results of this study. Clinicians should be aware that gay men are capable of and benefit from closeness and caregiving and openness of communication in their relationships. This awareness will prevent clinicians from assuming that these couple relationships are based on sex only and that disengagement in a gay male couple is not typical. 2). Assessment of the presence or absence of a supportive network of family, friends, and others can provide significant information about the relationship. 3). It is important to be aware that gay men may have formed an alternative “family of choice” that may be a more important source of support than the family of origin. This alternative family may be overlooked if one is not aware of the tendency for gay men to seek for support from those outside their family. An examination of these values and a questioning of the validity of them may help gay men in couple relationships improve the quality of their relationship and their support network.

## References

- Blumstein, P., & Schwartz, P. (1983). American couples: Money, work, and sex. New York: William Morrow & Company.
- Ehrlich, W.J., (1998). Suicidal ideation, depression, family relations, and peer support in adolescents. An unpublished doctoral dissertation, California School of Professional Psychology-Alameda, CA.
- Green, R-J., Bettinger, M., & Zacks, E. (1996). Are lesbian couples “fused” and gay male couples “disengaged?”: Questioning gender straightjackets. In J. Laird & R-J. Green (Eds.), Lesbians and gays in couples and families: A handbook for therapists (pp. 185-230). San Francisco: Jossey-Bass Publishers, Inc.
- Green, R-J., & Werner, P.D. (1996). Intrusiveness and closeness-caregiving: Rethinking the concept of family “enmeshment.” Family Process, 35, 115-136.
- Hooker, E. (1957). The adjustment of the male overt homosexual. Journal of Projective Techniques, 21, 18-31.
- Kurdek, L.A., (1988a). Perceived social support in gays and lesbians in cohabiting relationships. Journal of Personality and Social Psychology, 54, 504-562.
- Kurdek, L.A., & Schmitt, J.P. (1987). Perceived emotional support from family and friends in members of homosexual, married, and heterosexual cohabiting couples. Journal of Homosexuality, 14, 57-68.
- Levant, R.F., & Pollack, W.S. (Eds). (1995). A new psychology of men. New York: Basic Books.
- McWhirter, D.P., & Mattison, A.M. (1984). The male couple: How relationships develop. Englewood Cliffs, NJ: Prentice-Hall.
- Murphy, C.A., (1999). Condom use and qualities of women’s dating and family relationships: HIV and pregnancy prevention. An unpublished doctoral dissertation, California School of Professional Psychology-Alameda, CA.
- Peplau, L.A. (1991). Lesbian and gay relationships. In J.C. Gonsiorek & J.D. Weinrich (Eds.). Homosexuality: Research implications for public policy (pp.177-196). Newbury Park, CA: Sage.
- Roper, K.D. (1997). Lesbian couple dynamics and individual psychological adjustment.

An unpublished doctoral dissertation, California School of Professional Psychology-Alameda, CA.

- Shidlo, A. (1994). Internalized homophobia: Conceptual and empirical issues in measurement. In B. Greene & G. Herek (Eds.). Lesbian and gay psychology: Theory, research, and clinical applications (pp. 176-205). Thousand Oaks, CA: Sage Publications.
- Smith, R. & Brown, R. (1997). The impact of social support on gay male couples. Journal of Homosexuality, 33, 39-61.
- Teofilo, C.N. (1999). An investigation of male role norms in battering men. An unpublished doctoral dissertation, California School of Professional Psychology-Alameda, CA.
- Tolsdorf, C.C. (1976). Social networks, support, and coping: An explorative study. Family Process, 15, 407-417.
- Werner, P.D., & Green, R-J. (1993). Preliminary manual: California Inventory for Family Assessment (CIFA) Unpublished Manuscript, California School of Professional Psychology, Alameda.
- Weston, K. Families we choose: Lesbians, gays, kinship (1991). New York: Columbia University Press.
- Zimet, G.D., Dahlem, N.W., Zimet, S.G., & Farley, G.K. (1988). The Multidimensional Scale of Perceived Social Support. Journal of Personality Assessment, 52, 30-41.



Appendix A  
Extended Literature Review

Theories and beliefs regarding homosexuality in the psychological field have gone through several changes starting with the pathologization of homosexuality by the psychoanalytic community in the post-Freudian era to a more recent empirically based understanding of gay men and men in couple relationships. Historically, the central thesis of classical psychoanalytic thought was that homosexuals suffered a pathological condition caused by a disturbing upbringing and developmental arrest. Developed by Freud and elaborated on until the 40's, psychoanalysts claimed that their theory was based on well-established scientific data while other theorists were ignored. Hooker, in 1968, demanded major revisions to the developmental arrest theory of homosexuality (Friedman,1986). Using the Rorschach and two other projective tests, Hooker tested 30 matched pairs of exclusively homosexual and heterosexual men, and then submitted the protocols and detailed profiles "blind" to two judges. She found no difference in pathology between the groups and the judges were unable to identify the homosexual profiles any better than by pure chance. It was Hooker's (1957) opinion that homosexuality was not a clinical disorder at all, but an atypical sexual preference in otherwise normal individuals associated with pathology largely through social intolerance. Hooker's results have been replicated in 58 projective studies and 35 questionnaire studies, none of which successfully delineated any psychodynamic typology or etiology for male homosexuality (Riess, 1980).

Other critics of the psychoanalytic view of homosexuality argued repeatedly that it has been burdened by the anti-homosexual bias that dominated European history. Boswell (1980) argued that Western Europe had shown extreme intolerance toward homosexuality since the beginning of the Christian era. Friedman (1986) asserted that psychoanalysts had

an oversimplified understanding of the parent-child etiology of male homosexuality and were too eager to establish a simple causality between parenting and associated homosexuality and effeminacy. More recently there has emerged a new body of literature presenting a non-pathological psychoanalytic perspective of male homosexuality (Friedman, 1988; Lewes, 1988; Isay, 1989). These authors have based their findings on clinical experience and research, as well as critical reviews of the literature.

Although gay male couples can be compared to heterosexual couples in many ways, there are differences that warrant exploration in order to better understand how gay men form and sustain relationships and to help clinicians work with gay male couples in therapy. Some of these aspects include, demographic aspects in the lives of gay men in couple relationships, their beliefs about masculinity, their support networks, gay identity development, racial and ethnic identity, and HIV.

### GAY MALE COUPLES

Gay male couples are different from heterosexual couples because of social and environmental factors. Gay couples are subject to legal and social discrimination, and they lack the social support from family members that is enjoyed by heterosexual couples. There are differences in how gay relationships develop, how they are maintained, as well as how relationships are defined. Because of the social stigma surrounding homosexuality, lesbian women and gay men receive little, if any, information regarding the nature of lesbian and gay couples in the course of their socialization. As a result, lesbian and gay close relationships develop without consensual norms (McWhirter & Mattison, 1984; Patterson & Schwartz, 1994). Caution must be taken with results of

studies of gay men because it is impossible to get a representative sample from a “hidden” community. Additional challenges to the study of gay couples are that the inherent fluidity of sexuality makes it difficult to classify individuals into set sexual categories. Also, gay men who are not “out,” those in rural or isolated communities, and older, more conservative couples might be underrepresented in research samples (Huston & Schwartz, 1995).

Descriptive Accounts of Lesbian and Gay Couples: Surveys indicate that between 40-60% of gay men are currently involved in a steady romantic relationship (Bell & Weinberg, 1978; Harry, 1984; Jay and Young, 1979. Blumstein & Schwartz (1983) reported that 18% of the 1,938 gay couples they studied lived together 10 or more years. Bryant & Demian (1994) reported that 25% of the 560 gay couples they studied lived together 10 or more years. In McWhirter & Mattison’s 1984 study of 156 gay couples, about one-third had been together more than ten years with an average of 9 years. Early studies indicated that partners in male couples tended to have significantly larger differences in age, education, and employment than heterosexual couples (Bell & Weinberg, 1978; Blumstein & Schwartz, 1983; McWhirter & Mattison, 1984).

Demographics: In the Bryant and Demian National Survey (1994), the majority (95%) of men were White and participants averaged 16 years of formal education, with a modal income level from \$25,001 to \$40,000. Thirty-eight percent of the respondents indicated that their current relationship was their first major gay relationship. Nineteen percent have been involved in a heterosexual marriage, consistent with previous research of Blumstein & Schwartz (1983), which reported that 15% of their respondents were previously

married. Forty percent referred to their partner as “lover,” consistent with McWhirter and Mattison’s (1984) and Berger’s (1990) reports that most members of gay couples they studied referred to each other as “lover.”

Relationship Rituals: Relationship confirming rituals are especially important for gay couples, for whom there is no culturally accepted wedding ritual and who frequently live in a wider context of disconfirmation (Roth, 1985). Thirty-six percent of participants in the Bryant & Demian study reported that they wore a ring or some other symbol to represent their relationship, and 11% had held some ceremony to commemorate the event (Bryant & Demian, 1994).

Living Arrangements: Most of the couples (82%) lived together during the previous year of the relationship; 36% conjointly owned their residences; and 27% jointly rented or leased their residence (Bryant & Demian, 1994).

Children: Nine percent of the respondents reported taking care of children, although it was not clear if the children resided with the couple. These children were offspring from a previous marriage for 79% of the men. Eighty-two percent of the couples shared all or part of their incomes (Bryant & Demian, 1994). More recently, gay men are adopting children, having children with lesbian women and surrogates, and creating alternative families (Bettinger, 1997).

Finances: Both Blumstein and Schwartz (1983) and McWhirter and Mattison (1984) reported that the probability that a couple will pool finances increases with the length of time living together. Blumstein and Schwartz (1983) reported that financial and educational equality is important for gay couples and found that they are the only type of

couple where a partner feels more successful if his partner makes less money than he does. McWhirter and Mattison (1984) reported that by far the most common area of relationship conflict is with finances.

Homogamy (similarity of partners): In a study of homogamy (Kurdek & Schmitt, 1987b), gay couples were found to have the largest discrepancies on age, personal income, and level of education. Lower homogamy on demographic characteristics for gay couples has also been reported by Bell and Weinberg (1978), Harry (1984), and McWhirter and Mattison (1984). The latter authors speculate that age differences in gay partners may enhance the complementary partner's feelings toward one another and facilitate how power in the relationship is established.

Role Playing: General consensus is that male/female role playing in gay male couples is the exception and not the norm (Landolt & Dutton, 1997). Harry (1984) contends that gay men are in general attracted to potential partners who have a similar degree of masculinity or femininity. He also asserts that "best friends" rather than husband and wife is the best way to characterize the majority of gay male relationships.

Normative Developmental Course of Lesbian and Gay couples: Of the couples in the Blumstein and Schwartz (1983) study, most relationships started in gay bars (40.7%). Most commonly gay individuals were self-introduced due to the lack of support from heterosexual others and gay others in "match-making." However, other studies indicate that the majority of gay men meet their future partner through mutual friends (Peplau, Cochran, Rook & Padesky, 1978; Tuller, 1978; Vetere, 1982; Warren, 1974, Huston & Schwartz, 1995). Twenty-four percent of the couples in the McWhirter and Mattison study

reported moving in together after only one month of their first meeting. Thirteen percent reported having a commitment ceremony. It has been hypothesized that rapid rate of commitment to partners in gay relationships might be the cause of the high number of premature relationship endings.

Gay Couple Developmental Models: McWhirter and Mattison (1984) found that gay male couples progress through a series of six stages. “Blending” consists of the initial stage of the relationship where the partners in the couple invest their energy in the formation of the couple at the cost of all other relationships. “Nesting” is similar to the period of disillusionment experienced by couples in general. “Maintaining” is characterized as the stage when the couple establishes its own traditions, deals with conflicts between partners, and where the individual identities of the partners begin to re-emerge. “Building” is a time when individual and couple identities exist simultaneously and partners begin to feel a sense of dependability. “Releasing” is characterized by a solidification of trust between partners, merging of money and possessions, and a tendency for partners to take each other for granted. Finally, the “Renewing” stage is based upon security in the relationship, restoring the relationship, and remembering. These stages are meant to be guidelines to the development of typical relationships although the authors acknowledge that individual differences might have an effect on the rate at which a couple might move through the stages (McWhirter & Mattison, 1984).

Division of Labor: In their study of gay, lesbian, and married couples, Blumstein and Schwartz (1983) reported that 30% of full-time employed gay partners did more than 10 hours of housework per week. McWhirter and Mattison (1984) noted that partners shared

almost all chores in the first year of the relationship. Later, chores are assigned based upon skill and work schedules.

Negotiation of Power in Gay Couples: Blumstein and Schwartz (1983) found that the partner with the higher income wielded more personal power. They speculated that money management may be more problematic for gay couples because earnings potential is a central part of male identity. In their national survey of lesbian and gay couples, Bryant and Demian (1990) stated that the percentage of gay men reporting verbal and physical abuse from their partners was 15 and 3 percent respectively. Landolt and Dutton (1997) found that psychological abuse was higher in relationships characterized by divided power (partners sharing decision making authority by each partner making decisions in different domains).

Sex in Gay Male Couples: Gay couples' acceptance of sexual nonexclusivity is one of the most distinctive features of their relationships (Blasband & Peplau, 1985; Harry, 1984; McWhirter & Mattison, 1984; Kurdek & Schmitt, 1986; Bryant & Demian, 1990). Blumstein & Schwartz (1983), found that gay male couples were initially more sexually active than heterosexual or lesbian couples. However, after 10 years, gay couples had sex less frequently than married couples and often outside of the relationship. Satisfaction with sex was linked to a perception of equality in initiating and refusing sex (Blumstein & Schwartz, 1983; McWhirter & Mattison, 1984).

Sexual Exclusivity and Sexual Openness: In an early study of gay male couples, Bell and Weinberg (1978) found that gay men in open relationships were not happy with the relationship and sought outside sexual experiences. They also were more reliant on friends,



less happy, and less self-accepting than those in more closed relationships. Blasband and Peplau (1985) examined sexual exclusivity and sexual openness in their study of predominantly young, well-educated, and White gay male couples. No significant differences were found in quality of open versus closed relationships. They also found that having sex with others is not necessarily a sign of dissatisfaction with the primary relationship. Ninety-three percent of all participants said that they were in love with their partners, and most men rated their relationships as highly satisfying and very close. Reasons sexual non-exclusivity or non-monogamy for openness included male sex role socialization, which often emphasizes the importance of frequent and varied sexual activity and personal independence. Men in closed relationships stressed avoidance of jealousy as the main reason for being monogamous. Results indicated that personal attitudes and values about exclusivity were a central theme in both types of relationships. Men in closed relationships had more conservative attitudes believing that exclusivity is essential to a successful relationship.

Monogamy was challenged by the gay community in the 70's. However, with the advent of AIDS, new gay norms now advocate for exclusivity and renewed importance of gay male couples (Berger, 1990). In a pre-AIDS study by McWhirter and Mattison (1984) 4.5% of the couples reported being monogamous, however, Berger found in a 1990 study that 96.4% of participants reported being monogamous. Two-thirds said that AIDS had affected their relationship and many said that it led to changes in their sexual behavior. Gay couples also said that as a result of AIDS they were closer to the gay community in a positive way and had learned the political implications of being gay.

