THE INTERSECTION OF ETHNO-CULTURAL IDENTITY, SEXUAL ORIENTATION AND TRAUMATIC STRESS IN ADULT AFRICAN AMERICAN GAY MEN

By

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To my partner

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LIST OF ABBREVIATIONS

ASC	African self-consciousness
GIQIDCONF/COMP	Gay identity confusion and comparison
GIDTOL	Gay identity tolerance
GIDACC	Gay identity acceptance
GIDPRIDE	Gay identity pride
GIDSYN	Gay identity synthesis

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The purpose of study was to examine the relationship between ethno-cultural identity, sexual orientation and traumatic stress in adult African American gay men. These constructs were measured by the African Self-Consciousness Scale – Short Form, the Modified Gay Identity Questionnaire, and select subscales of the Trauma Symptom Inventory. Quantitative methods were employed. Data was collected by surveying a national sample of adult African American gay men via snowball sampling through an electronic mail link to the survey. Pearson correlation and multiple regression analysis were used to analyze the data. Results revealed no statistically significant relationship between African self-consciousness and gay identity. However, statistically significant positive relationships were found between gay identity acceptance and traumatic stress and gay identity pride and traumatic stress. These results have important implications for understanding identity development in African American gay men.

CHAPTER 1
INTRODUCTION

This chapter introduces the parameters of this study including the population under investigation. An explanation of the problem is provided along with research questions, hypotheses as well as the significance and limitations of this study.

Population and Parameters

This study investigated the relationship between adult (18 years old or older) African American gay men's ethno-cultural identity and sexual orientation identity and examined the effects that this relationship has on their experience of traumatic stress. This study uses a culture-centered approach to better explore the compounded effect of negotiating ethno-cultural and sexual orientation identities. Further, the culture-centered focus of this study attempts to reveal unequal power relations and understand the impact of systemic oppression in African American gay men's identity development (Tillman, 2002).

Problem Statement

Major advances in civil rights, particularly for African Americans have created a social environment that is more accepting of cultural differences, yet many ethno-culturally diverse people continue to be discriminated against or marginalized in their daily experiences (Bryant-Davis & Ocampo, 2005; Carter, 2007; Friedman & Marsella, 1996; Utsey, Bolden & Brown, 2001). Similarly, despite being de-pathologized by the American Psychiatric Association in 1973, homosexuality remains stigmatized in many societies around the world including the United States (Crawford et al., 2002; Israel & Selvidge, 2003; 2001; Morin & Rothblum, 1991; Savin-Williams, 1994). It has been suggested that belonging to a group whose identity is stigmatized can result in chronic

stress and also lead to mental disorders (Berg, Mimiaga, & Safren, 2008; Mays & Cochran, 2001; Carter, 2007; Huebner & Davis, 2007; Israel & Selvidge, 2003; Meyer, 2003; Savin-Williams, 2001). Moreover, belonging to multiple stigmatized identity groups can be especially challenging and even debilitating (Fukuyama & Ferguson, 2000; Greene, 2001). This is evidenced in African American gay men's efforts to negotiate their ethno-cultural and sexual orientation identities.

Many African American gay men experience prolonged stress in their efforts to integrate their ethno-cultural and sexual orientation identities (David & Knight, 2008; Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008; Huebner & Davis, 2007; Meyer, 1995; Rosario, Rotheram-Borus & Reid, 1996; Zamboni & Crawford, 2007). This stress is in large part due to the homophobia they face in society, but particularly in the African American community (Boykin, 2005; Brown, 2005). Other contributing factors include the lack of acceptance from their families (Carpineto, Kubicek, Weiss, Iverson & Kipke, 2008; Wise, 2001), the discrimination by religious institutions (Griffin, 2006; Miller, 2007) as well as their experiences of marginalization in the predominantly White, gay community (Greene, 2001; Parks, 2001).

African American gay men may experience the stress of not completely belonging to either their ethno-cultural group or their sexual orientation group leaving them at risk for isolation, feelings of estrangement, and increased psychological vulnerability (Martinez & Sullivan, 1998). Additionally, they are often subjected to emotional, psychological and physical violence from those who do not approve of or understand their identity expression (Huebner, Rebchook & Kegeles, 2004; Meyer, 1995). Identity development of African American gay men is further complicated by: (a) their

internalization of mainstreamed pejorative views of LGBT concerns that inhibit their expression of identity and (b) prevailing and systemic heterosexist attitudes in society that create ecosystemic obstacles to identity integration (Frable, 1997; Greene, 2001).

Inspired by Social Identity Theory (Tajfel, 1978) that addressed the relationship of the individual to the group and the origins of intergroup conflict, models that explain identity development among ethnic and racial groups (Cross, 1995; Helms, 1995; Phinney, 1992) and sexual minorities (Cass, 1979; Minton & McDonald, 1984; Troiden, 1979) describe stages that individuals move through in achieving a positive ethnic or gay identity. Although these models have furthered the understanding of identity development, they have been criticized for suggesting that growth is linear and bound by well-defined categories that are uncharacteristic of the human experience (Martinez & Sullivan, 1998). Moreover, the current conceptualization of these models lack sufficient integration of multiple identities and overlook the stress that is associated with the developmental process. As such, they tend to over-generalize and can be inadequate when shaping an understanding of how African American gay men formulate their identities (Fukuyama & Ferguson 2000).

It has been suggested that the stressors that African American gay men experience have a cumulative effect and often result in symptoms such as intrusive recollections of racist and homophobic events, psychic numbing as a way to manage their emotions and hypervigilance about their safety (DiPlacido, 1998; Meyer, 2003). This chronic stress often leads to anxiety, depression, suicidal ideation as well as an increase in addictive behavior (Israel & Selvidge, 2003; Savin-Williams, 2001). This symptomatology describes the diagnostic criteria for posttraumatic stress disorder

(PTSD) as outlined in the Diagnostic and Statistical Manual of mental disorders, 4th edition, TR (DSM-IV-TR) (American Psychiatric Association, 2000). However, experiences of discrimination including racism and homophobia are not included in the DSM-IV-TR as precipitants to traumatic stress.

The DSM-IV-TR is used by mental health professionals to diagnose and treat mental disorders (Eriksen & Kress, 2006; Mead, Hohenshil & Kusum, 1997; Seligman, 1999). PTSD was added to the DSM in 1980 (Halpern & Tramontin, 2007; Scaer, 2001). The addition of this diagnostic category legitimized certain events as traumatic (Burstow, 2005), informed how trauma should be understood (Becker, 1995; Danieli, 1998; Herman, 1997), and guided mental health treatment for traumatized individuals (Becker; Danieli; Eriksen & Kress; Herman). In addition, the inclusion of PTSD in the DSM enabled mental health providers to receive insurance reimbursement for the treatment of trauma (Burstow; Cosgrove, 2005; James & Gilliland, 2005; McLaughlin, 2002).

Scholars have criticized the DSM-IV-TR's definition of traumatic stress for being too narrow. Herman, (1992) argued that women who were victims of prolonged repeated trauma through domestic violence, experienced symptoms of traumatic stress. Researchers investigating race-based stress also challenged the DSM-IV-TR diagnostic criteria for traumatic stress asserting that repeated exposure to race-based discrimination often results in the development of traumatic stress syndrome (Bryant-Davis & Ocampo, 2005; Carter, 2007; Friedman & Marsella, 1996; Utsey, Bolden & Brown, 2001). Although these experiences meet the criteria for traumatic stress, they are not conceptualized in this manner. Instead, those who experience traumatic stress

in ways that do not meet the DSM-IV-TR's narrow definition are further marginalized and their presenting problems are pathologized. Furthermore, their access to trauma-specific mental health services is limited because their presenting problems do not meet the DSM-IV TR criteria for traumatic stress (Bryant-Davis & Ocampo, 2005; Carter, 2007; Cosgrove, 2005; Friedman & Marsella, 1996; Herman, 1992; Utsey, Bolden & Brown, 2001).

The purpose of this study was to investigate the relationships between ethno-cultural identity, sexual orientation identity and traumatic stress in African American gay men. A review of the literature related to African American culture, gay identity development and traumatic stress theory is provided in chapter 2. Chapter 3 outlines the methods that were used in this study including procedures for data collection and analysis. Chapter 4 provides the results of this study and chapter 5 offers a discussion of the findings.

Research Questions

1. What is the relationship between ethno-cultural identity and gay identity in African American men?
2. What is the relationship between ethno-cultural identity, gay identity and hyperarousal in African American men?
3. What is the relationship between ethno-cultural identity, gay identity and depression in African American men?
4. What is the relationship between ethno-cultural identity, gay identity and intrusive experiences in African American men?
5. What is the relationship between ethno-cultural identity, gay identity and defensive avoidance in African American men?

6. What is the relationship between ethno-cultural identity, gay identity and dissociation in African American men?
7. What is the relationship between ethno-cultural identity, gay identity and sexual concerns in African American men?
8. What is the relationship between ethno-cultural identity, gay identity and dysfunctional sexual behavior in African American men?

Hypotheses

Null hypotheses developed for each of the research questions are as follows:

Ho1: There will be no significant relationship between ethno-cultural and gay identities in African American gay men.

Ho2: There will be no significant relationship between ethno-cultural identity, gay identity and hyperarousal in African American men.

Ho3: There will be no significant relationship between ethno-cultural identity, gay identity and depression in African American men.

Ho4: There will be no significant relationship between ethno-cultural identity, gay identity and intrusive experiences in African American men.

Ho5: There will be no significant relationship between ethno-cultural identity, gay identity and defensive avoidance in African American men.

Ho6: There will be no significant relationship between ethno-cultural identity, gay identity and dissociation in African American men.

Ho7: There will be no significant relationship between ethno-cultural identity, gay identity and sexual concerns in African American men.

Ho8: There will be no significant relationship between ethno-cultural

identity, gay identity and dysfunctional sexual behavior in African American men.

Definition of Terms

- **Bisexual** – A term generally applied to individuals who experience emotional, relational, and sexual attraction that is not limited by gender (Rust, 2001).
- **Ethno-Culture** –A group's individual and collective ways of thinking, believing, and knowing, which includes their shared experiences, consciousness, skills, values, forms of expression, social institutions, and behaviors (Tillman, 2002).
- **Gay** – A term generally applied to men who experience emotional, relational, and sexual ties to other men (Gonsiorek, 1995).
- **Homophobia** – Negative feelings, attitudes, actions or behaviors toward people who are or perceived as lesbian, gay, bisexual or transgender (Kitzenger, 1996).
- **Lesbian** - A term generally applied to women who experience emotional, relational, and sexual ties to other women (Brown, 1995).
- **MSM** – Men who have sex with men – Refers to all men who have sex with men regardless of how they identify themselves (gay, bisexual, heterosexual) (CDC, 2009).
- **Queer** – A term that is embraced by individuals who do not identify with traditional labels for gender identity or sexual orientation (Carroll, 2010).
- **Race** – Refers to social demographic rankings used to distribute social rewards, economic resources, access, and opportunity (Frable, 1997).
- **Racism** – The belief that the characteristics and values of one's racial group are superior to that of other racial groups which is reflected in differential treatment, promotion of stereotypes, and limited access and opportunity (Carter, 2007).
- **Stress** – A person-environment, biopsychosocial interaction, wherein environmental events are appraised first as either positive or unwanted and negative. If negative, mechanisms to cope and adapt are identified. When coping and adaptation fail, stress responses are experienced (Carter, 2007).
- **Traumatic Stress** – Emotionally painful events that are negative and out of one's control that result in avoidance, arousal, intrusion, anxiety and depression (Carter, 2007).
- **Transgender** – An umbrella term for persons who have a gender identity that is not traditionally associated with their biological sex (Carroll, 2010).

