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FACTORS ASSOCIATED WITH THE LIFE SATISFACTION OF GAY AND BISEXUAL
MEN AND THEIR VARIATION BY RACE

by

ROBERT CONSIDINE

A dissertation submitted to the Graduate Faculty in Social Welfare in partial
fulfillment of the requirements for the degree of Doctor of Philosophy,
The City University of New York

2023

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APPROVAL

Factors Associated with the Life Satisfaction of Gay and Bisexual Men
and their Variation by Race

by

Robert Considine

This manuscript has been read and accepted for the Graduate Faculty
in Social Welfare in satisfaction of the dissertation requirement
for the degree of Doctor of Philosophy.

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ABSTRACT

Factors Associated with the Life Satisfaction of Gay and Bisexual Men and their Variation by Race

by

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Although the literature is replete with evidence showing that gay and bisexual men experience higher rates of negative outcomes than their heterosexual counterparts, the literature exploring the well-being of this population is limited. Life satisfaction is a key aspect of well-being. There has been little research on the factors influencing life satisfaction for gay and bisexual men. Additionally, how these factors may vary by race for this population remains understudied. This gap in our knowledge impedes the ability of social workers to support gay and bisexual men in increasing life satisfaction. In addition, knowledge of how these factors vary by race would facilitate more effective interventions.

Using minority stress theory and intersectionality theory as theoretical frameworks, this dissertation uses hierarchical ordinary least squares (OLS) regression and data from *Generations: A Study of the Life and Health of LGB People in a Changing Society, United States, 2016-2019*, conducted by the Williams Institute, to examine the relative impact of key variables on the life satisfaction of gay and bisexual men. Further, this study examines these effects separately for gay and bisexual White men and for gay and bisexual men of Color. Of the twenty-one independent variables analyzed in this study, ten showed a significant relationship with life satisfaction for gay and bisexual White men: Mental Health, Suicidal

Thoughts Once, Suicidal Thoughts Twice+, Suicide Attempt Once, Suicide Attempts Twice+, Internalized Heterosexism, Outness, Community Belonging, Age and Household Income. However, of these ten, only three showed significant impact on the life satisfaction of the gay and bisexual men of Color: Mental Health, Internalized Heterosexism and Outness.

Based on this study's findings, limitations and implications of the study are reviewed and recommendations are made for future research.

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CHAPTER I: INTRODUCTION

The empirical literature has documented health disparities across the lifespan for sexual minority people (Pachankis & Bränström, 2018; Raifman et al., 2017; van der Star et al., 2021). Within the sexual minority community, men of Color experience even poorer health outcomes than their White male counterparts (Platt & Scheitle, 2018). However, despite the awareness of these disparities, social science research rarely explores the differential impact of current health intervention strategies on the well-being of sexual minority men of Color (Brown, 2017).

Problems for sexual minorities, in general, are particularly evident among young people. In their systematic review and meta-analysis of 23 studies, Lucassen et al. (2017) found that sexual minority youth experience three times the frequency of depressive disorders and symptoms than their heterosexual counterparts. Sexual minority youth are at significantly higher risk of homelessness than their heterosexual counterparts (McCann & Brown, 2019), are disproportionately involved with the criminal justice system in the US, and are more likely to be abused while in correctional facilities (Wilson et al., 2017). Black and Latinx sexual minority youth are at greater risk of depression and suicidal behavior than White sexual minority youth (Mallory & Russell, 2021).

Compared to their heterosexual counterparts, sexual minority youth typically have less social and familial support to encourage age-appropriate developmental tasks and tasks associated with sexual orientation identity development (Morrow, 2004; Saewyc et al., 2009). Sexual minority youth have higher levels of victimization by peers than their non-sexual minority counterparts and face bullying even more when others recognize their sexual orientation (Schuster et al., 2015).

Sexual minority adults also evidence poorer health outcomes than sexual majority adults. They are more likely to have stress-related disorders and higher rates of psychiatric morbidity, substance abuse, affective and anxiety disorders, and suicidality than their heterosexual counterparts (Batchelder et al., 2017; Tsypes et al., 2016). A systematic review and meta-analysis of adult suicidality studies showed that 4% of the heterosexual respondents reported a previous suicide attempt, while 11% of the self-identified sexual minority respondents did (Hottes et al., 2016). Sexual minority adults also experience higher rates of physical health problems than their heterosexual counterparts, and structural factors contribute to these disparities (Hottes et al., 2016; Tsypes et al., 2016).

Older sexual minority adults also experience health disparities. Dai and Meyer (2019) analyzed data from the Behavioral Risk Factor Surveillance System that were collected from participants over 50 years of age. They found higher rates of depression and substance use in the older sexual minority participants compared to older non-sexual minority counterparts. Transgender elders were also found to have poorer physical health and higher rates of depression than their cisgender counterparts due to experiences of stigma and victimization (Choi & Meyer, 2016). In general, sexual minority older adults experienced significantly more discrimination than their non-sexual minority counterparts, were less likely to have children who might provide care, and often had fewer options for places to live, such as retirement communities (Choi & Meyer, 2016; Rodriguez, 2019).

A hostile sociopolitical climate and historical oppression play significant roles in these health disparities for sexual minorities (Pachankis & Bränström, 2018; Raifman et al., 2017; van der Star et al., 2021). Historically, in the United States (US), responses to a person's actual or perceived sexual minority status have been punitive (Katz, 1978; Katz-Wise & Hyde, 2012).

Criminal sanctions, social opprobrium, economic and physical violence, and death have been used to punish sexual minority people for their sexual orientation (Eskridge, 2008; Johnson, 2006).

Before the 2015 *Obergefell et al. v. Hodges* Supreme Court decision, which legalized same-sex marriage, state laws that prohibited it were associated with poorer mental health outcomes for sexual minorities residing in those states (Hatzenbuehler et al., 2010). The same study showed that sexual minority people who resided in states with a higher concentration of same-sex couples experienced fewer episodes of major depression and anxiety. For school-aged youth, suicide rates among both sexual minority and non-sexual minority high school students dropped significantly in states that implemented laws supporting same-sex marriage before *Obergefell* (Raifman et al., 2017). This change, however, was especially pronounced among sexual minority youth and persisted for at least two years post-*Obergefell*, even in the context of backlash from anti-gay forces (Raifman et al., 2017). Sociopolitical context has the potential to both harm and support the well-being of sexual minority people.

The language used to describe the oppression of sexual minorities has been evolving. The term “homophobia” has been commonly used to signify prejudice, discrimination against, and fear of sexual minorities. However, some have suggested that the attitudes and sentiments that have led to the oppression of sexual minorities are not necessarily phobic (Herek, 1998; Ryan & Blascovich, 2015). Increasingly, “heterosexism” is being used to describe the oppression of sexual minority people instead. In addition, many processes of heterosexism bear similarities to other forms of oppression, such as racism and sexism (David, 2013). Situating the oppression of sexual minorities among other “isms”, such as racism and sexism, facilitates an understanding of common aspects of the oppression of non-dominant groups and offers the liberatory potential of

alliance-building among these groups. For this reason, “heterosexism” will be used in this dissertation.

Problem Statement

While studies of adverse outcomes for sexual minorities are abundant, the literature exploring positive outcomes for this population is limited. Scholars have challenged the medical model of health that focuses solely on negative symptoms or outcomes and are contending that well-being does not simply indicate an absence of problems but also reflects a positive state of social and psychological well-being (Cieza et al., 2016; Diener et al., 2013). The adherence to a traditional focus on adverse outcomes has limited social work practice to those interventions that mitigate or prevent adverse outcomes and misses a more holistic approach that would support gay and bisexual men by focusing on positive aspects of well-being.

Life satisfaction is a crucial aspect of well-being (Diener et al., 2009). Scholars of well-being have distinguished between objective well-being and subjective well-being. Objective well-being refers to access to concrete resources such as housing, civil protections, finances, physical health, and healthcare. In contrast, subjective well-being, which is measured by self-assessment, includes affective (pleasant vs. unpleasant emotions, for example) and cognitive components (Diener, 2009). Life satisfaction is the cognitive component of subjective well-being. It is a global self-assessment that is temporally more stable than affective self-assessments (Diener, 2009).

A large body of research shows disparities in well-being for sexual minorities but studies examining factors affecting life satisfaction in gay and bisexual men is scant, and how it varies by race is non-existent. In addition, very few studies have examined the effects of having multiple devalued identities such as sexual minority and racial minority status (Masa et al.,

2021). The literature review that follows will discuss these very few studies. The current gap in the literature on the life satisfaction of gay and bisexual men makes it more difficult for stakeholders to assist them in achieving greater well-being. Additional knowledge about the factors affecting life satisfaction could facilitate interventions addressing positive aspects of well-being instead of just the obstacles.

Social workers are well-positioned to advance the application of new knowledge about the factors affecting life satisfaction for gay and bisexual men as they often practice where oppressed people, such as gay and bisexual men, seek assistance. By surfacing knowledge about the factors associated with life satisfaction for gay and bisexual men and how they vary by race, social workers can improve their support of gay and bisexual men. A widened scope would not only improve social work support for gay and bisexual men. It would also advance the core social work values of service, social justice, and competence as explicated in the profession's Code of Ethics (National Association of Social Workers, n.d.). Social workers must have a fuller range of interventions that additional knowledge would facilitate in supporting this vulnerable population.

Statement of the Research

The problem addressed in this study is the gap in the literature about the factors associated with life satisfaction for gay and bisexual men and how these relationships vary by race. Health disparities for gay and bisexual men are well-documented. A more comprehensive research focus from primarily understanding adverse outcomes to also examining factors that increase well-being is a welcome but nascent enterprise.

In line with Bronfenbrenner's social ecology model of human development (Houston, 2017), sexual minority people will first deal with their sexual orientation minority status

internally (i.e., before “coming out”) and then further develop their sexual minority identity externally in their social context. In addition, life satisfaction depends on the right mix of individual and social context factors (Ono & Lee, 2016). Therefore, this study seeks to advance this shift by answering the following questions: (a) How do factors associated with *internally* negotiating sexual orientation, factors associated with *externally* negotiating sexual orientation, and key demographics impact life satisfaction for gay and bisexual men?; and (b) How do these relationships operate differently for men of Color versus their White counterparts?

Dissertation Outline

This dissertation consists of eight chapters. This first chapter began with an introduction to the problem of the gap in the literature regarding the life satisfaction of gay and bisexual men and how it may vary by race.

Chapter II describes the historical and sociopolitical context of the oppression of gay and bisexual men. It reviews social policies that have promulgated their oppression and policies that offer liberatory potential.

Chapter III reviews the empirical literature beginning with the health disparities experienced by sexual minority youth and adults. It then looks at studies that tie health outcomes to sociopolitical factors such as place of residence and political climate. The chapter also examines the literature on racial disparities for gay and bisexual men and reviews the few studies examining life satisfaction for sexual minority people.

Chapter IV describes the two theories that underpin this study: minority stress theory and intersectionality. It also discusses how these theories structure this study’s methodological design.

Chapter V describes the data set, logic model, and sample used in this study. It also

discusses the operationalization of each variable in the study. The chapter finishes by explaining the analytic plan used to answer the study's research questions.

Chapter VI reports the study's findings. It documents data for each of the variable relationships and includes tables reporting descriptive, bivariate, and multivariate results. The chapter ends with a report on the study's intersectional findings.

Chapter VII discusses the study's findings. It notes where study findings are consistent with the empirical literature and where they diverge. Where they diverge, an explanation is offered to explain the divergence. The chapter then discusses how the study's findings align with the theoretical underpinnings of the study and finishes with a discussion summary.

Chapter VIII begins with a dissertation overview. It describes study limitations and implications for supporting the life satisfaction for gay and bisexual men. The chapter identifies future research opportunities and ends with an epilogue.

CHAPTER II: SOCIOPOLITICAL CONTEXT

Historically, homosexuality has been described with various denigrating euphemisms such as the “unspeakable vice of the Greeks,” the “love that dare not speak its name,” and “the sin among Christians not to be named” (Asselineau, 1999; Forster, 1971; Henderson, 2006). By relegating discussion of homosexuality to a forbidden place in culture and society, traditional forces have long enforced the marginalization of sexual minority people.

In addition, these religious, legal, and social policy perspectives about homosexuality have influenced and justified dominant cultural perceptions of sexual minority people in the US. As heirs to English Common Law, the American colonies adopted many English legal proscriptions and traditions (University of California at Berkeley, n.d.). In 1533, King Henry VIII of England made “buggery” a term that included same-sex behavior, bestiality, and anal intercourse. Buggery was a capital offense in England and one of the earliest examples of a religious proscription against homosexuality that was secularized and codified into law (Raymond, 1988). This formality set the stage for state sanctions against homosexuality in the US.

Laws in the American colonies ranged from very precise to very vague in their definition of the crime of sodomy. They proscribed a wide variety of sexual behaviors including any kind of anal sex, coercive sex, sex with minors, fellatio, cunnilingus, and sex with animals, often irrespective of the gender of the practitioners. Punishments for violating these laws varied by jurisdiction but included the death penalty or incarceration, although few persons were executed for these violations (Eskridge, 2008).

Although sodomy laws targeted sexual behaviors that many heterosexuals engaged in, they were primarily used to punish homosexuals. In conjunction with waning of Puritan

influence on the law, by 1826 all states in the US had officially rescinded or stopped enforcement of the death penalty for sodomy (Chauncey, 2004). Prior to 2003, when the US Supreme Court struck down sodomy laws in their *Lawrence v. Texas* decision, their actual or threatened application were major tools in the exercise of social control over sexual minorities in the US (Chauncey, 2004; Eskridge, 2008). Sodomy laws had a profound effect on those individuals formally prosecuted and convicted. The threat of being targeted by these laws, however, may have had a more profound impact on sexual minority people as simply the fear of being exposed or prosecuted adversely affected the lives of sexual minority people. These laws also encouraged criminal and corrupt behavior, including blackmail and extortion, on the part of law enforcement and the citizenry (Eskridge, 2008).

Structural forces drove evolving perspectives on homosexuality in the US. These included: industrialization, the emergence of homosexual identities and community, state oppression, the emergence of organized political activity on the part of homosexuals, and the evolution of psychiatric approaches to homosexuality. A shift in the history of homosexuality began with the emergence of a “gay” or homosexual identity in the late 19th century. This development resulted from widespread social, economic, and cultural changes brought about during the Industrial Revolution with the expansion of capitalism and the spread of wage labor (D’Emilio, 1983). Industrialization, D’Emilio suggests, “affected[sic] a profound transformation in the structure and functions of the nuclear family, the ideology of family life and the meaning of heterosexual relations” (p.240).

The traditional system of interdependent but self-sufficient nuclear family units relied deeply on procreation to provide workers for the survival of family farms and other economic enterprises, as well as the care of the family (D’Emilio, 1983). As birth rates decreased slowly

over two centuries from colonial times until early in the 20th century, men and women increasingly left agrarian-based, self-sufficient family units for a system of free labor. As opportunities for wage labor increased, sexuality became unmoored from the imperatives of procreation and survival. Sexual relations became a venue for intimacy, satisfaction, and pleasure (D’Emilio, 1983).

Concurrent with the spread of wage labor and life outside the nuclear family, homosexual desire increasingly became a catalyst for the development of an identity based on same-sex attraction. During the late 19th and early 20th centuries in the US, sexual minorities began to construct groups and communities, and formed a subculture in urban areas (Duberman et al., 1989; Katz, 1978). But through the 1930s, this subculture remained covert and was “rudimentary, unstable and difficult to find” (D’Emilio, 1983, p.243).

World War II caused great dislocation of young people in the US and unsettled traditional patterns of gender roles and sexual expression. Millions of young people went to war and moved away from their families and communities, landing in same-sex situations such as the military. Those who were attracted to their own sex could more easily meet others like themselves (Duberman et al., 1989). Homosexuality, however, could lead to dishonorable discharge.

Especially after being dishonorably discharged for homosexuality, many young sexual minorities did not return home but instead settled in cities such as San Francisco or New York City. This enabled the growth and stabilization of sexual minority subcultures (Duberman et al., 1989), providing community for sexual minorities in ways that transformed lives. It also drew the attention of those who viewed these developments as a social problem that merited social control via policy and law enforcement responses (Hall, 2010).

Social Policy

Both church and state have long deemed homosexuality sinful, pathological, or socially disruptive and in need of suppression and even eradication. For most of American history, there have been scant ideological and competing narratives to suggest that this strand of American life should be woven into the national fabric. With increased visibility of sexual minority communities, oppression by the state intensified (Johnson, 2006). As will be seen in the next chapter, the literature shows that sociopolitical climate and social policy have a direct impact on the well-being of sexual minorities (Grzenda et al., 2021; Hatzenbuehler et al., 2010; Raifman et al., 2017).

The 1950s saw the intensification of state oppression of sexual minorities (Johnson, 2006). Senator Joseph McCarthy targeted sexual minorities in government in his congressional investigations that considered sexual minority people to be risks to national security (Johnson, 2006). President Eisenhower banned the employment of gay men and lesbians in federal agencies, and dishonorable military discharges for homosexual conduct skyrocketed. The surveillance of the activities of gay people by the FBI became common (D'Emilio., 1983; Johnson, 2006). This formalization and intensification of oppression devastated the lives of thousands of sexual minorities and led many to commit suicide (Johnson, 2006) and established social policy that targeted sexual minority people.