Intimacy and Sex: McWhirter and Mattison (1984) found that as a relationship continues, intimacy grows and the sexual aspects of the relationship decline. Gray and Isensee (1996) found that the integration of sex and intimacy is difficult for men. For gay men, homophobia contributes to this difficulty by isolating them and interfering with the belief that intimacy with another man is possible. It inhibits a man's ability and willingness to be emotionally available, discounts feelings of love and attachment, and associates both sexual and emotional involvement with guilt and shame. Avoidance of intimacy can be seen as a protective coping strategy in response to early homophobic experiences, rather than a permanent part of a personality structure. This can lead to an approach/avoidance scenario in relationships where both partners have a desire for intimacy and autonomy, but they deny these feelings and project them onto each other. Deenen, Gijs, and van Naerssen (1994) found in a study of 320 gay men that emotional intimacy best predicts relationship satisfaction and that sexual satisfaction is best predicted by low sexual distance, defined as "spiritual disinterest" (i.e. "I don't actually care about him").

Relationship Satisfaction: In several studies, gay couples were found to: have equal power; have at least one emotionally expressive partner; perceive many attractions and few alternatives to their relationship; endorse few dysfunctional beliefs about relationships; value attachment; and engage in shared decision making (Blumstein & Schwartz, 1983; Duffy & Rusbult, 1986; Kurdek, 1994; Kurdek & Schmitt, 1986). Older homosexuals are more likely to report a high level of satisfaction in life if they are happily coupled (Berger, 1982, p.175; Lee, 1987, p.146).

Models Predicting Relationship Functioning: Silverstein (1988) hypothesized that unstable interpersonal relationship patterns were more extreme in gay men because identity development can be impaired by self (internalized homophobia), and other's negative attitudes regarding homosexuality. Kurdek (1991 & 1992) found that relationship satisfaction was related to fewer dysfunctional beliefs, high expressiveness, high satisfaction with social support, low perceived self-consciousness, high perceived rewards, low perceived costs, low discrepancy between one's real and ideal relationships, frequent compromise/negotiation, infrequent conflict engagement, and infrequent withdrawal. Duley (1993) in a study of 65 gay couples found that there was higher dyadic adjustment in male couples composed of two highly feminine partners (as measured by the PAQ). Romance (1996), in a study of 86 south Florida gay male couples, found that high relationship satisfaction was significantly correlated to low internalized homophobia and high self-esteem. However, low internalized homophobia, high self-esteem, selected aspects of homogamy, and sexual exclusivity accounted for only a limited percentage of relationship satisfaction.

Relationship Stability: Social incompatibility and social pressure were seen as the causes for relationship breakup in an early study (Tuller, 1978). In their 1983 study, Blumstein & Schwartz found dissolution rates to be 13% after 18 months and 36% within 2 years. Participants reported breaking up over power and personality issues. McWhirter & Mattison (1983) found that equality and compatibility especially in sexual relations are important for relationship longevity. Kurdek (1992) in a four year study found that 12% of the gay couples had separated. Those who separated were found to be younger, more

frequently reported negative affectivity (depression & anxiety), reported lower relationship satisfaction, valued personal autonomy more highly, and invested less in the relationship. In a dissertation study of twelve male couples in live-in relationships, James (1990) found positive correlations between the sharing of financial resources and measured trust, satisfaction, consensus, and perception of complementarity. Romance (1996) found that length of relationship was not significantly correlated with fear of acquiring AIDS or internalized homophobia. Characteristics that predicted relationship length were: joint property ownership; disclosure of sexual orientation to fewer groups of people; joint checking account; and sexual non-exclusiveness.

Green, et al. (1996) speculated as to why gay male couple relationships are shorter in duration as compared to heterosexual couples. Married couples receive greater social support and pressure to stay together from their families of origin. Typically, gay couples do not experience support for their relationships from society or their families of origin and therefore have fewer obstacles to breaking up. The presence of children in a heterosexual couple may also be an additional centripetal factor when a married couple experiences moments of stress and internal pressure to dissolve the union. Married couples may tend to be more socially conforming to the notion that divorce is “bad,” whereas a gay couple might be more open to leaving rather than remaining in an unhappy situation. Finally, married couples may experience greater economic and legal barriers to divorce and may perceive fewer relationship alternatives (i.e. future mates).

Communication and Conflict: Blumstein and Schwartz (1983) have repeatedly noted the vital role of communication and the ability to talk things out. In a study of

1500 respondents born before 1928, the quality of communication between spouses was the only factor strongly associated with marital happiness (Brecher, 1984, p.141).

According to Huston and Schwartz (1995), men in general see communication as a competitive endeavor, allow the more powerful partner to get their way (Kollock, Blumstein & Schwartz, 1985; Tannen, 1990), perceive challenges as a normal part of dialogue (Tannen, 1990), and use challenges to assert authority in a conversation. Gay couples strive for equality, but they also must learn to listen and negotiate a middle ground (Berzon, 1988). In gay male couples, both members may be more interested in winning arguments than listening to what the other partner is saying (Berzon, 1979, 1988; Tannen, 1990; Patterson & Schwartz, 1994; Steen & Schwartz, 1995).

Gay men must overcome the tendency to compete with their partner and learn to be cooperative (Berzon, 1988; Blumstein & Schwartz, 1983; Clunis & Green, 1988; Pearlman, 1989; Zacks, Green, & Marrow, 1988). Striking a balance between demands of couple and outside forces is one of the most critical determinants of relationship viability (Peplau, Cochran, Rook, and Pedesky, 1978). Difficulties for gay men may include too much emotional distance, not enough self-disclosure, feeling comfortable and developing skills necessary to be an emotional caretaker, and conflict between career and relationship intimacy (Patterson & Schwartz, 1994).

Kurdek (1992) found that the major areas of conflict for gay couples were finances, driving style, affection/sex, being overly critical, and household tasks. Kurdek (1991) found that gay men and lesbian women were equally likely to use positive problem-solving, withdrawal, compliance, and negative problem-solving to resolve conflict within their

relationships. McWhirter and Mattison (1984) found that family conflict was a problem in a small number of couples where family disapproved of the relationship or did not know about the relationship. Gay men become torn between family and couple loyalties creating a need for additional legal documents to legitimize the relationship such as a power of attorney (in case partner gets sick with HIV, etc.) and carefully drafted wills to prevent a possibly homophobic or greedy family of origin from contesting a will (Berger, 1990).

Discrimination, Homophobia, & Social Stigma: Brown (1995) described the impact of heterosexism and homophobia on relational functioning in same-sex couples. In the legal system, homosexual expression is criminalized in over 50% of the states in the U.S.; gay partners risk being fired for being gay; and many times gay or lesbian parents are stripped of custody rights. Socially, same sex couples are expelled from homes and cast out of religious or spiritual groups. Personally, families of origin many times respond with disapproval or lack of enthusiasm when gay men introduce their same sex partners. Culturally, heterosexism operates to render gay lives invisible.

Walters and Curran (1996) conducted a study of discrimination in a college town in the Southeastern part of the U.S. They found that heterosexual couples were assisted by department store staff in significantly less time than were homosexual couples, who often times were not assisted or were repudiated. Walters and Curran also found that the gay and lesbian couples were laughed at, pointed at, and experienced rudeness significantly more than the heterosexual couple.

Consistent Findings About Gay Couples: Consistent findings about gay couples are the following: 1) many gay men see themselves as part of a couple; 2) gay men are less

sexually exclusive than lesbians, 3) gay men follow an ethic of equality (best friend model); 4) changes in their relationships over time are similar to those of heterosexual couples; 5) gay couples do not differ in relationship satisfaction from lesbian and heterosexual couples; and 6) predictors of relationship satisfaction and stability are similar for gay, lesbian, and heterosexual couples (Kurdek, 1997).

### MASCULINE IDEOLOGY

The “social constructionist” model of gender orientation “views masculinity as a culturally based ideology scripting gender relations, attitudes, and beliefs” (Pleck, 1995). Masculinity is seen as an ideology of values, traits and behaviors that is not exclusive to biological males but attributed to men through social construction and gender role expectations. Measures of masculine ideology are defined as “beliefs about the importance of men adhering to culturally defined standards for male behavior” (Pleck, 1995). O’Neil postulates that the traditional male-role socialization provides contradictory and unrealistic messages, resulting in considerable gender role conflict (Sharpe & Heppner, 1991). Gay men are exposed to the same ideologies that heterosexual men are exposed to in this society. Through the process of coming out to himself, a gay man must come to terms with his deviance from socially constructed norms of acceptable masculinity (Shidlo, 1994). This is a difficult task, given the pervasiveness of dominant cultural attitudes and many gay men internalize homophobic notions, which has the potential to adversely affect the quality of their relationships. Furthermore, due to the inherent homophobia that exists in traditional masculine ideologies, conformity to a masculine ideology might cause self-hatred and hatred of the other partner within a gay relationship

(Shidlo, 1994).

Gender Roles: The construct “gender-role” is defined as “behaviors, expectations, and role sets defined by society as masculine or feminine which are embodied in the behavior of the individual man or woman and culturally regarded as appropriate to males and females” (Sharpe & Heppner, 1991). Changes in expectations of men may have led to the increase in psychiatric distress reported by men in recent years. Society creates a double bind that requires men to participate more in non-traditional roles, yet punishes those who do so leading to gender role conflict and strain. This conflict is defined as “a psychological state in which gender roles have negative consequences or impact on the individual or on others” (Sharpe & Heppner, 1991). Boys and men experience gender role conflict in situational contexts including when they: deviate from or violate gender role norms (Pleck, 1981); try to meet or fail to meet gender role norms of masculinity; experience discrepancies between their real self-concepts and their ideal self-concepts, based upon gender role stereotypes (Garnets & Pleck, 1979); devalue, restrict, or violate themselves; experience devaluations, restrictions, or violations from others; devalue, restrict, or violate others because of gender role stereotypes (O’Neil, 1990).

Gay men are especially susceptible to the consequences of this conflict in the form of outward discrimination, internalized homophobia, and stigmatization. Gay men struggle with the same issues that heterosexual men do including intimacy, power, money, and sexuality. However, differences between gay and other couples result from the social response to the fact that both members are men. Studies of gay male couples have



demonstrated the presence of gender role flexibility as compared to other types of couples (Brown & Zimmer, 1986; Kurdek, 1987; Dickstein et al., 1991).

Gender Role Playing in Gay Men: Gender plays a central role in the socialization process. Bem (1983) suggests that gender schemas become standards for behavior for children. Because these standards are used to evaluate the self, gender schemas also mediate self-esteem and general psychological adjustment (Kurdek, 1987). Endorsement of feminist notions of relating, efforts to expunge conventional gender-role behavior, and the espousal of the ideology of the gay liberation movement, have led to a striving to create new forms of relationships. Some evidence suggests that egalitarian or role-free relationships provide greater avenues to satisfaction than gender-role typed relationships (Marecek, Finn, Cardell, 1982).

Gender Role Strain: Three propositions about gender role strain have been hypothesized (Sharpe & Heppner, 1991). The first proposition is that many men do not fulfill male role expectations, which leads to low self-esteem, and other psychological problems (Harrison, 1987). However, several studies of gay men provide different findings. Bell and Weinberg (1978) found that homosexuals and heterosexuals were indistinguishable on psychological adjustment even though gender differences were greater for heterosexuals than for homosexuals. Homosexual partners have reported greater equality and reciprocity, and more role flexibility in their relationships than heterosexual partners (Blumstein & Schwartz, 1983; Kurdek & Schmitt, 1986b; Lynch & Reilly, 1986). No differences were found in psychological functioning between heterosexual and homosexual men in couples. This supports the hypothesis of Bell and Weinberg (1978) that homosexuals

who have come to terms with their sexual orientation, who do not regret their sexual orientation, and who function socially and sexually are no more distressed than heterosexuals.

In a 1997 study by Julien, Arellano, & Turgeon, gay individuals did not demonstrate a greater tendency than lesbians to distance themselves from potential conflicts; neither did lesbians demonstrate a stronger propensity than gays toward pursuit of confrontation. Both studies (Julien et al., 1995) and (Arellano, 1993) suggest that withdrawal reactions are not sex-linked behaviors. Research with same-sex couples also has failed to show that gay males use quiet and reconciling styles of conflict discussion, or that lesbians exhibit more confrontation. The lack of role models for gays and lesbians may make it less likely that they will adopt unconventional gender roles. However, current clinical literature suggests that gays and lesbians do not universally adhere to conventional male and female roles (Brown & Zimmer, 1986; Peplau & Cochran, 1990). The few studies that have investigated gender roles among gays and lesbians have supported role flexibility. Gay men describe themselves as more emotionally expressive than heterosexual men (Spence & Helmreich, 1978). Likewise, emotional intimacy, a characteristic generally linked to femininity, has been found to be more important to gay men than to heterosexual men (Schwabish, 1990). In a study of the association between gender traits and communication in gay couples, feminine gay partners exhibited the highest levels of conflict behaviors, such as hostility and confrontation. For both gays and lesbians, masculine traits were not associated with withdrawal (Arellano, 1993).

These findings are important because they suggest that complementary gender roles in a couple (and not symmetrical roles), are likely to lead to difficulties with communication and conflict management. Alternatively, couples sharing some commonalities in gender role (androgynous/feminine, androgynous/masculine, feminine/feminine, etc.) may have a greater facility for understanding each other and communicating. It is possible that two male partners culturally share a common understanding of the self-protective motives of conflict avoidance, whereas opposite-sex partners do not share as much cultural background. That could explain why withdrawal from conflict discussion by one partner did not trigger as strong emotional reactions in the other partner as it may in heterosexual couples (Julien, Arellano, & Turgeon, 1997).

The second proposition of gender role conflict is that the process of socialization of men is in itself traumatic with lasting consequences such as overreliance on aggression, difficulties with emotional tenderness and intimacy, and alexithymia (Levant, 1992). Men tend to play a dominant role in cross-sex conversation (Kollock, Blumstein, & Schwartz, 1985). Gay men may have difficulty problem solving because typically both men are socialized to “win” arguments. If this is the case, neither partner will take on the “mediator” role and neither partner is willing to give in (Berzon, 1988). Men feel it is important to maintain the advantage in a conversation and will likely only show their strengths (Peplau, 1982). Men are more likely to interrupt others in conversations (Drass, 1986) and to challenge the statements of others (Tannen, 1990). The implication for gay male couples is that both members may be more intent on winning the conversation than they are on listening to what is being said (Steen & Schwartz, 1995).