Significance of the Study

By exploring the relationship between ethno-cultural and sexual orientation identities and traumatic stress, this study provides a clearer understanding of the unique experiences of African American gay men and the role of identity development in the presence of traumatic stress symptoms. This research may also serve as a foundation for culturally relevant lesbian, gay, bisexual, and transgender (LGBT) theory development. Specifically, this study attempts to expand knowledge of identity development, traumatic stress, and research methodologies to investigate the experiences of African American gay men.

This study contributes to the literature on gay identity development by illuminating the experience of African American gay men. The majority of studies on this topic have used qualitative research methods. Although qualitative approaches allow the specific voices of the participants to be heard, they are limited in their ability to generalize findings to the larger population. By utilizing quantitative research methods, this study surveys a broader audience and gives voice to the larger African American gay community.

Limitations of the Study

While this study will reveal the relationship between ethno-cultural, identity, sexual orientation identity and traumatic stress in African American gay men, it will not capture all of the factors that may influence that relationship. For example, the ways in which African American gay men negotiate their identities in different environments such as the workplace and social settings will not be addressed in this study. Having openly gay family members may influence the identity development in African American gay men; however, this factor is not included as a variable in the research design.

Purposeful, convenience, and snowball sampling may limit the diversity of the sample by selecting individuals who participate in formal support groups and those who belong to certain social networks. Use of electronic mail to link to the survey is also a limitation in that it excludes potential participants who either do not have access to this technology or are uncomfortable with its use.

CHAPTER 2
REVIEW OF THE LITERATURE

The purpose of this chapter is to provide an overview of the literature relevant to this study. Literature related to the following topics will be presented: (a) African American culture, (b) gay identity, (c) intersectionality of identity, (d) traumatic stress, and (e) traumatic stress in African American gay men.

Further Delineation of the Problem

In 1973, the American Psychiatric Association depathologized homosexuality stating that it was no longer considered a psychiatric disorder reflecting a pathological development process (Morin & Rothblum, 1991). This change was the result of research findings as well as the persistent pleas from professionals and activists. Despite this major advancement, homosexuality remains stigmatized leading to higher rates of mental health problems such as major depression, generalized anxiety, substance abuse and suicidal ideation among lesbian, gay and bisexual people (Berg, Mimiaga, & Safren, 2008; Mays & Cochran, 2001).

Using data from the MacArthur Foundation National Survey of Midlife Development in the United States (MIDUS), Cochran, Sullivan, and Mays (2003) observed that gay and bisexual men were three times more likely to meet DSM-IV-TR criteria for major depression and 4.7 times more likely to meet criteria for panic disorder than heterosexual men. Further, gay and bisexual men were more likely than heterosexual men to meet criteria for two or more disorders.

Differences in mental health disorders among women in this study were less common than those among men. Generalized anxiety disorder was the only disorder that appeared more prevalent among lesbian and bisexual women than among

heterosexual women. However, like the gay and bisexual men, they were more likely than heterosexual women to be diagnosed with two or more disorders. These findings are consistent with those using data from other population-based studies such as the National Household Survey on Drug Abuse (Cochran & Mays, 2000) and the National Comorbidity Survey (Gilman et. al., 2001) that have found higher prevalence of mental disorders among homosexually active men and women than with heterosexually active men and women. These studies suggest that the increase in the prevalence of mental disorders in homosexual men and women may be attributable to the stress of coping with social stigmatization. Other studies addressing the mental health concerns of LGBT people focusing on anti-gay victimization (Comstock, 1989; D'Augelli, 1992; Garnets, Herek et.al., 1997; Herek, 1993; Otis & Skinner, 1996), substance abuse (Berg, Mimiaga, & Safren, 2008; Cochran, et. al., 2004; Stall, et. al., 2001; Greenwood, et. al., 2000), suicide (Fergusson, Horwood, & Beautrais, 1999; Garafalo et. al., 1999), and involvement in the mental health service delivery system (Cochran, Sullivan, & Mays, 2003; Walters, Simoni, & Horwath, 2001) provide further evidence of the negative impact of marginalization on this vulnerable population.

Studies show that peer and stranger-based anti-gay victimization including verbal assault, threats, and physical violence is a common experience for the LGBT population (Comstock, 1989; D'Augelli, 1992; Garnets, Herek et.al., 1997; Herek, 1993; Otis & Skinner, 1996). Lesbian and gay youth in particular report experiencing familial abuse, harassment, and maltreatment upon disclosing their sexual orientation (D'Augelli, 1998; Savin-Williams, 1994). These studies found that survivors of bias-motivated

victimization suffered from increased levels of depression, anxiety, and anger and they also evidenced symptoms of traumatic stress.

Openly lesbian and gay college students also report frequent experiences of verbal abuse and being threatened with violence from other students as well as overt and subtle discrimination from faculty, staff, and administrators (D'Augelli, 1992). In addition to the ongoing concern about their safety, some students admitted to changing their lives to avoid harassment, abuse, and violence. These changes included avoiding certain locations, avoidance of openly lesbian or gay people, and developing a distorted or restricted presentation of self (denying that they are involved in a romantic relationship or suggesting that they are dating opposite sex partners). While there are significant psychological consequences for those students who are victimized by anti-gay violence, the costs for those who hide their sexual orientation because of fear of discrimination are just as profound including emotional stresses, social difficulties, and academic problems (D'Augelli, 1992).

Studies suggest that many LGBT people use illicit substances at greater frequencies than their heterosexual counterparts. It has been reported that heavy or problematic use of substances is related to early adverse life events such as parental substance abuse and trauma, connection to the gay subculture where bars and nightclubs serve as safe socializing venues, and experiences of marginalization, discrimination, and victimization (Berg, Mimiaga, & Safren, 2008; Cochran, et. al., 2004; Stall, et. al., 2001; Greenwood, et. al., 2000). In a study investigating co-morbidity in a sample of lesbians, Bostwick, Hughes, and Johnson (2005) found a significant relationship between both lifetime and discrimination-related depression and alcohol

dependence symptoms. McKirnan et. al., (2006) found that for young men who have sex with men (MSMs), increased tobacco use was partially attributable to psychosocial variables such as depression, having few safe social outlets, and limited access to healthcare. Finally, gay and bisexual men report using methamphetamine to increase sensory experiences during sexual activity and to escape unpleasant emotions, to combat isolation and loneliness and to avoid social conflict (Halkitis, Parsons, & Wilson, 2003).

Suicide is cited as the third leading cause of death among Americans aged 15–24 (Anderson, 2002). Studies show that lesbian, gay, bisexual identity and questioning of one's sexual orientation is an independent predictor of suicide attempts particularly among adolescents (Fergusson, Horwood, & Beautrais, 1999; Garafalo et. al., 1999). LGBT youth have consistently reported having thoughts of suicide and attempting suicide at three times the rate of their heterosexual peers (McDaniel, Purcel, & D'Augelli, 2001; D'Augelli, Hershberger, & Pilkington, 2002). Studies reveal that hopelessness, hostility, low social support from family and friends, poor self-concept, psychological and physical abuse, and an overall lack of a sense of belonging are positively correlated with suicidal ideation in LGBT youth (Savin-Williams & Ream, 2003; Rutter, 2007; Rutter & Soucar, 2002;).

The challenges that LGBT people face in their involvement in the mental health services delivery system is gaining increased attention in empirical research. The bias that LGBT people face in the mental health service delivery system often results in misdiagnosis, ineffective interventions, and underutilization of services (Cochran, Sullivan, & Mays, 2003; Walters, Simoni, & Horwath, 2001). Luckstead, (2004) provides

a summary of a multi-year research project commissioned in 1997 by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the federal Department of Health and Human Services (DHHS) regarding the experiences, needs, and recommendations of LGBT people living with serious mental illnesses. This study revealed that little attention was given to LGBT issues in community mental health. In addition, many mental health providers held homophobic attitudes and promoted stereotypes about LGBT people. Discussions of healthy sexuality were non-existent and sexuality was only talked about in terms of problems such as unwanted pregnancies and sexually transmitted infections. This study further revealed that gay-affirmative therapists and programs generally did not provide service to people with serious mental illnesses. Bisexual and transgender identities were completely misunderstood, which led to further marginalization of members of these groups (Luckstead, 2004).

Additional findings from the SAMHSA and DHHS study that are consistent with other studies on the utilization of mental health services by LGBT people include marginalization and harassment by peers and the tendency for therapists and programs to minimize or overemphasize LGBT identity as the presenting problem. In addition, mental health practitioners are typically unaware of the extent to which their clients are impacted by family conflict or abuse that is related to their LGBT identity, as a result, they often pathologize adaptive behavior such as the formation of kinship bonds among unrelated individuals also known as fictive kinship (Chatters, Taylor, & Joyakody, 1994). Furthermore, mental health practitioners typically have little knowledge of affirmative LGBT community resources that can provide additional support for their clients (Matthews & Selvidge, 2005; Walters, et. al., 2001). Studies confirm that LGBT clients in

the mental health system need special attention that is relevant to their needs. They also stress the importance of creating an environment that is free from bias and harassment, where staff is caring and affirmative, and where there is a healthy expression and discussion of sexuality (Berg, Mimiaga, & Safren, 2008; Luckstead, 2004; Matthews & Selvidge, 2005).

Previous attempts to address these specific mental health concerns have focused on the need for gay people to develop a positive gay identity where *coming out* (acknowledging one's gay identity to significant others) is considered optimal for their mental health (Fassinger, 1991; Floyd & Bakeman, 2006; Halpin & Allen, 2004; McDonald, 1982; Rosario, et. al., 2001; Rowen & Malcolm, 2002). These studies used gay identity development models as their theoretical framework (Cass, 1979; Minton & McDonald, 1984; Troiden, 1979). While these models have been helpful in understanding gay identity development in general, they are limiting because they focus primarily on White, middle-class men and overlook the influence of culture in the identity development process. Moreover, these models fail to address the complexity of coping with multiple oppressed identities.