From the 1950s through the 1960s, overt state-sponsored oppression of sexual minorities provided the context and catalyst for the first political activities on the part of gay men and lesbians (Hall, 2010). The term “homophile” came into use by early sexual minority organizations that sought to change social attitudes and policy toward sexual minorities. These advocates embraced the tactics of leftist and civil rights movements of the same period (Cornell

University, 2006). Emancipation groups for sexual minorities, such as the Daughters of Bilitis and the Mattachine Society emerged amid increasing visibility of sexual minority communities, especially in urban areas (Katz, 1978). Concurrent with this nascent liberation movement, scientific research began to offer an alternative to dominant views that sexual minorities were pathological or immoral.

Beginning in the late 19th century, the psychiatric establishment facilitated a paradigm shift by describing homosexuality as a mental disorder as opposed to a moral problem (Drescher, 2012). This pathological labeling of homosexuality persisted for decades. But in the late 1940s, Alfred Kinsey published research that revealed that homosexual behavior was within the normal range of human sexual behavior and occurred at a higher frequency than previously thought (Katz, 1978). Further advancing a non-pathological perspective, Evelyn Hooker's study of gay men in the mid-1950s found no more psychopathology in homosexual men than in heterosexual men (Drescher, 2012).

Until 1970, when lesbian and gay rights activists disrupted a meeting of the American Psychiatric Association (APA), these findings stood in direct opposition to the still dominant view of homosexuality as disordered (Drescher, 2012). The activists demanded that homosexuality be removed as a disorder from the Diagnostic and Statistical Manual (DSM), which documented psychiatric disorders for treatment professionals. In the revision of the DSM in 1973, the APA did so (Drescher, 2012). Although homosexuality was removed as a disorder from the DSM, there was still contention within the APA about the issue and many members continued to view homosexuality as pathological. Removing it from the DSM, however, was critical in propelling public acceptance of lesbians and gay men to unprecedented levels (Drescher, 2012; Raymond, 1993).

Concurrent with the emergence of the AIDS crisis, the 1980s saw a resurgence of conservative policy development affecting sexual minorities (Johnston, 2018; Marus & Warner, 2004)). The religious right saw homosexuality through a moral lens as sinful and evil and as a problem to be addressed through social policy (Eskridge, 2008). As the AIDS crisis deepened in the gay male community, President Reagan refused to say the word, AIDS, until four years after the epidemic first drew the attention of the US Centers for Disease Control and Prevention (CDC) (Shilts, 1987). By that time, the CDC estimated that over one million people were infected with HIV (Gerlach, 2006). The conservative Reagan administration did not find the epidemic to be a social problem worthy of policy change and resource allocation. This assessment resulted in no action on the federal government's part in addressing active HIV infections at the time or in prevention efforts as the death toll rose primarily among vulnerable and politically uninfluential groups – primarily gay men, Haitians, intravenous drug users, and sex workers (Shilts, 1987). Political and religious elites in the 1980s fixed blame for the difficulties experienced by sexual minorities firmly on sexual minorities themselves, as had their sexual majority predecessors before them (Dowd, 1987)).

In response to governmental neglect around the AIDS crisis, a wide range of AIDS service organizations emerged within the sexual minority and people of color communities. Organizations like Gay Men's Health Crisis in New York City and the San Francisco AIDS Foundation were founded to provide care. In addition, organizations that addressed the additional burdens that people of color with AIDS faced, such as the National Coalition of Black Lesbians and Gays, were started in many cities (Brier, 2004).

The late 1980s saw the emergence of more militant organizations such as the AIDS Coalition to Unleash Power (Act Up), which addressed the AIDS crisis, and Queer Nation,

which confronted heterosexism in multiple venues. Through direct action, these groups challenged the status quo in ways that had not been seen in the homophile and other civil rights movements in the US (France, 2017; Rand, 2004)). Although the tactics of these organizations were sometimes seen as confrontational and overly contentious by mainstream homophile organizations, the critiques and demands that emanated from these groups enlarged the scope of political thought and action (France, 2020). Hekma (1995) suggested that the success of the contemporary gay rights movement was a result of this diversity and cited Foucault's argument that "there is no single locus of great Refusal, no soul of revolt, source of all rebellions, or pure law of the revolutionary. Instead, there is a plurality of resistances, each of them a special case" (as cited in Hekma, 1995, p. 26).

Supreme Court Rulings and Legislation

Religious and legal perspectives on homosexuality have influenced and justified one another in the US (Gorton, 2015). Despite an espoused tradition of separation of church and state, the United States Supreme Court (SCOTUS), in their *Bowers vs. Hardwick* decision in 1986, upheld the constitutionality of a Georgia anti-sodomy law, citing religiously-based and traditional beliefs. As cited by Raymond (1993) in the court's majority opinion, Chief Justice Warren Burger wrote:

Decisions of individuals relating to homosexual conduct have been subject to State intervention throughout the history of Western Civilization. Condemnation of those practices is firmly rooted in Judeo-Christian moral and ethical standards. Homosexual sodomy was a capital crime under Roman law.... To hold that the act of homosexual sodomy is somehow protected as a fundamental right would be to cast aside millennia of moral teaching. (p.234)

However, in their 2003 *Lawrence v. Texas* decision, SCOTUS effectively rendered sodomy laws across the country invalid (Eskridge, 2008). Justice Antonin Scalia, a Christian conservative with well-known anti-gay animus, presciently lamented the decision, saying it would be only a matter of time until the Court ruled in favor of same-sex marriage (Eskridge, 2008). Today, same-sex couples can marry in every state in the union because of the *Obergefell v. Hodges* Supreme Court decision which legalized same sex marriage in 2015 (Gorton, 2015). Additionally, many laws have been passed at local, state, and federal levels outlawing discrimination against, or ensuring rights for LGBT persons (Negro et al., 2013).

Despite these legal developments, overt and covert discrimination is still common and various laws and social policies continue to deny rights and protections to sexual minority people. The US Congress has remained steadfast in denying protections for gay people in employment and public accommodations, rejecting The Employment Non-Discrimination Act (ENDA) multiple times. This denial of protection has persisted even though rejected versions of ENDA have included broad religious exemptions so that employers who qualify as religious employers may continue to discriminate against sexual minorities in hiring and promotion (Dabrowski, 2014).

In recent years, hundreds of legislative initiatives that would negatively impact sexual minority people have been advanced by the religious right at the state and local levels (American Civil Liberties Union, 2022). A frequently used weapon in the arsenal of anti-gay forces has been the enactment of so-called “religious liberty” or “religious freedom” laws. These laws have been adopted in numerous states and allow individuals, businesses, government-funded agencies and corporations to discriminate against sexual minorities based on religious beliefs (American Civil Liberties Union, 2022).

New laws have also singled out transgender people. Some of these laws have mandated which public bathrooms transgender people use or make it harder for them to participate in educational activities or to get gender-appropriate identification (Shuster, 2017). Other state laws enable adoption agencies to deny adoptions to those whose sexual orientation or gender identity conflict with the agency's religious beliefs (CNN, n.d.). In Alabama, the state eliminated marriage licenses altogether so as not to participate in their issuance to same-sex couples (Quinlan, 2019). Since there are jurisdictions in even the most anti-gay state where a city or local government has protected sexual minorities, some state legislatures have taken to invalidating those protections, or forbidding their passage or implementation in the first place (American Civil Liberties Union, 2017).

From the "Don't Say Gay" bill that was passed in Florida to panic over drag queen story hours for children, the far right's efforts have been increasing to curtail the integration of sexual minorities into the fabric of American life. The Human Rights Campaign described 2021 as being the worst year in recent times for anti-sexual minority legislation and reports that the efforts have escalated even more in 2022 (Gabriel, 2022).

Recent Political Developments

With the ascension of Donald Trump into the White House in 2016, civil rights advocates for sexual minorities became alarmed. Despite his assertions to the contrary during the campaign, Trump took action to deny protections to sexual minorities by reversing Obama administration orders that offered protections and by empowering many anti-gay activists with appointments (Feuer, 2017; Peters et al., 2017). The Supreme Court ruled that Trump's ban on transgender people serving in the military was constitutional, and it was implemented on April

12, 2019 (Sonne & Marimow, 2019)). The policy was subsequently revoked under the Biden administration (Wamsley, 2021).

Potentially one of Trump's most long-term damaging actions toward sexual minorities was the appointment of three conservative judges to the Supreme Court. For example, Justice Neil Gorsuch is a proponent of "natural law," which privileges traditional religious perspectives of what is "natural" or "unnatural" over scientific or humanistic perspectives. His doctoral dissertation argued against giving same sex couples access to marriage (Brettschneider, 2017).

Brett Kavanaugh's nomination to SCOTUS in 2018 was cheered by anti-gay advocates, and Kavanaugh has repeatedly expressed his admiration for Antonin Scalia who was explicit in his antipathy towards the rights of sexual minorities (Pham, 2018). In his nomination hearings, Kavanaugh refused to express his opinion as to whether *Obergefell* was correctly decided.

Amy Coney Barrett in her confirmation hearings to SCOTUS affirmed her belief that various SCOTUS decisions were correctly decided but refused to answer whether the *Lawrence* and *Obergefell* decisions were correctly decided (Barnes, 2020). She also expressed admiration for the judicial philosophy of the late anti-gay Antonin Scalia. Some legal scholars have expressed concern that the appointment of these three justices would lead to a right-wing tilt in SCOTUS that might lead to the overturning of *Obergefell* (Baume, 2016). When SCOTUS recently overturned the *Roe vs. Wade* decision which legalized abortion, Justice Clarence Thomas in his decision argued that SCOTUS should reconsider *Obergefell*. If *Obergefell* were to be overturned, same-sex marriage would be rendered illegal in about half of all US states (Jacobson, 2022).

Another tool in the oppression of sexual minorities, and especially sexual minority youth, has been sexual orientation change efforts (SOCEs). Typically, SOCEs are referred to as

“conversion therapy” or “reparative therapy.” SOCEs have been practiced in the US for more than 100 years in both clinical and religious contexts (Born Perfect, 2014; Mallory et al., 2018). Historically, SOCEs have included lobotomies, applying electric shock or inducing convulsions in response to same sex arousal in clinical settings, and even chemical castration (The Independent, 2009).

Although these more extreme forms of conversion therapy are no longer practiced, less dramatic forms are common. It has been estimated that currently about 700,000 sexual minority adults in the US have experienced conversion therapy from a licensed professional or religious adviser, with about half having experienced it when they were adolescents (Mallory et al., 2018). Conversion therapy is considered by multiple health organizations to be entirely ineffective at changing sexual orientation and as being damaging to the client (Born Perfect, 2014). These organizations include the American Psychiatric Association, the American Psychological Association, the National Association of Social Workers, the American Psychoanalytic Association, and the World Health Organization (Mallory et al., 2018). Currently, about half of all states continue to permit the practice (Wilson, 2021).

The oppression of sexual minorities in the US has existed formally and informally for hundreds of years and is multi-faceted and ubiquitous. Structural sources of heterosexism and their damaging effects on sexual minorities are well-documented in the social science literature. The empirical literature exploring both negative and positive outcomes for gay and bisexual men will be discussed in the literature review that follows.

CHAPTER III: LITERATURE REVIEW

Belonging to a sexual minority group is a well-documented risk factor for mental, physical, and behavioral health problems across the lifespan (Dai & Meyer, 2019; Lucassen et al., 2017; Tsypes et al., 2016). The empirical literature reporting obstacles to well-being for sexual minorities is far more extensive than the literature identifying factors that promote well-being (de Lira & de Morais, 2018). This literature review begins with studies that identify obstacles to well-being for sexual minorities, moves to studies that document factors that facilitate well-being and then to what is known about one aspect of well-being – life satisfaction – and its predictors.

This study examines life satisfaction specifically for gay and bisexual men, but the empirical literature on that relationship is scant. For that reason, life satisfaction studies that look at all sexual minorities are reviewed, in addition to those that focus on gay and bisexual men. The review will also include the few studies examining differences between gay and bisexual White men and gay and bisexual men of Color as they relate to their life satisfaction.

Disparities in Well-Being

Disparities exist across the lifespan for sexual minority people. The following section reviews studies for sexual minority youth, adults, and elders.

Sexual Minority Youth

Disparities for sexual minority people are especially evident when looking at sexual minority youth. Sexual minority youth are far more likely to think about suicide (46% vs. 14.2%) and to plan to commit suicide (38.9 vs. 11.5%) than their heterosexual counterparts (Depa et al., 2022). Factors positively associated with higher rates of suicide among sexual minority youth include coming out at earlier ages, being depressed or having other mental health problems,

victimization, substance abuse, dissatisfaction with body image, and internalized oppression (Skerrett et al., 2016). Although these risk factors can put all youth at risk, sexual minority youth experience these risks at higher frequency and intensity (Taliaferro & Muehlenkamp, 2017).

Sexual minority youth also have much higher rates of feeling sad and hopeless and experience depressive disorders at three times the rate of their heterosexual counterparts (Depa et al., 2022; Lucassen et al., 2017). Black and Latinx sexual minority youth are at even greater risk of depression and suicidal behavior than are White sexual minority youth (Mallory & Russell, 2021).

Sexual minority adolescents are significantly more likely to abuse substances than their heterosexual counterparts. These include cigarettes (15% vs. 7.8%), e-cigarettes (27.2% vs. 23.2%), inhalants (14.1% vs. 5.3%), cocaine (8.4% vs. 3.9%), marijuana (31.2% vs. 20.2%), alcohol (36.9% vs. 30.3%), steroids (6.4% vs. 2.2%), heroin (4.4% vs. 1.2%), and injectable drugs (4.0% vs. 1.1%) (Depa et al., 2022). Female sexual minority youth are five times as likely to use substances as non-sexual minority youth (Wilson et al., 2017).

Shilo and Mor (2014) also identified findings in multiple other studies that LGB youth and young adults have generally had poorer physical and mental health and engaged in riskier behaviors than sexual majority youth. Sexual minority youth are also at significantly higher risk of homelessness than their heterosexual counterparts (McCann & Brown, 2019).

In their meta-analysis, Toomey & Russell (2016) found that sexual minority youth also reported significantly higher rates of school-based victimization than their heterosexual classmates. Being victimized at school was related to poorer mental and physical health and lower academic performance. Sexual minority youth were also disproportionately involved with

the criminal justice system in the US and were more likely to be abused in correctional facilities (Wilson et al., 2017).

Sexual Minority Adults

Sexual minority adults also experience poorer outcomes than their heterosexual counterparts. Sexual minority adults are more likely to have stress-related disorders and higher rates of psychiatric morbidity, substance abuse, affective and anxiety disorders, and suicidality (Batchelder et al., 2017; Tsypes et al., 2016). In a review of studies evaluating physical health outcomes, sexual minorities rated their health as poorer and had more difficulty conducting their daily living activities due to their health challenges, and had higher rates and earlier onset of disabilities than their heterosexual counterparts (Lick et al., 2013). After controlling for the effects of HIV, sexual minorities also evidenced higher rates of asthma, headaches, allergies, osteoarthritis, and gastrointestinal problems.

A systematic review and meta-analysis of sexual minority adult suicidality studies showed that in the general population, 4% of heterosexual respondents reported a previous suicide attempt. In comparison, 11% of the self-identified sexual minority respondents reported the same (Hottes et al., 2016). Among a sample of 12,422 college students between 18 and 29, sexual minority students had higher rates of non-suicidal self-injury, thoughts of suicide, and actual suicide attempts (Tsypes et al., 2016). The same study revealed that bisexual students had higher rates of all three outcomes than either heterosexual or gay and lesbian students.

However, studies conducted by sexual minority community-based researchers found much higher rates of suicidality with 20% of sexual minority participants reporting that they had made suicide attempts. The researchers suggested that sexual minority participants may feel more comfortable disclosing suicidality in sexual minority community-based studies. They also

hypothesized that sexual minority participants who were connected to the sexual minority community may have had better mental health than less-connected sexual minority participants, leading to an underestimation of the scope of the problem in the sexual minority population.

Sexual Minority Elders

Dai and Meyer (2019) analyzed data from the Behavioral Risk Factor Surveillance System of participants over 50 years of age in 2014, 2015, and 2016. The Behavioral Risk Factor Surveillance System is administered by the Centers for Disease Control and Prevention to monitor health practices and risk behaviors for chronic diseases, injuries, and preventable infectious diseases affecting adults in the US. They found higher rates of depression and substance use in the older sexual minority participants compared to their non-sexual minority counterparts.

Transgender elders have poorer physical health and higher rates of depression than their cisgender counterparts due to experiences of stigma and victimization (Choi & Meyer, 2016). Older sexual minority adults experienced significantly more discrimination than their non-sexual minority counterparts, were less likely to have children who might provide care, and often had fewer options for places to live, such as retirement communities (Choi & Meyer, 2016; Rodriguez, 2019).