The third proposition of gender role conflict is that successful fulfillment of the male gender role has negative consequences because some of the qualities of the male gender role have inherent negative side effects. (e.g., low level of family participation). Some studies have shown that high masculinity is correlated with delinquency (Horwitz & White, 1987), and psychological violence towards partners (Thompson, 1990). Men grow up with the expectation that they will work and provide for the family. This can cause stress and conflict in a gay male relationship if one member cannot work or makes significantly less money than the other partner leading to a sense of loss of power and status that affects relationship stability (Blumstein & Schwartz, 1983).

Male socialization inhibits awareness of feelings and leads to a reluctance to disclose emotional vulnerability because it is uncomfortable and men lack experience sharing and dealing with emotions. Men are socialized to be analytical and critical, focused on independence. Recognition of their emotions and the emotional needs of others in relationships is generally suppressed. Therefore, they tend to withdraw, or end up in competitive arguments about who is “right” rather than communicating how they feel (Grey & Isensee, 1996). Male-role socialization may also discourage men from believing that they are capable of sustaining a relationship (Johnson & Keren, 1996). However, research by Green, Bettinger, & Zacks (1996) shows that some of this theory about masculinity does not apply to gay men in couples.

Psychological Health and Gender Role Conflict: Blazina and Watkins (1996) found that students reporting greater Restrictive Emotion had decreased psychological well being including increased anxiety and anger. In addition, men with Socialized Control, Power, and

Competition issues also had decreased psychological well-being characterized by increased anger and alcohol use. Another study (Good, Robertson, et al, 1996) found gender role conflict to be significantly related to depression, with greater pessimism, and negativity toward self including self-dislike and self-accusations in the depressed group. Restrictive Emotionality & Socialized Control, Power, and Competition issues significantly predicted paranoia and Restrictive Emotionality itself predicted interpersonal insensitivity and depression. Good's (1995) study found that Restrictive Emotionality also significantly predicted fear of intimacy. Shepard (1994) found that gender role conflict was significantly associated with alexithymia.

Regarding interpersonal behavior between men, Mahalik (1996) found that Restrictive Emotionality and Restrictive Sexual and Affectionate Behavior Between Men were related to hostile-submissive behavior, mistrust, coldness, detachment, and inhibition. Sileo (1995, 1996) found that intimacy and close relationships were negatively correlated with Restrictive Emotionality, Socialized Control, Power, and Competition issues, Restrictive Sexual and Affectionate Behavior Between Men, and the total gender role conflict score. Restrictive Emotionality had the strongest negative correlation with intimacy and close male relationships.

### SOCIAL SUPPORT

Social Support can be defined as the existence or availability of people outside the couple who are perceived by one or both partners in the couple as willing to offer emotional, material, social, informational, and other resources in a manner that provides needed assistance and that affirms the validity of the couple's status as a couple. Tolsdorf (1976)

explored the relationship between social support and psychological health. His exploratory study suggests that social networks are useful for dealing with stress and coping as it relates to psychopathology.

Kliman and Trimble (1983) emphasized the need to look at conceptualizing and treating emotional difficulties contextually by looking beyond the individual to the family as the system of concern. The authors assert that the way to understand the relationship between individual psychology and organization of society is to explore the relationship between depth psychology and social arrangements and how they reflect, modify, and reproduce each other (Kliman & Trimble, 1983). An individual's psychological experience reflects the tension between the self, and a society that creates, shapes, satisfies, frustrates, and which itself is changed by the psychological and material needs and desires of human beings (Fenichel, 1938; Marcuse, 1955). The social network mediates between the individual and society (Speck & Attneave, 1973). This mediation contributes to the development of one's sense of self, and one's "sense of belonging, loneliness, and the constraints, limitations, privileges, and deprivations characterizing one's relationship to society" (Kliman & Trimble, 1983).

There is considerable evidence that social support buffers people against the psychological and physical consequences of stress (Kliman & Trimble, 1983). High levels of perceived social support have been associated with low levels of depression, and anxiety (Zimet, 1988). Pearlin, Lieberman, Menaghan, and Mullan (1981) proposed that social support helps engender positive emotional experiences and reduces the negative effects of stress by enhancing self-esteem and a sense of control over the environment.

Brandt and Weinert (1981), Schaefer et al. (1981), Wilcox (1981), and Sarason, et al. (1995) found that perceived social support is a better predictor of psychological status than objectively measured social support. Sarason et al. (1983) reported that the size of the support system and that satisfaction with the support received may be two different dimensions of social support, each contributing in terms of coping with stress. In a study of 520 gay men, Lackner, et al. (1993) found that social support variables were predictive of depression and global distress. However, the participants in this study were already healthy, well-functioning gay men.

Social Support for Gay Couples: Social support for a gay couple seems likely to affect overall feelings about one's relationship and one's partner. Social support may boost commitment by: increasing positive feelings about one's partner; increasing one's sense of one's relationship as viable and as a worthy investment; and adding pressure to stick with the relationship through difficult times or because potential loss of the shared network if the relationship dissolved (Milardo 1982). Hoffman (1968) believed that social prohibition against homosexual expression prevents many individuals from becoming involved in stable relationships. The internalization of societal homophobia may lead gay couples to hold beliefs that they are incapable of establishing and maintaining intimate relationships. A supportive social network may be able to counteract these beliefs and provide role models or points of comparison that may lead to more realistic expectations about relationships. Social comparison may help couples relinquish preconceived notions about relationships that tend to interfere with the functioning of a relationship. Conversely, one widely recognized

difficulty for the aging homosexual couple is the gay community's lack of support (Berger, 1982; Blumstein & Schwartz, 1983; Lee, 1987).

Support from Significant Others: Social support from significant others may be one way of compensating for the discrimination and obstacles faced by gay men in relationships. Lewis and Spanier (1979) reported that the more support that significant others give to a relationship and the more a relationship is embedded within a social network of family and friends, the higher the quality of that relationship. High satisfaction with social support has been found to be positively related to relationship quality in gay men (Kurdek, 1988b).

Support from Family: Generally, gay relationships lack the same support from family and society that many heterosexual couples enjoy (Dickstein, Stein, Pleck, Myers, Lewis, Duncan, Brod, 1990). Silverstein (1977) suggests that lack of family support is a major stressor in gay male couples. Nardi (1982) describes surrogate families that gay men create for themselves and suggests that these friendship groups help compensate for the type of family and social support that is typically less available to gay relationships. The major source of social support for their relationship comes from other gay and lesbian friends, followed in order by siblings, mother, and father (Kurdek, 1995). Weston (1991) confirms that gay men and lesbians define family as a "family of choice", which includes blood relatives, and close supportive friends capable of celebrating, respecting and marking the boundaries of the couple. Berzon (1988) found that parental approval of a mate tends to be positively related to subsequent marital adjustment. In a study of 156 cohabiting gay male couples, Smith and Brown (1997) reported that social support positively related to relationship quality. They found that family members constituted 28.61% of those listed as



members of a support network and friends constituted 72.25% of the providers of support.

They concluded that family members may have the most influence on relationship satisfaction, accounting for 13.4% of the variance in relationship quality, but are not often seen as sources of support by gay men. When frequency of support was rank ordered, other gay men were most often listed, followed by female heterosexual friends, gay couples, and mothers. Similar to Kurdek's 1995 findings, friends were ranked higher than family in terms of support.

Support from Friends: Heterosexual friends' validation may serve as validation from a heterosexually dominated society. Support from couples may offer important role models and feedback about dyadic functioning in general. Support from gay and lesbian friends may help counteract societal homophobia and provide feedback about issues unique to gay couples (Smith & Brown, 1997).

Social Support and HIV: The determinants of social support were examined in a 1993 study of 1,034 gay men in San Francisco (Turner, Hays, Coates, 1993). Results indicated that personal acceptance of one's gay identity and talking to family members about AIDS had the strongest positive associations with support and support changes. Depression and the number of HIV related symptoms were negatively correlated with support, and family knowledge of HIV positive status was negatively associated with support among those with greater number of HIV symptoms. Family appears to be particularly helpful or especially harmful to gay men coping with the AIDS crisis. Social network accounts for nearly twice as much variance in the maintenance of safer sex than formal community services (Catania, et al., 1991). Martin (1988) found that symptoms

of distress were positively correlated with the number of AIDS-related bereavements experienced by gay men and that the death of members of a support network due to AIDS decreased available support.

### SYSTEMS THERAPY AND THEORY

The notion of disengagement is central to theories of psychological dysfunction in gay male couples. According to Minuchin's (1974) structural family therapy theory of psychological functioning, a family system consists of couple, parental, and sibling subsystems. Individuals can also be thought of as subsystems. These subsystems are separated by "boundaries," which Minuchin defines as the rules governing who participates in the family process and how they participate. In a healthy family system, the parental team, consisting of the mother and father, operate in an executive manner, with authority over the children. Healthy families or couples have neither rigid nor diffuse boundaries between the members of the system. Dysfunction occurs when there is extreme rigidity of boundaries (which Minuchin calls "disengagement") or diffuseness of boundaries termed ("enmeshment").

According to Krestan & Bepko (1980), gay males in relationships will tend to be emotionally disengaged. Disengagement occurs when an individual has too much autonomy and separateness, lacks feelings of loyalty, and does not have the capacity for interdependence. Gay male couples are thought to suffer from disengagement because they are composed of two men, both of whom have been socialized to seek separation. This hypothesis is based upon the notion that men in general have different developmental tasks due to their gender (Chodorow, 1978). Boys are a different gender

from their mothers and therefore must dis-identify with the nurturing mother and identify with their fathers. In the process, a boy must disavow dependency upon his mother by seeking independence, separation, and distance from her.

Several family theorists including Krestan & Bepko (1980) hypothesize that, when two individuals who experience the same developmental need to defend against dependency and to separate enter into a relationship, neither member will be comfortable with interdependence, and both members will react to the threat of dependency by isolation and distancing (see the critical review by Green, Bettinger, & Zacks, 1996). These ideas perpetuate the stereotype that gay men do not want enduring relationships and are not capable of achieving them. The recent study by Green, et al., challenges the notion that gay male couples have a tendency to be emotionally “disengaged.” In a study of 50 gay male couples living in the San Francisco Bay Area, the authors found that gay male couples demonstrated higher cohesion than married heterosexual couples (where cohesion is defined as a measure of overall relationship closeness). This finding directly contradicted the notion that gay male couples tend to be more disengaged, and in fact their findings supported the idea that men and women in heterosexual marriages tend to be more disengaged than their gay male counterparts. In addition, Green, et al.’s results indicated that in gay male couples, levels of higher relationship cohesion and flexibility are associated with higher relationship satisfaction.

### IDENTITY DEVELOPMENT

The development of a gay identity is an important aspect in the lives of gay men and has an impact on the formation of couple relationships. Typically, this process

involves a difficult process of coming to terms with a gay identity or “coming out” to oneself and difficult decisions about “coming out” to others. Several theorists have developed identity development models to describe the process of coming out and forming a gay identity.

Gonsiorek (1995) asserts that the realization of a homosexual identity is a narcissistic injury for gay men because their sexuality is devalued by friends, family, and society in general. This can lead to a loss of self-esteem, initiative, and legitimate entitlement. Davies (1992) proposed that coming out was “a series of realignments in perception, evaluation, and commitment, driven by the affirmation ‘I am gay’” (p.75). He postulated that the individuation process and the coming out process were intertwined and interdependent. “They exist in a dialectic relationship: coming out to others constantly redefines one’s notion of self and the development of a self-identity drives the process of disclosure” (Davies, 1996).

Coming out to Self: “The conflict of trying to reconcile both internalized homophobia and homoerotic attractions poses a formidable developmental task. Feelings of guilt about homoerotic attractions cause some adolescents to delay achieving a positive lesbian, gay or bisexual identity for many years’ (Harry & DeVall, 1978). ‘Initially, a self-defeating identity may be adopted, with an accompanying sexual moratorium (an inhibition of sexuality)’ (Cass, 1979).

Coming out to Others: Maslow (1954), proposed that a healthy personality development requires significant and substantial self-disclosure to others. Personal authenticity brings self-validation as a person of self-worth. Forgoing authenticity by

hiding a gay identity and passing as heterosexual can engender feelings of hypocrisy and self-alienation (Lee, 1977; Martin, 1982). According to past research with a mostly white population of participants, coming out has been linked to identity synthesis and integration (Cass, 1979); healthy psychological adjustment (Gonsiorek & Randolph, 1991); decreased feelings of loneliness and guilt (Dank, 1973); deeper commitment to homosexuality through the fusion of sexuality and emotionality in a love relationship (Warren, 1974); integration through redefining and maintaining both separation and attachment (Colgan, 1987); and a positive gay identity (McDonald, 1982). Savin-Williams (1990) found a positive correlation between self-esteem and openness about sexual orientation and found that gay youths who were “out” to their mothers and had a satisfying but infrequent relationship with their fathers, were most likely to report high self-esteem. Several other studies have documented the positive association between coming out and self-esteem. The coming out process for men seems to be more abrupt and more likely to be associated with psychiatric symptoms. Sex with other men becomes a primary focus in the coming-out stage for gay men. Gay men may also experience a decrease in self-esteem and a loss of status provided to heterosexual males (Gonsiorek, 1995). However, Green, et al. (1996) found no relationship between coming out and couple longevity or satisfaction.

Models of Gay Identity Development: The groundbreaking work of Vivian Cass in 1979 began the discussion about homosexual identity formation with stage models similar to the developmental stage models of Erikson, Freud, Piaget, and Goffman. Generally, the stages of the identity stage models consist of an awareness of homosexual

feelings, the testing and exploration of these feelings, identity acceptance, and identity integration (Sophie, 1985-1986). However, many theorists of stage models acknowledge the limitations of this linear approach (Coleman, 1982; Troiden, 1989; Cass, 1996).

Caution should be taken when applying stage models to the identity development of gay individuals because they are inherently linear, and simplistic in the notion that one goes from no identity to full identity. Those who do not follow the course from beginning to end tend to be ignored and some continue to change their identity, go back to identifying as heterosexual, or choose not to label themselves (Sophie, 1995-1986).

According to Cass (1996), an individual prior to stage one or “Pre-Stage 1” considers himself or herself to be part of the majority group and understands that heterosexuality is preferred while homosexuality is stigmatized. Identity formation begins when someone first considers the possibility that they may be homosexual.