Managing multiple identities is a task that is faced by various culturally diverse LGBT individuals, including ethnically diverse people (Chan, 1995; Fukuyama & Ferguson, 2000; Garrett & Barret, 2003), women (Brown, 1995), the elderly (Reid, 1995), and those with disabilities (Whitney, 2006). Members of these groups are often forced to develop ways of negotiating their identities that exist outside the mainstream (Fukuyama & Ferguson; Loiacano, 1989). Like many LGBT people, they may keep their sexual orientation hidden, pretend to be heterosexual, or choose to be asexual. They

may also avoid discussion of romantic relationships or use opposite sex gender pronouns when referring to romantic interests or partners. In addition to these coping strategies, culturally diverse LGBT people have the task of managing other oppressed identities such as race, gender, class and ability. They respond to the shifting salience of identity depending on the social, familial, and community context and are forced to cope with being invisible members within specific social reference groups in order to receive the benefits of group membership (Fukuyama & Ferguson). For example, they may minimize their sexual orientation identity in order to receive support that buffers racism. This is especially relevant for African American gay men.

The challenges that African American gay men face in identity development have been documented in the literature that addresses homophobia in the African American community (Boykin, 2005; Brown, 2005; Carpineto, Kubicek, Weiss, Iverson & Kipke, 2008; Wise, 2001) and racism in the gay community (Greene, 2001; Parks, 2001). The literature also suggests that social stigma, discrimination and victimization such as being cut off from their families, being discriminated against in their communities and facing potential violence (Greene, 2001; Parks, 2001; Rosario, Schrimshaw & Hunter, 2004), results in greater prevalence of depression, substance abuse and HIV infection rates among this population in comparison to White gay and African American heterosexual men (Crawford, Allison, Zamboni & Soto, 2002; Hatzenbeuhler, Nolen-Hoeksema & Erickson, 2008; Huebner & Davis, 2007; Israel & Selvidge, 2003; Savin-Williams, 2001). While all LGBT people, regardless of cultural identity are stigmatized in society (Crawford et al., 2002; Israel & Selvidge, 2003; Savin-Williams, 2001), facing

multiple oppressions exacerbates stress levels and further complicates the identity development process (Crawford et al.).

Multicultural counseling theory (MCT) (Pedersen & Ivy, 1993) highlights the importance of considering the sociopolitical and environmental context of clients' concerns in case conceptualization, diagnosis and treatment. MCT emphasizes exploration of multicultural constructs, and mandates competencies that address counselor attitudes, knowledge, and skills (Sue, Arredondo, & McDavis, 1992). Despite the profession's emphasis on multicultural competence over the past three decades, counselors continue to evidence difficulty in effectively conceptualizing and intervening with clients who experience multiple forms of systemic oppression, such as racism, classism, homophobia, and sexism (Arredondo, Tovar-Blank, & Parham, 2008). The concept of intersectionality addresses the nuanced complexities of multiple identities that cannot be sufficiently captured using conventional identity development models, such as racial (Helms, 1995; Sue & Sue, 2008) and gay/lesbian (Cass, 1979; Minton & McDonald, 1984).

Previous attempts to explain identity development among African American gay men have illuminated the complexities of negotiating their ethno-cultural and sexual orientation identities (Crawford et al., 2002; Frable, 1997; Greene, 1997; Parks, Hughes & Matthews, 2004; Rosario, Schrimshaw & Hunter, 2003; Salazar & Abrams, 2005; Wise, 2001). While these efforts have provided significant insight into the challenges inherent in coping with intersecting identities, they have not situated this complex developmental task within the context of traumatic stress. As a result, they have overlooked the influence that stress has on African American gay men's health and

well-being and their ability to successfully negotiate their intersecting identities. In addition, the psychological distress that African American gay men experience is often misdiagnosed in the mental health system, the sociopolitical realities of their lives are overlooked, and they are further marginalized (Cosgrove, 2005).

Recent studies addressing stress in gay men have found significance between stress and coping patterns (David & Knight, 2008); HIV risk behavior, substance abuse and depressive symptoms (Haatzenbuehler, Nolen-Hoeksema & Erickson, 2008); mental health problems (Meyer, 2003); and self-esteem and problem behaviors (Rosario, Rotheram-Borus & Reid, 1996). Studies have also shown that stress contributes to sexual problems in gay men such as communication difficulties, performance concerns (erectile and orgasmic disorders), sexual knowledge deficits, and negative sexual attitudes (Bancroft, et. al., 2005; Standfort & deKeizer, 2001; Zamboni & Crawford, 2007). Despite their significance, these studies failed to adequately address the influence of culture in the development of stress and in stress coping patterns.

Traumatic stress theory has been useful in understanding the psychological, physiological and emotional impact of traumatic events. Furthermore, it explains the sequelae that manifest in individuals post-trauma. The DSM-IV-TR (American Psychiatric Association, 2000) describes the symptomatology of traumatic stress by the diagnostic criteria for posttraumatic stress disorder (PTSD). PTSD is characterized by exposure to a single traumatic event in which a person experiences or witnesses an event that threatens death or serious injury and the person's response involves intense fear, helplessness or horror.

Scholars have criticized these criteria as too narrow and have suggested broadening the definition of traumatic stress to include the repeated exposure to stressors and traumatic events such as domestic violence (Herman, 1992) and racism (Bryant-Davis & Ocampo, 2005; Carter, 2007; Friedman & Marsella, 1996; Utsey, Bolden & Brown, 2001). Similarly, the definition of traumatic stress may be extended to include the reaction to heterosexism and homophobia that LGBT individuals experience from rejection and discrimination for those who live openly and through self-concealment and emotional inhibition for those who do not (DiPlacido, 1998). This review of the literature focuses on the ways in which African American gay men's experiences of racism and homophobia compound their experience of traumatic stress.

African American Culture

In order to understand African American culture, it is important to differentiate race and culture. Race is a socially constructed phenomenon that uses skin color to determine social privilege and access to resources. Culture on the other hand, can be defined as a group's collective way of knowing that involves beliefs, shared experiences, social institutions, values, forms of expression and behaviors (Tillman, 2002).

An explanation of African American culture in the literature began in the 1960s and early 1970s when African American psychologists (Azibo, 1983; Nobles, 1976; White, 1972) began writing about the Afrocentric worldview and how it differed from the Eurocentric worldview. Prior to these works, African Americans were marginalized in scientific literature and depicted by scientists as intellectually and morally inferior to Whites. Comparative studies in physical anthropology, the theory of Eugenics, The Bell Curve, and the Binet Intelligence Scales promoted the myth of African American

inferiority; which justified racism and supported continued oppression (Guthrie, 1976/1998). Over the past 20 years, African American scholars have advanced the understanding of African American culture through the field of African American studies and the study of African American psychology (Bellgrave & Allison, 2006).

Before African American psychology was recognized as a discipline, White (1972) challenged the use of traditional theories to study African Americans. He asserted that the incorrect use of traditional theories to study African Americans resulted in the weakness-dominated and inferiority-oriented conclusions. He believed that African Americans should define their paradigms.

In his writings on African philosophy, Nobles, (1980/1991/ 2004) illuminated the ways in which African perspectives of religion, unity, time, death/immortality, and kinship were maintained by African Americans. Nobles also advanced the understanding of African American culture through his writings on the conceptualization of the self in which he states that the individual self cannot exist independently from the collective self.

Akbar, (1991) described mental conditions that result from African Americans' attempts to function in an oppressive and alien environment. His descriptions of disorders such as alien-self disorder, behaving in ways that contradict one's natural disposition and anti-self disorder, identification with the oppressor and hostility toward one's own cultural group furthered the discussion of the effects of oppression on the lived experience of African Americans. His other works address holistic human psychology and understanding the unique psychological functioning of African Americans.

Contributing to the conversation on culturally appropriate ways to view African Americans, Azibo, (1989) developed the Azibo nosology, a system for diagnosing diseases and disorders among African Americans with psychological problems. A departure from the DSM-IV-TR, this system addresses disorders that may exist among African Americans due to cultural, historical, and societal factors. Questions have been raised about the applicability of this nosology and whether it can be used in clinical settings.

Kambon, (1998) contributed to the understanding of African American culture through his study of the components and correlates of the African personality. He developed the African Self-Consciousness Scale (Baldwin & Bell, 1985) which assesses how African Americans feel about African/African American culture and issues related to racism. Findings from his research suggest that family orientation, commitment to the African American community, and emotional and intellectual stimulation characterize individuals with a high Africentric cultural consciousness (Hamlet, 1998).

Promoting an appreciation for human diversity and social change, Myers' (1988) writings on an optimal worldview examine the oppression of African Americans and other marginalized groups. Her theory encourages investigation of both human behavior and social roles. Myers notes that one's ontology is influenced by how the world is perceived. She suggests that the Eurocentric worldview places importance on individualism and materialism and views external knowledge as the basis of all knowledge. She contends, however, that the African worldview that is based on the ideas that reality is both spiritual and material, communalism and collectivism are

valued over individualism, and self-knowledge is the foundation for all knowledge is an optimal worldview.

Through their various contributions, these scholars have advanced the understanding of African American culture. This culture is characterized by significant kinship bonds including fictive kin (non-relatives who are embraced as family) (Chatters, Taylor, & Joyakody, 1994), resilience and a strong spiritual/ religious orientation (Sue & Sue, 2008). In addition, authenticity, balance, communalism (focus on the interrelatedness of people), collectivism (priority given to the group rather than the individual), cooperation, creativity, sensitivity to affect and emotional cues, harmony, and unity are values that shape the African American experience (Kambon, 1998; Parham, White & Ajamu, 2000). A description of the dimensions of African American culture is provided in Table 2.1.

It is important to note that many African Americans form their identities from elements of both Afrocentric and Eurocentric cultures, which is in part, the result of living in a multicultural society (Bellgrave & Allison, 2006). However, racism and systemic oppression have had a significant negative impact on the racial/cultural identity of African Americans (Carter, 2007). Racial identity development models purported by Cross, (1971, 1991, 1995) and Helms, (1990), describe psychological and emotional stages that African-Americans move through toward acceptance of their racial/cultural identity. This process involves first denying their Blackness and aligning with Whites, confronting that denial, embracing an ethnocentric worldview, displaying a greater sense of acceptance of self and others, and finally, using their personal identities as agents for change. According to Phinney, (1991), racial/cultural identity achievement is

associated with self-esteem and adjustment. In African American culture, achievement of positive racial/cultural identity is often supported by intergenerational family units that provide emotional, psychological, social and financial resources that aid them in coping with systemic oppression (Nobles, 1997; Sudarkasa, 1997).

Achievement of a positive racial/cultural identity also incorporates a state of mental health that is free of psychological ailments and supports an individual's growth and ability to reach their full potential (Parham, White & Ajamu, 2000). Psychologically healthy African Americans interpret the African American ethos, the emotional bond created by shared cultural heritage and life experiences into their lives (Parham, White & Ajamu, 2000). Further, psychologically healthy African Americans are resourceful and enterprising in their approach to life and are grounded in their African American makeup (Parham, White & Ajamu, 2000).

Gay Identity

Often referred to as the "hidden minority" (Atkinson & Hackett, 1988), gay individuals continue to be marginalized in society. Consequently, they may encounter a myriad of mental health concerns, such as chronic stress, affective disorders, substance abuse, eating disorders, and suicidal ideation (Israel & Selvidge, 2003; Savin-Williams, 2001). Moreover, hostility and victimization in schools (Parks, 2001; Stone, 2003), informal heterosexism in the workplace (Lyons, Brenner & Fassinger, 2005), and harsh judgments by traditional Western religious organizations (Barret & Barzan, 1996) can impede identity development.