Sociopolitical Context

Structural oppression hurts vulnerable people in myriad ways. Scholars have suggested that oppression can be internalized and that internalized oppression “is the major psychological effect of oppression” (David, 2013, p.8). Internalized oppression occurs when negative dominant cultural beliefs about members of oppressed groups are accepted by the members of that vulnerable group. comes in various forms depending on membership in a

specific devalued group. Structural oppressions such as racism and sexism often lead to internalized racism and internalized sexism, which are associated with negative outcomes for affected people (David, 2013). Likewise, sexual minority people can develop internalized heterosexism in response to exposure to heterosexism. Steve Biko, a South African anti-apartheid activist, said, “The most potent weapon in the hands of the oppressor is the mind of the oppressed” (Parks, 1987, p. 63).

Puckett et al. (2018) have shown that internalized heterosexism in sexual minorities is positively related to poor health outcomes and that internalized heterosexism is an antecedent to those problems. Systematic literature reviews of internalized heterosexism support that finding (Berg et al., 2016; Szymanski et al., 2008).

Multiple studies have also shown that levels of internalized heterosexism are related to the sociopolitical context of sexual minority people (Cain et al., 2017; Raifman et al., 2017; Raifman et al., 2018). For example, in their study of gay and bisexual men from 38 European countries, (Ross et al., 2013) found a relationship between levels of internalized heterosexism and the legal climate of the countries in which study participants resided. They categorized countries as liberal, moderate, or conservative on sexual minority legal issues. They found that participants from conservative countries had the highest mean levels of internalized heterosexism, followed by those residing in moderate and then liberal countries. Within each country in the study, participants from urban areas had lower levels of internalized heterosexism than those from rural areas.

Cain et al. (2017) observed higher levels of internalized heterosexism in sexual minority men who lived in less populated areas of the US. They attributed these differences to the generally more conservative climate in rural versus urban areas, the lower frequency of

supportive interaction with other sexual minorities and supportive non-sexual minorities, and the lower availability of mental health resources in rural areas. The authors posited that greater levels of social support in urban areas mitigate the development and maintenance of internalized heterosexism.

Sociopolitical context was also directly associated with the well-being of sexual minorities. Hatzenbuehler et al. (2010) examined the mental health of sexual minorities living in states that passed legislation in 2004 and 2005 preventing marriage between people of the same sex. Sexual minorities living in those states experienced higher levels of mental health disorders and comorbidity than those sexual minorities living in states without such laws. The study also showed that living in a state with a higher concentration of same-sex couples was protective against major depression and anxiety disorders.

Raifman et al. (2017) found that suicide rates among both sexual minority and non-sexual minority high school students dropped significantly in states that implemented laws supporting same-sex marriage before January 1, 2015. This change, however, was especially pronounced among sexual minority youth and persisted for at least two years, even in the context of backlash from anti-gay forces. Sexual minorities living in areas marked by higher levels of anti-sexual minority prejudice had significantly higher death rates from violence, suicide, and cardiovascular disease. The average age of completed suicides for sexual minorities in high-bias areas was 37.5 years compared to 55.7 years of completed suicides in low-bias areas (Raifman et al., 2017).

Grzenda et al. (2021) looked at the impact of the election of Donald Trump in 2016 and his administration's policies on the well-being of sexual minorities. They found that between 2015 and 2018, lesbian, gay, and bisexual respondents experienced greater increases in physical

and mental distress than their heterosexual counterparts. They also found that transgender respondents experienced greater increases in distress than all other groups during that period.

Racial Disparities for Gay and Bisexual Men

Although there is much scholarship demonstrating disparities for sexual minority men, the literature examining the impact of belonging to multiple vulnerable groups, such as being a sexual minority person and belonging to a racial minority, is limited (Bates et al., 2022; Masa et al., 2021). Gay and bisexual Black men have higher rates of psychological distress than gay and bisexual White men (Platt & Scheitle, 2018). The lifetime risk for HIV infection is significantly higher for gay and bisexual men of Color compared to gay and bisexual White men (Hess et al., 2017). This disparity in HIV exists despite there being no significant differences on sexual behavior between the two groups (Groves et al., 2015). However, there are no significant differences in suicidal ideation and substance use disorders between gay and bisexual men of Color and their white counterparts (Kelly et al., 2021).

Gay and bisexual men of Color anticipate more stress around sexual minority status than their White counterparts (Shangani et al., 2020). Gay and bisexual men of Color also reported higher levels of discrimination based on sexual orientation than their White counterparts (Casey et al., 2019). This discrimination operated across multiple areas, such as applying for employment, engaging in political action, and interacting with the legal system. For example, gay and bisexual men of Color were less likely to report violent heterosexist victimization to the authorities than White men. They were also less likely to seek help in coping with the aftermath of such victimization (Guadalupe, 2013).

A significant and longstanding problem with the empirical literature on the well-being of gay and bisexual men has been the underrepresentation of men of Color in social science

research (Sullivan et al., 2011). Most studies of the disparities experienced by gay and bisexual men, as well as those concerned with factors that promote well-being, are limited by their neglect of how racial differences may play significant roles in their findings. Many do not report race for participants or focus on the inclusion of men of Color in their samples. By failing to recruit racial minority participants, efforts to generalize study results are hampered, as well as those that identify differential findings (Occa et al., 2018).

Factors Conducive to Well-Being

The literature documenting obstacles to the well-being of sexual minorities and poorer outcomes for gay and bisexual men of Color is extensive (de Lira & de Morais, 2018). However, there is broad consensus that the vulnerabilities experienced by sexual minorities obscure knowledge of the factors that are conducive to their well-being (Ceatha et al., 2019).

For sexual minority youth, having a positive sexual minority identity, self-esteem, support from friends and family, support from a non-parental adult, and connection with a sexual minority community facilitates well-being (Hall, 2018; Higa et al., 2014). The presence of a gay-straight alliance at school is associated with increased well-being for sexual minority students (Ioverno et al., 2016). However, sexual minority youth typically experience protective factors against mental and behavioral health problems at lesser frequency and intensity than their heterosexual counterparts (Taliaferro & Muehlenkamp, 2017).

For sexual minority adults, being connected with a sexual minority community and having a positive sexual minority identity are associated with increased well-being (Rostosky et al., 2018). Dai and Meyer (2019) found that sexual minority respondents over 50 were more connected with health and preventative care than their heterosexual counterparts. Although this protective health factor could be attributed to greater concern among sexual minority men about

HIV, the finding also applied to sexual minority women. Community engagement reduced disparities in physical health and depression in older gay and bisexual men living with HIV as well as those living without HIV (Emlet et al., 2020).

Life Satisfaction

Life satisfaction is a crucial aspect of well-being (Diener et al., 2013). Scholars have dichotomized well-being into *objective* well-being, which is measured by access to concrete resources such as housing, civil protections, finances, physical health and healthcare, and *subjective* well-being, which is measured by self-assessment (Diener, 2009). Subjective well-being has both an affective component (pleasant vs. unpleasant emotion, for example) and a cognitive component. This cognitive component of subjective well-being is life satisfaction. Diener (2009) describes life satisfaction as a global self-assessment which is temporally more stable than affective self-assessments.

In older adults, life satisfaction is positively associated with better physical health indicators (lower risk of pain, physical function limitations, and mortality), fewer chronic physical health conditions, and higher self-rated health and health behaviors (lower risk of sleep problems and more frequent physical activity) (Kim et al., 2021). In addition, life satisfaction is associated with multiple positive psychosocial indicators (higher positive affect, optimism, purpose in life, mastery, health mastery, financial mastery, and likelihood of living with spouse/partner), and lower depression, depressive symptoms, hopelessness, negative affect, perceived constraints, and loneliness.

Life satisfaction has been associated with lower anxiety, lower stress, and better job performance during the COVID-19 pandemic (Trzebiński et al., 2020). Adverse childhood experiences are significantly and negatively associated with lower life satisfaction in adults

(Mosley-Johnson et al., 2019). For adolescents, social exclusion is a significant predictor of life satisfaction, with resilience and self-esteem mediating social exclusion's negative effect on life satisfaction. Promoting self-esteem and resilience increases life satisfaction (Arslan, 2019).

No studies were found in reviewing the literature that compared life satisfaction by race for gay and bisexual men. Hence, the following sections will review life satisfaction for sexual minorities in general, and life satisfaction by race for the general population.

Life Satisfaction for Sexual Minorities

Powdthavee and Wooden (2015) reported that little is known about the life satisfaction of sexual minorities and that the empirical literature remained limited. They did find that sexual minorities had significantly lower levels of life satisfaction than their heterosexual counterparts and that these lower levels of life satisfaction resulted from reduced access to social, economic, and personal resources. In the years since their study, few researchers have added to the knowledge base regarding the life satisfaction of sexual minorities. For example, economic well-being and family support were associated with greater life satisfaction among sexual minorities (Lazarevic et al., 2016), and religiosity and spirituality were not associated with life satisfaction in sexual minorities (Foster et al., 2017).

Life satisfaction for sexual minority people in 28 countries varied greatly, and this variation is related to the levels of structural stigma in those countries (Pachankis & Bränström, 2018). In countries with high levels of structural stigmatization, concealment of sexual orientation protected against lower levels of life satisfaction due to lower levels of victimization and discrimination, despite the documented mental health costs of identity concealment. (Pachankis et al., 2020). The authors reported that 60% of the variation in life satisfaction and 70% of the variation in sexual orientation concealment resulted from structural stigma.

Young sexual minority adults are less likely to report being very satisfied with their lives than their heterosexual counterparts (Henderson, 2016). These lower rates of life satisfaction are associated with higher rates of bullying, as sexual minority participants are more likely to experience bullying than heterosexual participants.

Life Satisfaction by Race

Although the literature comparing life satisfaction by race in the general population is small, it shows that racial minorities tend to have lower levels of life satisfaction than their White counterparts (Knies et al., 2016). Black and Latinx people are less satisfied with their lives, but these differences are reduced when controlling for physical health and socioeconomic status (Barger et al., 2009).

In a sample of rural seniors, Yoon and Lee (2004) found that Blacks reported lower life satisfaction than either Whites or Native Americans. Even after controlling for age, sex, and education, being Black was a significant predictor of lower life satisfaction (Skarupski et al., 2013). Among cancer survivors, Deimling et al. (2019) observed that race is a significant predictor of various health challenges leading to less life satisfaction for Black participants.

Life Satisfaction for Sexual Minority Men of Color

In a study of 173 Latinx sexual minority adults in the US, the internalization of structural stigma adversely impacted the mental health of study participants (Velez et al., 2015). Specifically, the authors found that internalized heterosexism and internalized racism were negatively associated with life satisfaction. The authors reported that these internalized oppressions contributed in additive and synergistic ways to impact life satisfaction negatively. Gay and bisexual men of Color experienced significantly more race-based discrimination from White men who have sex with men than did their White counterparts from gay and bisexual men

of Color. This discrimination was significantly associated with lower self-esteem and, in turn, lower life satisfaction (Thai, 2020).

In summary, the empirical literature is far more extensive in documenting negative outcomes for gay and bisexual men than in revealing factors promoting well-being and, especially, life satisfaction. In addition, how life satisfaction varies by race for gay and bisexual men remains understudied. This study seeks to add to the knowledge base regarding the factors that facilitate life satisfaction for gay and bisexual men and how those factors may vary by race.

The next chapter will discuss the theoretical underpinnings of this study. Minority stress theory and intersectionality theory offer understandings of why sexual minority men suffer health disparities when compared to their heterosexual counterparts and why sexual minority men of Color experience disparities when compared to their White counterparts (Meyer, 1995; Platt & Scheitle, 2018).

CHAPTER IV: THEORETICAL FRAMEWORK

This chapter discusses minority stress and intersectionality theories and how these theories underpin this study. Minority stress theory has provided a framework for understanding the stressors particular to sexual minorities and how they adversely impact the well-being of gay and bisexual men. Intersectionality theory offers a perspective for understanding how these variables interact differently for gay and bisexual men of Color versus their White counterparts.

Minority Stress Theory

Minority stress theory evolved from critical social theory, a school of thought that emanated from the Frankfurt School in Germany in the 1920s and refined Marxist social critiques. Critical social theory has identified social ills as structurally determined and analyzed social and economic conditions to identify options for progressive social change and "to liberate human beings from the circumstances that enslave them" (Horkheimer, 1972, p. 244). It proposes that dominant groups exercise power in allocating critical resources such as those needed for survival (food, housing, and medical care) and social resources (legal protection, civil rights, and social integration). This allocation has been essential not only to facilitate the distribution of resources but also to exercise social control over disfavored groups by limiting their access to resources, resulting in their oppression.

Minority stress theory has built on the foundational concept of dominant/subordinate dyads and the use of power as it has pertained especially to sexual minorities. In its analysis of the oppression of sexual minorities, minority stress theory has suggested that the power exercised by the dominant sexual majority (heterosexual and cisgender) culture results in stressful conditions, both intra-psychically and socially for sexual minorities (Dentato, 2012; Meyer, 2003; Szymanski, 2005). This power has manifested itself in limited access to economic and

health benefits, physical safety, and multiple other aspects of well-being (Meyer, 1995).

Although Meyer (2003) focused on the stressors negatively affecting the well-being of sexual minorities, he suggested that minority stress theory applies to understanding the obstacles to well-being experienced by other vulnerable groups as well.

Minority stressors particular to sexual minorities operate in addition to the normative stressors experienced by all people (Meyer, 2003). For example, a sexual minority person having to deal with the loss of a home after a flood would experience the stressors that all flood survivors might, such as homelessness and navigating complex governmental support systems. However, in addition to these challenges, the sexual minority survivor might fear being exposed to persons in power who hold anti-gay views and might act on that animus. They might pretend that a partner is a roommate, for example, concealing their sexual orientation in ways that might be adaptive (less exposure to discrimination) but detrimental as well (self-denial). This study seeks to surface knowledge about how minority stressors impact life satisfaction.

Minority stress theory has identified proximal (internal) processes, such as internalized heterosexism, concealment of sexual orientation, and expectations of mistreatment, and distal (external) stressors around sexual minority status, such as anti-gay violence and discriminatory social policies. It has also provided a framework to research the impact of structural oppression on the well-being of sexual minorities (Hoy-Ellis & Fredriksen-Goldsen, 2016; Kuerbis et al., 2017; Lyons & Pepping, 2017). Based on the gaps in the literature and the use of intersectionality theory, this project proposes an analysis of the impact of three domains of independent variables on the dependent variable of life satisfaction.

Minority stress theory's sorting of stressors into internal (or proximal) and external (or distal) provides support for employing this study's grouping of independent variables into

domains of *internally* negotiating sexual orientation and *externally* negotiating sexual orientation. In addition, this study will analyze the impact of various demographic variables on life satisfaction. The methodology section that follows will detail the variables in each domain and how they are measured.

Intersectionality

Although minority stress theory is useful in understanding poorer outcomes and obstacles to well-being in gay and bisexual men, an additional theory helps assess how gay and bisexual men of Color, as opposed to their White counterparts, are impacted differently by normative and minority stressors. Intersectionality theory offers perspective on how different or multiple dimensions of social identity can impact disparate outcomes.

Crenshaw (1989) coined the term “intersectionality” in response to feminist analyses that neglected or obscured the impact of racism on Black women’s experiences and stressed the commonality of the experiences of all women, irrespective of race. She observed, both historically and currently, that the social and group standing of Black women was different from the standing of White women on many indicators of well-being, such as socioeconomic status and physical and mental health (Crenshaw, 1989).

McCall (2005) identified intersectionality theory as the most important contribution of women’s studies. Collins (2000) noted that intersectionality theory proposes that dimensions of stigmatized identities such as race, sexuality, gender, and class intersect in “configurations of inequality” that negatively impact access to power and resources. Collins also advanced intersectionality theory by conceptualizing a matrix of domination in which various aspects of identity intersect and structure hierarchical power arrangements. These interlocking locations were not static but fluid and varied across sociopolitical contexts. These structures also operate at

multiple levels of analysis – micro, meso, and macro – and establish and maintain access to power. Intersectionality theory is also useful in understanding the experiences of those who experience compound disadvantage. It now includes analyses of compound privilege – such as being a white heterosexual man, for instance – and in understanding how mixed identities of both privilege and stigmatization operated, as in the case of gay and bisexual White men.

Intersectionality theory warns that misguided analyses situate the challenges of stigmatized group members at the individual or group level, instead of the structural level. It argues for a focus on intergroup differences as being reflective of the structural forces that manage power relationships (del Río-González et al., 2021). Structured power and exclusion create and maintain disparities in well-being.

Intersectionality theory also asserts that an interlocking location of oppression (for example, race and sexual orientation) cannot be separated out for those residing at that location (Bowleg, 2012), and it does not claim to represent the whole as the simple addition or subtraction of identities. Multiple social identities at the individual level interact with inequities at the structural level. Although many feminist and anti-racist scholars have embraced the power of intersectionality theory in analyzing differences in the lived experiences of those residing at multiple and varied social locations, others have “grapple[d] with intersectionality’s theoretical, political and methodological murkiness” (Nash, 2008, p.1).