Cass (1996) defines the first stage of her identity development model as “Identity Confusion,” and characterizes it as an individual’s first attempt to relate the concept of homosexuality to himself. The primary focus or task is to cope with confusion about self and reduce the anxiety that arises if the potential for being homosexual is seen as undesirable. “Identity Comparison,” the second stage, is characterized as the time when an individual begins to consider the implications of a homosexual identity. The developmental tasks of this stage include coping with loss of direction, managing feelings of alienation and difference, and dealing with the incongruity between how they feel and behave and how others perceive them (as heterosexual). “Identity Tolerance” is reached when the individual becomes more focused on the social, sexual, and emotional

needs that arise from seeing self as homosexual. As the levels of self-disclosure increase, if positive, will reinforce benefits for being gay. However, negative social interchanges will reinforce the costs of being gay. In the “Identity Acceptance” stage, individuals have come to understand themselves as gay or lesbian and have acquired varying degrees of self acceptance but their inner sense of self as a gay or lesbian person is still tenuous. “Identity Pride” is characterized as the stage of the “Us versus Them” mentality. Individuals in this stage realize that their desire to express themselves fully is made difficult by society’s oppression. Here heterosexuality is devalued, homosexuality is given preferred status and individuals develop a strong homosexual group identity. They may limit their contact with heterosexual world, abandon strategies to pass as heterosexual, and experience pride and anger as empowering. One’s identity becomes a political statement at this stage. Cass calls the final stage of development “Identity Synthesis” and characterizes it as the acceptance of personal and ideological understandings of homosexuality. There is a resolution of the Us/Them dichotomy where supportive heterosexuals are valued and non-supportive ones are further devalued. Anger, alienation, and frustration decrease, issues of oppression are addressed more non-defensively, and the exclusive identification with the gay community is reduced.

Cass (1996) asserts that her six stage model of identity development leads to an increase in the use of homosexual language, concepts, and self-identifications in a wider number of settings, positive feelings about being gay, belief that one belongs to the gay community as well as strengthened ties with other gay men, acceptance of positive values

about homosexuals, independence from heterosexual values, and internalization of the notion of being gay or lesbian.

Coleman (1982), proposed a five stage model of the coming out process.

Although he described coming out as a stage process, he acknowledged that not every individual goes through all stages and that it is not necessarily a linear process.

However, he believes that most individuals proceed through the stages in the order listed.

Coleman characterizes the “Pre-Coming Out” stage as a time of feeling different, alienated and alone. Individuals may develop low self-esteem and may use defenses of denial, repression, reaction formation, sublimation, and rationalization to deal with homosexual feelings. The “Coming Out” stage involves an acknowledgment homosexual feelings. Here the developmental tasks include beginning to tell others and gaining self-acceptance in order to satisfy the need for external acceptance and validation. The “Exploration” stage involves initial contact with the gay community when individuals develop interpersonal skills to socialize with other gay men, explore feelings of sexual attraction and attractiveness, and begin to separate sexual attractiveness from self-esteem. Coleman defines the fourth stage as “First Relationships.” In this stage, the need for intimacy becomes more important, and the individual learns to function in a same-sex relationship. First relationships are characterized by intensity, possessiveness, and lack of trust. “Integration” is Coleman’s final stage where individuals incorporate public and private identities into one self-image in an on-going process.

Troiden (1989) defined identity as “Perceptions of self that are thought to represent the self definitively in specific social settings such as, the ‘doctor’ identity at



work” (p.46). Troiden characterizes progress through the stages as occurring in a nonlinear fashion. Stages are many times “merged, glossed over, bypassed, or realized simultaneously” (p. 48). Troiden’s stage model of identity development consists of the following four stages: 1) “Sensitization”, a stage prior to puberty when gay individuals have perceptions of being different; 2) “Identity Confusion” consists of an inner turmoil about sexual identity; 3) “Identity Assumption” occurs when the homosexual identity becomes a self-identity; and 4) “Commitment” is characterized as the self-acceptance and comfort with their identity.

Identity Development for Gay Men of Color: Morales’ (1990, 1996) state model of development of gay identity formation consists of 5 states in which critical tasks are outlined. In the “Denial of conflict” state, ethnic minority gay men tend to minimize the impact of discrimination. The developmental goal in this state is to develop a more accurate sense of the impact of discrimination and explore how multiple identities can be an asset. In the “Bisexual vs. Gay” state, there is a preference to self-identify as bisexual. The developmental goal in this state is to explore the feelings that are continuing to keep the individual in conflict. “Conflicts of allegiances” is a state of anxiety due to the tension created from the knowledge of both a Latino and a gay identity. The developmental goal in this state is to prioritize allegiances in order to reduce conflict. “Establishing Priorities in Allegiance” is a state where the individual feels anger, rage, and resentment due to lack of acceptance in both communities and has a primary identification to the ethnic community. The goal in this state is to re-examine these feelings of rage and anger. The last state consists of an integration of his or her various communities and a fuller integration of all

aspects of life. This model is proposed as a series of states rather than stages suggesting that gay men might find themselves at one or more states rather than a particular stage.

Gay identity formation is a unique aspect in the development in the lives of gay men that has a far-reaching impact particularly on the formation of couple relationships. Gay men who enter couple relationships may be at different levels of the coming out process. This may cause tension in the relationship and pose a challenge of living a life together as a couple while respecting each partner's stage of gay identity development.

### CULTURAL ISSUES FOR GAY MEN OF COLOR

Although this dissertation does not include gay men of color and cross-cultural couples (see explanation in the Methods section) the issues facing gay men of color is an important topic in cross-cultural couples and is reviewed briefly here.

Culture becomes an important variable when attempting to understand the meaning of being an ethnic minority gay man or lesbian. Specific areas to address include the influence of family of origin, the value of procreation and continuation of family line, religious values, the value and degree of ties to ethnic community, the degree of acculturation or assimilation, the history of discrimination and oppression by the dominant culture, strategies for coping in the presence of discrimination, and how sexuality is addressed in each culture (Greene, 1997).

African American Gay Men: African American gays and lesbians oftentimes view the African American community as extremely homophobic. At the same time, African American gays and lesbians generally have strong family ties to nuclear and extended family. They feel pressured by their culture and community to remain closeted,

are accused of genocide because they are not procreating, are influenced by Christian religiosity, and are seen as embarrassments by the African American community (Peterson, 1992; Greene, 1997). Additionally, African American gay men experience multiple levels of oppression and discrimination and much difficulty in integrating their conflicting identities. They must manage racism, sexism, and heterosexism in the dominant culture and the gay community and manage their own internalized racism, sexism and heterosexism. They often experience an absence of complete acceptance by any community leaving them vulnerable to isolation and estrangement (Greene, 1997).

Latino Gay Men: Gay men of color express a need for validation in the gay and Latino communities and feel the need to integrate the two communities. However, they feel stressed or pressured when forced to choose between the two. Issues of homophobia in the Latino community and racism in the gay community make it difficult for gay men of color to feel that both aspects of their identity are ever validated. However, belonging to a community of gay men of color tends to be the one place where this validation can be acquired (Rodriguez, 1996). Latino culture places a heavy emphasis on family for support (familismo). The set of standards for Latino men is defined as a responsibility to provide love and protection, and sensitivity for his family (machismo). The connotation of machismo is a respectable one in general but Latino gay men often see it negatively because it is used to shame them for being gay. Díaz (1998), writes that the destructive link between machismo and homophobia within the Latino community often leads to a cultural definition of homosexuality as a gender problem. Gay Latino men are often viewed as “not real men”, “less than real men”, or more specifically as “failed men”.

Finally, the Latino culture values social politeness, avoidance of confrontation., and “smooth relations” (simpatia). Latinos may also be submissive or timid in interactions with elders or authority figures (Carballo-Diequez, 1989). Therefore, “coming out” is made more difficult because it goes against notions of familismo, machismo, and simpatia. Gay Latino men fear rejection by their family, and value protecting their family from the shame of being homosexual. Religion also plays an important role in the identity process, as many Latino gay men have reported feelings of guilt about their homosexual feelings and behavior (Morales, 1996; Rodriguez, 1996).

Culturally, there is a tendency for the family to silently tolerate homosexuality as long as the gay son still fulfills his other masculine duties as provider, husband, and father. There is also the tendency for Latino culture to deny that homosexuality exists.

“Heterosexuality is considered superior to homosexuality in Mexico. A Mexican male’s gender identity, however, is not necessarily threatened by his homosexual behavior as long as he is masculine and plays the inserter role” (Carrier, 1985, p.84).

Within the Latino gay community, Latino gay men reported being criticized for dating exclusively white men. This preference for dating white men could be an expression of internalized racism. Latino gay men might view their father’s macho behavior negatively and generalize this negativity to all Latino men. They might reject the macho value by dating outside of the Latino community (Rodriguez, 1996).

Asian American Gay Men: Lesbian, gay, and bisexual Asian American (LGBAA) issues are diverse and complex, encompassing cultural, racial, religious, social, and psychological themes and the intersection of these themes (Liu & Chan,

1996). In describing general characteristics of LGBAA, Liu & Chan focused on Chinese, Japanese, and Koreans because of shared Confucian and Buddhist influences, similar sociocultural dynamics, historical connections, and comparable conditions for LBG individuals and their families.

In East Asia, homosexuality is underground, the topic of sex itself is taboo, male expression of sexual desire is discouraged, and erotic desire is rarely discussed directly. The role of men in East Asia is characterized as stoic, strong, and dominant (Liu & Chan, 1996).

Religion and spiritual philosophies play a significant role in the lives of LGBAA. Confucian order requires highly structured gender and generational roles which does not provide for homosexual identification. The Yin & Yang harmony of Taoism is a theorized balance between the male characteristics of Yin and the female characteristics of Yang. Homosexuality violates this balance. Buddhism values the emptying of one's desires and discourages following one's sexual desires. Homosexual behavior is seen as following sexual lust, although the concept of homosexuality as a sin or that it will lead to divine punishment does not exist (Ruan, 1991). Finally, the notion of sin and stigmatization of homosexual behavior came from Christianity and Christian influence.

Traditional East Asian family dynamics and values also play a significant role. "Face" refers to fulfilling prescribed roles in family and society. These roles are a combination of honor, dignity, and persona. Their culture values obedience to parents, deference to elders, and loyalty to family. The East Asian family is based upon respect, order and duty (Dion & Dion, 1993). Loyalty must be given to one's family first, then to

one's partner second. LGBAA are more reluctant to give up family loyalty for loyalty to partner because the threat of rejection and stigmatization by family remains a primary concern for LGBAA (Liu & Chan, 1996).

East Asian cultures tend to deal with homosexuality by strongly denying the existence of gay Asians. Disclosure of sexual identity is more restricted due to cultural norms. Also, there is no frame of reference to understand homosexuality in Asian culture (Chan, 1992). LGBAA often find coming out to be especially difficult because communication must only occur from parents to children. Chan found in her 1992 study that 77% of participants had actually come out to a family member, but only 26% had come out to their parents, implying that Asian cultural values make Asian American gay men reluctant to come out to parents.

Additionally, acculturation and assimilation are important aspects to assess in order to understand a LGBAA individual. Many LGBAA from traditional families may be caught between traditional East Asian values and Western values. More acculturated Asian gay men will seek out other communities where their sexuality will be accepted. They may experience "Double minority status", where they don't feel completely comfortable in either community due to racism and homophobia. This may contribute to a sense of isolation, marginalization, and rejection. Results of Chan's 1992 study indicated that Asian American gay men believed that the gay community did not acknowledge their existence and they, therefore, felt stereotyped and misunderstood. Asian gay men also believed that they were more often discriminated against for being

gay than for being Asian. Both gay and lesbian Asians felt they received more discrimination than whites overall for being both gay and Asian (Chan, 1992).

Other important variables to consider when attempting to understand LGBAA's include birthplace, ethnic group, cultural values, traditional customs, SES, level of bilingualism, religion or philosophy, educational level, and views regarding gender roles, sexuality, and homosexuality (Liu & Chan, 1996).

Native American Gay Men: "Two-spirit is a term that can encompass alternative sexuality, alternative gender and an integration of Native spirituality. Two-spirit comes from the concept that one has both a male and a female spirit within" (Tafoya, 1996). The characteristics of two-spirit people include being able to see through both male and female perspectives, therefore, more holistically having a natural balance of both male and female, and having sacred status as well (Tafoya, 1996).

Actually, Berdache is a culturally sanctioned identity viewed as a third sex by American Indian cultures. Those with this third sex identity hold respected roles and a unique status in the community and are characterized as generous, spiritual, and androgynous. They are viewed as natural by Native American culture and serve as healers, therapists, educators, advisors, go-betweens, and foster parents. They also have a preference for doing women's work and a preference for sex with men (Williams, 1992). In modern times, Native American gay men are more like gay men of Western culture. The main difference between a gay Native American and a Berdache is that the Berdache provides a spiritual role, and a special function in the community.

#### THE IMPACT OF HIV ON GAY MALE COUPLES

The AIDS epidemic has changed how gay men feel and think about relationships (Mattison & McWhirter, 1990; Forstein, 1994), how they behave in these relationships (Julien, Chartrand, & Begin, 1996; McNeal, 1997), and has contributed a significant amount of psychological stress to gay relationships (Dickstein, et al., 1991; Powel-Cope, 1995).

Emotional Impact of HIV: Mattison and McWhirter conducted a 1990 study of videotaped interviews of 27 male couples where one or both partners had AIDS. Fourteen surviving partners were also interviewed. These interviews examined the emotional impact of AIDS on the family including the surviving partner, families of origin, extended families or “families of choice,” and health care workers functioning as family members. Participants reported that the period just after diagnosis can either enrich a couple’s relationship or destroy it. Sixty percent of participants reached out to families of origin for support. They also reported shifting perspectives about life following diagnosis, both individually and between partners. Participants stressed the importance of developing and maintaining a support system and resisting the temptation to pull away or become isolated. Early on in the AIDS epidemic, health care workers were afraid and non-supportive. More recently, they have demonstrated extraordinary efforts to help. Lastly, dealing with mourning and loss was reported as a very significant source of stress for couples dealing with AIDS. Participants expressed the need to be able to occasionally refrain from talking and thinking about AIDS. An approach/avoidance phenomena can become part of the grieving process, while other couples may not talk openly about their grief at all (Mattison & McWhirter, 1990).



In a 1995 qualitative study, Powell-Cope interviewed nine gay couples and used Grounded Theory in an analysis of the interviews. The results indicated that being a couple affected by HIV infection was perceived as a major life transition. Significant stressors in this situation included dealing with multiple losses, dissolution of relationship, health, independence, intimacy and privacy (Powell-Cope, 1995). In a 1996 study of 82 cohabiting gay men (41 couples) Julien, Chartrand, and Begin found that relationship adjustment was higher among men using safer sex practices inside and outside of their primary relationships. The highest degrees of relationship adjustment were found among men who had either restricted their sex life to their primary partner in the six months before the interview or had systematically used condoms with lovers and with those outside the relationship (Julien, Chartrand, & Begin, 1996). In a 1997 study of 45 gay male couples, McNeal found that idealization of a partner, relationship satisfaction, and excitement were negatively correlated with condom use.

#### Consequences of HIV and Responses to the HIV Epidemic:

Fear of contracting HIV and the consequences of HIV infection have significantly impacted the sexual practices of gay men. Recent research shows a growing number of partner-oriented gay males in response to the epidemic (Davidson, 1991; Kelly, St. Lawrence, Hood, & Brasfield, 1989; Bettinger, 1997).