Several researchers have developed theoretical models that describe identity formation among sexual minorities (Cass, 1979; Coleman, 1981; Dank, 1971; Hencken & O'Dowd, 1977; Lee, 1977; Minton & McDonald, 1984; Plummer, 1975; Troiden,

1979). In general, these models lay out stages that lead to an eventual positive gay identity. They are marked by a general sense of feeling different, an awareness of same-sex attraction, individual realization that his or her attraction can be labeled as homosexual, and an eventual acceptance of a gay identity that is punctuated by "coming out" (disclosure of one's sexual identity) to significant others.

Cass (1979) developed one of the earliest and most cited models of homosexual identity development. This model describes six stages of developing a positive homosexual identity. They include: (1) identity confusion, feeling different from peers and in denial of one's attraction to the same sex; (2) identity comparison, break in denial and beginning to examine the differences between self and heterosexuals, increase in feelings of social alienation; (3) identity tolerance, beginning to make a commitment to self-identify as homosexual, continues to present as heterosexual, seeks social support within the gay community; (4) identity acceptance, embracing homosexual identity, immersion into the gay community, developing sense of pride; (5) identity pride; loyalty and satisfaction in homosexual identity, strong sense of pride; and (6) identity synthesis, emotional, mental, spiritual and sexual integration, develops holistic view of self.

Like Cass, Coleman (1981) published a linear five stage homosexual identity development model that focused on the stages of the coming out process. During this time, coming out was considered to be one of the most important aspects in developing a positive gay identity and gaining social acceptance. The five stages of this model included: (1) pre-coming out, a preconscious awareness of homosexual identity; (2) coming out, beginning to tell others about one's homosexual identity; (3) exploration,

social networking and partner seeking within a homosexual context; (4) first relationship, seeing one's self as being able to carry out a loving homosexual relationship; and (5) integration, characterized by sexual exploration and the establishment of relationships.

Minton and McDonald (1974) described a three-stage process that involves progression from an egocentric interpretation of homoerotic feelings (awareness of one's uniqueness) to an internalization of the normative assumptions about homosexuality (heightened awareness of possibly possessing a homosexual identity and the corresponding awareness of the societal attitudes about homosexuality) to a stage where societal norms are critically evaluated and a positive gay identity is achieved (separation of particular norms from general principles upon which all norms are based).

Troiden's (1979) ideal-typical model of homosexual identity formation differed from the linear stage models in that it described individual movement through the stages of identity development as a horizontal spiral that progressed up, down, back and forth. The stages included: (1) sensitization, a prepubescent stage that is marked by feelings of marginalization and being different from peers; (2) identity confusion, reflection on the idea that feelings and behavior could be regarded as homosexual, inner turmoil and anxiety increase; (3) identity assumption, self-definition as homosexual, identity tolerance and acceptance, regular association with other homosexuals and involvement in the homosexual subculture; and (4) commitment, self acceptance of homosexual identity and entering a same-sex love relationship.

Identity development models are useful in understanding certain developmental tasks that individuals may encounter. Both racial and sexual identity development

models receive criticism for suggesting that growth is linear and bound by well-defined categories that are uncharacteristic of human development (Martinez & Sullivan, 1998). Racial identity development models fail to acknowledge the role of sexual orientation and homophobia in identity formation. Homosexual identity development models overlook the influence of race and racism in the evolving gay identity and they only recognize one's positive gay identity after acknowledgement of one's sexual orientation to significant others (Martinez & Sullivan, 1998). Fukuyama and Ferguson (2000) point out that a primary limitation of exclusively recognizing single identities is that individuals who embrace multiple identities are often invisible members within specific social reference groups. Furthermore, one's salience of identity, the identity that emerges into one's awareness, often depends on one's social, familial, and community context. Theories that do not acknowledge multiple cultural identities obscure the complexity of identity integration. In response to increasing criticism of these identity development models, scholars called for consideration of multiple identities among the LGBT population. This identified gap led to conversations about the intersectionality of identity (Fukuyama & Ferguson; Greene, 1997; Icard, 1996; Israel & Selvidge, 2003; Savin-Williams, 2001).

Intersectionality of Identity

Gay African Americans often experience exclusion from the mainstream LGBT culture and from their ethnic and familial communities, leaving them at risk for isolation, estrangement, and increased psychological vulnerability (Martinez & Sullivan, 1998). The loss of the expected communal support and fictive kinship (Chatters, Taylor, & Joyakody, 1994), which are central to African American culture, has a profound impact on their well-being and their identity development (Bridges, Selvidge & Matthews, 2003;

Greene, 2001; Parks, 2001; Wise, 2001). In addition, coming out as gay is often viewed as an assault on the traditional masculine gender role and therefore considered counterproductive to the success of African American culture (Bridges, Selvidge & Matthews, 2003; Greene, 2001; Parks, 2001; Wise, 2001). Other considerations that further complicate the identity integration trajectory in African American gay men include the fear of violence, fear of AIDS, and an overall fear of compounding oppressions (Martinez & Sullivan, 1998).

In Christian's (2005) qualitative study of three self-identified Black, gay men, several themes emerged that illustrate how these men manage their multiple identities. Being Black was cited as important beyond being gay. The Down Low (DL) or secretive gay life was embraced, which is characterized by silence of their sexual identity among family and in the community and enhanced by a masculine appearance or persona. Finally, distinctions were made between sexual preference (simply being attracted to other men), and the gay lifestyle (alluding to the effeminate, flamboyant stereotype). In some cases African American gay men believe that they must be homophobic in order to separate their sexual identity from their black male identity so that they can be accepted and maintain a high ranking in the hierarchy of men (Brown, 2005). While coming out is purported by some theorists to be the pinnacle of gay identity development, for African American gay men it may add yet another oppression to be managed in their lives. Therefore, they may identify as gay and choose not to come out or they may choose not to embrace a gay label at all.

Family Acceptance

Many African American gays experience the black community as homophobic (Bridges, Selvidge & Matthews, 2003; Greene, 2001; Parks, 2001). Some seek

validation in the predominantly white, gay community where they face the possibility of experiencing racism while negating the support that would ordinarily be available to them in the Black community (Icard, 1996). The Black community generally provides a sense of solidarity against racism that may be reinforcing for African American gay men. However, they are less likely to experience that solidarity if their sexual orientation becomes known or is openly discussed; if they "come out". In fact, they may even be ostracized. Although African American gay men have historically been key figures in their families, they often become devalued once the code of silence about their homosexuality is broken (Carpineto, Kubicek, Weiss, Iverson & Kipke, 2008; Icard, 1996; Wise, 2001).

Many in the black community view homosexuality as a lack of masculinity or manhood (Icard, 1996; Wise, 2001). Black masculinity denotes a form of male behavior or expression that for some incorporates certain physical attributes and material possessions and for others incorporates more intrinsic qualities. The behavior can vary depending on the situation and the variables involved. Black manhood also implies understanding this state of being in relation to family, community, and society (Wise, 2001). Because of their sexual orientation, African American gay men are depicted as anything but masculine and because of the ridicule from their peers, and the silencing from their families, their masculinity is compromised (Bridges, Selvidge & Matthews, 2003; Greene, 2001; Parks, 2001). African American gay men have been depicted as having a triple consciousness; being a black man within the context of white society, being a black man within the context of the black community, and being a black man who is also a sexual minority (Wise, 2001).

Religion and Spirituality

African Americans have a long history of strong connections to religion and spirituality as sources of strength, particularly as a buffer against racism (Bowen-Reid & Harrell, 2002; Greene, 2001; Parks, 2001). However, the traditional African American church has either ignored or denigrated its LGBT members leaving them spiritually empty with fewer coping skills and a smaller support network (Greene, 2001; Griffin, 2006; Parks, 2001). In a qualitative study of African American men, AIDS, and the Black church (Miller, 2007), participants described the hostile environment that they experienced in many Christian denominations. Despite the unwelcoming experience, some of the participants in this study revealed that they viewed church as an extension of their families and have remained in these congregations and found ways to integrate their sexual orientation identity with their religious identity, usually by forming unofficial subgroups of other gay men who are also involved in the church. Other participants reported that they eventually left those churches not because of their demeaning homophobic environments, but because of their church's apathetic response to the AIDS crisis.

Religious guilt, rejection by the church community, and fear of eternal damnation are sources of traumatic stress and often motivate gay people to seek a solution (Tozer & Hayes, 2004). Those of this mindset hold their religious or spiritual identity as essentially as their sexual orientation (Haldeman, 2002). For some African American gay men, changing their sexual orientation may seem more feasible and less troublesome than trying to let go of their religious beliefs and communities (Haldeman, 2002). Many gay men engage in heterosexual relationships or commit to celibacy in order to manage the stress of their conflicting identities, even though studies show that

these choices have been, for the most part, unsatisfactory and unsuccessful (Haldeman, 2002).

Traumatic Stress Theory

History of Traumatic Stress

In 1883, surgeon Herbert Page pioneered the study of traumatic stress (Trimble, 1981) through a published rebuttal to a previous study done by John Eric Erichsen, a European surgeon whose report about the victims of railway accidents attributed their symptoms such as loss of memory, difficulty concentrating, anxiety, and nightmares in the absence of physical injuries to an organic rather than a psychological cause (Weisaeth, 2002). Page posited that the symptoms were of a psychological nature and labeled this condition “nervous shock” (Trimble, 1981).

Also in the late 1800s, French neurologist Jean-Martin Charcot explored patients’ unexplained physical and/or emotional symptoms which he termed hysteria (Halpern & Tramontin, 2007). Charcot theorized that hysteria was the result of the emotional impact of a traumatic incident. Physician Pierre Janet and psychiatrist Sigmund Freud and their colleagues expanded Charcot’s theory of hysteria. Janet, (1929/1965) introduced the concept of dissociation as part of hysteria and traumatic stress stating that hysteria was “characterized by the retraction of the field of personal consciousness and a tendency to the dissociation and emancipation of the systems of ideas and junctions that constitute personality” (p. 332). Janet believed that hysteria developed because of mental weakness. Freud, on the other hand, believed that hysteria resulted from repressed memories of traumatic events (Trimble, 1981).

In a collaborative effort, Freud and Viennese psychoanalyst Josef Breuer investigated hysterical symptoms and began to follow the thread of memory back to

traumatic experiences (Breuer & Freud, 1893/1962). Further investigation led Freud to the conclusion that women's hysterical symptoms resulted from premature sexual experiences (Freud, 1896/1962). He later recanted this claim because of the unacceptable societal implications of sexual abuse and as a result, the investigation of traumatic stress was largely abandoned (Herman, 1997). Despite the lull in the scientific inquiry of traumatic stress, the field evolved and eventually became known as "traumatic neurosis"; a term coined by German neurologist Hermann Oppenheim in 1911 (Figley, 1988; Trimble, 1981).