Davis (2008, p.67) has contended that “its ambiguity and open-endedness” have made intersectionality good feminist theory. These qualities have also made intersectionality attractive to theorists from multiple disciplines, furthering the advancement of intersectionality in both theory and methodology. Intersectionality has been critical to public health because it “embraces

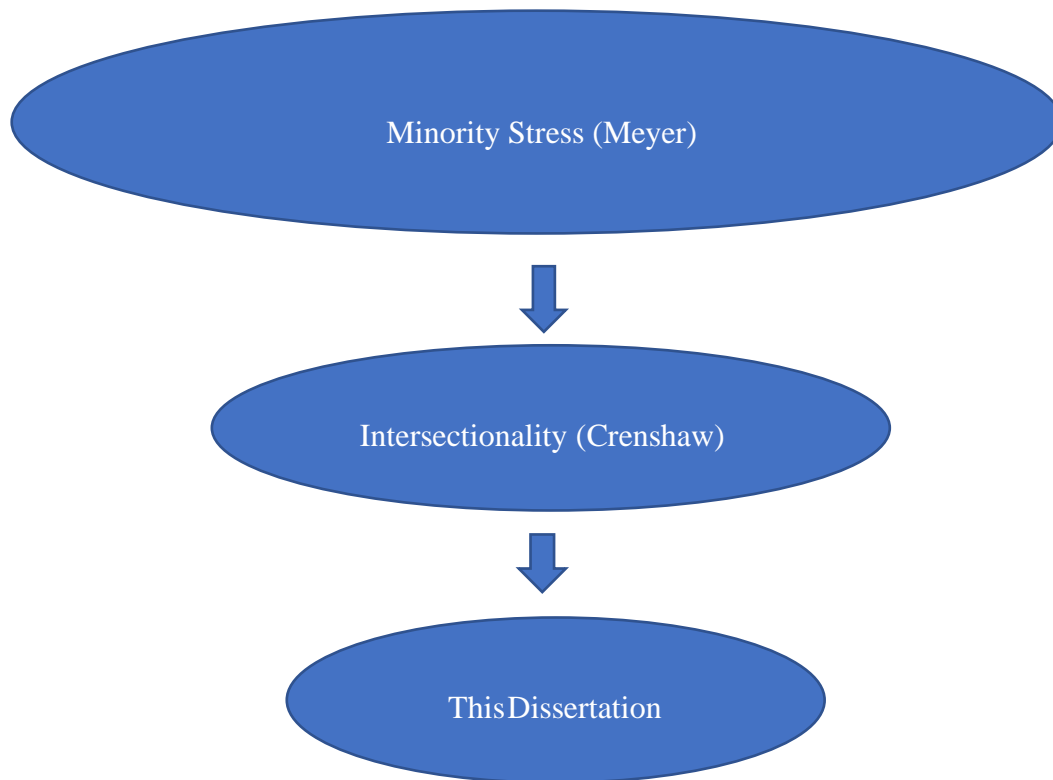
rather than avoids the complexities that are essential to understanding social inequities, which in turn manifest in health inequities” (Bowleg, 2012, p.1272).

Although intersectionality theory has been used mostly in qualitative studies, it increasingly informs quantitative research (Bauer et al., 2021). Intersectionality has also advanced an approach that views these locations as having more synergistic or multiplicative as opposed to merely additive effects, and it has argued against assuming the homogeneity of intersecting social locations in outcomes and processes. For these reasons, this study will analyze the impact of independent variables on life satisfaction separately for all men in the study, for White men in the study, and for men of Color.

Minority stress theory details both internal and external stressors that atypically impact the well-being of gay and bisexual men and are additional to stressors experienced by their heterosexual counterparts. Intersectionality theory recognizes how social locations impact well-being outcomes even among gay and bisexual men. Figure 1 illustrates how these theories form the theoretical underpinnings of this study. The empirical literature reviewed above also identified factors located at both the individual and social levels that impact their well-being. As will be discussed in the next chapter, both minority stress and intersectionality theories, as well as the literature, will guide the use of sorting independent variables into three domains: those associated with *internally* negotiating sexual orientation, those associated with *externally* negotiating sexual orientation, and *demographic* variables, and how they impact life satisfaction for gay and bisexual men.

Figure 1

Theoretical Model



The next chapter will discuss each variable to be analyzed in this study. It will detail how each variable is measured in the Generations study and briefly reviews the literature on how each variable has impacted well-being and, when available, how each variable has impacted life satisfaction for gay and bisexual men and people of Color. The chapter will also describe this study's dataset and how the data will be analyzed to answer this study's research questions: (a) How do factors associated with internally negotiating sexual orientation, factors associated with externally negotiating sexual orientation, and key demographics impact life satisfaction for gay and bisexual men?; and (b) How do these relationships operate differently for men of Color versus their White counterparts?

CHAPTER V: METHODOLOGY

This study employed a secondary analysis of an existing data set, the Generations Study (*Generations: A Study of the Life and Health of LGB People in a Changing Society, United States, 2016-2019, 2020*), to explore the relationship between multiple independent variables and life satisfaction. Minority stress theory and intersectionality will inform the analytic framework to answer the following research questions: (a) How do factors associated with internally negotiating sexual orientation, factors associated with externally negotiating sexual orientation, and key demographics impact life satisfaction for gay and bisexual men?; and (b) How do these relationships operate differently for men of Color versus their White counterparts?

Theoretical Framework

Minority stress theory has described the atypical stressors experienced by members of stigmatized minority groups. It describes these stressors as being either internal and residing at the individual level (proximal) or as being more external and socially situated (distal). This separation guides the use of domains in this study's analysis by sorting independent variables into two domains: those associated with internally negotiating sexual orientation (Domain I), those associated with externally negotiating sexual orientation (Domain II). In addition, demographic variables will also be analyzed to assess their impact on life satisfaction (Domain III). That gay and bisexual men developmentally manage their sexual minority status internally (or at the individual level) first, and then build on that management through external (or social) interaction, further supports separating independent variables into Domains I and II.

Minority stress theory has identified internal processes, such as internalized heterosexism, and expectations of mistreatment, and external processes around sexual minority status, such as anti-gay violence and social policies. Through this dichotomization, minority stress theory provides a framework for this study to sort independent variables in domains of internally and externally negotiating sexual orientation.

Although intersectionality theory has been used mostly in qualitative studies, it is increasingly being used in quantitative research (Bauer et al., 2021). It is an approach that views various social locations as having more synergistic or multiplicative effects as opposed to merely additive. It argues against assuming homogeneity of intersecting social locations in outcomes and processes. This quantitative study offers the potential for surfacing knowledge about factors that influence life satisfaction and how they might vary by race.

Intersectionality theory, by arguing that different social locations exist even with a particular vulnerable group, such as with gay and bisexual men, offers an additional theoretical framework for this project. This study recognizes that the experiences of gay and bisexual White men differ markedly from those of gay and bisexual men of Color (Platt & Scheitle, 2018). This following section describes the dataset to be used in this study. It specifies the dependent and independent variables, and the questions and response categories for each variable that were used to measure each variable. The analytical plan and the statistical tests that will be used to answer this project's research questions will be discussed.

Dataset

The data to be used in the current study will be pulled from the Generations study (*Generations: A Study of the Life and Health of LGB People in a Changing Society, United States, 2016-2019*, 2020). The dataset is public and was stripped of identifying information about

study participants by the study's investigators. Secondary analysis of this dataset does not constitute human subject research and does not require IRB approval at the Graduate Center of the City University of New York.

The Generations study, conducted by researchers at the Williams Institute at UCLA, used a national probability sample of sexual minorities in the US. Study participants were recruited in two stages. Gallup first screened 366,644 respondents for inclusion in the Generations study by asking a question about their sexual minority identity. About 3.5% of those screened identified as sexual minority and 27.5% of that number met other criteria for inclusion in the Generations study. The study conducted surveys in three waves and the data analyzed here were from the first wave of data collection in 2016-2017.

This study examined responses for gay and bisexual cisgender male participants who completed first-wave surveys with a racial breakdown of White 63%, Mixed-race 10%, Latinx 13% and Black 13%. Considering the lack of literature around life satisfaction for gay and bisexual men and how life satisfaction varies by race, this dataset, collected from a racially diverse sample provides an opportunity to understand how study variables operate differentially by race. Surveys were conducted by mail, telephone, and online, and the survey collected data on multiple variables such as demographics, life satisfaction, physical and mental health, minority stressors, and social support. The survey included 190 questions.

Dependent Variable – Life Satisfaction

The dependent variable in this study is life satisfaction which is a subjective cognitive aspect of well-being and adds a positive perspective for researchers and clinicians alike in assessing well-being, as opposed to focusing solely on the presence of negative factors. Life satisfaction was measured using the Satisfaction with Life Scale (SWLS) developed by Diener

(2009) The SWLS consists of the following five statements: In most ways, my life is close to ideal; The conditions of my life are excellent; I am satisfied with life; So far, I have gotten the important things I want in life; and If I could live my life over I would change almost nothing. Participants responded to the statements using a 7-point Likert scale (1 = *Strongly disagree* – 7 = *Strongly agree*). Life satisfaction is measured by calculating the mean value of the responses to the five statements with higher scores indicating greater life satisfaction. The theoretical range is 1-5.

The SWLS is among the most widely used tools to measure cognitive aspects of well-being (Areepattamannil & Bano, 2020) . Research has repeatedly shown that the SWLS has sound psychometric properties including temporal stability, reliability, and validity (construct, divergent and convergent) (Diener et al., 2013; Kjell & Diener, 2021; Sancho et al., 2014).

In addition, the SWLS has sound psychometric properties when used in different languages with different populations. Studies have included diverse groups such as Iranian women (Maroufizadeh et al., 2016), Spanish-speaking people in the Mexican context (López-Ortega et al., 2016), workers in Italy (Di Fabio & Gori, 2020), and Indian students, among others (Areepattamannil & Bano, 2020). The SWLS has also demonstrated sound psychometric properties in use with middle and late adolescents, with adult and older adult populations, and with individuals in both individualistic countries, such as the US, and in collectivist countries, such as India (Areepattamannil & Bano, 2020).

This study's independent variables are listed below for each of the three domains: internally negotiating sexual orientation, externally negotiating sexual orientation, and key demographic variables. Then, each of the independent variables are discussed with the actual questions or statements that measured each variable as well as their response categories,

followed by a brief review of the literature around how each variable has impacted well-being, and, when known, how each variable has impacted life satisfaction for gay and bisexual men. No studies were found that examined racial differences in life satisfaction for gay and bisexual men.

Independent Variables

The following section reviews the literature around the independent variables in the three domains studied in this project. The literature on the life satisfaction of gay and bisexual men is limited, especially for gay and bisexual men of Color. The variable-specific literature review that follows will reflect key points about what is known about these variables as they relate to the life satisfaction of gay and bisexual men and to gay and bisexual men of Color.

The independent variables in this study were sorted into three domains: internally negotiating sexual orientation (more individual or proximal aspects of sexual minority status), externally negotiating sexual orientation (more social or distal aspects of sexual minority status), and key demographics. This chapter will specify the questions and statements from the Generations study that measured each independent variable and the response categories for each.

Domain I – Internally Negotiated Sexual Orientation

To explore the research questions, three domains were created for the independent variables. The first domain, internally negotiating sexual orientation, grouped together variables that were more reflective of internal processes for participants and included worry, mental health, suicidal thoughts, self-harm, suicide attempts and internalized heterosexism. The second domain, externally negotiating sexual orientation, included variable that were more reflective of social processes for participants. Variables in this domain included outness, community belonging, clockability, sexual orientation identity centrality, masculinity, victimization, and disrespect. The third domain, key demographic variables, included age, income, household size, US born and second generation.

The following variables were analyzed to understand the impact of Domain I on life satisfaction: worry, mental health, suicidal thoughts, harmed self, suicide attempts, and internalized heterosexism.

Worry

Worry is measured by responses to the following four statements: I worry about being negatively judged because of my sexual orientation or gender identity; I worry that evaluations of me may be negatively affected by my sexual orientation or gender identity; I worry that diagnoses of me/my health may be negatively affected by my sexual orientation or gender identity; and I worry that I might confirm negative stereotypes about LGBT people. Participants responded to the statements using a 5-point Likert scale (1 = *Strongly disagree* – 5 = *Strongly agree*). Worry is measured by calculating the mean value of the responses to the four statements with higher scores indicating greater worry and has a theoretical range of 1-5.

Worry about being judged based on sexual orientation is associated with greater levels of distress for sexual minorities of Color than for White men (Ouch & Moradi, 2019). Racism interacts with gay rejection sensitivity to predict higher levels of depression, anxiety symptoms, and greater alcohol consumption for gay and bisexual men of Color (English et al., 2018). Based on the literature, it is expected that this variable will have a negative impact on life satisfaction for study participants, especially for men of Color. As worry about being judged about sexual orientation increases, life satisfaction is expected to decrease.

Mental health

Mental health is measured by six questions: During the past 30 days, about how often did you feel nervous?; During the past 30 days, about how often did you feel hopeless?; During the past 30 days, about how often did you feel restless or fidgety?; During the past 30 days, about

how often did you feel so depressed that nothing could cheer you up?; During the past 30 days, about how often did you feel that everything was an effort?; During the past 30 days, about how often did you feel worthless? Participants are to respond to the statements using a 5-point Likert scale (1 = *All of the time* – 5 = *None of the time*). Mental health is measured by calculating the mean value of the responses to the six questions with higher scores indicating greater mental health and has a theoretical range of 1-5. The creators of the dataset used in this study saw mental health as being simply the absence of mental health symptoms. They did not include questions about positive emotional states which are considered important aspects of mental health (Diener et al., 2010).

Mental health has been shown to have a positive association with life satisfaction. Life satisfaction was negatively associated with mental distress (Diener, 2009). Layard (2013) found that mental health was the single most important predictor of life satisfaction. Sexual minority people had higher rates of mental health problems than their heterosexual counterparts (Operario et al., 2015), and there was evidence that gay and bisexual men also used substances at higher levels to manage these mental health challenges (Gaspar et al., 2021). Based on the literature, it is expected that mental health will have a positive impact on life satisfaction for men in this study. Of note in assessing this variable's impact on life satisfaction is that the construct was operationalized by asking only about mental health symptoms, i.e., the fewer symptoms, the better the mental health. It did not consider positive aspects of mental health such as optimal mood.

Suicidal thoughts once* and *suicidal thoughts twice+

These are dummy variables created in response to the question: Did you ever in your life have thoughts of killing yourself? Participants will choose one of the following responses:

No; Yes, once; and Yes, more than once. Those who answered “no” are the reference group. “No” was assigned a value of zero (0) and for the “Yes, once” and “Yes, more than once” were assigned a value of one (1). Suicidal thoughts once and suicidal thoughts twice+ are measured by calculating the percentage of participant responses in each category. Suicidal thoughts once and suicidal thoughts twice+ have a theoretical range of 0-1.

The literature has found a significant inverse relationships between both suicidal thoughts and suicide attempts with life satisfaction (Bray & Gunnell, 2006; Fergusson et al., 2015). Lower life satisfaction has also been shown to have a long-term effect on the risk of suicide (Koivumaa-Honkanen et al., 2001). Based on the literature, it is expected that suicidal thoughts and suicide attempts will have negative impacts on life satisfaction for men in the study. More specifically, as suicidality increased, life satisfaction was expected to decrease.

Harmed self once* and *harmed self twice+

These are dummy variables created in response to one question: Did you ever do something to hurt yourself on purpose but without wanting to die (e.g., cutting yourself, hitting yourself, or burning yourself)? Participants will choose one of the following responses: No; Yes, once; and Yes, more than once. Those who answered “no” are the reference group. “No” was assigned a value of zero (0) and for the dummy variables “Yes, once” was assigned a value of one (1) and “Yes, more than once” was assigned a value of one (1). Harmed self once and harmed self twice+ are measured by calculating the percentage of participant responses in each category. Harmed self once and harmed self twice+ have a theoretical range of 0-1.

Non-suicidal deliberate self-harm has been negatively associated with life satisfaction (Rönkä et al., 2013) (Zullig, 2016). Based on the literature, it is expected that self-harm will have a negative impact on life satisfaction.

Suicide attempts once and suicide attempts twice+

These are dummy variables created in response to the question: Did you ever make a suicide attempt (i.e., purposefully hurt yourself with at least some intention to die)? Participants will choose one of the following responses: No; Yes, once; and Yes, more than once. Those who answered “no” are the reference group. “No” was assigned a value of zero (0) and for the “Yes, once” and “Yes, more than once” were assigned a value of one (1). Suicidal attempts once and suicidal attempts twice+ are measured by calculating the percentage of participant responses in each category and have a theoretical range of 0-1.

The literature has found a significant inverse relationships between both suicidal thoughts and suicide attempts with life satisfaction (Bray & Gunnell, 2006; Fergusson et al., 2015). Lower life satisfaction is associated with higher risk of suicide (Koivumaa-Honkanen et al., 2001). Based on the literature, it is expected that suicidal thoughts and suicide attempts will have negative impacts on life satisfaction for men in the study. More specifically, as suicidality thoughts and attempts increase, life satisfaction is expected to decrease.