Forstein in his 1994 article about psychotherapy with gay male couples, outlines the consequences and responses of gay male couples to the epidemic. He discussed the consequences of splitting off sexual drive and behavior from emotional and affectional yearnings, avoiding relationships with gay men, and engaging in one-time anonymous

sexual contacts. Additional stressors of living with the HIV epidemic consist of striving to remain HIV negative while maintaining an intimate and loving relationship with another man. HIV positive men must deal with a potentially shortened lifespan, and a heightened awareness of mortality. In response to the epidemic, some avoid establishing intimate relationships with other men and others deny the reality of AIDS by participating in sexually intense relationships without addressing risks. There is also a tendency to stay in inappropriate or unhealthy relationships for fear of being exposed to HIV as a single man.

For HIV negative couples, dealing with the continual loss of friends, support network and social isolation may create an ongoing grief reaction for these men and couples. This chronic state of grief may lead to a loss of sexual desire, loss of enjoyment in life, and pessimism about the future. HIV positive couples may feel pressured to form relationships quickly because of the uncertainty about their future health. They may avoid conflict or have difficulty ending an unhealthy relationship due to fear that this could be their last chance for a relationship. They may fear that they may not be capable of caring for their dying partner, feel shame and guilt about not being monogamous in the past, or experience ongoing grief in anticipation of their partner's death. For HIV discordant couples, HIV infection might destroy or strengthen the relationship. The HIV negative partner may not feel free to end relationship, may feel anger toward his partner for becoming infected, or he may feel that he has no rights or needs in the relationship because he is not infected. The HIV positive partner might distance himself emotionally and physically due to feelings of guilt and shame, or he might envy the negative partner.

It is clear from the research conducted on the lives of gay men and gay men in couple relationships that there are many aspects that are different from heterosexuals in relationships. Gay men in couple relationships face particular challenges while forming and sustaining intimate relationships that relate to the unique situation of having two men who have been exposed to and indoctrinated by stereotypical notions of what it means to be a man. The quality of the relationship will be affected by the ability of each member to negotiate gender roles. Social support for each partner and for the couple is necessary for the couple, as is true with heterosexual couples. In a society that stigmatizes homosexuality, social support may be an even more significant factor in the lives of gay men in couple relationships. Gay identity development is an aspect that is unique to gay men in couple relationships and is another significant variable that affects the relationship. Gay men in couple relationships must be able to support their partner in their process of gay identity development while going through their own development. As with heterosexual couples, issues of race, ethnicity and culture must be taken into consideration when examining gay male couple relationships. Different cultural norms will impact how the couple is treated and may affect the level to which the partners feel supported and validated. Gay men of all ethnic backgrounds will bring their own cultural expectations to a relationship, which will also impact the relationship dynamics. Finally, although HIV has become a more treatable disease, the impact of the AIDS epidemic on how gay men approach sexuality and relationships is significant.

## References

- Arellano, C.M. (1993). The Role of Gender in Handling Negative Affect in Same-sex Couples. Unpublished doctoral dissertation, University of Denver, Colorado.
- Bell, A.P., & Weinberg, M.S. (1978). Homosexualities: A study of diversity among men and women. New York: Simon & Schuster.
- Bell, A.P., Weinberg, M.S., & Hammersmith, S.K. (1981). Sexual Preference: Its development in men and women. Bloomington: Indiana University Press.
- Bem, S.L. (1978). Bem Inventory. Palo Alto, CA: Consulting Psychologists Press.
- Bem, S.L. (1981). Bem Sex-Role Inventory: Professional manual. Palo Alto, CA: Consulting Psychologists Press.
- Bem, S.L. (1983). Gender schema theory and its implications for child development: Raising gender-aschematic children in a gender-schematic society. Journal of Women and Culture in Society, 8, 598-616.
- Berger, R.M. (1990). Men together: Understanding the gay couple. Journal of Homosexuality, 19, 31-49.
- Berzon, B. (1979). Achieving success as a gay couple. In Berzon, B., & Leighton, R. (eds.), Positively Gay. Celestial Arts, Millbrae, California.
- Berzon, B. (1988). Permanent Partners: Building Gay and Lesbian Relationships That Last. New York: Dutton.
- Bettinger, M. (1997). Gay male couples and families. In R.P. Cabaj & D.W. Purcell (Eds.). On the road to same sex marriage: A supportive guide to psychological, political, and legal issues (pp. 59-87). San Francisco, CA: Jossey-Bass.
- Bieber, I., Dain, H.J., Dince, P.R., Drellich, M.G., Grand, H.G., Gundlach, R.H., Kremer, M.W., Rifkin, A.H., Wilbur, C.B., & Bieber, T.B. (1962). Homosexuality: A psychoanalytic study. New York: Basic Books.
- Blasband, D. & Peplau, L.A. (1985). Sexual exclusivity versus openness in gay male couples. Archives of Sexual Behavior, 14, 395-412.

- Blazina, C. & Watkins, C.E. (1996). Masculine gender role conflict: Effects on college men's psychological well-being, chemical substance usage, and attitudes toward help-seeking. Journal of Counseling Psychology, 43, 461-465.
- Blumstein, P., & Schwartz, P. (1983). American couples: Money, work, and sex. New York: William Morrow & Company.
- Boswell, J. (1990). Christianity, social tolerance, and homosexuality: Gay people in Western Europe from the beginning of the Christian era to the fourteenth century. Chicago; London: University of Chicago Press.
- Boswell, J. (1995). Same-sex unions in premodern Europe. New York: Vantage Books.
- Bowen, M. (1966). The use of family theory in clinical practice. Comprehensive Psychiatry, 7, 345-374.
- Brandt, P.A., & Weinert, C. (1981). The PRQ: A social support measure. Nursing Research, 30, 277-280.
- Brown, L.S. (1995). Therapy with same-sex couples: An introduction. In N.E. Jacobson, & A.S. Gurman (Eds.), Clinical handbook of couple therapy (pp. 274-291). New York, NY: Guilford Press.
- Brown, L.S. & Zimmer, D. (1986). An introduction to therapy issues of lesbian and gay male couples. In N. Jacobson & A. Gurman (eds), Clinical Handbook of Marital Therapy (pp. 451-468). New York: Guilford.
- Bryant, A.S., & Demian. (1994). Relationship characteristics of American gay and lesbian couples: Findings from a national survey. In L.A. Kurdek (Eds.), Social services for gay and lesbian couples (pp. 101-117). Binghamton, NY: Harrington Park Press.
- Caraballo-Diéguez, A. (1989). Hispanic culture, gay male culture, and AIDS: Counseling implications. Special issue: Gay, lesbian, and bisexual issues in counseling. Journal of Counseling & Development, 68, 26-30.
- Caraballo-Diéguez, A. (1995). The sexual identity and behavior of Puerto Rican men who have sex with men. In G. M. Herek & B. Greene (Eds.), Aids, identity, and community: The HIV epidemic and lesbians and gay men: Psychological perspective on lesbian and gay issues (pp.105-114). New Park, CA: Sage.

- Carrier, J. (1985). Mexican male bisexuality. Journal of Homosexuality, 11, 75-85.
- Cass, V.C. (1979). Homosexual identity formation: A theoretical model. Journal of Homosexuality, 4, 219-235.
- Cass, V.C. (1996). Sexual orientation identity formation: A western phenomena. In R.P. Cabaj & T.S. Stein (Eds.), Textbook of homosexuality and mental health (pp. 227-251). Washington, D.C.: American Psychiatric Association Press.
- Catania, J.A., Coates, T.J., Stall, R., Bye, L., Kegeles, S.M., Capell, F., Henne, J., McKusik, L., Morin, S., Turner, H., & Pollack, L. (1991). Changed in condom use among homosexual men in San Francisco. Health Psychology, 10, 190-199.
- Chan, C.S. (1989). Issues of identity development among Asian-American lesbians and gay men. Journal of Counseling and Development, 68, 16-20.
- Chan, C.S. (1992). Cultural considerations in counseling Asian-American lesbians and gay men. In S. Dworkin & F. Gutierrez (Eds.), Counseling gay men and lesbians: Journey to the end of the rainbow (pp. 115-124). Alexandria, VA: American Association for Counseling and Development.
- Chodorow, N. (1978). The reproduction of mothering: Psychoanalysis and the sociology of gender. Berkeley: University of California Press.
- Clunis, D.M., & Green, G.D. (1988). The Lesbian Couple. Seattle: Seal Press.
- Cohen, K.M., & Savin-Williams, R.C. (1996). Developmental perspectives on coming out to self and others. In R.C. Savin-Williams & K.M. Cohen (Eds.), The lives of lesbians, gays, and bisexuals: Children to adults (pp. 113-151). Fort Worth, TX: Harcourt Brace.
- Coleman, E. (1982). Developmental stages of the coming out process. Journal of Homosexuality, 7, 31-43.
- Colgan, P. (1987). Treatment of identity and intimacy issues in gay males. Journal of Homosexuality, 14, 101-123.
- Dank, B.M. (1973). The homosexual. In D. Spiegel & P. Keith-Spiegel (Eds.), Outsiders USA (pp.26-297). San Francisco: Rinehart.
- Davidson, A.G. (1991). Looking for love in the age of AIDS: The language of gay personals, 1978-1988. Journal of Sex Research, 28, 125-137.

- Davies, P. (1992). The role of disclosure in coming out among gay men. In K. Plummer (Ed.) Modern Homosexualities: Fragments of lesbian and gay experience (pp. 75-83). London: Routledge.
- D'Augelli, A.R. (1994). Lesbian and gay male development: Steps toward an analysis of lesbians' and gay men's lives. In B. Greene & G. Herek (Eds.). Lesbian and gay psychology: Theory, research, and clinical applications (pp. 118-132). Thousand Oaks, CA: Sage Publications.
- Decker, B. (1983-1984). Counseling gay and lesbian couples. Journal of Social Work & Human Sexuality, 2, 39-52.
- Deenen, A.A., Gijs, L., & van-Naerssen, A.X. (1994). Intimacy and sexuality in gay male couples. Archives of Sexual Behavior, 23, 421-431.
- Díaz, M. R. (1998). Latino gay men and HIV. New York: Routledge.
- Dickstein, L.J., Stein, T.S., Pleck, J.H., & Myers, M.F. (1991). Men's changing social roles in the 1990s: Emerging issues in the psychiatric treatment of men. Hospital and Community Psychiatry, 42, 701-705.
- Dion, K.K., & Dion, K.L. (1993). Individualistic and collectivistic perspectives on gender and the cultural context of love and intimacy. Journal of Social Issues, 49, 53-69.
- Drass, K.A. (1986). The effect of gender identity on conversation. Social Psychology Quarterly, 49, 294-301.
- Duffy, S.M. & Rusbult, C.E. (1986). Satisfaction and commitment in homosexual and heterosexual relationships. Journal of Homosexuality, 12, 1-24.
- Duley, J.F. (1993). Relationship satisfaction, sex role orientation, and attitudes toward homosexuality in gay male couples. Unpublished doctoral dissertation, University of North Carolina, Chapel Hill, NC.
- Elise, D. (1986). Lesbian couples: The implications of sex differences in separation/individuation. Psychotherapy, Vol 23, 305-310.
- Fenichel, O. (1938). The drive to amass wealth. Psychoanalytic Quarterly, 7, 69-95.
- Forstein, M. (1994). Psychotherapy with gay male couples: Loving in the time of AIDS. In S.A. Cadwell, & R.A. Burnham Jr. (Eds.), Therapists on the front line:

Psychotherapy with gay men in the age of AIDS (pp. 293-315). Washington, DC: American Psychiatric Press, Inc.

Friedman, R. (1986). The psychoanalytic model of male homosexuality: An historical and theoretical critique. The Psychoanalytic Review, 73, 483-519.

Friedman, R. (1988). Male homosexuality: A contemporary psychoanalytic perspective. New Haven: Yale University Press.

Garnets, L., & Pleck, J.H. (1979). Sex role identity, androgyny, and sex role transcendence: A sex role strain analysis. Psychology of Women Quarterly, 3, 270-283.

Gonsiorek, J.C. (1995). Gay male identities: Concepts and issues. In A. D'Augelli & C. Patterson (Eds.). Lesbian, gay, and bisexual identities over the lifespan (pp. 25-47). New York: Oxford University Press.

Gonsiorek, J.C., & Randolph, J.R. (1991). Homosexual identity: Coming out and other developmental events. In J.C. Gonsiorek & J.D. Weinrich (Eds.), Homosexuality: Research implications for public policy (pp. 166-176). Newbury Park, CA: Sage.

Good, G.E., Robertson, J.M., O'Neil, J.M., Fitzgerald, L.F., Stevens, M., DeBord, K., Bartles, K.M. & Braverman, D.G. (1995). Male gender role conflict: Psychometric issues and relations to psychological distress. Journal of Counseling Psychology, 42, 3-10.

Good, G.E., Robertson, J.M., Fitzgerald, L.F., Stevens, M.A., & Bartles, K.M. (1996). The relations between gender role conflict and psychological distress in male university counseling center clients. Journal of Counseling and Development, 75, 44-49.

Gray, D., & Isensee, R. (1996). Balancing autonomy and intimacy in lesbian and gay relationships. In C.J. Alexander (Ed), Gay and lesbian mental health: A sourcebook for practitioners (pp. 95-114). New York, NY: Harrington Park Press/Haworth Press.

Greene, B. (1994). Lesbian and gay sexual orientations: Implications for clinical training, practice, and research. In B. Greene & G. Herek (Eds.). Lesbian and gay psychology: Theory, research, and clinical applications (pp. 1-24). Thousand Oaks, CA: Sage Publications.

Greene, B. (1994). Ethnic-minority lesbians and gay men: Mental health & treatment issues. Journal of Consulting & Clinical Psychology, 62, 243-251.



- Greene, B. (1997). Ethnic minority lesbians and gay men: Mental health and treatment issues. Thousand Oaks, Sage Publications.
- Green, R.-J., Bettinger, M., & Zacks, E. (1996). Are lesbian couples “fused” and gay male couples “disengaged?”: Questioning gender straightjackets. In J. Laird & R.-J. Green (Eds.), Lesbians and gays in couples and families: A handbook for therapists (pp. 185-230). San Francisco: Jossey-Bass Publishers, Inc.
- Green, R.-J., & Werner, P.D. (1996). Intrusiveness and closeness-caregiving: Rethinking the concept of family “enmeshment.” Family Process, 35, 115-136.
- Grossman, G. (1996). Psychoanalytic perspectives on normal development in gay men. Fort Da: The Journal of the Northern California Society for Psychoanalytic Psychology, 2, 6-11.
- Harrison, J. (1987). Counseling gay men. In M. Scher, M. Stevens, G. Good, & G.A. Eichenfield (Eds.), Handbook of counseling and psychotherapy with men (pp. 220-231). Newbury Park, CA: Sage.
- Harry, J. (1984). Gay Couples. New York: Preger.
- Harry, J. & DeVall, W.B. (1978). The social organization of gay males. New York: Praeger.
- Hawkins, R.O. (1990). The relationship between culture, personality, and sexual jealousy in men in heterosexual and homosexual relationships. Journal of Homosexuality, 19, 67-84.
- Hoffman, M. (1968). The Gay World: Male Homosexuality and the Social Creation of Evil, Basic Books, New York.
- Hooker, E. (1957). The adjustment of the male overt homosexual. Journal of Projective Techniques, 21, 18-31.
- Horwitz, A.V. (1987). Gender role orientations and styles of pathology among adolescents. Journal of Health & Social Behavior, 28, 158-170.
- Huston, M. & Schwartz, P. (1995). The relationships of lesbians and of gay men. In J. Wood, & S. Duck (Eds.), Under-studied relationships: Off the beaten track (pp.89-121). Thousand Oaks: Sage Publications.