The study of the psychological impacts of war (Halpern & Tramontin, 2007) furthered the development of the field of traumatic stress. American physician Abram Kardiner studied World War I and World War II veterans and attempted to create a systematic description of the features of traumatic neurosis (Kardiner & Spiegel, 1947). His work eventually became the foundation for the diagnostic description of posttraumatic stress disorder (PTSD) (Herman, 1997). The field of trauma was advanced through work on the traumatic stress outcomes among veterans of World War II (Lifton, 1967) and the Vietnam War (Figley, 1978).

Traumatic stress received increasing attention from the Vietnam veterans' and the women's movements in the mid 1970s (Herman, 1997; van der Kolk & van der Hart, 1989). The increased awareness of traumatic stress from these movements resulted in the designation of posttraumatic stress disorder as a mental illness in the third edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1980 (Burstow, 2003; van der Kolk & van der Hart). The inclusion of PTSD in the DSM-III increased interest in traumatic stress and engendered the

systematic study of trauma and trauma treatment (van der Kolk & McFarlane, 1996; Zimmerman & Mattia, 1999). In general, the DSM-III informed how trauma was to be understood (Becker, 1995; Danieli, 1998; Herman) and influenced the development of traumatic stress theory (Rosenthal & Wilson, 2003).

Etiology of Traumatic Stress

Trauma is a psychophysical experience that affects the body as well as the mind (Rothschild, 2000; Scaer, 2001). It causes changes in the brain and interferes with normal functioning (Kira, 2001). During a traumatic event, the brain releases hormones that trigger the body's nervous systems to respond by fight, flight, or freezing (Rothschild, 2000; van der Kolk, 1996). In addition, the area of the brain that is responsible for speech production is suppressed which creates a "speechless terror" in response to trauma (van der Kolk, 1996, p.234). The release of hormones during a traumatic event also suppresses brain functioning that regulates memory (Scaer, 2001; van der Kolk, 1996). While some traumatized people can remember the traumatic events in detail, others remember very little and experience physical sensations or emotional reactions that are contextually incongruent (Rothschild, 2000). Trauma also affects information processing which can result in dissociation or psychic numbing (Friedman & Marsella, 1996). Primary dissociation limits cognitions of the reality of the traumatic experience. Secondary dissociation anesthetizes individuals from the feelings related to the trauma. Tertiary dissociation characterizes the development of distinct ego states that contain the traumatic experience (van der Kolk, van der Hart & Marmar, 1996). Psychic numbing produces feelings of detachment from others and a restricted range of affect (American Psychiatric Association, 2000). Hyperarousal is another feature of traumatic stress, which results in sleep difficulty, irritability, anger and difficulty

concentrating, hypervigilance and an exaggerated startle response (American Psychiatric Associatioin, 2000). Traumatic events are stored in the brain and re-experienced with the same degree of intensity as the original event (Rothschild, 2000; Scaer, 2001; van der Kolk, 1996). Repeated exposures to trauma results in complex syndromes involving affect dysregulation, cognitive distortions, destructive behavior toward self and others and learning disabilities (van der Kolk, 1996).

Traumatic stress is debilitating emotionally, psychologically and physiologically (Friedman & Marsella, 1996; van der Kolk & McFarlane, 1996). Individuals who have experienced trauma often avoid situations that have the potential to trigger traumatic memories or flashbacks. They also develop strategies that, if triggered, will minimize their emotional and psychological response (Friedman & Marsella, 1996; van der Kolk & McFarlane, 1996). Major depression and generalized anxiety typically accompany PTSD (Friedman & Marsella, 1996). Research shows that individuals who have had previous depressive episodes are at increased risk for developing PTSD (Frist & Tasman, 2004). Hypervigilance resembles generalized anxiety disorder in that individuals have a heightened awareness of trauma stimuli; in its severe form, it can resemble panic and paranoia (Friedman & Marsella, 1996). Finally, avoiding and psychic numbing can have deleterious effects on relationships and lead to isolation and loneliness (Friedman & Marsella, 1996).

The DSM-IV-TR (American Psychiatric Association, 2000) describes the symptomatology of traumatic stress by the diagnostic criteria for PTSD. PTSD is characterized by exposure to a traumatic event in which a person experiences or witnesses events that threaten death or serious injury and the person's response

involves intense fear, helplessness or horror; the traumatic event is re-experienced by intrusive recollections of the event; persistent avoidance or numbing of stimuli associated with the event and persistent symptoms of increased arousal. The diagnostic criteria also include duration of disturbance for one month or more and it causes clinically significant disturbance or impairment in functioning. Sources of trauma, according to the DSM-IV-TR, include exposure to combat, imprisonment, physical and sexual abuse, death, victimization by crime or natural disasters, major accidents and serious injury (American Psychiatric Association, 2000) as well as medical interventions (Scaer, 2001). This definition of trauma legitimizes certain events as traumatic, describes the effects of trauma on the traumatized individual and is used to inform and guide mental health treatment for traumatized individuals (Becker, 1995; Burstow, 2005; Danieli, 1998; Eriksen & Kress, 2006; Herman, 1997; Rothschild, 2000; van der Kolk & McFarlane, 1996). Critics of the DSM-IV-TR state that the emphasis on physically dangerous events in the diagnostic criteria for PTSD is narrow and overlooks individual perception (Rothschild, 2000) as well as other precipitants to traumatic stress such as racism, harassment, and oppression (Bryant-Davis & Ocampo, 2005; Burstow, 2003; Carter, 2007; Halpern & Tramontin, 2007; Herman, 1997).

Race-Based Traumatic Stress

Over the last decade, scholars have argued for a more inclusive definition of the sources of trauma to include exposure to experiences such as domestic violence (Herman, 1992) and racism (Bryant-Davis & Ocampo, 2005; Carter, 2007; Friedman & Marsella, 1996; Utsey, Bolden & Brown, 2001). Other scholars (Brown, 1995; Guilfus, 1999; Lewis, 1999; Root, 1992) have suggested that limiting the definition of trauma to a physically dangerous event(s) is inadequate particularly for members of oppressed

groups. Burstow, (2003/ 2005) recommended a “radical departure” from the DSM-IV-TR’s framework for trauma and from psychiatry itself, which in her view, is disempowering and stigmatizing. She suggests that trauma and traumatic events should be conceptualized in context and viewed on a continuum in which everyone is located.

Herman (1992) first extended the definition of trauma by highlighting the experiences of women who were victims of prolonged repeated trauma through domestic violence. She discussed the commonalties of their experiences with those of combat veterans and political prisoners. Herman also identified societal factors that exacerbate the effects of trauma such as harsh judgment and condemnation by others for exhibiting the symptoms of trauma as well as misdiagnosis and negative attitudes from the mental health system.

Researchers investigating the relationship between racism and traumatic stress (Bryant-Davis & Ocampo, 2005; Carter, 2007; Friedman & Marsella, 1996; Utsey, Bolden & Brown, 2001) also challenged the DSM-IV-TR diagnostic criteria for traumatic stress. They argued that the stress from exposure to racism, which may be unrelated to a single event or cause an immediate threat to survival, often results in the development of traumatic stress syndrome. Furthermore, the study of transgenerational trauma, which is trauma that is passed down from one generation to another (Dass-Brailsford, 2007), offers insight into the extended effects of racism on the African American experience. Transgenerational trauma has been studied in children of Holocaust survivors (Danieli, 1998), families of war veterans (Aarts, 1998; Bernstein, 1998; Rosenheck & Fontana, 1998), indigenous peoples (Duran, Duran, Yellow Horse Brave Heart, & Yellow Horse-Davis, 1998; Raphael, Swan & Martinek, 1998), and survivors of

child abuse and domestic violence (Gardner, 1999; Herman, 1992; Schechter, Brunelli, Cunningham, Brown & Baaca, 2002; Walker, 1999).

African Americans have experienced race-based traumatic stress from the history of slavery and legal segregation in the United States (Carter, 2007). The residual effects of this oppression remain embedded in everyday life. Racist encounters, both direct and subtle continue to occur interpersonally (e.g., microaggressions, verbal assaults, use of symbols), systemically (i.e., application of stereotypes and limiting access to resources) and culturally (i.e., enforcing Eurocentric values) (Carter, 2007). Utsey, Bolden and Brown (2001) identified six racism-related reactions that African Americans experience as a result of prolonged exposure to racism and oppression: (a) race-related trauma, (b) racism-related fatigue, (c) anticipatory racism reaction, (d) race-related distress, (e) racism-related frustration, and (f) racism-related confusion.

Race-related trauma is the spiritual, psychological and physiological impact of being the victim of, witness to or learning of the actual or attempted threat to one's person based on race or skin color. Symptoms include intrusive thoughts, nightmares, anxiety, fear, sleeplessness and depression (Utsey, Bolden & Brown, 2001).

Racism-related fatigue is the psychological and physiological exhaustion that African Americans experience from exposure to racism and from combating oppression on a regular basis. The exhaustion can be debilitating and can interfere with activities of daily living such as working, participating in and attending to family commitments and other relationships (Utsey, Bolden & Brown, 2001).

Anticipatory racism reaction is a functional defense mechanism that African Americans develop after being victimized by racism. It involves maintaining a state of

hypervigilance in order to protect oneself from anticipated racist incidents. Maintaining this high level of awareness increases anxiety and becomes more stressful than the anticipated racist encounter (Utsey, Bolden & Brown, 2001).

Race-related distress develops from exposure to chronic racism and results in psychological and physical problems (Bowen-Reid & Harrell, 2002; Utsey, Bolden & Brown, 2001). Psychological manifestations include the inability to concentrate, intrusive thoughts about specific racists encounters, anxiety and depression. Physical symptoms include headaches, muscle tension, digestive problems, and sleep difficulty. In addition, race-related distress weakens the immune system resulting in increased susceptibility to illness ranging from the common cold to hypertension, stroke and cancer (Bowen-Reid & Harrell, 2002; Utsey, Bolden & Brown, 2001).

Racism-related frustration is the result of powerlessness that African Americans feel from acts of racism and oppression. Anger, irritability, disappointment, and dissatisfaction often follow when racist encounters are not resolved. These feelings are then magnified when new racist events are experienced (Utsey, Bolden & Brown, 2001).

Racism-related confusion is a reaction to ongoing racist encounters in which African Americans question their identity in an oppressive society. They begin to look at events and individuals differently and they question their reality. Moreover, they question their abilities and often internalize their oppression (Utsey, Bolden & Brown, 2001).

Scholars have demonstrated how members of oppressed and stigmatized groups are negatively affected by the stress of their daily lives (Bryant-Davis & Ocampo, 2005; Carter, 2007; Friedman & Marsella, 1996; Utsey, Bolden & Brown, 2001). LGBT

Americans face similar oppression and stigma in the form of heterosexism and homophobia that result in chronic stress (David & Knight, 2008; Haatzenbuehler, Nolen-Hoeksema & Erickson, 2008; Meyer, 2003; Rosario, Rotheram-Borus & Reid, 1996; Zamboni & Crawford, 2007). Thus, this framework is useful in understanding the effects of stress on their mental, emotional and physical health. Moreover, this understanding of the relationship between oppression and stress provides greater insight into the lives of LGBT African Americans who experience the combined stress of heterosexism, homophobia and racism.