Internalized heterosexism

Internalized heterosexism will be measured by five statements: I have tried to stop being attracted to people who are the same sex as me; If someone offered me the chance to be completely heterosexual, I would accept the chance: I wish I weren't LGB; I feel that being LGB is a personal shortcoming for me; I would like to get professional help in order to change my sexual orientation from LGB to straight. Participants are to respond to the statements using a 5-point Likert scale (1 = *Strongly disagree* – 5 = *Strongly agree*). Internalized heterosexism will be measured by calculating the mean value of the responses to the five statements with

higher scores indicating greater internalized heterosexism. Internalized heterosexism has a theoretical range of 1-5.

Systematic literature reviews of internalized heterosexism showed that internalized heterosexism is associated with poorer health outcomes for sexual minorities (Berg et al., 2016; Szymanski et al., 2008) and poor health was negatively associated with life satisfaction (Deimling et al. 2019). Based on the literature, it is expected that internalized heterosexism will have a negative impact on life satisfaction for men in the study. More specifically, as internalized heterosexism increases, life satisfaction is expected to decrease.

Domain II – Externally Negotiating Sexual Orientation

The following variables were analyzed to understand the impact of Domain II on life satisfaction: Outness, Community Belonging, Clockable, Sexual Orientation Centrality, Masculinity, Victimization, and Disrespected.

Outness

Outness will be measured by four questions: Are you out to all, most, some, or out to none of your family?; Are you out to all, most, some, or out to none of your straight friends?; Are you out to all, most, some, or out to none of your co-workers?; Are you out to all, most, some, or out to none of your healthcare providers? Participants are to respond to the statements using a 4-point Likert scale (1 = *All* – 4 = *None*). Outness will be measured by calculating the mean value of the responses to the four statements with lower scores indicating greater outness. It has a theoretical range of 1-4.

Outness can impact aspects of well-being for gay and bisexual men. Concealing sexual minority status can provide them with protection from stigma and discrimination, but it also exacted a psychological cost (Pachankis et al., 2015). Concealment, however, has been found to

reduce the likelihood of community connection, which has been shown to foster well-being for sexual minorities (Hall, 2018; Rostosky et al., 2018). The authors found that sexual minority men who have recently come out are at higher risk of serious mental health disorders. Based on the literature, it is expected that outness will have a positive impact on life satisfaction for men of Color. More specifically, as outness increased, life satisfaction is expected to increase as well.

Community belonging

This will be measured by seven statements: You feel you're a part of the LGBT community; Participating in the LGBT community is a positive thing for you; You feel a bond with the LGBT community; You are proud of the LGBT community; It is important for you to be politically active in the LGBT community; If we work together, lesbian, gay, bisexual, and transgender people can solve problems in the LGBT community; You really feel that any problems faced by the LGBT community are also your own problems. Participants are to respond to the statements using a 4-point Likert scale (1 = *Agree strongly* – 4 = *Disagree strongly*). Community belonging will be measured by calculating the mean value of the responses to the four statements with lower scores indicating greater community belonging. It has a theoretical range of 1-4.

Sexual minority community connectedness moderates the relationship between stigma and stress more effectively for gay and bisexual White men than for gay and bisexual men of Color (McConnell et al., 2018). Gay and bisexual men of Color reported more racial stigma in their connection in the greater sexual minority community than White men did. Lazarevic (2016), however, found that community attachment was not associated with life satisfaction for gay and bisexual men. Considering inconsistent findings in the literature, it is expected that

sexual minority community connectedness to have a positive impact on life satisfaction for men in the study. More specifically, as sexual minority community connectedness increases, life satisfaction is expected to increase as well.

Clockable

Clockable will be measured by responses to one question: How often, if ever, can people tell you are LBG even if you don't tell them? Participants are to respond to the question using a 5-point Likert scale (1 = *Always* – 5 = *Never*). Clockability will be measured by calculating the mean value of the responses to the question with lower scores indicating greater clockability and has a theoretical range of 1-5.

Clockable is a term typically used by transgender people to indicate that others can tell that they are members of the transgender community even without disclosure (Craggs, 2017; Williams, 2019). In this study the term is used to reflect the degree to which others can tell that a participant was gay or bisexual without his disclosure. There is no empirical literature studying the impact of being clockable on other outcomes. However, given the greater potential for discrimination and victimization that being obviously gay or bisexual might elicit, it is expected that the independent variable clockable will be negatively associated with life satisfaction in this study.

Sexual orientation identity centrality

This variable will be measured by responses to four statements: My sexual orientation is a central part of my identity; To understand who I am as a person, you have to know that I'm LGB; Being an LGB person is a very important aspect of my life; I believe being LGB is an important part of me. Participants are to respond to the statements using a 6-point Likert scale (1 = *Disagree strongly* – 5 = *Agree strongly*). Sexual orientation identity centrality is measured

by calculating the mean value of the responses to the four statements with higher scores indicating greater sexual orientation identity centrality. This variable has a theoretical range of 1-5.

Sexual orientation identity centrality is one aspect of how gay and bisexual men externally negotiate their sexual orientation. Sexual orientation identity centrality refers to the degree to which a gay or bisexual man sees that identity as being important to their overall social identity. Fredrick and Williams (2021) found that higher sexual orientation identity centrality predicted lower psychological distress for lesbian, gay and bisexual participants. They also found that higher centrality was protective by moderating the negative impact of public stigma on participants' self-esteem. Their findings suggest that identity centrality contributed to the psychological well-being of sexual minorities. Based on the literature, it is expected that sexual orientation identity centrality will have a positive impact on life satisfaction for men in the study. More specifically, as centrality of sexual orientation identity increases, life satisfaction is expected to increase as well.

Masculinity

Masculinity will be measured by responses to two questions: On average, how do you think people would describe your appearance, style, or dress? On average, how do you think people would describe your mannerisms? Participants are to respond to the statements using a 6-point Likert scale (1 = *Very feminine* – 6 = *Very masculine*). Masculinity is measured by calculating the mean value of the responses to the two questions with higher scores indicating greater masculinity. This variable has a theoretical range of 1-6.

Masculinity or gender role conformity impact health behaviors for gay and bisexual men (Parent et al., 2012). The authors found that masculine heterosexual presentation was associated

with lower rates of HIV testing and that higher conformity to feminine presentation was related to lower sexual satisfaction which was mediated by higher levels of internalized heterosexism (Budge & Katz-Wise, 2019). Based on the literature, it is expected that masculinity will have a negative impact on life satisfaction for men in the study.

Victimization

Victimization will be measured by one question with six sub-questions: Since the age of 18, how often have any of the following happened to you? You were hit, beaten, physically attacked, or sexually assaulted; You were robbed, or your property was stolen, vandalized, or purposely damaged; Someone tried to attack you, rob you, or damage your property, but they didn't succeed; Someone threatened you with violence; Someone verbally insulted or abused you; Someone threw an object at you. Participants are to respond to the statements using a 4-point Likert scale (1 = *Never* – 4 = *Three or more times*). Victimization will be measured by calculating the mean value of the responses to the six sub-questions with higher scores indicating greater victimization. This variable has a theoretical range of 1-4.

Victimization of gay and bisexual men is associated with higher levels of mental distress (Peterson et al., 2021). The authors found that it was not only the direct victimization of gay and bisexual men that was associated with poorer outcomes compared to their heterosexual counterparts but also the awareness of victimization against other sexual minorities that was associated with these outcomes, including higher levels of suicidality. Based on the literature, it is expected that victimization will have negative impacts on life satisfaction for men in the study.

Disrespected

Disrespected will be measured by one question with nine sub-questions: In your day-to-day life over the past year, how often did any of the following things happen to you?; You were treated with less courtesy than other people; You were treated with less respect than other people; You received poorer service than other people at restaurants or stores; People acted as if they thought you were not smart; People acted as if they were afraid of you; People acted as if they thought you were dishonest; People acted as if they were better than you; You were called names or insulted; You were threatened or harassed. Participants are to respond to the statements using a 4-point Likert scale (1 = *Often* – 4 = *Never*). Once the variable is created, it will then be flipped, such that higher scores represent higher levels of being disrespected.

Disrespected will be measured by calculating the mean value of the responses to the six statements with higher scores indicating greater disrespect. This variable has a theoretical range of 1-4.

Disrespect of gay and bisexual men is associated with higher levels of mental distress (Peterson et al., 2021). The authors found that it was not only the disrespect of gay and bisexual men that was associated with poorer outcomes compared to their heterosexual counterparts but also the awareness of disrespect of other sexual minorities that was associated with these outcomes, including higher levels of suicidality. Based on the literature, it is expected that disrespected will have negative impact on life satisfaction for men in the study.

Domain III - Key Demographic Variables

Age

Age will be measured by responses to one question: In what year were you born? Age will be measured by subtracting year of birth from the year the data was collected (2017).

In the US and Europe, there has been a u-shaped relationship between age and life satisfaction (de Ree & Alessie, 2011). Life satisfaction has been higher among younger adults, diminished in middle age and then returned to higher levels among older adults. Among sexual minorities in Australia and the UK, Powdthavee and Wooden (2015) found that the association between sexual minority identity and life satisfaction was negative and the effect was stronger among younger study participants. Based on the literature, it is expected that greater age will have a positive impact on life satisfaction for men of Color. More specifically, as age increased, life satisfaction is expected to increase as well.

Household income

This will be measured by the responses to one question: What is your total annual household income, before taxes? Participants are to respond to the statements using a 12-point Likert scale (1 = *Under \$720* – 12 = *\$240,000 and over*).

Economic well-being was found to be associated with greater life satisfaction among sexual minorities (Lazarevic et al., 2016). Based on the literature, it is expected that greater household income will have a positive impact on life satisfaction for men in the study.

Household size

This will be measured by responses to one question: Including yourself, how many people (including children) live on that household income?

Economic well-being was found to be associated with greater life satisfaction among sexual minorities (Lazarevic et al., 2016). Based on the literature, it is expected that greater household size will have a negative impact on life satisfaction for men in the study.

US born

US born is a dummy variable created in response to the question: Were you born in the United States? Those who responded “Yes” were coded one (1) and those who responded “No” were coded zero (0).

Calvo et al. (2017) found nativity disparities in life satisfaction for older adults in the US. Older immigrants had higher levels of life satisfaction than native-born Americans of similar ethno-racial backgrounds. The effect was particularly strong for Latinx immigrants. Based on the literature, it is expected that being US born will have a positive impact on life satisfaction for the men in the study.

Second generation

Second generation is a dummy variable created in response to the question: was measured by responses to one question: Were one or both of your parents born outside the United States? Those who responded “Yes” were coded one (1) and those who responded “No” were coded zero (0).

Calvo et al. (2017) found nativity disparities in life satisfaction for older adults in the US. Older immigrants had higher levels of life satisfaction than native-born Americans of similar ethno-racial backgrounds. The effect was particularly strong for Latinx immigrants. Based on the literature, it is expected that being second generation will have a positive impact on life satisfaction for the men in the study.

Analytic Plan

This study will use hierarchical ordinary least squares (OLS) regression to answer its research questions. This investigation will include three phases of inquiry. The aim of the first phase is to establish a greater understanding of the variables included in the study. Descriptive

statistics will be reported for all study variables. The second phase will conduct bivariate analyses of all continuous independent variables. Pearson's correlations will be the statistical test to determine any significant associations among study variables which might make it difficult if not impossible to determine separate effects of continuous independent variables on life satisfaction.

Lastly, hierarchical OLS regression analysis will examine relationships between the independent variables of internally negotiating sexual orientation (Domain I), externally negotiating sexual orientation (Domain II), and key demographic variables (Domain III), and the dependent variable of life satisfaction. Because the literature reveals racial differences in the well-being of gay and bisexual men, regression analyses will be conducted separately for all men, White men, and men of Color. While some would simply add a dummy variable for race, this project has run the analyses separately for men of Color and White men. This belief that minority stress has operated differently for White men versus men of Color was informed by intersectional analyses. Because the analyses will be done separately for these two groups, I use intersectionality not only as a theoretical framework for this study but as an analytical tool as well.

By placing the independent variables in Domain I at the top of the hierarchy of the regression analysis, followed by Domain II variables, this analysis will take into account the interplay of individual variables within the social context. This study uses hierarchical OLS regression to address critiques in the literature on well-being and life satisfaction as being too focused on factors located at the individual level while ignoring the impact of factors located in the social context (Frawley, 2015; Ono & Lee, 2016).

As shown in Table 1, Model I will examine the effects of Domain I variables on life satisfaction for all respondents in the sample. Model II will add Domain II variables to the analysis, while controlling for the impact of Domain I variables on the life satisfaction of all men in the study. Model III will examine the impact of Domain III variables on the life satisfaction of all men in the study while controlling for the impact of Domain I and Domain II variables on life satisfaction for all men.

Model IV will examine the effects of Domain I variables on life satisfaction for White respondents in the study. Model V will add Domain II variables to the model, while controlling for the impact of Domain I variables on the life satisfaction of White men in the study. Model VI will examine the impact of Domain III variables on the life satisfaction of White men in the study while controlling for the impact of Domain I and Domain II variables on their life satisfaction.

Model VII will examine the effects of Domain I variables on life satisfaction for men of Color in the sample. Model VIII will add Domain II variables to the model, while controlling for the impact of Domain I variables on the life satisfaction of men of Color in the study. Model IX will examine the impact of Domain III variables on the life satisfaction of all men in the study while controlling for the impact of Domain I and Domain II variables on life satisfaction for men of Color in the study.

Table 1*Hierarchical Ordinary Least Squares Regression Models*

	All Men			White Men			Men of Color		
Model	I	II	III	IV	V	VI	VII	VIII	IX
Internally Negotiating Sexual Orientation	x	x	x	x	x	x	x	x	x
Internally Negotiating Sexual Orientation		x	x		x	x		x	x
Key Demographic Variables			x			x			x

CHAPTER VI: FINDINGS

The sample was comprised of a total of 693 men. Four hundred thirty-seven (63%) identified as White. Two hundred fifty-six (27%) identified as being Black/African American, or being of Hispanic, Latino, or Spanish Origin, or of being of multiple races. These three groups together are referred to as men of Color in this study's analysis.

Of the twenty-one independent variables analyzed in this study, ten showed a significant relationship with life satisfaction for gay and bisexual White participants: mental health, suicidal thoughts once, suicidal thoughts twice+, suicide attempt once, suicide attempts twice+, internalized heterosexism, outness, community belonging, age and household income. However, of these ten, only three also showed significance for men of Color: mental health, internalized heterosexism and outness. Seven variables showed significance for life satisfaction for White but not for men of Color: suicidal thoughts once, suicidal thoughts twice+, suicide attempt once, suicide attempts twice+, community belonging, age and household income. These intersectional findings will be addressed in the discussion chapter that follows.

Univariate Findings

Table 2 presents the mean and standard deviation (SD) for each variable for the entire sample in this study.

Dependent Variable

The mean score for life satisfaction was 4.34 with a standard deviation of 1.6. The mean response fell between "Neither Agree nor Disagree" and "Slightly Agree" with statements indicating that they were experiencing life satisfaction.

Independent Variables: Domain I

The mean score for worry about being judged around sexual orientation was 2.63 indicating that the average response fell between “neither agreed or disagree” and “disagree” with statements that indicated that they worried about being negatively judged by others around their sexual orientation. The standard deviation was 1.13.

Table 2*Means, Standard Deviations, of Variables for All Men (N=693)*

Variable	Mean	SD
<i>Dependent Variable</i>		
Life Satisfaction	4.34	1.6
<i>Domain I</i>		
Worry	2.63	1.13
Mental Health	3.82	0.88
Suicidal Thoughts (Ref: None)		
Suicidal Thoughts Once	0.21	0.41
Suicidal Thoughts More Than Once	0.46	0.5
Harmed Self (Ref: None)		
Harmed Self Once	0.1	0.3
Harmed Self More Than Once	0.15	0.36
Suicide Attempt Once	0.16	0.36
Suicide Attempt More Than Once	0.05	0.21
Internalized Heterosexism	1.73	0.82
<i>Domain II</i>		
Outness	1.95	0.92
Community Belonging	2.13	0.62
Clockable	2.55	1.12
Sexual Orientation Identity Centrality	3.4	1.25
Masculinity	5.4	1.06

Victimization	1.95	0.79
Disrespected	3.19	0.66
<hr/> <i>Domain III</i> <hr/>		
Age	38.24	14.95
Household Income	7.3	2.76
Household Size	2.12	1.25
US Born	0.92	0.27
Second Generation	0.22	0.41
<hr/>		

Mental health had a mean score of 3.82. This indicates that the average respondent experienced mental health symptoms between “some of the time” and “a little of the time”. The standard deviation was 0.88.

Twenty-one percent of participants experienced suicidal thoughts only once and forty-six percent of respondents experienced suicidal thoughts more than once. Thirty-three percent reported never having suicidal thoughts.