- Imber-Black, E. (1988). Normative and therapeutic rituals in couples therapy. In E. Imber-Black, & J. Roberts (Eds.), Rituals in families and family therapy (pp. 113-134). New York, NY,: W. W. Norton & Co.
- Isay, R.A. (1989). Being homosexual: Gay men and their development. New York: Farrar, Straus & Giroux.
- James, S.E. (1991). The male couple dynamic: Resource allocations, negotiation styles, and perceptions of satisfaction contributing to success and longevity in gay male relationships. Unpublished doctoral dissertation, Union Institute, OH.
- Jay, K. & Young, A. (1979). The Gay Report. New York: Summit Books.
- Johnson, J.W., & Keren, M.S. (1996). Creating and maintaining boundaries in male couples. In J. Laird & R-J. Green (Eds.), Lesbians and gays in couples and families: A handbook for therapists (pp. 231-250). San Francisco: Jossey-Bass Publishers, Inc.
- Jones, R.W., & de-Cecco, J.P. (1982). The femininity and masculinity of partners in heterosexual and homosexual relationships. Journal of Homosexuality, 8, 37-44.
- Julien, D., Pizzamiglio, M.T., Chartrand, E. & Bégin, J. (1995b). An observational study of communication in gay, lesbian and heterosexual couples. Manuscript submitted for publication.
- Julien, D., Arellano, C., & Turgeon, L. (1997). Gender issues in heterosexual, gay and lesbian couples. In K.W. Halford, & H.J. Markman, (Eds.). Clinical handbook of marriage and couples interventions (pp. 107-127). Chichester, NY: John Wiley & Sons, Inc.
- Julien, D., Chartrand, E., & Begin, J. (1996). Male couples' dyadic adjustment and the use of safer sex within and outside of primary relationships. Journal of Family Psychology, 10, 89-96.
- Kelly, J.A., St. Lawrence, J.S., Hood, H.V., & Brasfield, T.L. (1989). Behavioral intervention to reduce AIDS risk activities. Journal of Consulting and Clinical Psychology, 57, 60-67.
- Kerr, M.E. (1981). Family systems theory and therapy. In A.S. Gurman & D.P. Kniskern (Eds.), Handbook of family therapy (vol 1) (pp. 226-264). New York: Brunner/Mazel.
- Kimmel, M.S., & Messner, M.A. (1992). Men's Lives (2<sup>nd</sup> ed.). New York: MacMillan.

- Kliman, J. , & Trimble, D.W. (1983). Network therapy. In B.B. Wolman, & G. Stricker (Eds.), Handbook of family and marital therapy (pp. 277-314). New York, NY: Plenum.
- Kollock, P., Blumstein, P., & Schwartz, P. (1985). Sex and power interaction: Conversational privileges and duties. American Sociological Review, 50, 34-46.
- Krestan, J.A., & Bepko, C.S. (1980). The problem of fusion in the lesbian relationship. Family Process, 19, 277-289.
- Kurdek, L.A. (1987). Sex role self schema and psychological adjustment in coupled homosexual and heterosexual men and women. Sex Roles, 17, 549-562.
- Kurdek, L.A. (1987). Partner homogamy in married heterosexual cohabiting, gay, and lesbian couples. The Journal of Sex Research, 23, 212-232.
- Kurdek, L.A. (1988). Relationship quality of gay and lesbian cohabiting couples. Journal of Homosexuality, 15(3/4), 93-118.
- Kurdek, L.A. (1988a). Perceived social support in gays and lesbians in cohabiting relationships. Journal of Personality and Social Psychology, 54, 504-509.
- Kurdek, L.A. (1991). Correlates of relationship satisfaction in cohabiting gay and lesbian couples: Integration of contextual, investment, and problem-solving models. Journal of Personality and Social Psychology, 61, 910-922.
- Kurdek, L.A. (1991). Sexuality in homosexual and heterosexual couples. In K. McKinney, & S. Sprecher (Eds.). Sexuality in close relationships (pp. 177-191). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Kurdek, L.A. (1993). The allocation of household labor in gay, lesbian, and heterosexual married couples. Journal of Social Issues, 49, 127-139.
- Kurdek, L.A. (1994). The nature and correlates of relationship quality in gay, lesbian, and heterosexual cohabiting couples: A test of the individual difference, interdependence, and discrepancy models. In B. Greene & G. Herek (Eds.). Lesbian and gay psychology: Theory, research, and clinical applications (pp. 133-155). Thousand Oaks, CA: Sage Publications.

- Kurdek, L.A. (1995). Developmental changes in relationship quality in gay and lesbian cohabiting couples. Developmental Psychology, 31, 86-94.
- Kurdek, L.A. (1995). Lesbian and gay couples. In A.R. D'Augelli, & C.J. Patterson, (Eds.), Lesbian, gay, and bisexual identities over the lifespan: Psychological perspectives (pp. 243-261). New York, NY: Oxford University Press.
- Kurdek, L.A. (1997). The link between facets of neuroticism and dimensions of relationship commitment: Evidence from gay, lesbian, and heterosexual couples. Journal of Family Psychology, 11, 503-514.
- Kurdek, L.A., & Schmitt, J.P. (1986). Relationship quality of gay men in closed or open relationships. Journal of Homosexuality, 12, 86-99.
- Kurdek, L.A., & Schmitt, J.P. (1986). Interaction of sex role self-concept with relationship quality and relationship beliefs in married, heterosexual cohabiting, gay and lesbian couple. Journal of Personality and Social Psychology, 51, 365-370.
- Kurdek, L.A., & Schmitt, J.P. (1986). Relationship quality of partners in heterosexual married, heterosexual cohabiting, and gay and lesbian relationships. Journal of Personality and Social Psychology, 51, 711-720.
- Kurdek, L.A., & Schmitt, J.P. (1986). Early development of relationship quality in heterosexual married, heterosexual cohabiting, and gay, lesbian couples. Developmental Psychology, 22, 305-309.
- Kurdek, L.A., & Schmitt, J.P. (1987). Perceived emotional support from family and friends in members of homosexual, married, and heterosexual cohabiting couples. Journal of Homosexuality, 14, 57-68.
- Laird, J. (1993). Lesbian and gay families. In F. Walsh (Ed.). Normal family processes (2<sup>nd</sup> ed.) (pp. 282-328). New York, NY: Guilford Press.
- Lackner, J.B., Joseph, J.G., Ostrow, D.G., & Kessler, R.C. (1993). A longitudinal study of psychological distress in a cohort of gay men: Effects of social support and coping strategies. Journal of Nervous and Mental Disease, 181, 4-12.
- Landolt, M.A., & Dutton, D.G. (1997). Power and personality: An analysis of gay male intimate abuse. Sex-Roles, 37, 335-359.

- Lee, J.A. (1977). Going public: A study in the sociology of homosexual liberation. Journal of Homosexuality, 3, 49-78.
- Lee, J.A. (1987). What can homosexual aging studies contribute to theories of aging? Journal of Homosexuality, 13, 43-71.
- Lee, J.A. (1990). Can we talk? Can we really talk? Communication as a key factor in the maturing homosexual couple. Journal of Homosexuality, 20, 143-168.
- Levant, R.F. (1992). Toward the reconstruction of masculinity. Special issue: Diversity in contemporary family psychology. Journal of Family Psychology, 5, 379-402.
- Levant, R.F., Hirsch, L., Celentano, E., Cozza, T., Hill, S., MacEachern, M., Marty, N., & Schnedeker, J. (1992). The male role: An investigation of norms and stereotypes. Journal of Mental Health Counseling, 14, 325-337.
- Levant, R.F., & Fischer, J. (1996). The male role norms inventory. In C.M. Davis, W.H. Yarber, R. Bauserman, G. Schreer, & S.L. Davis (Eds.). Sexuality-related measures: A compendium (2<sup>nd</sup> Edition). Newbury Park, CA: Sage.
- Levant, R.F., & Pollack, W.S. (Eds.). (1995). A new psychology of men. New York: Basic Books.
- Lewes, K. (1989). The psychoanalytic theory of male homosexuality. New York: Meridian.
- Lewis, R.A. & Spanier, G.B. (1979). Theorizing about the quality and stability of marriage. In W.R. Burr, R. Hill, F.I. Nye, & I.L. Reiss (Eds.), Contemporary theories about the family (Vol. 1, pp. 268-294). New York: Academic Press.
- Liu, P. & Chan, C.S. (1996). Lesbian, gay, and bisexual Asian Americans and their families. In J. Laird & R-J. Green (Eds.), Lesbians and gays in couples and families: A handbook for therapists (pp. 137-152). San Francisco: Jossey-Bass.
- Lynch, J.M. & Reilly, M.E. (1986). Role relationships: Lesbian perspectives. Journal of Homosexuality, 12, 53-69.
- Magee, R.H. (1997). Gay relationships and HIV: Comparing relationship quality, predicting satisfaction and psychological distress in gay male couples of hiv-positive, -negative, mixed and unknown status. Unpublished doctoral dissertation, Wright Institute, Berkeley, CA.

- Mahalik, J.R. (1996). Gender role conflict in men as a predictor of behavior on the interpersonal circle. In J.M. O'Neil & G.E. Good (Chairs) Men's gender role conflict research: New directions in counseling men. Symposium conducted at the American Psychological Association, Toronto, Canada.
- Marcuse, H. (1955). Eros and civilization: A philosophical inquiry into Freud. Boston, Beacon Press.
- Marecek, J., Finn, S. E., & Cardell, M. (1982). Gender roles in the relationships of lesbians and gay men. Journal of Homosexuality, 8, 45-49.
- Martin, A.D. (1982). Learning to hide: The socialization of the gay adolescent. Adolescent Psychiatry, 10, 52-65.
- Martin, A.D., & Hetrick, E.S. (1988). The stigmatization of the gay and lesbian adolescent. Journal of Homosexuality, 15, 163-183.
- Maslow, A.H. (1954). Motivation and personality. New York: Harper.
- Mattison, A.M., & McWhirter, D.P. (1990). Emotional impact of AIDS: Male couples and their families. In B.R. Voeller, & J.M. Reinisch (Eds.). AIDS and sex: An integrated biomedical and biobehavioral approach. Kinsey Institute series, Vol. 4. (pp. 401-419). New York, NY: Oxford University Press.
- Max, D.N. (1990). Gender differences in dispositions toward intimacy: A study of heterosexual, lesbian and gay male couples. An unpublished doctoral dissertation, Wright Institute, Berkeley, CA.
- McDonald, G.J. (1982). Individual differences in the coming out process for gay men. Journal of Homosexuality, 8, 47-60.
- McWhirter, D.P., & Mattison, A.M. (1984). The male couple: How relationships develop. Upper Saddle River, NJ: Prentice Hall.
- Milardo, R.M. (1982). Friendship networks in developing relationships: Converging and diverging social environments. Social Psychology Quarterly, 45, 162-172.
- Minuchin, S. (1974). Families and Family Therapy. Cambridge, MA: Harvard University Press.
- Marecek, J., Finn, S.E., & Cardell, M. (1982). Gender roles in the relationships of lesbians and gay men. Journal of Homosexuality, 8, 45-49.

- Martin, J.L. (1988). Psychological consequences of AIDS-related bereavement among gay men. Journal of Consulting and Clinical Psychology, 56, 856-862.
- Mattison, A.M., & McWhirter, D.P. (1987). Male couples: The beginning years. Journal of Social Work and Human Sexuality, 5, 67-78.
- McNeal, J.L. (1997). The association of idealization and intimacy factors with condom use in gay male couples. Journal of Clinical Psychology in Medical Settings, 4, 437-451.
- Morales, E. (1990). Ethnic minority families and minority gays and lesbians. In F. Bozett & M. Sussman (Eds.), Homosexuality and family relations (pp.217-239). Binghamton, NY: Haworth Press.
- Morales, E. (1996). Gender roles among Latino gay and bisexual men: Implications for family and couples relationships. In J. Laird & R. Green (Eds.), Lesbians and Gays in couples and families: A handbook for therapists (pp.272-297). San Francisco: Jossey-Bass Publishers.
- Nardi, P.M. (1982). Alcohol treatment and the non-traditional "family" structures of gays and lesbians. Journal of Alcohol and Drug Education, 27, 83-89.
- O'Neil, J.M., & Good, G.E. (1997). Men's gender role conflict: Personal reflections and overview of recent research (1994-1997). SPSMM Bulletin, 2, 10-15.
- Patterson, D.G., & Schwartz, P. (1994). The social construction of conflict in intimate same-sex couples. In D.D. Cahn (Ed). Conflict in personal relationships (pp. 3-26). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Pearlin, L.I., Lieberman, M.A., Menaghan E.G., & Mullan, J.T. (1981). The stress process. Journal of Health and social Behavior, 22, 337-356.
- Pearlman, S.F. (1989). Distancing and connectedness: Impact on couple formation in lesbian relationships. Women and Therapy, 8, 77-88.
- Peplau, L.A. (1982). Research on homosexual couples: an overview. Journal of Homosexuality, 8, 3-8.
- Peplau, L.A. (1991). Lesbian and gay relationships. In J.C. Gonsiorek & J.D. Weinrich (Eds.). Homosexuality: Research implications for public policy (pp.177-196). Newbury Park, CA: Sage.
- Peplau, L.A., & Cochran, S.D. (1990). A relationship perspective on homosexuality. In D.P. McWhirter, & S.A. Sanders (Eds.). Homosexuality/heterosexuality:

Concepts of sexual orientation. The Kinsey Institute series, Vol. 2 (pp. 321-349).  
New York, NY: Oxford University Press.