Using traumatic stress theory to investigate gay African American identity development requires an awareness of its limitations. First, the DSM-IV-TR nomenclature does not consider ethno-cultural variables in the understanding, diagnosis and treatment of PTSD. The influence of religion and cultural beliefs on the meaning and subjective experience of trauma is overlooked. Second, it fails to address the relationship between systemic oppression and traumatic stress that plagues those who live on the margins of society (Carter, 2007; Bryant-Davis & Ocampo, 2005; Friedman & Marsella, 1996). Third, verbal, emotional and psychological abuse, blocked access to resources and social alienation, which create extreme stress and represent a threat to survival, do not currently qualify as precipitants to PTSD. Although the response to these experiences mirror those outlined in the DSM-IV-TR nomenclature for PTSD such as intense fear, helplessness or horror, intrusive recollections, persistent avoidance and psychic numbing and persistent symptoms of increased arousal, they do not meet the criteria for traumatic stress. Because the traumatic nature of these experiences is not recognized, the psychological distress that individuals face from these conditions is

often misdiagnosed, they are denied access to adequate mental health resources, the sociopolitical realities of their lives are overlooked and they are further marginalized (Cosgrove, 2005).

Traumatic Stress in African American Gay Men

African American gay men live with chronic stress in their daily lives. They face systemic oppression that impacts their psychological well-being and threatens their survival (Meyer, 2003). They experience employment, housing and legal discrimination and are often marginalized in education and health care settings (Mays & Cochran, 2001). These men also face possible rejection by their families (Icard, 1996; Wise, 2001), from religious institutions (Greene, 2001; Griffin, 2006; Parks, 2001) and are at increased risk for psychological, emotional and physical violence (Huebner, Rebchook & Kegeles, 2004). Studies show that internalized homophobia, stigma and events of discrimination and violence predict psychological distress in gay men (David & Knight, 2008; Mays & Cochran, 2001; Meyer, 1995).

Gay African Americans experience sexual identity stress that is exacerbated by racism in both the larger society and within the predominantly white gay community (Greene, 2001; Parks, 2001; Wise, 2001; Zamboni & Crawford, 2007). Studies have shown that African American gay men experience increased levels of heterosexist and race-based stress (Crawford, Allison, Zamboni, & Soto, 2002; Hayes, 1996). In a study of stress and coping among older gay men, David & Knight (2008) found lower levels of sexual identity disclosure, higher levels of homonegativity and disengaged coping among older African American men than with their White counterparts. Because of these difficulties, gay African Americans are often conflicted in the process of identity formation and experience increased levels of depression, anxiety, suicidal ideation,

substance abuse and high-risk sexual behavior (Hatzenbeuhler, Nolen-Hoeksema & Erickson, 2008; Huebner & Davis, 2007; Israel & Selvidge, 2003; Savin-Williams, 2001).

Gay African Americans' experience of racism and homophobia results in a sense of never being a part of any group completely, leaving them at risk for isolation, feelings of estrangement, and increased psychological vulnerability (Martinez & Sullivan, 1998). They experience the stress of not belonging on a daily basis and they are subject to emotional, psychological and physical violence from those who do not approve of their identity expression. As a result, they experience intrusive recollections of racist and homophobic events, psychic numbing as a way to manage their emotions and they are hypervigilant about their safety and monitor their speech, their mannerisms and their interests so that their sexual identity is not disclosed (David & Knight, 2008; Mays & Cochran, 2001; Meyer, 1995). This chronic stress often leads to a number of mental health problems (Israel & Selvidge, 2003; Savin-Williams, 2001). While using traumatic stress theory to understand these difficulties has limitations, it is an effective framework for developing a more accurate conceptualization of problems and creates opportunities for effective culture-centered interventions (Wynn & West-Olatunji, 2009).

Summary

African American gay men are regularly confronted with racism and homophobia. These stressful events are cumulative and lead to isolation, impaired functioning and identity confusion. The symptomatology mimics the criteria for traumatic stress as outlined in the DSM-IV-TR such as fear, helplessness or horror, intrusive recollections, persistent avoidance and psychic numbing and hyperarousal; yet, the current DSM-IV-TR nosology does not acknowledge the traumatic nature of persistent exposure to racist and homophobic events. Failure to include racism and homophobia as predictors of

traumatic stress further reinforces stereotypes of African American gay men and supports the systemic oppression that keeps them on the margins of society. A more inclusive, culture-centered model of traumatic stress would improve the accuracy of case conceptualization, diagnosis and treatment (Wynn & West-Olatunji, 2009). In addition, it would provide a framework for these men to understand their own challenges with identity development in a manner that does not reinforce shame and self-loathing. Finally, by acknowledging the serious impact that traumatic stress has on this population, the field of mental health will advance and offer greater access to resources that would assist African American gay men in the successful development of their identity.

Table 2.1. African American culture

Dimension	Description
Balance and Harmony	The assumption that all aspects of oneself are inextricably connected. This includes balance between mental, physical and spiritual states and living in harmony with nature. Imbalance in one domain is reflected in other domains.
Collectivism	Interdependence, cooperation and prioritizing the group over the individual. Individual identity is connected to group identity. Competition is minimized and harmony and group cohesion are maximized.
Kinship Bonds	Strong commitment to nuclear family, extended family and fictive kin (non-relatives who are embraced as family). The strong kinship bond may be reflected in frequent contact with family members, multiple generations of a family living in one home or nearby, and extended family members assuming parental or care giving roles for their relatives.
Orality	Using storytelling and music to transmit cultural information from one generation to the next.
Religion/Spirituality	Belief in a force greater than oneself that may also include adherence to rituals such as attending church, regular prayers, celebrating religious holidays, and participating in church-related outreach; a primary resource for coping with stressful life events such as racism, illness and other adverse conditions.
Sensitivity to Affect and Emotional Cues	An extended sensitivity to the emotional and affective states of self and others. This includes consideration for other people and is related to the orientation towards collectivism and strong kinship bonds. There is an emphasis on empathizing with others and being open to emotional expression.
Time Orientation	Flexibility with time and considering the past and present as equally important as the future.
Verve and Rhythm	Rhythm and creativity may be seen in movement, posture, speech patterns and learning styles. Verve suggests a preference for multiple and changing stimuli versus a singular one that is routine.

Bellgrave & Allison, 2006; Boykin, 1983; Boykin & Ellison, 1995; Chatters, Taylor, & Joyakody, 1994; McAdoo, 1993; Nobles, 2004; Sue & Sue, 2008)

CHAPTER 3
METHODOLOGY

The purpose of this study was to examine the relationship between ethno-cultural identity, sexual orientation identity and traumatic stress in African American gay men. The purpose of this chapter is to provide an overview of the methods that were used in this study. A description of research methods, population and setting, instrumentation, data collection procedures, data analyses, and limitations of the study will be provided.

Research Method

Survey methods were used to acquire data for this study. A demographic data form (Appendix A), the African Self-Consciousness Scale – Short Form, (ASCS), (Baldwin & Bell, 1985, Appendix B), the Gay Identity Questionnaire (GIQ), (Brady, 1994, Appendix C) and the Trauma Symptom Inventory, (TSI), (Briere, 1995, Appendix D) were distributed to a sample of African American gay men via an electronic mail (email) link to the survey. Correlation and multiple regression statistical methods were used to analyze the data. A power analysis was conducted to determine the number of participants needed in this study (Cohen, 1988). To achieve power of .80 and a small effect size, a total sample size of N=148 is required (Cohen, 1988, p. 385). Participants were informed of the purpose and procedures of this study as well as their rights, risks and benefits of participating.

Population and Setting

Approval to conduct this study was obtained from the university's institutional review board. Historically, it has been difficult to recruit gay African American men for participation in research studies. Therefore, convenience and snowball sampling methods were used. Participants were recruited from social networks. In addition,

members of national black gay organizations such as the Black AIDS Institute, the Black Gay Network, the National Black Justice Coalition, and the National Black Gay Men's Advocacy Coalition were invited to participate by emailing the membership coordinators of these groups with information about the study and requesting that it be distributed to their membership. The use of anonymous, electronic surveys ensured participant confidentiality and no identifying information was solicited. Incentives were not provided for participation in this study. Data collection lasted 14 weeks. The Statistical Package for the Social Sciences (SPSS v.18) program was used for data analysis.

Instrumentation

Three instruments were used in this study: the African Self-Consciousness Scale – Short Form (ASC), the Gay Identity Questionnaire (GIQ) modified and the Trauma Symptom Inventory (TSI). Each instrument or its subscales with the exception of the Identity Pride subscale of the GIQ, have reliability scores of at least .70, which is typically considered acceptable (Constantine & Ponterotto, 2006).

African Self-Consciousness Scale (ASC)

The ASC scale is a 42-item questionnaire designed to assess the Black personality construct of African self-consciousness (Baldwin & Bell, 1985). Selected from an original pool of 130 items, these 42 items ranked highest among expert judges (psychologists) in how well they reflected the ASC four factors (see Table 3.1). The items were also rated in terms of six manifest or expressive dimensions believed to be relevant to important aspects of African American life. They include education, family, religion, cultural activities, interpersonal relations, and political orientation.

The reliability estimate for the ASC was obtained using the test-retest method. A sample of 109 Black college students enrolled in general psychology courses at Florida

Agricultural and Mechanical University (FAMU) were administered the scale on two separate occasions six weeks apart. The items were randomly reordered on the second administration to control for practice and order effects. Positive and negative items were also randomly reordered on the second administration. The Pearson product-moment correlations coefficient used in this analysis generated a reliability coefficient of r (107) =.90, p<.001 (Baldwin & Bell, 1985).

The ASC items alternate from negative phrasing with regard to African Self-Consciousness (low scores index the ASC construct) to positive phrasing with regard to African Self-Consciousness (high scores index the ASC construct). Odd numbered items are negatively weighted for the ASC construct, while even numbered items are positively weighted for the ASC construct. Responses are given according to the following Likert-type scaling system: Strongly Disagree= 1-2; Disagree= 3-4; Agree= 5-6; Strongly Agree= 7-8. Even numbered items are scored by computing their scaled values directly, whereas odd numbered items are scored as the reverse of their scaled values (8=1, 7=2, 6=3, etc.). The total ASC score can be computed as either sum of the scores or as the overall mean of the scores (Baldwin & Bell, 1985).

The ASC Short Form is a 20-item questionnaire taken from the original 42-item ASC developed by Kambon and Associates (1996; Baldwin and Bell, 1985). The ASC Short Form is organized around four ASC Subfactors/subscales and consists of the five items representing the highest item-loadings on each of the factors. The ASC Subfactors are F1-Collective African Identity, F2-Resistance/Defense Against Anti-African Forces, F3-Value for Africentric Institutions and Cultural Expressions, and F4-Value for African Culture (Kambon, 1998). Around 90% of the original items loaded on

the four factors, accounting for nearly 76% of the variability. Cronbach's Alpha coefficients for the full scale ASC range from .79 to .82, while test-retest reliability coefficients covering intervals from six weeks up to nine months occur well within the high 80s to low 90s range (Baldwin and Bell, 1985; Kambon, 1998).