Ten percent of respondents had harmed themselves without intention to die only once and fifteen percent of respondents had harmed themselves without intention to die more than once. Seventy-five percent reported never having harmed them selves without intention to die.

Sixteen percent of participants attempted suicide with some intention to die only once and five percent of respondents attempted suicide with some intention to die more than once. Seventy-nine percent of respondents reported never having attempted suicide with some intention to die.

The mean for internalized heterosexism was 1.73 and indicated that the average response fell between “strongly disagree” and “disagree” with statements indicating that they were experiencing internalized heterosexism. The standard deviation was 0.82.

Independent Variables: Domain II

The mean score for outness was 1.95 and the standard deviation was 0.92. The average respondent reported that he was out to most of their family, straight friends, co-workers, and healthcare providers.

Community belonging had a mean score of 2.13 and the standard deviation was 0.62. The average participant response fell between “agree” and “agree strongly” with statements that they felt that they belonged to the sexual minority community.

The mean score for clockable was 2.55 with a standard deviation of 1.12. This indicates that the average respondent felt that he was seen by others as being gay or bisexual, without having to disclose, somewhere between “most of the time” and “sometimes.”

Sexual orientation identity centrality had a mean of 3.4 and a standard deviation of 1.25. The average response fell between “agree somewhat” and “disagree somewhat” that their sexual orientation was central to their identity.

Masculinity had a mean of 5.4 and a standard deviation of 1.06. The average participant perceived that he was seen by others as having a “mostly masculine” to a “very masculine” presentation.

Victimization had a mean of 1.95 with a standard deviation of 0.79. This indicates that the average respondent was victimized about once since the age of 18.

Disrespected in the last year had a mean of 3.19 and a standard deviation of 0.66 indicating that the average respondent was disrespected less than “rarely” but more than “never” in the past year.

Independent Variables: Domain III

Age had a range of 17 to 60. The mean age was 38.24 years with a standard deviation of 14.95.

Household income had a range of “under \$720” to “over \$240,000”. The average participant had an income between \$48,000 and \$59,999.

Household Size ranged from 0 to 7. The mean household size was 2.12 with a SD of 1.25.

US born and second generation are dummy variables. Ninety-two percent of respondents were born in the US, with eight percent being born outside the US. Twenty-two percent of participants had a parent born outside the US, with seventy-eight percent reporting no foreign-born parent.

Bivariate Findings

In regression analysis, multicollinearity exists when two or more independent variables are highly correlated. This makes it difficult or impossible to determine separately their effects on the dependent variable.

To avoid multicollinearity among independent variables in regression analysis, Pearson’s correlations were calculated for the 13 continuous independent variables in the study as seen in Table 2. Four pairs of variables were found to be significantly and moderately correlated: sexual orientation identity centrality and community belonging ($r = -.49$), masculinity and clockable ($r =$

-.46), disrespected and mental health ($r = .50$), and disrespected and victimized ($r = -.43$). All other continuous independent variables showed low levels of correlation as shown in Table 3.

Since no variables in this study showed high levels of correlation, multicollinearity is not an issue in the regression analysis.

Table 3*Pearson's Correlations (N=693)*

Variables	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
(1) Worry	1											
(2) Mental Health	-.27***	1										
(3) Internalized Heterosexism	.22***	-.19***	1									
(4) Outness	.09*	-.17***	.30***	1								
(5) Community Belonging	-.07	-.07	.24***	.21***	1							
(6) Clockable	.04	.05	-.07	-.36***	-.20***	1						
(7) Sexual Orientation Identity Centrality	.06	.04	-.15***	-.31***	-.49***	.32***	1					
(8) Masculinity	-.18***	.024***	-.03	.06	.10**	-.46***	-.10**	1				
(9) Victimization	.16***	-.21***	.01	-.09*	-.06	.10*	.08*	-.08*	1			
(10) Disrespected	-.37***	.50***	-.21***	-.12**	-.04	-.10*	-.03	.26***	-.43***	1		
(11) Age	-.15***	.32***	-.15***	-.19***	-.01	-.07*	.11**	.37***	.18***	.27***	1	
(12) Household Income	-.07	.25***	-.10**	-.03	-.04	-.08*	-.04	.20***	-.21***	.28***	.13***	1
(13) Household Size	.10**	-.16***	.04	.18***	-.03	.01	-.05	-.19***	-.07	-.15***	-.39***	.31***

* p ≤ .05 ** p ≤ .01 *** p ≤ .001

Multivariate Findings

Hierarchical OLS regression analysis examined relationships between the independent variables in three domains – internally negotiating sexual orientation, externally negotiating sexual orientation, and key demographics – and the dependent variable (life satisfaction). I examined how these relationships varied for White vs. men of Color. In addition, all models identified any statistical significance (p-value) and coefficients of determination (R^2) for relationships of all independent variables with the dependent variable.

The first model examined the impact of Domain I variables on life satisfaction for all men in the sample. The second model added Domain II variables while controlling for Domain I variables, and the third model added Domain III variables while controlling for variables in Domains II and III. The sample was then split to examine these same relationships for White gay and bisexual men only (Models IV thru VI) and gay and bisexual men of Color only (Models VII thru IX). Hierarchical OLS regression analysis findings are presented in Table 4.

Independent Variables: Domain I

Worry

There was no significant relationship between worry and life satisfaction across any model.

Table 4*Hierarchical OLS Regression Analysis on Life Satisfaction for All Men (Standardized betas in parentheses)*

Variables	All Men (N=693)			White Men (N=437)			Men of Color (N=256)		
	Model I	Model II	Model III	Model IV	Model V	Model VI	Model VII	Model VIII	Model IX
<i>Internally Negotiating Sexual Orientation</i>									
Worry	-.05	-.03	-.06	-.03	-.01	-.03	-.05	-.03	-.07
	(-.04)	(-.02)	(-.04)	(-.02)	(-.10)	(-.02)	(-.04)	(-.02)	(-.05)
Mental Health	.84***	.77***	.74***	.83***	.76***	.76***	.90***	.82***	.73***
	(.46)	(.42)	(.41)	(.45)	(.41)	(.41)	(.50)	(.45)	(.40)
No Suicidal Thoughts (ref.)									
Suicidal Thoughts Once	-.33*	-.29*	-.26	-.33*	-.35	-.35*	-.22	-.05	.00
	(-.08)	(-.08)	(-.07)	(-.08)	(-.09)	(-.09)	(-.06)	(-.01)	(.00)
Suicidal Thoughts Twice+	-.44**	-.39**	-.36**	-.64***	-.61***	-.55***	-.10	.01	.03
	(.14)	(-.12)	(-.11)	(.20)	(-.19)	(-.17)	(-.03)	(.00)	(.01)
Never Harmed Self (ref.)									

Harmed Self Once	.29	.27	.19	.07	.08	-.04	.60*	.46	.50
	(.06)	(.05)	(.04)	(.01)	(.01)	(-.01)	(.13)	(.10)	(.11)
Harmed Self Twice+	.20	.28	.13	.13	-.20	.02	.32	.40	.33
	(.05)	(.06)	(.03)	(.03)	(.04)	(.00)	(.07)	(.09)	(.07)
Never Attempted Suicide (ref.)									
Suicide Attempt Once	.18	.16	.20	.49*	.44*	.52**	-.11	-.15	-.14
	(.04)	(.04)	(.05)	(.10)	(.09)	(.11)	(-.03)	(-.04)	(-.04)
Suicide Attempt Twice+	-.68**	-.63*	-.51*	-1.01**	-1.04***	-.86**	-.16	-.10	-.11
	(-.09)	(-.08)	(-.07)	(-.13)	(-.14)	(-.11)	(-.02)	(-.01)	(-.01)
Internalized Heterosexism	-.22***	-.13	-.13*	-.22*	-.13	-.15	-.26*	-.18	-.16
	(-.11)	(-.07)	(-.07)	(-.10)	(-.06)	(-.07)	(-.15)	(-.10)	(-.09)
<hr/> <i>Externally Negotiating Sexual Orientation</i>									
Outness		-.22***	-.22***		-.16*	-.16*		-.30*	-.31*
		(-.13)	(-.13)		(-.09)	(-.09)		(-.17)	(-.18)
Community Belonging		-.20*	-.13		-.26*	-.18		-.08	-.08
		(-.08)	(-.05)		(-.10)	(-.07)		(-.03)	(-.03)

	Clockable	-01	.00	.03	.03	-06	-03
		(-01)	(.00)	(.02)	(-.07)	(-.04)	(-.02)
	Sexual Orientation Identity Centrality	-08	-05	-07	-03	-14	-13
		(-07)	(-.04)	(-.06)	(-.02)	(-.10)	(-.10)
	Masculinity	-08	-07	-07	-04	-13	-13
		(-05)	(-.04)	(-.04)	(-.03)	(-.09)	(-.09)
	Victimization	-.15*	-.02	-.17	-.03	-.09	-.01
		(-07)	(-.01)	(-.08)	(-.02)	(-.04)	(-.01)
∞	Disrespected	.18	.18	.14	.19	.26	.21
		(.07)	(.08)	(.05)	(.07)	(.11)	(.09)

Key Demographics

	Age		-.01**		-.02***		.01
			(-.13)		(-.18)		(-.04)
	Household Income		.11***		.13***		.07
			(.19)		(.21)		(.13)
	Household Size		-.06		-.06		-.05

			(-.04)			(-.04)		(-.05)	
US Born			-.26			-.08		-.52	
			(-.05)			(-.01)		(-.12)	
Second Generation			.12			.26		.17	
			(.03)			(.05)		(.05)	
Constant	1.88***	3.24***	2.61***	1.94***	3.33***	2.16*	1.46*	2.99*	3.41*
	(.37)	(.72)	(.77)	(.46)	(.91)	(.97)	(.65)	(1.31)	(1.40)
Adjusted R ²	.32	.34	.37	.36	.38	.43	.26	.28	.29
*p ≤ .05	**p ≤ .01	***p ≤ .001							

Mental Health

For all men, every unit increase in mental health showed an increase of .84 points in life satisfaction (+.84), which was significant at the .001 level (Model I). When adding Domain II variables to the regression, each unit increase in mental health was related to a .77-point increase in life satisfaction (+.77), which was significant at the .001 level (Model II). After adding Domain III variables to the analysis, each unit increase in mental health was related to a .74-point increase in life satisfaction (+.74), which was also significant at the .001 level (Model III).

For White men only, each unit increase in mental health showed an increase of .83 points in life satisfaction (+.83), with a significance of .001 (Model IV). When adding Domain II variables, each unit increase in mental health showed an increase in life satisfaction of .76 points in life satisfaction (+.76) which was significant at the .001 level (Model V). When adding Domain III variables, each unit increase in mental health showed an increase in life satisfaction of .76 points (+.76), also significant at the .001 level (Model VI).

For men of Color only, each unit increase in mental health showed an increase of .90 points in life satisfaction (+.90) with a significance of .001 (Model VII). When adding Domain II variables, each unit increase in mental health showed an increase in life satisfaction of .82 points in life satisfaction (+.82), also significant at the .001 level (Model VIII). When adding Domain III variables, each unit increase in mental health showed an increase in life satisfaction of .73 points (+.73), also significant at the .001 level (Model IX).

Suicidal Thoughts Once

Suicidal thoughts once is a dummy variable. For all men, those who had suicidal thoughts once showed a decrease of .33 points in life satisfaction (-.33) compared to those who did not report having suicidal thoughts once, which was significant at the .01 level (Model I). When

adding Domain II variables to the regression, having had suicidal thoughts once was related to a .29-point decrease in life satisfaction (-.29), which was significant at the .01 level (Model II). After adding Domain III variables to the analysis, there was no longer a significant relationship between suicidal thoughts once and life satisfaction (Model III).

For White men only, those reporting suicidal thoughts once showed a decrease of .33 points in life satisfaction (-.33) compared to those who did not, which was significant at the .01 level (Model IV). When adding Domain II variables to the regression, there was no significant relationship between suicidal thoughts once and life satisfaction (Model V). After adding Domain III variables to the analysis, those reporting suicidal thoughts once showed a decrease of .35 points in life satisfaction (-.35) when compared to those who didn't, which was significant at the .01 level (Model VI).

For men of Color only, there were no significant relationships between suicidal thoughts once and life satisfaction across any model (Models VII, VII and IX).

Suicidal Thoughts Twice+

Suicidal thoughts twice+ is a dummy variable. For all men, thought who reported having suicidal thoughts twice+ showed a decrease of .44 points in life satisfaction (-.44), which was significant at the .01 level (Model I). When adding Domain II variables to the regression, those reporting suicidal thoughts twice+ experienced a .29-point decrease in life satisfaction (-.29), which was significant at the .01 level (Model II). After adding Domain III variables to the analysis, those who reported suicidal thought twice+, showed a decrease of .36 points in life satisfaction (-.36) with a significance at the .01 level (Model III).

For White men only, those who had suicidal thoughts twice+ scored .64 points lower on life satisfaction (-.64) than their counterparts who had not, and that relationship was significant at

the .001 level (Model IV). When adding Domain II variables to the regression, those reporting suicidal thoughts twice+ experienced a .61-point decrease in life satisfaction (-.61), which was significant at the .001 level (Model V). After adding Domain III variables to the analysis, those who reported suicidal thought twice+, showed a decrease of .55 points in life satisfaction (-.55) with a significance at the .001 level (Model VI).

For men of Color only, there was no significant relationship between suicidal thoughts twice+ and life satisfaction across any model (Models VII, VII and IX).

Harmed Self Once

Harmed self once is a dummy variable and showed no relationship with life satisfaction across any model. Harmed self twice+ is a dummy variable and also showed no relationship with life satisfaction across any model.

Suicide Attempt Once

Suicide attempt once is a dummy variable. For all men, having made a suicide attempt once showed no impact on life satisfaction when compared to those who had not made a suicide attempt once (Models I, II, and III).

For White men only, having made a suicide attempt once was related to an increase of .49 in life satisfaction (+.49) when compared to those who had no suicidal thoughts once, and that relationship was significant at the .05 level (Model IV). When adding Domain II variables to the regression, those reporting having made a suicidal attempt once experienced a .44-point increase in life satisfaction (+.44), which was significant at the .05 level (Model V). After adding Domain III variables to the analysis, those who reported suicidal thought once, showed a increase of .52 points in life satisfaction (+.52) with a significance at the .01 level (Model VI).

For men of Color only, there was no significant relationship between having made a suicide attempt once and life satisfaction across any model (Models VII, VII and IX).

Suicide Attempt Twice+

Suicide attempt twice+ is a dummy variable. For all men, those who had made a suicide attempt twice+ once scored .68 points lower on life satisfaction (-.68) than their counterparts who had not, and that relationship was significant at the .01 level (Model I). When adding Domain II variables to the regression, those reporting having made a suicidal attempt twice+ experienced a .63-point decrease in life satisfaction (-.63), which was significant at the .05 level (Model II). After adding Domain III variables to the analysis, those who reported suicidal thought twice+, showed a decrease of .51 points in life satisfaction (-.51) with a significance at the .05 level (Model III).

For White men only, those who had made a suicide attempt twice+ scored 1.01 points lower on life satisfaction (-1.01) than their counterparts who had not, and that relationship was significant at the .01 level (Model IV). When adding Domain II variables to the regression, those reporting having made a suicidal attempt twice+ experienced a 1.04-point decrease in life satisfaction (-1.04), which was significant at the .001 level (Model V). After adding Domain III variables to the analysis, those who reported having made a suicide attempt twice+ showed a decrease of .86 points in life satisfaction (-.86) with a significance at the .05 level (Model VI).

For men of Color only, there was no significant relationship between having made a suicide attempt twice+ and life satisfaction across any model (Models VII, VII and IX).

Internalized Heterosexism

For all men, every unit increase in internalized heterosexism showed a decrease of .22 points in life satisfaction (-.22), which was significant at the .001 level (Model I). When adding

Domain II variables to the regression, there was no longer a significant relationship between internalized heterosexism and life satisfaction (Model II). After adding Domain III variables to the analysis, each unit increase in internalized heterosexism was related to a .13-point decrease in life satisfaction (-.13) which was significant at the .05 level (Model III).

For White men only, every unit increase in internalized heterosexism showed a decrease of .22 points in life satisfaction (-.22), which was significant at the .05 level (Model IV). When adding Domain II variables to the regression, there was no longer a significant relationship between internalized heterosexism and life satisfaction (Model V). After adding Domain III variables to the analysis, there was also no longer a significant relationship between internalized heterosexism and life satisfaction as well (Model VI).

For men of Color only, every unit increase in internalized heterosexism showed a decrease of .26 points in life satisfaction (-.26), which was significant at the .05 level (Model VII). When adding Domain II variables to the regression, there was no longer a significant relationship between internalized heterosexism and life satisfaction (Model VIII). After adding Domain III variables to the analysis, there was also no longer a significant relationship between internalized heterosexism and life satisfaction as well (Model IX).

Independent Variables: Domain II

Outness

For all men, every unit increase in outness showed a decrease of .22 points in life satisfaction (-.22), which was significant at the .001 level (Model II). When adding Domain III variables to the analysis, each unit increase in outness continued to show a decrease of .22 points in life satisfaction (-.22) at the .001 level of significance (Model III).