- Peplau, L.A., Cochran, S.D., Rook, K., Padesky, C. (1978). Loving women: Attachment and autonomy in lesbian relationships. Journal of Social Issues, 34, 7-27.
- Pleck, J.H. (1981). The myth of masculinity. Cambridge, MA: MIT Press.
- Pleck, J.H. (1995). The gender role strain paradigm: An update. In R.F. Levant, & W.S. Pollack (Eds.). A new psychology of men (pp. 11-32). New York, Basicbooks.
- Pleck, J.H., & Garnets, L. (1979). Sex role identity, androgyny, and sex role transcendence: A sex role strain analysis. Psychology of Women Quarterly, 3, 270-283.
- Powell,-Cope, G.M. (1995). The experiences of gay couples affected by HIV infection. Qualitative Health Research, 5, 36-62.
- Reece, R., & Segrist, A.E. (1981). The association of selected "masculine" sex-role variables with length of relationship in gay male couples. Journal of Homosexuality, 7, 33-47.
- Rodriguez, R. A. (1991). A qualitative study of identity development in gay Chicano men. Unpublished doctoral dissertation, University of Utah, Salt Lake City, Utah.
- Rodriguez, R.A. (1996). Clinical issues in identity development in gay Latino men. In C.J. Alexander (Ed.), Gay and Lesbian Mental Health: A Sourcebook for Practitioners (pp.127-157). New York, NY: Harrington Park Press.
- Romance, J.L. (1988). The impact of internalized homophobia on the satisfaction levels in gay male relationships. An unpublished doctoral dissertation, Barry University School of Social Work, FL.
- Roth, S. (1985). Psychotherapy with lesbian couples: Individual issues, female socialization, and the social context. Journal of Marital and Family Therapy, 11, 273-286.
- Rothblum, E.D. (1994). "I only read about myself on the bathroom walls": The need for research on the mental health of lesbians and gay men. Journal of Consulting and Clinical Psychology, 62, 213-220.
- Ruan, F.F. (1991). Sex in China: Studies in sexology in Chinese culture. New York, Plenum Press.



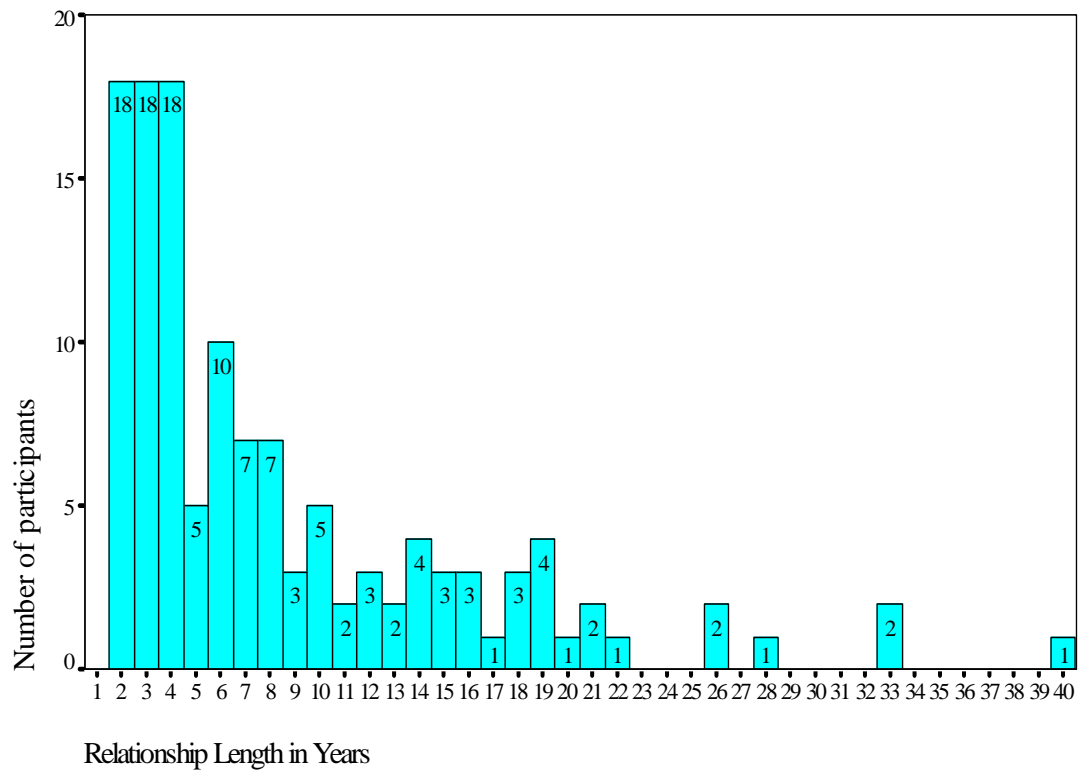
- Sarason, I.G., Levine, H.M., Basham, R.B., & Sarason, B.R. (1983). Assessing social support: The Social Support Questionnaire. Journal of Personality and Social Psychology, 44, 127-139.
- Savin-Williams, R.C. (1990). Gay and lesbian youth: Expressions of identity. New York, Hemisphere Publishing.
- Savin-Williams, R.C. (1995). An exploratory study of pubertal maturation timing and self-esteem among gay and bisexual youths. Developmental Psychology, 31, 56-64.
- Schaefer, C., & Lazarus, R.S. (1981). The health-related functions of social support. Journal of Behavioral Medicine, 4, 381-406.
- Schmitt, J.P., & Kurdek, L.A. (1987). Personality correlates of positive identity and relationship involvement in gay men. Journal of Homosexuality, 13, 101-109.
- Schwabish, R.M. (1990). Power and Intimacy Motives of Males in Same-sex and Opposite-sex Dating Couples. Unpublished doctoral dissertation. Hofstra University.
- Sharpe, M.J., & Heppner, P.P. (1991). Gender role, gender-role conflict, and psychological well-being in men. Journal of Counseling Psychology, 38, 323-330.
- Shelby, R.D. (1992). If a partner has AIDS: Guide to clinical intervention for relationships in crisis. New York, NY: Harrington Park Press/Haworth Press.
- Shepard, J.M. (1994). Coping styles, stress, gender, and gender-role identity. Unpublished doctoral dissertation. Colorado State University.
- Shidlo, A. (1994). Internalized homophobia: Conceptual and empirical issues in measurement. In B. Greene & G. Herek (Eds.). Lesbian and gay psychology: Theory, research, and clinical applications (pp. 176-205). Thousand Oaks, CA: Sage Publications.
- Sileo, F.J. (1995). Gender role conflict: Intimacy and closeness in male-male friendships. Doctoral Dissertation, Fordham University. Dissertation Abstracts International, 95, 62.
- Sileo, F.J. (1996). Gender role conflict: Intimacy and closeness in male-male friendships. In J.M. O'Neil & G.E. Good (Chairs) Men's gender role conflict research: New

directions in counseling men. Symposium conducted at the American Psychological Association, Toronto, Canada.

- Silverstein, C. (1977). Homosexuality and the ethics of behavioral intervention: Paper 2. Journal of Homosexuality, 2, 205-211.
- Silverstein, C. (1988). The borderline personality disorder and gay people. Journal of Homosexuality, 15, 185-211.
- Smith, R., & Brown, R. (1997). The impact of social support on gay male couples. Journal of Homosexuality, 33, 39-61.
- Sophie, J. (1985-1986). A critical examination of stage theories of lesbian identity development. Journal of Homosexuality, 12, 39-51.
- Spence, J.T. & Helmreich, R.L. (1978). Masculinity and Femininity. Austin: University of Texas Press.
- Steen, S., & Schwartz, P. (1995). Communication, gender, and power: Homosexual couples as a case study. In M.A. Fitzpatrick, & A.L. Vangelisti (Eds.), Explaining family interactions (pp. 310-343). Thousand Oaks, CA: Sage Publications.
- Steinman, R. (1990). Social exchanges between older and younger gay male partners. Journal of Homosexuality, 20, 179-206.
- Tafoya, T.N. (1996). Native two-spirit people. In R.P. Cabaj & T.S. Stein (Eds.). Textbook of homosexuality and mental health (pp.603-617). Washington, D.C.: American Psychiatric Association Press.
- Tannen, D. (1990). You Just Don't Understand. New York: Morrow.
- Thompson, E.H. (1990). Courtship violence and the male role. Men's Studies Review, 7, 4-13.
- Thompson, E. H., Jr., & Pleck, J.H. (1995). Masculine Ideologies: A review of research instrumentation on men and masculinities. In R.F. Levant & W.S. Pollack (Eds.), A new psychology of men (pp. 129-163). New York: Basic Books.
- Tolsdorf, C.C. (1976). Social networks, support, and coping: An explorative study. Family Process, 15, 407-417.
- Troiden, R.R. (1989). The formation of homosexual identities. Journal of Homosexuality, 17, 43-73.

- Tuller, N.R. (1978). Couples: the hidden segment of the gay world. Journal of Homosexuality, 3, 331-343.
- Turner, H.A., Hays, R.B., & Coates, T.J. (1993). Determinants of social support among gay men: The context of AIDS. Journal of Health and Social Behavior, 34, 37-53.
- Walters, A.S., & Curran, M.C. (1996). "Excuse me, sir? May I help you and your boyfriend?": Salespersons' differential treatment of homosexual and straight customers. Journal of Homosexuality, 31, 135-152.
- Warren, C.A.B. (1974). Identity and Community in the Gay World. John Wiley, New York.
- Werner, P.D., & Green, R.-J. (1993). Preliminary manual: California Inventory for Family Assessment (CIFA) Unpublished Manuscript, California School of Professional Psychology, Alameda.
- Weston, K. Families we choose: Lesbians, gays, kinship (1991). New York: Columbia University Press.
- Wilcox, B.L. (1981). Social support, life stress, and psychological adjustment: A test of the buffering hypothesis. American Journal of Community Psychology, 9, 371-386.
- Williams, W. (1992). The spirit and the flesh. Sexual diversity in American Indian culture. Beacon Press: Boston, MA.
- Zacks, E., Green, R.-J., & Marrow, J. (1988). Comparing lesbian and heterosexual couples on the circumplex model: An initial investigation. Family Process, 27, 471-484.
- Zimet, G.D., Dahlem, N.W., Zimet, S.G., & Farley, G.K. (1988). The Multidimensional Scale of Perceived Social Support. Journal of Personality Assessment, 52, 30-41.

Appendix B  
Additional Figure and Tables



Appendix Figure 1. Relationship Length

APPENDIX TABLE 1. Cronbach's Alpha Coefficients for CIFA-RM

	<u>Alpha</u>
<u>CIFA-RM Scales</u>	
Warmth	.92
Time Together	.91
Nurturance	.93
Physical Intimacy	.92
Consistency	.89
Open./Self-Disclosure	.93
Conflict Avoidance	.88
Anger/Aggression	.89
Separation Anxiety	.89
Possessiveness/Jealousy	.94
Emotional Interactivity	.82
Projective Mystification	.81
Authority Dominance	.94

APPENDIX TABLE 2. Cronbach's Alpha Coefficients for MSPSS & GSSI

	<u>Alpha</u>
<u>MSPSS</u>	
Significant Other	.94
Friends	.91
Family	.91
Total	.87
<u>GSSI</u>	
Total - Individual	.60
Total - Couple	.64

APPENDIX TABLE 3. Cronbach's Alpha Coefficients for MRNI

	<u>Alpha</u>
<u>MRNI - Respondent</u>	
Avoidance of Femininity	.68
Self Reliance	.66
Aggression	.44
Achievement/Status	.58
Attitudes Towards Sex	.54
Restrictive Emotionality	.69
Non-Traditional Subscale	.40
Total Traditional Scale	.86

APPENDIX TABLE 4. Cronbach's Alpha Coefficients for the BSI

	<u>Alpha</u>
<u>BSI</u>	
Somatization	.84
Obsessive/Compulsive	.87
Interpersonal Sensitivity	.86
Depression	.88
Anxiety	.86
Hostility	.85
Phobia	.59
Paranoia	.78
Psychoticism	.80
BSI -Global Scale	.97

APPENDIX TABLE 5. Pearson Correlations of MRNI - Respondent with Social Support

MRNI <sup>a</sup> - Respondent	MSPSS - Respondent				GSSI Total - Respondent	
	Total	S.O.	Friends	Family	Individual	Couple
Avoidance of Femininity	-.09	-.06	-.09	-.06	-.23 <sup>††</sup>	-.22 <sup>††</sup>
Self Reliance	-.01	.05	-.02	-.02	-.13	-.12
Aggression	.02	-.04	-.02	.06	-.14	-.14
Achievement/Status	-.05	-.09	.01	-.04	-.18 <sup>†</sup>	-.21 <sup>†</sup>
Attitudes Towards Sex	-.00	-.07	-.09	.09	-.17	-.21 <sup>†</sup>
Restrictive Emotionality	-.13	-.15 <sup>†</sup>	-.07	-.08	-.37 <sup>†††</sup>	-.34 <sup>†††</sup>
Non-Traditional Subscale	.18 <sup>†</sup>	.17 <sup>†</sup>	.09	.15 <sup>†</sup>	.20 <sup>†</sup>	.19 <sup>†</sup>
Traditional Subscale	-.06	-.08	-.06	-.01	-.28 <sup>††</sup>	-.28 <sup>†††</sup>

<sup>†</sup>p < .05, one-tailed. <sup>††</sup>p < .01, one-tailed. <sup>†††</sup>p < .001, one-tailed.  
<sup>a</sup>n = 125.

APPENDIX TABLE 6. Pearson Correlations of MRNI - Partner with Social Support

MRNI <sup>a</sup> - Partner	MSPSS - Respondent				GSSI Total - Respondent	
	Total	S.O.	Friends	Family	Individual	Couple
Avoidance of Femininity	-.02	-.30 <sup>†</sup>	.01	.08	-.06	-.06
Self Reliance	.12	.14	.13	.05	.21	.16
Aggression	.09	-.04	.13	.07	.01	-.09
Achievement/Status	.05	-.15	.14	.05	.18	.06
Attitudes Towards Sex	.07	-.26 <sup>†</sup>	.12	.13	.17	.10
Restrictive Emotionality	.03	-.06	.11	.00	.15	.02
Non-Traditional Subscale	.09	.12	-.07	.12	.03	.05
Traditional Subscale	.08	-.16	.15	.08	.15	.04

<sup>†</sup>p < .05, one-tailed. <sup>††</sup>p < .01, one-tailed. <sup>†††</sup>p < .001, one-tailed.  
<sup>a</sup>n = 59.



## APPENDIX TABLE 7.

Pearson Correlations of MRNI Sub-Scales With BSI Subscales for Respondent

	<u>MRNI - Respondent</u>							
	<u>Avoid Fem</u>	<u>Self-Reli</u>	<u>Aggr.</u>	<u>Ach Status</u>	<u>Att Sex</u>	<u>Restrict. Emot.</u>	<u>Non-Trad</u>	<u>Tradition</u>
<u>BSI<sup>a</sup></u>								
Somatization	.03	.04	.13	.06	.03	.13	.05	.10
Obsess/Compulsive	-.02	-.11	.11	-.07	-.07	.02	.06	-.03
Interpersonal Sens.	.00	-.02	.07	-.06	-.05	.01	-.08	-.01
Depression	.11	-.14	.12	.05	.06	.14	-.09	.07
Anxiety	.02	-.06	.10	-.02	-.02	.06	-.08	.02
Hostility	-.03	.03	.12	.00	.02	.05	-.11	.05
Phobia	.05	-.03	.08	-.08	.02	.13	-.02	.04
Paranoia	-.12	-.04	.07	-.05	-.08	.02	.02	-.04
Psychoticism	-.01	-.12	.09	.00	-.05	.06	.01	.00
BSI - Global Score	.00	-.06	.12	-.01	-.02	.09	-.03	.03

Note. Avoid Fem = Avoidance of Femininity, Self-Reli = Self-Reliance, Aggr. = Aggression, Ach Status = Achievement/Status, Att Sex = Attitudes toward Sex, Restrict. Emot. = Restrictive Emotionality, Non-Trad = Non-Traditional, Tradition = Traditional.