The ASC is structured such that even-numbered items are positively keyed for ASC and odd-numbered items are negatively keyed for ASC. Thus, for positive keyed items, high scores (above 4) are indicative of strong/high ASC, and for negative keyed items, low scores (4 and below) are indicative of strong/high ASC. Therefore, negative (odd numbered) item scores must be transposed to their ASC weights or values. For example, a negative weighted score of 1 is converted/transposed to 8, a 2 to 7, 3 to 6, etc. (i.e., for negative weighted items 1=8, 2=7, 3=6, 4=5, 5=4, 6=3, 7=2, 8=1).

Gay Identity Questionnaire (GIQ)

The original version of the GIQ consists of 45 true-false items that measure respondents' stage of homosexual identity formation (HIF) proposed by Cass (1979) (see Table 3.2). The original sample included 225 White, middle-class male respondents residing in southern California in 1983. The median age of the respondents was 28.8 years and all reported that they had homosexual thoughts, feelings or engaged in homosexual behavior (Brady, 1998).

The internal consistency scores for the original GIQ are not available for the first two stages due to too few respondents in the pilot test, which may be the result of difficultly in recruiting subjects for a study on gay identity who do not yet identify as gay (Brady & Busse, 1994).

Additionally, the reliability score for the fifth stage, Identity Pride, is weak (r = .48). Brady & Busse (1994) hypothesize that this stage does not represent a distinct

developmental stage but rather a process of development between stage four, Identity Acceptance and stage six, Identity Synthesis.

Rogers (1998) modified the GIQ in an effort to improve the instrument's reliability and to better identify participants' levels of gay identity. A six-point Likert scale ranging from 1=Strongly Disagree to 6= Strongly Agree replaced the original True/False scale. The responses were summed and mean calculated which provided a score for each of the six stages rather than a single stage designation. The reliability scores reported in Table 3.2 are based on a sample of 237 gay men.

Trauma Symptom Inventory (TSI)

The 100 item-TSI is a general test of trauma symptoms that are rated on a 4-point scale of frequency of occurrence over the past 6 months (0=Never, 1=Rarely, 2=Occasionally, 3=Often). The TSI takes a response perspective of trauma and does not ask about precipitating events (Fernandez, 2001). The TSI consists of 10 clinical scales, which evaluate the symptomatology of traumatized individuals. The five subscales of the TSI that are consistent with the DSM-IV-TR criteria for PTSD will be used for this study. In addition, the sexual concerns and dysfunctional sexual behavior subscales will also be used due to their relevance to the study. They are described in Table 3.3.

The psychometric properties of the TSI were analyzed on four samples, standardization sample n=828, university students n=279, clinical sample n=370 and Navy recruits n=3,659. The student and clinical samples were predominantly female. Analysis of the TSI's predictive validity revealed that it accurately predicted PTSD as outlined in the DSM-IV-TR in 91% of the cases (Fernandez, 2001).

Summary

The three instruments proposed for use in this study, the ASC, the GIQ-modified, and the TSI are psychometrically sound. In addition, they are consistent with the constructs outlined in chapter 2 of this study. Therefore, they are appropriate for use in this study.

The ASC is based on Africentric theory (Baldwin, 1981) and has been used in studies on Africentric psychology (Baldwin & Bell, 1985; Baldwin, Brown, & Rackley, 1990; Baldwin, Duncan, & Bell, 1992; McCowan & Alston, 1998). The data suggest that a reliable relationship exists between high levels of African self-consciousness and positive psychological functioning and behavior in African American people (Baldwin & Bell, 1985).

The GIQ offers a valid assessment of gay men in the later stages of HIF. It has been used in a number of studies with gay men as well as lesbians with significant results (Halpin & Allen, 2004; Levine, 1997; Marszalek, Cashwell, Dunn & Jones, 2004; Rowen & Malcolm, 2002). The modified version of the GIQ improved its reliability and its ability to identify participants' levels of gay identity. Use of the GIQ in a study measuring gay identity in African American men will contribute to the generalizability of the instrument.

The TSI is internally consistent, demonstrates good convergent validity and is useful in quantifying the diagnostic information for assessing PTSD. The TSI's response perspective to trauma, avoiding the narrow focus on only a few possible precipitating events to trauma, is consistent with the construct of traumatic stress as presented in this study.

Limitations

Purposeful, convenience and snowball sampling limits the diversity and selection of individuals for the sample by selecting those who participate in formal support groups and those who belong to certain social networks. Using electronic mail to link to the surveys is a limitation in that it excludes potential participants who either do not have access to this technology or are uncomfortable with its use.

Data Collection Procedures

The ASC, the GIQ and the TSI were distributed to eligible participants via a link through electronic mail.

Data Analysis

The data were entered into SPSS v.18 and analyzed. For the first research question, the relationship of ethno-cultural identity and gay identity was tested with Pearson product-moment correlation.

1. What is the relationship between cultural identity and gay identity in African American men?

For the remaining research questions, (2-8) multiple regression was used to analyze the data in order to understand the relationship between the three variables.

2. What is the relationship between ethno-cultural identity, gay identity and hyperarousal in African American men?
3. What is the relationship between ethno-cultural identity, gay identity and depression in African American men?
4. What is the relationship between ethno-cultural identity, gay identity and intrusive experiences in African American men?

5. What is the relationship between ethno-cultural identity, gay identity and defensive avoidance in African American men?
6. What is the relationship between ethno-cultural identity, gay identity and dissociation in African American men?
7. What is the relationship between ethno-cultural identity, gay identity and sexual concerns in African American men?
8. What is the relationship between ethno-cultural identity, gay identity and dysfunctional sexual behavior in African American men?

Table 3.1. African self-consciousness scale – Four factors

Factor	Description
Collective African Identity and Self-Fortification	A psychological disposition reflecting a sense of African identity and a tendency to engage in activities that affirm one's African identity. (e.g., Pro-Black/Back empowering actions like promoting African history and cultural activities, Black organized/collective activities, Black economic and political activities/Nguzo Saba, etc.)
Resistance Against Anti-African Forces	A psychological disposition reflecting a tendency to resist, by any means necessary, any and all information which may be perceived (experienced/interpreted) as anti-African/anti-Black, or as a threat to African/Black survival in any way, shape or form. (e.g., Rejects White supremacy and actively combats it in all areas of experience.)
Value for African-Centered importance of Institutions and Expressions	A psychological disposition reflecting a belief in the Africentric/pro-Black-oriented/empowering Cultural organizations-institutions, practices, etc., that are under African/Black control based on African cultural definitions. (e.g., practicing African cultural rituals, celebrations, commemorations, etc.)
Value for African Culture	A psychological disposition reflecting a firm belief in the value/importance of traditional African cultural forms (practices, products-artifacts, etc.) for Africans (in America).

(Baldwin & Bell, 1985)

Table 3.2. Stages of homosexual identity formation

Stage	Description
Identity Confusion (r=.78)	Feeling different and initial awareness that a heterosexual identity does not fit.
Identity Comparison (r=.86)	Attempts to pass as heterosexual while keeping gay identity separate.
Identity Tolerance (r=.74)	Alienation from the heterosexual world and an increased desire to connect with the gay community.
Identity Acceptance (r=.84)	Increased contact with the gay community, passing as heterosexual when needed and beginning to disclose gay identity to others
Identity Pride (r=.57)	Immersion in gay culture, strong sense of identity with the gay community, social activism and increase disclosure of sexual identity.
Identity Synthesis (r=.76)	Letting go of us versus them and sense of pride is integrated into gay identity.

(Cass, 1979; Rogers, 1998)

Table 3.3. Trauma symptom inventory subscales

Scale	Description
Hyperarousal (α= .87)	Jumpiness, tension and heightened awareness of trauma stimuli. Sleep difficulty, irritability, anger and difficulty concentrating
Depression (α = .90)	Sadness and hopelessness
Intrusive experiences (α = .90)	Flashbacks and nightmares of traumatic experiences
Defensive avoidance (α = .88)	Cognitive and behavioral avoidance of trauma stimuli
Dissociation (α = .88)	Psychic numbing; limits the cognitions and feelings related to the trauma
Sexual concerns (α = .89)	Negative thoughts and feelings during sex, confusion regarding sexual issues and shame regarding sexual activities
Dysfunctional sexual behavior (α = .89)	Indiscriminate sexual contact, getting into trouble because of sexual behavior and using sex to combat internal distress

(Briere, 1995; Briere, Elliott, Harris & Cotman, 1995)

CHAPTER 4
RESULTS

This study examined the relationship between ethno-cultural identity, sexual orientation and traumatic stress in adult African American gay men. The purpose of this chapter is to provide a summary of the study including sampling procedures and instrumentation. Participant descriptive information will also be presented. Finally, the statistical analyses and findings of the study in relation to the research questions and hypotheses will be discussed.

Research Questions

1. What is the relationship between ethno-cultural identity and gay identity in African American men?
2. What is the relationship between ethno-cultural identity, gay identity and hyperarousal in African American men?
3. What is the relationship between ethno-cultural identity, gay identity and depression in African American men?
4. What is the relationship between ethno-cultural identity, gay identity and intrusive experiences in African American men?
5. What is the relationship between ethno-cultural identity, gay identity and defensive avoidance in African American men?
6. What is the relationship between ethno-cultural identity, gay identity and dissociation in African American men?
7. What is the relationship between ethno-cultural identity, gay identity and sexual concerns in African American men?

8. What is the relationship between ethno-cultural identity, gay identity and dysfunctional sexual behavior in African American men?

Hypotheses

Null hypotheses developed for each of the research questions are as follows:

Ho1: There will be no significant relationship between ethno-cultural and gay identities in African American gay men.

Ho2: There will be no significant relationship between ethno-cultural identity, gay identity and hyperarousal in African American men.

Ho3: There will be no significant relationship between ethno-cultural identity, gay identity and depression in African American men.

Ho4: There will be no significant relationship between ethno-cultural identity, gay identity and intrusive experiences in African American men.

Ho5: There will be no significant relationship between ethno-cultural identity, gay identity and defensive avoidance in African American men.

Ho6: There will be no significant relationship between ethno-cultural identity, gay identity and dissociation in African American men.

Ho7: There will be no significant relationship between ethno-cultural identity, gay identity and sexual concerns in African American men.

Ho8: There will be no significant relationship between ethno-cultural identity, gay identity and dysfunctional sexual behavior in African American men.

Snowball sampling was used to recruit adult African American gay men from social networks for participation in this study. Participants completed an on-line survey that included 17 demographic questions, the African Self-Consciousness Scale Short Form,

the Modified Gay Identity Questionnaire, and 7 subscales of the Trauma Symptom Inventory. Data was analyzed using Pearson correlation and multiple regression equations.

Participant Descriptive Information

A total of 152 people participated in the study. Forty-eight were deleted prior to analysis due to gender (Female) (4), racial/ethno-cultural background (White) (4), or incomplete surveys (40). Therefore, a total of 104 participant responses were valid and used for analysis.