For White men only, every unit increase in outness showed a decrease of .16 points in life satisfaction (-.16), which was significant at the .05 level (Model V). When adding Domain III variables to the analysis, each unit increase in outness continued to show a decrease of .16 points in life satisfaction (-.16) at the .05 level of significance (Model VI).

For men of Color, every unit increase in outness showed a decrease of .30 points in life satisfaction (-.30), which was significant at the .05 level (Model VIII). When adding Domain III variables to the analysis, each unit increase in outness showed a decrease of .31 points in life satisfaction (-.31) at the .05 level of significance (Model IX).

Community Belonging

For all men, every unit increase in community belonging showed a decrease of .20 points in life satisfaction (-.20), which was significant at the .05 level (Model II). When adding Domain III variables to the analysis, there was no longer a significant relationship between community belonging and life satisfaction (Model III).

For White men only, every unit increase in community belonging showed a decrease of .26 points in life satisfaction (-.26), which was significant at the .05 level (Model V). When adding Domain III variables to the analysis, there was no longer a significant relationship between community belonging and life satisfaction (Model VI).

For men of Color only, there was no relationship between community belonging and life satisfaction (Models VIII and IX).

Clockable

There was no significant relationship between clockable and life satisfaction across any model (Models II, III, V, VI, VIII and IX).

Sexual Orientation Identity Centrality

There was no significant relationship between sexual orientation identity centrality and life satisfaction across any model (Models II, III, V, VI, VIII and IX).

Masculinity

There was no significant relationship between masculinity and life satisfaction across any model (Models II, III, V, VI, VIII and IX).

Victimization

There was no significant relationship between victimization and life satisfaction across any model (Models II, III, V, VI, VIII and IX).

Disrespected

There was no significant relationship between disrespected and life satisfaction across any model (Models II, III, V, VI, VIII and IX).

Independent Variables: Domain III

Age

For all men, with every unit increase in age, life satisfaction decreased by .01 points (-.01) which was significant at the .01 level (Model III).

For White men only, each unit increase in age showed a decrease of .02 in life satisfaction (-.02), which was significant at the .01 level (Model VI).

For men of Color only, there was no relationship between age and life satisfaction (Model IX).

Household Income

For all men, each unit increase in household income showed an increase of .11 points in life satisfaction (+.11) which was significant at the .001 level (Model III).

For White men only, each unit increase in household income was related to a increase of .13 points in life satisfaction (+.13), which was significant at the .001 level (Model VI).

For men of Color only, there was no relationship between household income and life satisfaction (Model IX).

Household Size

There was no relationship between Household Size and life satisfaction across any model (Models III, VI and IX).

US Born

There was no relationship between being US Born and life satisfaction across any model (Models III, VI and IX).

Second Generation

There was no relationship between having a parent born outside the US and life satisfaction across any model (Models III, VI and IX).

Intersectional Findings

The intersection of sexual orientation and race merits further exploration. In this study, the following independent variables were related with life satisfaction for White men and men of Color differentially.

Suicidal Thoughts Once and Suicide Thoughts More Than Once were significantly and negatively related with life satisfaction for White men in the study but were not significantly related for men of Color.

Harmed Self Once was significantly and positively related with life satisfaction for men of Color but was not related for White men.

Suicide attempted once was significantly and positively related with life satisfaction for White men. It was not related for men of Color. Suicide Attempts More Than Once was significantly and negatively related with life satisfaction for White men. Again, it was not related for men of Color.

Community Belonging was significantly and negatively related with life satisfaction for White men, but that relationship was not significant for men of Color.

Age was significantly and negatively related with life satisfaction for White men, but there was no association for men of Color.

Household Income was significantly and positively associated with life satisfaction for White men but was not significantly associated with life satisfaction for men of Color.

The next chapter discusses this study's findings.

CHAPTER VII: DISCUSSION

This chapter discusses the findings of the hierarchical OLS regression analyses described above. It reviews the independent variables that show significant relationships and those that show no relationship with life satisfaction, and it reviews how these findings relate to the literature. In addition, it will discuss how this study's findings vary by race.

Domain I – Internally Negotiating Sexual Orientation

Worry had no impact on life satisfaction across any of the nine models in this study's analysis. Ouch and Moradi (2019) found that worry over being judged around sexual orientation was associated with greater levels of distress for sexual minorities of Color compared to White men. In addition, racism was found to interact with sensitivity to being rejected over being gay or bisexual and to predict higher levels of depression and anxiety symptoms and greater alcohol consumption for gay and bisexual men of Color (English et al., 2018). It was expected that worry over being judged around sexual orientation would have a negative impact on life satisfaction for study participants and especially for men of Color. These conflicting findings may be explained by the small sample sizes in Ouch and Moradi's study (N=209) and English's study (N=170).

Based on the literature, it was expected that mental health would have a significant impact on life satisfaction for the men in this study. As expected, this study found that when mental health increased, life satisfaction did as well for all men in the study. This finding was significant and robust, holding true across all nine models in the regression analysis. Mental health was, by far, the most significant predictor of life satisfaction for all men in this study. Layard (2013) also found that mental health was the single most important predictor of life satisfaction. In addition, the literature suggests that life satisfaction is negatively associated with mental distress (Diener, 2009).

This study's findings about mental health and life satisfaction support the importance of addressing both symptom-based mental health outcomes for gay and bisexual men as well as

positive mental health outcomes, such as life satisfaction and resilience. Given the higher rates of mental and behavioral challenges for gay and bisexual men when compared to their heterosexual counterparts, this finding offers additional support for clinical and public health professionals and policymakers to address the concerns of gay and bisexual men. This finding is also particularly important when supporting gay and bisexual men of Color as they have higher rates of psychological distress than gay and bisexual White men (Platt & Scheitle, 2018).

In this study, both having suicidal thoughts once and having suicidal thoughts more than once were significantly associated with lower life satisfaction for gay and bisexual White men but were not significantly associated with life satisfaction for gay and bisexual men of Color. Unexpectedly, having suicidal thoughts once was associated with higher life satisfaction for White men but had no impact on life satisfaction for men of Color. This finding may be explained by increased access to mental health resources after a suicide attempt for White men than men of Color. Accessing resources such as psychotherapy or psychopharmacological interventions may improve mental health, which is a strong predictor of life satisfaction. In this study, having suicidal thoughts more than once had a negative impact on life satisfaction for White men only. Neither having suicidal thoughts once nor having suicidal thoughts more than once had any impact on life satisfaction for men of Color. This finding may be explained by the moderating effect of unknown variables for men of Color.

These findings about having suicidal thoughts once and having suicidal thoughts twice+ are partially supported by the empirical literature. The literature has tended to conflate suicidal thoughts and suicide attempts but has documented a significant inverse relationship between suicidal thoughts or suicide attempts and life satisfaction (Bray & Gunnell, 2006; Fergusson et al., 2015). In addition, lower life satisfaction also has been shown to increase the long-term effect on the risk of suicide (Koivumaa-Honkanen et al., 2001). Based on the literature, it was expected that a history of

suicidal thoughts or suicide attempts would have a negative relationship with life satisfaction for all men in the study. Although suicidal thoughts and suicidal attempts impacted the life satisfaction of White men, they did not operate similarly for men of Color in this study. The studies on suicidality and life satisfaction referenced above were conducted with samples from outside the US (from thirty-three European countries, from New Zealand, and Finland, respectively) and did not report the racial characteristics of the sample. It is likely that men of Color in those samples may have been significantly underrepresented when compared to this study's sample.

This study did not show a relationship between having harmed self once or having harmed self twice+ and life satisfaction for any of the men in this study. This finding is inconsistent with the literature that showed that non-suicidal deliberate self-harm was negatively associated with life satisfaction (Rönkä et al., 2013). However, this discrepancy may be attributed to the 2013 study being conducted in Finland. Although no racial breakdown was reported for that study, is likely that that sample differed demographically very significantly from the sample used in this study.

This study found that internalized heterosexism was negatively associated with life satisfaction for White men and men of Color. This finding supported the empirical literature, but the literature examining a direct relationship between internalized heterosexism and life satisfaction is sparse. In a study of Turkish and Belgian lesbian and bisexual women, internalized heterosexism emerged as one of the best predictors of life satisfaction (Ummak et al., 2021). Systematic literature reviews showed that internalized heterosexism was associated with poorer health outcomes for sexual minorities (Berg et al., 2016; Szymanski et al., 2008) and that poor health was negatively associated with life satisfaction (Deimling et al. 2019). These reviews also revealed that the study of internalized heterosexism in sexual minorities has been firmly situated within the psychopathological perspective on health and lacks a broader assessment of its impact on subjective well-being.

Domain II – Externally Negotiating Sexual Orientation

This study revealed a significant negative relationship between outness and life satisfaction for White men and men of Color. The empirical literature on the relationship between outness and life satisfaction is inconsistent. Concealing sexual minority status provides protection from stigma and discrimination for gay and bisexual men but also exacts a psychological cost (Pachankis et al., 2015). Additionally, concealment may reduce the likelihood of community connection which has been shown to foster well-being for sexual minorities (Hall, 2018; Rostosky et al., 2018). In addition, these studies found that sexual minority men who had recently come out were at higher risk of serious mental health disorders. This study suggested that, at least in regarding life satisfaction, the social and psychological costs of being out outweigh its protective aspects.

This study found that sexual minority community belonging has a significant negative relationship with life satisfaction for White men, which was only eliminated when adding Domain III variables into the analysis. Sexual minority community belonging did not have any significant relationship with life satisfaction for men of Color. The intersectional aspect of this finding was echoed in a study that showed that sexual minority community belonging moderated the relationship between stigma and stress more effectively for gay and bisexual White men than for gay and bisexual men of Color (McConnell et al., 2018). In addition, gay and bisexual men of Color reported more stigma around race in their connection with the sexual minority community than White men. Lazarevic (2016), however, found that sexual orientation community belonging was not associated with life satisfaction for gay and bisexual men of any race. In addition, affiliation with racial minority communities may have had more impact gay and bisexual men of Color than affiliation with the sexual minority community.

Clockable had no impact on life satisfaction across any model in this study. There was no empirical evidence about the impact of clockability on outcomes for gay and bisexual men. It was

expected, however, that being clockable might have elicited more disrespect and victimization of study participants, both of which were associated with higher levels of mental distress in sexual minorities (Peterson et al., 2021).

Sexual orientation identity centrality had no impact on life satisfaction in this study across any model. The literature suggests that sexual orientation identity centrality is positively associated with multiple measures of well-being. For example, Fredrick and Williams (2021) found that higher sexual orientation identity centrality predicted lower psychological distress for lesbian, gay and bisexual participants. Their study, however, had a small number of men in the sample (N=92) and a small number of men of Color (N=14).

There was no relationship between masculinity and life satisfaction in this study. Gender role conformity is associated in the literature with lower levels of some health-related activity, such as HIV testing frequency (Parent et al., 2012). It may be that masculinity has impacted some health-related behaviors differently than non-behavioral cognitive assessments, such as life satisfaction.

Victimization and disrespected were not significantly related to life satisfaction in this study. This finding is inconsistent with a study showing that both the victimization of gay and bisexual men and disrespect towards them is associated with higher levels of mental distress (Peterson et al., 2021)). That study's sample, however, included just 93 men, of whom only 13 were men of Color.

Domain III – Key Demographics

Age was found to have a significant but very small negative impact on life satisfaction for White men in this study. There was no significant relation between age and life satisfaction for men of Color. In the US and Europe, there is a u-shaped relationship between age and life satisfaction (de Ree & Alessie, 2011). Life satisfaction is higher among younger adults, diminishes in middle age and then returns to higher levels among older adults. It was expected that greater age would have a positive impact on life satisfaction for men.

This study found a robust relationship between household income and life satisfaction for White men, but there was no significant relation between the variables for men of Color. Household size was not related to life satisfaction for any men in the study. The literature has shown economic well-being to be associated with greater life satisfaction for sexual minorities (Lazarevic et al., 2016). However, that study included only 16 men of Color and did not investigate racial differences for variable relationships.

Being born in the US did not impact life satisfaction for any men in the study. Calvo et al. (2017) found higher life satisfaction for immigrants to the US, and that life satisfaction was especially high among older Latinx immigrants. This study's finding on being born in the US was inconsistent with Calvo's findings.

Being second generation had no impact on life satisfaction for any men in this study. Angelini et al. (2015) found that cultural assimilation for first- and second-generation immigrants was positively associated with life satisfaction. That lack of support for this study's finding may be due to that study's not identifying gay and bisexual men in their sample.

Theoretical Discussion

Two theories – minority stress theory and intersectionality theory – situate this study within the literature and structure its analysis. This study identifies significant relationships between multiple independent variables and the dependent variable of life satisfaction for gay and bisexual men. Further, it offers evidence that these relationships vary for White gay and bisexual men and for gay and bisexual men of Color.

Minority stress theory provides a framework for understanding the additional stressors particular to members of a vulnerable group but are not operant for those outside that group. This theory has been used most frequently to address the atypical experiences of sexual minorities.

However, it can also be applied to understanding how people with membership in other vulnerable groups (for example, racial minorities) experience atypical stressors.

This study's findings offered support for minority stress theory. Multiple independent variables associated with being gay or bisexual studied here show a negative impact on the dependent variable of life satisfaction. Sexual minority people have higher rates of mental health problems than their heterosexual counterparts in response to the structural forces aligned against them (Operario et al., 2015), and there is also evidence that gay and bisexual men used substances at higher levels to manage these mental health challenges (Gaspar et al., 2021). In this study, higher levels of mental health showed a significant and robust negative impact on life satisfaction across all models, including for White men and men of Color. Another proximal stressor examined here, internalized heterosexism, showed significant negative impact on life satisfaction for all men in the study. In addition to proximal stressors showing significance in this study, the distal stressor of outness was significantly and negatively associated with life satisfaction for all men.

This study revealed that not all stressors impact gay and bisexual White men and gay and bisexual men of Color similarly. This study's finding that multiple variables – suicidal thoughts once, suicidal thoughts twice+, suicide attempt once, suicide attempts twice+, community belonging, age, and household income – impacted the life satisfaction of gay and bisexual White men but not the life satisfaction of gay and bisexual men of Color offered additional support for intersectionality theory.

Intersectionality theory not only provided a theoretical framework for this study but was also used as an analytical tool. While some would simply have added a dummy variable for race, this study ran the analyses separately for White men and men of Color. The expectation that normative and minority stressors operate differently for gay and bisexual White men than for gay and bisexual men of Color was informed by intersectional theory and drove this study's methodological rationale.

This study sought to identify the impact of multiple independent variables on the life satisfaction of gay and bisexual men. In addition, it aimed to identify the differential impact of independent variables on the life satisfaction of the White men in the sample and the men of Color in the sample. This study used nine hierarchical OLS regression models to investigate the impact of the twenty-one independent variables grouped into three domains – internally negotiating sexual orientation, externally negotiating sexual orientation and demographic variables.

Of the twenty-one independent variables in this study, ten significant impacted the life satisfaction of White men: mental health, suicidal thoughts once, suicidal thoughts twice+, suicide attempt once, suicide attempts twice+, internalized heterosexism, outness, community belonging, age, and household income. For men of Color in the study, however, only three independent variables significantly impacted life satisfaction: mental health, internalized heterosexism, and outness. Of these three variables, mental health had, by far, the most robust impact on life satisfaction.

The next chapter identifies the implications of this study's findings for the life satisfaction of gay and bisexual men and for men of Color in particular. The chapter also details the limitations of this study, as well as suggestions for future research.

CHAPTER VIII – CONCLUSION

This study examined the impact of independent variables associated with internally negotiating sexual orientation, externally negotiating sexual orientation and key demographics on the life satisfaction of gay and bisexual men. Further, it analyzed how these relationships varied by race for this population. This chapter begins with an overview of the dissertation, discusses the limitations of this study, and identifies the implications of this study for gay and bisexual men, social workers, and other stakeholders. It ends with recommendations for future research.

Dissertation Overview

Two theories guided this dissertation's design and analysis: minority stress theory and intersectionality theory. Minority stress theory identifies proximal (internal) processes, such as internalized heterosexism and expectations of mistreatment, and distal (external) stressors related to sexual minority status, such as anti-gay violence and social policies that negatively target sexual minorities. It also drives the rationale for employing this study's grouping of independent variables into domains of internally negotiating sexual orientation and externally negotiating sexual orientation.

Although minority stress theory is useful in understanding poorer outcomes and obstacles to well-being in gay and bisexual men, additional theory is helps to illustrate how gay and bisexual men of Color, as opposed to their White counterparts, may be impacted differently by normative as well as minority stressors. Intersectionality theory offers a perspective on how different or multiple dimensions of social identity can result in disparate outcomes. It posits that the social locations of White gay and bisexual men differ from those of gay and bisexual men of Color. Hence, their experiences will vary as well.