<sup>a</sup>n = 125.

APPENDIX TABLE 8. Pearson Correlations of CIFA-RM Subscales and Factors with Brief Symptom Inventory Scales (N=125)

	Brief Symptom Inventory (BSI)									
	SOMA	OC	INT SEN	DEPR	ANX	HOST	PHOB	PNOIA	PSYCHOT	GSI
CIFA - RM										
Warmth	-.14	-.30 <sup>†††</sup>	-.36 <sup>†††</sup>	-.52 <sup>†††</sup>	-.19 <sup>†</sup>	-.37 <sup>†††</sup>	-.28 <sup>†††</sup>	-.26 <sup>††</sup>	-.36 <sup>†††</sup>	-.37 <sup>†††</sup>
Time Together	-.14	-.30 <sup>†††</sup>	-.29 <sup>†††</sup>	-.47 <sup>†††</sup>	-.15 <sup>†</sup>	-.29 <sup>†††</sup>	-.20 <sup>††</sup>	-.20 <sup>††</sup>	-.35 <sup>†††</sup>	-.33 <sup>†††</sup>
Nurturance	-.22 <sup>††</sup>	-.32 <sup>†††</sup>	-.49 <sup>†††</sup>	-.55 <sup>†††</sup>	-.29 <sup>†††</sup>	-.43 <sup>†††</sup>	-.25 <sup>††</sup>	-.33 <sup>†††</sup>	-.48 <sup>†††</sup>	-.45 <sup>†††</sup>
Physical Intimacy	.01	-.16 <sup>†</sup>	-.21 <sup>††</sup>	-.30 <sup>†††</sup>	-.11	-.23 <sup>††</sup>	-.08	-.08	-.17 <sup>†</sup>	-.19 <sup>†</sup>
Consistency	-.10	-.30 <sup>†††</sup>	-.30 <sup>†††</sup>	-.47 <sup>†††</sup>	-.21 <sup>††</sup>	-.41 <sup>†††</sup>	-.22 <sup>††</sup>	-.18 <sup>†</sup>	-.28 <sup>†††</sup>	-.34 <sup>†††</sup>
Open./Self-Disclosure	-.15 <sup>†</sup>	-.29 <sup>†††</sup>	-.30 <sup>†††</sup>	-.43 <sup>†††</sup>	-.24 <sup>††</sup>	-.31 <sup>†††</sup>	-.12	-.23 <sup>††</sup>	-.31 <sup>*†††</sup>	-.33 <sup>†††</sup>
Conflict Avoidance	.15 <sup>†</sup>	.22 <sup>††</sup>	.21 <sup>††</sup>	.30 <sup>†††</sup>	.22 <sup>††</sup>	.21 <sup>††</sup>	.05	.22 <sup>††</sup>	.20 <sup>†</sup>	.25 <sup>††</sup>
Anger/Aggression	.24 <sup>††</sup>	.34 <sup>†††</sup>	.38 <sup>†††</sup>	.38 <sup>†††</sup>	.27 <sup>††</sup>	.45 <sup>†††</sup>	.28 <sup>†††</sup>	.27 <sup>††</sup>	.25 <sup>††</sup>	.38 <sup>†††</sup>
Separation Anxiety	.20 <sup>††</sup>	.16 <sup>†</sup>	.26 <sup>††</sup>	.18 <sup>†</sup>	.32 <sup>†††</sup>	.19 <sup>†</sup>	.12	.23 <sup>††</sup>	.27 <sup>††</sup>	.25 <sup>††</sup>
Possessiveness/Jealousy	.18 <sup>†</sup>	.20 <sup>††</sup>	.26 <sup>††</sup>	.24 <sup>††</sup>	.29 <sup>†††</sup>	.18 <sup>†</sup>	.15 <sup>†</sup>	.25 <sup>††</sup>	.31 <sup>†††</sup>	.27 <sup>††</sup>
Emotional Interreactivity	.18 <sup>†</sup>	.20 <sup>††</sup>	.08	.10	.19 <sup>†</sup>	.12	.11	.20 <sup>††</sup>	.13	.17 <sup>†</sup>
Projective Mystification	.22 <sup>††</sup>	.33 <sup>†††</sup>	.26 <sup>††</sup>	.30 <sup>†††</sup>	.28 <sup>†††</sup>	.28 <sup>†††</sup>	.19 <sup>†</sup>	.29 <sup>†††</sup>	.35 <sup>†††</sup>	.34 <sup>†††</sup>
Authority Dominance	.19 <sup>†</sup>	.30 <sup>†††</sup>	.19 <sup>†</sup>	.22 <sup>††</sup>	.26 <sup>††</sup>	.15 <sup>†</sup>	.17 <sup>†</sup>	.23 <sup>††</sup>	.27 <sup>††</sup>	.27 <sup>††</sup>
Closeness Caregiving	-.13	-.28 <sup>†††</sup>	-.31 <sup>†††</sup>	-.47 <sup>†††</sup>	-.15 <sup>†</sup>	-.35 <sup>†††</sup>	-.26 <sup>††</sup>	-.20 <sup>††</sup>	-.31 <sup>†††</sup>	-.33 <sup>†††</sup>
Intrusiveness	.23 <sup>††</sup>	.23 <sup>††</sup>	.25 <sup>††</sup>	.18 <sup>†</sup>	.35 <sup>†††</sup>	.23 <sup>††</sup>	.17 <sup>†</sup>	.27 <sup>††</sup>	.27 <sup>††</sup>	.28 <sup>†††</sup>
Openness of Comm.	-.11	-.16 <sup>†</sup>	-.18 <sup>†</sup>	-.24 <sup>††</sup>	-.19 <sup>†</sup>	-.14	.12	-.17 <sup>†</sup>	-.22 <sup>††</sup>	-.19 <sup>†</sup>

Note. SOMA = Somatization, OC = Obsessive Compulsive, INT SEN = Interpersonal Sensitivity, DEPR = Depression, ANX = Anxiety, HOST = Hostility, PHOB = Phobia, PNOIA = Paranoia, PSYCHOT = Psychoticism, GSI = Global Severity Index.

<sup>†</sup>p < .05, one-tailed. <sup>††</sup>p < .01, one-tailed. <sup>†††</sup>p < .001, one-tailed.

APPENDIX TABLE 9. Pearson Correlations of BSI Subscales With Social Support Variables

	MSPSS				GSSI Total	
	Total	S.O.	Friends	Family	Individual	Couple
<b>BSI</b>						
Somatization	-.15 <sup>†</sup>	-.27 <sup>†††</sup>	-.08	-.05	-.12	-.09
Obsessive/Compulsive	-.22 <sup>††</sup>	-.30 <sup>†††</sup>	-.05	-.17 <sup>†</sup>	-.13	-.11
Interpersonal Sensitivity	-.28 <sup>†††</sup>	-.48 <sup>†††</sup>	-.19 <sup>†</sup>	-.08	-.25 <sup>††</sup>	-.19 <sup>†</sup>
Depression	-.33 <sup>†††</sup>	-.53 <sup>†††</sup>	-.16 <sup>†</sup>	-.15	-.27 <sup>†††</sup>	-.28 <sup>†††</sup>
Anxiety	-.26 <sup>††</sup>	-.33 <sup>†††</sup>	-.21 <sup>†</sup>	-.12	-.18 <sup>†</sup>	-.11
Hostility	-.30 <sup>†††</sup>	-.46 <sup>†††</sup>	-.20 <sup>†</sup>	-.12	-.20 <sup>†</sup>	-.16 <sup>†</sup>
Phobia	-.27 <sup>†††</sup>	-.35 <sup>†††</sup>	-.19 <sup>†</sup>	-.13	-.34 <sup>†††</sup>	-.33 <sup>†††</sup>
Paranoia	-.28 <sup>†††</sup>	-.38 <sup>†††</sup>	-.16 <sup>†</sup>	-.16 <sup>†</sup>	-.26 <sup>††</sup>	-.20 <sup>††</sup>
Psychoticism	-.36 <sup>†††</sup>	-.52 <sup>†††</sup>	-.22 <sup>††</sup>	-.17 <sup>†</sup>	-.23 <sup>**</sup>	-.21 <sup>††</sup>
BSI - Global Score	-.31 <sup>†††</sup>	-.47 <sup>†††</sup>	-.18 <sup>†</sup>	-.15 <sup>†</sup>	-.24 <sup>**</sup>	-.21 <sup>††</sup>

<sup>†</sup>p < .05, one-tailed. <sup>††</sup>p < .01, one-tailed. <sup>†††</sup>p < .001, one-tailed.



APPENDIX TABLE 10. Pearson Correlations of CIFA-RM Subscales and Factors with Male Role Norms Inventory - Respondent

	MRNI - Respondent					
	Avoidance of Femininity	Self Reliance	Aggression	Achievement/Status	Attitudes Towards Sex	Restrictive Emotionality
<u>CIFA - RM<sup>a</sup> - Respondent</u>						
Warmth	-.00	-.01	-.04	-.08	-.09	-.10
Time Together	-.01	.04	.00	-.11	.03	-.01
Nurturance	.02	.06	.08	-.05	.02	-.06
Physical Intimacy	.04	-.01	.02	-.04	.03	.03
Consistency	-.07	.01	-.08	-.15	-.12	-.14
Open./Self-Disclosure	-.02	.00	.07	-.03	-.03	-.01
Conflict Avoidance	.02	.03	-.03	.08	.10	.09
Anger/Aggression	.05	.09	.09	.09	.16	.16
Separation Anxiety	.08	.03	.06	.16	.14	.20
Possessiveness/Jealousy	-.01	-.07	.05	.08	.16	.19*
Emotional Interreactivity	.24**	.07	.20*	.20*	.24**	.36***
Projective Mystification	.01	.09	.09	.05	.14	.11
Authority Dominance	.10	.19*	.21*	.09	.13	.17
Closeness Caregiving	.01	-.02	-.04	-.08	.00	-.03
Intrusiveness	.09	.08	.14	.16	.19*	.26**
Openness of Comm.	-.01	.04	.13	.00	.05	.03

\* $p < .05$ , two-tailed. \*\* $p < .01$ , two-tailed. \*\*\* $p < .001$ , two-tailed.

<sup>a</sup> $n = 125$ .

APPENDIX TABLE 11. Pearson Correlations of CIFA-RM Subscales and Factors with Male Role Norms Inventory - Partner

	MRNI - Partner					
	Avoidance of Femininity	Self Reliance	Aggression	Achievement/Status	Attitudes Towards Sex	Restrictive Emotionality
<u>CIFA - RM<sup>a</sup> - Respondent</u>						
Warmth	-.22	.02	-.09	-.11	-.23	-.07
Time Together	-.19	-.03	-.17	-.21	-.32*	-.11
Nurturance	-.25	.11	-.09	-.11	-.39**	.02
Physical Intimacy	-.16	-.03	-.03	-.13	-.20	-.08
Consistency	-.17	.14	-.07	-.09	-.20	-.08
Open./Self-Disclosure	-.10	.16	-.02	-.12	-.21	-.08
Conflict Avoidance	-.10	-.15	.00	.01	.15	-.05
Anger/Aggression	.29*	-.21	.09	-.13	.14	-.12
Separation Anxiety	.11	-.06	-.01	-.07	.18	.06
Possessiveness/Jealousy	.12	-.04	-.04	-.05	.21	.15
Emotional Interreactivity	.26*	.18	.05	.02	.06	.17
Projective Mystification	.23	-.15	.12	.13	.33**	.14
Authority Dominance	.06	.02	.21	-.05	.05	-.06
Closeness Caregiving	-.15	.00	-.11	-.09	-.24	-.05
Intrusiveness	.13	-.09	-.04	-.14	.16	.03
Openness of Comm.	-.03	.16	.10	-.07	-.18	-.04

\* $p < .05$ , two-tailed. \*\* $p < .01$ , two-tailed. \*\*\* $p < .001$ , two-tailed.

<sup>a</sup> $n = 59$ .

Appendix C

Background Information Questionnaire (BIQ)

### Background Information Questionnaire

1. Your age (years and months) \_\_\_\_\_ Your partner's age (years and months) \_\_\_\_\_
2. Your Race/Ethnicity \_\_\_\_\_ Partner's Race/Ethnicity \_\_\_\_\_
3. Years of education you have completed \_\_\_\_ Educational degrees obtained by you: \_\_\_\_  
Years of education completed by partner \_\_\_\_ Educational degrees obtained by partner: \_\_\_\_
4. Your Approx. Annual Gross Income \_\_\_\_ Partner's Approx. Annual Gross Income \_\_\_\_
5. What is your current occupation? (Please be as specific as possible) \_\_\_\_\_  
What is your partner's current occupation? (Please be as specific as possible) \_\_\_\_\_
6. If you are retired or disabled, please indicate your typical previous work: \_\_\_\_\_  
If your partner is retired or disabled, please indicate his typical previous work: \_\_\_\_\_
7. If you are not working, who provides your major income and what is his occupation?  
\_\_\_\_\_
8. Where do you live (city and state)? \_\_\_\_\_
9. What is your country of origin? \_\_\_\_\_ Partner's country of origin? \_\_\_\_\_
10. Length of time you have been in the U.S.? \_\_\_\_\_  
Length of time your partner has been in the U.S.? \_\_\_\_\_
11. What is your primary language? \_\_\_\_\_ Partner's primary language? \_\_\_\_\_
12. How long have you identified yourself as a gay man? \_\_\_\_ Years \_\_\_\_ Months
13. Which of the following best describes your current living situation:  
\_\_\_\_ live alone \_\_\_\_ live with roommate \_\_\_\_ live in a couple relationship with partner  
\_\_\_\_ live with parents \_\_\_\_ live with children \_\_\_\_ other (specify) \_\_\_\_\_
14. How long have you been in your current couple relationship? \_\_\_\_ Years \_\_\_\_ Months
15. If you live with your partner, how long have you lived together in the same residence? \_\_\_\_ years \_\_\_\_ months
16. Your HIV status? HIV+ \_\_\_\_\_ HIV- \_\_\_\_\_ Don't know \_\_\_\_\_  
Your Partner's HIV status? HIV+ \_\_\_\_\_ HIV- \_\_\_\_\_ Don't know \_\_\_\_\_
17. Do you practice safe sex with your partner? \_\_\_\_ yes \_\_\_\_ no \_\_\_\_ sometimes



18. Is your relationship:  monogamous  open  
other \_\_\_\_\_

*(please explain)*

19. Do you have children?  yes  no If so, how many? \_\_\_\_\_

20. Have you ever been in individual or couples counseling or therapy to solve problems in your  
current relationship?  yes  no