The methodology for this inquiry was implemented in three different stages. Data analysis began with running descriptive statistics for the independent variables used in this study. The second

stage consisted of bivariate analyses to determine any associations between the independent variables. The analysis used Pearson's correlations to measure those associations. Lastly, the third stage used nine hierarchical OLS regression models to investigate whether variables associated with internally negotiating sexual orientation (Domain I), externally negotiating sexual orientation (Domain II), and key demographic variables (Domain III) significantly explained variance in the dependent variable of life satisfaction. Regression analyses were run for the complete sample of men (Models I through III), for White men only (Models IV through VI), and for men of Color (Models VII through IX).

Of the twenty-one independent variables analyzed in this study, ten show a significant relationship with life satisfaction for gay and bisexual White participants: mental health, suicidal thoughts once, suicidal thoughts twice+, suicide attempt once, suicide attempts twice+, internalized heterosexism, outness, community belonging, age, and household income. Only three variables show significance for men of Color: mental health, internalized heterosexism, and outness. Seven variables show significant impact on life satisfaction for White men only: suicidal thoughts once, suicidal thoughts twice+, suicide attempt once, suicide attempt twice+, community belonging, age, and household income. No variables significant impact the life satisfaction for men of Color only in this study

Limitations

Although this study reveals significant findings, there are limitations in its design. Seeking to understand the impact of multiple independent variables on the dependent variable of life satisfaction, hierarchical OLS regression analysis is the best fit to reveal associations between these variables. However, quantitative methodologies limit the deductions that can be made about any significant associations. Despite presenting the strength and direction of variable relationships, one cannot make deductions about the influence of any moderating or mediating variables. Further study

can focus on these findings and reveal the presence of confounding variables that may affect variable relationships.

Another limitation of this study is using composite variables to increase statistical power. In this study, gay and bisexual respondents are combined into one group. Although many of the dynamics around the well-being of gay men and bisexual men are similar – especially when compared to outcomes for heterosexual men – there may be differences in how gay men and bisexual men negotiate minority sexual orientation differently as well as in the health outcomes these two groups experience. Further study may reveal important differences in the life satisfaction of gay men and bisexual men.

A similar limitation in this study was the use of a composite variable to group all non-White men into the men of Color category, i.e., using race as a binary. This was done to increase the power of this study's statistical tests as the sample size was limited regarding the small number of Black, Latinx or Mixed race men. Just as gay and bisexual men may have similar outcomes especially when compared to their heterosexual counterparts, they also differ in important ways. The life experiences of a Black gay man who was raised in an urban setting is likely to be very different than that of a gay or bisexual undocumented man from Honduras, for example. Additional research can reveal important differences in how independent variables affect life satisfaction for gay and bisexual men who are Black, or Latinx, or of Mixed race.

The Generations study collected data on various aspects of the identities of study participants, such as sexual orientation identity centrality. It neglects, however, a potentially profound aspect of identity for the men of Color in the study – racial identity centrality. Just as sexual orientation identity centrality is generally not an important factor in the lives of heterosexual people, racial identity centrality is likely not an issue for most White people. Further study about

racial identity for gay and bisexual men of Color may offer important insights into how their life satisfaction is affected differently from gay and bisexual White men.

This study is also limited because the sample relied on gay and bisexual men's self-identification. Many men who have sex with men do not identify as gay or bisexual. The findings in this study cannot be extended to understanding the factors affecting the life satisfaction of men who have sex with but who do not identify as gay or bisexual. Further study is warranted to develop knowledge of the life satisfaction of men who have sex with men.

Since the data used in this study are from US-only participants, another limitation is that its findings cannot be extrapolated to other countries or cultures. The dataset used for this study does not reflect the geographical location or political context for study participants, nor whether they reside in urban, suburban, or rural areas. Since many factors that are associated with health outcomes for gay and bisexual men are sociopolitically context-specific, the findings in this study may pertain more to men who reside in specific areas of the US, for example, or who reside in states or communities that are more or less liberal, or in more or less densely populated areas. Further study will reveal how factors affecting life satisfaction may differ along this variable of where gay and bisexual men reside.

This cross-sectional study does not reveal how factors impacting life satisfaction may change over time. A longitudinal study will reveal any changes in relationships between the independent variables in this study and life satisfaction and guide interventions accordingly.

This study found that of all the independent variables examined, mental health has the most robust impact on the life satisfaction of gay and bisexual men across all models. However, mental health is traditionally operationalized in the dataset by looking only at the presence or absence of negative symptoms such as anxiety or depression. A more holistic approach to operationalizing

mental health would include looking at positive mental health attributes (such as self-esteem or resilience) that may reveal additional paths to facilitating life satisfaction.

One final limitation of this study is that it focuses solely on gay and bisexual cisgender men. Conclusions based on this study's findings cannot be assumed to apply to other sexual minority populations, such as lesbians, bisexual women, or transgender individuals.

Implications

The findings in this study offer opportunities for social workers to improve their support of the well-being of gay and bisexual men. As reported in previous chapters, several independent variables are significantly associated with life satisfaction for the White gay and bisexual men in the study. However, only three variables significantly impact the life satisfaction of gay and bisexual men of Color. Social research must investigate the factors which impact life satisfaction for gay and bisexual men of Color.

Three independent variables significantly impact the life satisfaction of all the men in this study regardless of race: mental health, internalized heterosexism, and outness. Mental health is positively and robustly associated with life satisfaction for all men in the study. Stakeholders can increase life satisfaction for gay and bisexual men by attending to their mental health and engaging with mental health resources, which can reduce negative symptoms and increase positive aspects of mental health. Access to mental health resources, however, is not uniform. Factors such as geographical location, insurance status, income, and, for men of Color, the dearth of therapists of Color may act as obstacles to engaging with mental health resources.

Internalized heterosexism is negatively associated with life satisfaction for all men in this study. Gay and bisexual men in this country have been exposed to negative messaging about being gay or bisexual. These messages are promulgated in mass media, in schools, places of worship, and even in their own families. All children are exposed to this messaging, including those who know or

suspect that they may belong to the sexual minority community. Efforts to counter this messaging are essential to reducing internalized heterosexism, especially in the formative years of childhood, adolescence, and young adulthood. Engaging with programs such as gay-straight alliances offer counterprogramming to traditionally anti-sexual minority messaging and may help to reduce the amount of internalized heterosexism that gay and bisexual youth and adults experience. Besides minimizing the messages that promulgate internalized heterosexism, developing programs to reduce already established internalized heterosexism may be helpful.

Outness was negatively associated with life satisfaction for all men in the study. The empirical literature on the relationship between outness and well-being is inconsistent. Concealing sexual minority status can provide protection from stigma and discrimination for gay and bisexual men but can also exact a psychological cost (Pachankis et al., 2015). For gay and bisexual youth, engagement with psychoeducational programming that addresses the costs and benefits of being out may be helpful.

Improving social workers' understanding of the atypical needs of gay and bisexual men is of great importance. Social work curricula should expose all social work students to these atypical needs. Although improving mental health is a widely appreciated goal of clinical social work practice, the roles of internalized heterosexism and outness in affecting the life satisfaction of gay and bisexual men may not be so readily appreciated. Social work students must be universally educated about the impact of internalized heterosexism on the well-being of their gay and bisexual clients. Additionally, the benefits and pitfalls of being out should be commonly understood by social workers and how they impact well-being and life satisfaction.

One major obstacle to assisting clients in improving mental health has been the disparities in access to psychotherapeutic interventions. It has long been established that people of Color underutilize psychotherapeutic modalities such as individual and group therapy (Evans, 1985). One

reason is the dearth of therapists of Color. Social work schools should strive to increase the number of clinical social workers of Color. Gay and bisexual men of Color would benefit not only from the availability of gay-affirmative clinicians but also from the availability of clinicians of Color, or at the very least, clinicians of any race who are aligned with anti-racist practice. Improving mental health from both preventive and remediating approaches would increase the life satisfaction of gay and bisexual men.

This study reveals that outness negative impacts life satisfaction for all the men in the study. The empirical literature also documents that coming out can increase mental health symptoms in the short term. It even puts gay and bisexual youth and adults at increased risk of suicidality (Skerrett et al., 2016). However, the literature also shows that being out can increase connection with the sexual minority community, which can also be protective for gay and bisexual men.

Social workers can support life satisfaction in their gay and bisexual male clients by exploring the pros and cons of coming out. Discussions with gay and bisexual youth about how and when to come out could minimize negative outcomes. Although members of vulnerable minority groups often provide their children with knowledge and skills around negotiating minority status, this socialization is generally not available to gay and bisexual youth. This lack often puts gay and bisexual youth and even adults at risk for victimization, such as bullying and violence when they come out. What families, schools, and religious institutions fail to provide to gay and bisexual youth, social workers should be prepared to deliver.

Policymakers also have a role in increasing the life satisfaction of gay and bisexual men. Since mental health is the most important factor in increasing life satisfaction, it is critical that policy makers increase availability of psychotherapeutic interventions by increasing funding for community-based mental health services for sexual minorities irrespective of insurance status or income.

One major obstacle to the well-being of sexual minorities is the current sociopolitical context. The current US Supreme Court has shown a willingness to invalidate human rights established in previous rulings. Now that *Roe v. Wade*, which established the right to abortion services, has been overturned, some SCOTUS justices have expressed interest in revisiting other rights, such as the right to marry for same-sex couples, which was established in the 2015 *Obergefell v. Hodges* decision, and the right to engage in consensual sexual relations for sexual minorities, established by the Court's 2003 *Lawrence v. Texas* decision (Liptak, 2022; Stolberg, 2022). These developments may lead to an unprecedented withdrawal of rights previously extended to the sexual minority community, and this increasingly hostile sociopolitical climate may lead to additional disparities in well-being for sexual minority people (Pachankis & Bränström, 2018; Raifman et al., 2017; van der Star et al., 2021).

The empirical literature shows that public policy directly impacts their mental health and levels of internalized heterosexism for gay and bisexual men (Grzenda et al., 2021; Raifman et al., 2017; Ross et al., 2013). Since this study found that mental health and internalized heterosexism significantly impact life satisfaction for gay and bisexual men, public policy responses can be critical in addressing their well-being. Should marriage rights for same-sex couples be overturned by SCOTUS, states, and localities could mitigate some of the harm these rollbacks would cause sexual minorities. This harm would include negative impacts to their mental health, increased internalized heterosexism, and consequently decreased life satisfaction. Policymakers should be prepared to institute laws and policies before the demise of *Obergefell* and *Lawrence* to protect at least the sexual minorities in their states and localities.

Another area in which policymakers might support life satisfaction for gay and bisexual men would be in educational settings. Gay-straight alliances (GSAs) in schools support the well-being of gay and bisexual students and, especially, their mental health (Heck et al., 2013). Policymakers

could broaden support for GSAs through legislation and funding initiatives. By supporting mental health, policy supports life satisfaction.

Policymakers can also positively impact life satisfaction for gay and bisexual men by increasing funding for studies that explore why factors impacting life satisfaction for gay and bisexual men operate differently for White men and men of Color. As this study shows, mental health, internalized heterosexism, and outness impact life satisfaction for White men and men of Color in similarly. Many factors, however, have significant impact on the life satisfaction of gay and bisexual White men but show no impact for gay and bisexual men of Color. Additional research could help develop knowledge around life satisfaction by requiring methodologies informed by intersectionality theory, that is, awareness that the social locations of gay and bisexual men vary by race.

Future Research

This study's limitations and findings point to promising avenues of inquiry in understanding the life satisfaction of gay and bisexual men. This study employs quantitative methodology and hierarchical OLS regression analysis of the data, but the methodology limits the deductions that can be made about any of the analyses' significant associations. Although the strength and direction of variable relationships have been detailed, deductions about the influence of moderating or mediating variables cannot be made. Qualitative or mixed-methods inquiries can shed light onto how this study's independent variables affect life satisfaction.

Of the ten variables that show significance in impacting life satisfaction for White men in the study – mental health, internalized heterosexism, outness, suicidal thoughts once, suicidal thoughts twice+, suicide attempts once, suicide attempts twice+, community belonging, age, and household income – only three of the ten are significant for men of Color: mental health, internalized heterosexism, and outness. suicidal thoughts once, suicidal thoughts twice+, and suicide attempts

twice+ negatively impact the life satisfaction of White men but have no impact for men of Color. Qualitative or mixed-methods inquiry into why the life satisfaction of men of Color appears to be insulated from the impact of these variables may reveal important knowledge.

Income shows a significant positive relationship with life satisfaction for White men in the study but does not affect the life satisfaction of men of Color. Once again, qualitative or mixed-methods inquiry into the differential impact of these variables on the two groups may surface important information and reveal moderating or mediating variables, such as cultural factors or resiliencies experienced by the men of Color in the study. Those cultural factors may shield them from negative impact. Identifying these confounding variables should also drive intervention design for gay and bisexual men in general.

A more general recommendation for future social science research would be to examine more systematically the diverse experiences and social locations of the members of vulnerable groups under study. Research design has often ignored or obscured how important differences, such as race, can impact outcomes within a population. This study shows that the factors impacting life satisfaction for gay and bisexual men are similar but also different by race. When studying this population, efforts must be made to address these differences in study design. Using intersectionality as not only a theoretical underpinning of a study, but also as a methodological framework can address this challenge.

Social science research must incorporate an intersectional lens in its approach to understanding human behavior. Different intragroup social locations will impact outcomes for gay and bisexual men across many life domains. If intersectionality theory had not been used in the design of this study, the finding that factors impacting the life satisfaction of White men and men of Color are different would not have surfaced. Without addressing intersectionality, future social science research will be less rigorous.

More Questions

Although this study reveals important information about the life satisfaction of gay and bisexual men, some of its findings raise other questions that are not answered in this inquiry. Having made only one suicide attempt was shown to have a moderate positive impact on the life satisfaction of gay and bisexual White men. But for the same group, having made more than one suicide attempt was shown to have a strong negative impact on life satisfaction. Having a history of one or more suicide attempts had no impact on the life satisfaction of the men of Color in the study. For White gay and bisexual men, why would one suicide attempt be related to increase life satisfaction while more than one attempt would be related to lower life satisfaction? Are there factors at the individual or social level that activate after one attempt? Could it be that after one attempt White gay and bisexual men are more likely to connect with mental health or other social supports? Or that having made more than one attempt results in less connection with resources that support mental health which in turn can improve life satisfaction?

Why would a history of one or more suicide attempts have no impact on the life satisfaction of the men of Color in the study? Are there attributes operating at the individual or cultural level that are protective even after suicide attempts? Are there strengths or resources employed by gay and bisexual men of Color that might inform interventions to assist White gay and bisexual men? Since suicidality is such a serious issue for gay and bisexual men at both the individual and group levels, qualitative inquiry into the dynamics of these variable relationships offer the potential for increased safety and well-being for all gay and bisexual men.

Another potentially promising avenue of inquiry would be to examine how age and cohort effects might impact the life satisfaction of gay and bisexual men. The age of study participants ranged from 18 to 61 years. It is possible that the factors affecting life satisfaction for an 18 year old young gay man and a 60 year old gay man might vary significantly. Understanding how the life

satisfaction of study participants might vary by age could surface data useful in supporting the life satisfaction of sexual minority people. This study revealed that increased age showed a very small negative impact on life satisfaction for White men, while having no impact for men of Color.

Considering the changes in social policy around homosexuality and increased acceptance of sexual minority people and their basic rights (Williams Institute, 2021), it seems likely that younger sexual minority people would be differentially impacted by factors related to their sexuality and their life satisfaction. In addition, young people are identifying as non-binary or as other sexual minorities (Williams Institute, 2020), earlier and at higher frequencies than previous cohorts, which could impact their life satisfaction. Further social science inquiry into these dynamics is warranted.

Concurrently, much legislation has been passed or introduced at the state level that has targeted sexual minority, and especially transgender people. Considering that the well-being of sexual minority people is impacted by social policy, additional study of how the life satisfaction of sexual minority people is impacted by a cohort effect would be useful.

Epilogue

While studies of negative outcomes for sexual minorities are abundant, the literature exploring positive outcomes for sexual minorities is limited. Optimal health is not simply the absence of symptoms but the presence of positive factors such as life satisfaction. Social workers need to expand their understanding of health and well-being to include positive aspects of health, such as resilience and social connection.

Social science research that incorporates an intersectional lens in its inquiry will miss important information about human behavior. If intersectionality theory had not been used in the design of this study, the finding that factors impacting the life satisfaction of White men and men of Color are different would not have surfaced. Without addressing intersectionality, future social science research will be less rigorous.

Aside from the findings and implications of this study, a new sociopolitical landscape is emerging for gay and bisexual men. Although progress has been made in weaving the rainbow-colored strand that represents sexual minorities into the fabric of American life, the right has successfully rolled back basic human rights, and legislation targeting sexual minorities is advancing in many states. Stakeholders in the well-being of gay and bisexual men must recognize the impact of these initiatives not only on concrete outcomes such as physical health but on the psychic tolls these initiatives may exact. Social workers must regularly support gay and bisexual men in recognizing and normalizing these psychic costs and provide meaningful outlets for the processing of these social traumas. Those who seek to support gay and bisexual men would do well to assist them in having clear minds about the forces that oppose them, not to increase alarm and hurt, but to increase resilience and stamina in weathering a gathering storm.

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