The age ranges with the highest frequencies include the 46-50 age range (17.3%), the 41-45 and 20-25 age ranges (15.4%), and the 31-35 age range (14.4%). The distribution of participants by age range is presented in Table 4.1.

The ethno-cultural backgrounds of the participants are as follows: African American/Black (Non-Latino) (79%), Afro Caribbean (14%), African (Born on the continent of Africa) (6%), Multiracial/Multiethnic (4%), and other (1%). Seventy –nine percent of the sample described their sexual orientation as gay, while 18.3% chose same-gender loving as a description of their sexual orientation. Other participants indentified their sexual orientation as bisexual (3.8%) or Queer (1.9%). Participants described their current relationship status as follows: single (67%), partnered (25%), married (4%), and divorced (4%).

Demographic data were also collected on participants' religious affiliation. Eighteen percent reported no religion, 68% identified as Christian, 2% as Buddhist, and 11% as other. One participant did not respond to this item. Forty-seven percent of participants reported that religion is very important, 26% reported that religion is not important, and 25% reported that religion is somewhat important. Two participants did

not respond to this item. Forty percent of participants reported seldom attendance at religious services, 29% reported attending religious services often, 17% reported attending religious services sometimes, and 14% reported never attending religious services.

The geographic region of the United States in which participants were raised as well as their current geographic region was also examined. Over half of the participants (59%) reported being raised in the South and 64% reported currently living in this region. Participants who reported being raised in the Northeast make up 17% of the sample; 14% reported currently living in this region. While 15% of participants reported being raised in the Midwest, 16% reported currently living in this region. Finally, 7% of participants reported being raised in the West and 5% reported currently living in this region.

Other demographic questions examined the highest level of education of the participants (see Table 4.2), current occupation (see Table 4.3), and income level (see Table 4.4).

Data Analyses and Results

The following is a presentation of the research questions as well as a description of the analyses and the results in relation to the null hypotheses. Descriptive statistics are provided in Table 4.5.

Question 1. What is the relationship between ethno-cultural identity and gay identity in African American men?

Preliminary analyses using Pearson correlation coefficient revealed a high correlation (α=.83) between the confusion (GIDCONF) and comparison (GIDCOMP)

subscales of the Gay Identity Questionnaire. Therefore, a composite variable (GIDCONF/COMP) was formed.

A Pearson correlation coefficient was calculated for the relationship between participants' level of African self consciousness (ASC) and stage of gay identity (see Table 4.6). The test revealed that there was no statistically significant correlation between ASC and GIDCONF/COMP($r(78) = -.171$, $p>.05$). Therefore, there is no association between African self consciousness and gay identity confusion/comparison. There was no statistically significant correlation between ASC and GIDTOL($r(83) = -.068$, $p>.05$). Therefore, there is no association between African self consciousness and gay identity tolerance. There was no statistically significant correlation between ASC and GIDACC ($r(85) = -.080$, $p>.05$). Therefore, there is no association between African self consciousness and gay identity acceptance. There was no statistically significant correlation between ASC and GIDPRIDE ($r(84) = .146$, $p>.05$). Therefore, there is no association between African self consciousness and gay identity pride. Finally, there was no statistically significant correlation between ASC and GIDSYN ($r(86) = -.033$, $p>.05$). Therefore, there is no association between African self consciousness and gay identity synthesis.

The first hypothesis proposed that there is no relationship between African self-consciousness and gay identity. The hypothesis was supported by the results, which showed that there was no statistically significant correlation between African self-consciousness and gay identity. This finding is inconsistent with other studies addressing intersectionality of identity (Crawford, Allison, Zamboni & Soto, 2002; Hatzenbeuhler, Nolen-Hoeksema & Erickson, 2008; Huebner & Davis, 2007; Israel &

Selvidge, 2003; Savin-Williams, 2001) that suggest a negative relationship exists between ethno-cultural identity and gay identity. One explanation for why this study did not find a significant correlation between African self-consciousness and gay identity may be because this study had a small sample size; therefore limiting the power needed to detect a relationship.

The concept of intersectionality addresses the nuanced complexities of multiple identities that cannot be sufficiently captured using conventional identity development models, such as racial (Helms, 1995; Sue & Sue, 2008) and gay/lesbian (Cass, 1979; Minton & McDonald, 1984). Studies report that many African American gay men choose to keep their ethno-cultural and gay identities separate (Christian, 2005; Brown, 2005). According to the literature, the Black community generally provides a sense of solidarity against racism that may be reinforcing for African American gay men. However, they are less likely to experience that solidarity if their sexual orientation becomes known or is openly discussed; if they “come out”. In fact, they may even be ostracized. Although African American gay men have historically been key figures in their families, they often become devalued once the code of silence about their homosexuality is broken (Carpineto, Kubicek, Weiss, Iverson & Kipke, 2008; Icard, 1996; Wise, 2001).

However, 55% of the men in this study scored in the high range on both African self-consciousness and gay identity pride suggesting that there are many African American gay men who are more successful at integrating their identities. This study reflects the need for more insight into the factors that support identity integration, as well as those that inhibit it in African American gay men.

Question 2. What is the relationship between ethno-cultural identity, gay identity, and hyperarousal in African American men?

Regression equation: Hyperarousal'= -8.144 + .081(ASC) + .135(GIDCONF/COMP) - .290(GIDTOL) + .262(GIDACC) + .264(GIDPRIDE) - .071(GIIDSYN)

A multiple regression was conducted with the following predictor variables: ASC, GIDCONF/COMP, GIDTOL, GIDACC, GIDPRIDE, and GIDSYN, with hyperarousal as the outcome variable (see Table 4.7). The model produced an R^2 of .257, which was statistically significant, (F(6,63) = 3.641, p = .05). ASC, GIDCONF/COMP, GIDTOL, GIDACC, GIDPRIDE, and GIDSYN can account for 25.7% of the variance in hyperarousal. ASC, GIDCONF/COMP, GIDTOL, and GIDSYN had non-significant effects. GIDACC was positively related to hyperarousal (B = .262, t = 2.772, p = .007). GIDPRIDE was positively related to hyperarousal (B = .264, t = 2.143, p = .036).

The second hypothesis states that there will be no significant relationship between ethno-cultural identity, gay identity and hyperarousal in African American men. This hypothesis is partially supported. The gay identity confusion/comparison, the gay identity tolerance, and the gay identity synthesis stages of gay identity development had non-significant effects on hyperarousal.

However, the gay identity acceptance and the gay identity pride stages were positively related to hyperarousal, which suggests that the more open African American gay men are to themselves and others about their gay identity, the more likely they are to experience hyperarousal. This finding is supported by the literature reflecting African American gay men's experiences of being hypervigilant about their safety, monitoring

their speech, their mannerisms, and their interests as a way of managing disclosure of their sexual identity (David & Knight, 2008; DiPlacido, 1998; Mays & Cochran, 2001; Meyer, 2003). In addition, Cochran, Sullivan, and Mays (2003) observed that gay and bisexual men were 4.7 times more likely to meet criteria for panic disorder than heterosexual men.

Question 3. What is the relationship between ethno-cultural identity, gay identity and depression in African American men?

Regression equation: Depression'= -9.966 + .025(ASC) +.093(GIDCONF/COMP) - .289(GIDTOL) + .351(GIDACC) + .487(GIDPRIDE) - .032(GIDSYN)

A multiple regression was conducted with the following predictor variables: ASC, GIDCONF/COMP, GIDTOL, GIDACC, GIDPRIDE, and GIDSYN, with depression as the outcome variable (see Table 4.8). The model produced an R^2 of .227, which was statistically significant, ($F(6,73) = 3.581$, $p = .05$). ASC, GIDCONF/COMP, GIDTOL, GIDACC, GIDPRIDE, and GIDSYN can account for 22.7% of the variance in depression. ASC, GIDCONF/COMP, GIDTOL, and GIDSYN had non-significant effects. GIDACC was positively related to depression ($B = .351$, $t = 3.368$, $p = .001$). GIDPRIDE was positively related to depression ($B = .487$, $t = 3.747$, $p = 0.001$).

The third hypothesis states that there will be no significant relationship between ethno-cultural identity, gay identity and depression in African American men. This hypothesis is partially supported. Three of the 5 stages of gay identity development, gay identity confusion/comparison, gay identity tolerance, and gay identity synthesis were not significantly related to depression.

Two stages of gay identity development, gay identity acceptance and gay identity pride were positively related to depression in African American gay men, which suggests that the more accepting they are about their gay identity, the more likely they are to experience depression. This is consistent with the literature on the prevalence of depression in gay men. Studies show that gay and bisexual men are 3 times more likely to meet DSM-IV-TR criteria for major depression than their heterosexual counterparts (Cochran, Sullivan & Mays, 2003; Crawford, Allison, Zamboni & Soto, 2002; Hatzenbeuhler, Nolen-Hoeksema & Erickson, 2008; Huebner & Davis, 2007; Israel & Selvidge, 2003; Savin-Williams, 2001). Other studies reveal that a lesbian, gay, bisexual identity and questioning of one's sexual orientation is an independent predictor of suicide attempts particularly among adolescents (Fergusson, Horwood, & Beautrais, 1999; Garafalo et. al., 1999).

Question 4. What is the relationship between ethno-cultural identity, gay identity and intrusive experiences in African American men?

Regression equation: Intrusive Experiences'= -12.931 + .069(ASC) +.052(GIDCONF/COMP) - .230(GIDTOL) + .302(GIDACC) + .327(GIDPRIDE) + .057(GIDSYN)

A multiple regression was conducted with the following predictor variables: ASC, GIDCONF/COMP, GIDTOL, GIDACC, GIDPRIDE, and GIDSYN, with intrusive experiences as the outcome variable (see Table 4.9). The model produced an R^2 of .216, which was statistically significant, ($F(6,73) = 3.348$, $p = .05$). ASC, GIDCONF/COMP, GIDTOL, GIDACC, GIDPRIDE, and GIDSYN can account for 21.6% of the variance in intrusive experiences. ASC, GIDCONF/COMP, GIDTOL, and GIDSYN

had non-significant effects. GIDACC was positively related to intrusive experiences (B = .302, t = 3.434, p = .001). GIDPRIDE was positively related to intrusive experiences (B = .327, t = 2.978, p = .004).

The fourth hypothesis states that there will be no significant relationship between ethno-cultural identity, gay identity and intrusive experiences in African American men. This hypothesis is partially supported. Analysis revealed no significant relationship between intrusive experiences and the gay identity confusion/comparison, the gay identity tolerance, and the gay identity synthesis stages of gay identity development.

A significant relationship was found between intrusive experiences and the gay identity acceptance and the gay identity pride stages of gay identity development reflecting African American gay men's experiences with negative events related to their acceptance of and pride in their gay identity. This is discussed in the literature on the effects of homophobic events on the LGBT population such as anti-gay victimization including verbal assault, threats, and physical violence, as well as familial abuse, harassment, and maltreatment (Comstock, 1989; D'Augelli, 1992; DiPlacido, 1998; Garnets, Herek et.al., 1997; Herek, 1993; Meyer, 2003; Otis & Skinner, 1996).

Question 5. What is the relationship between ethno-cultural identity, gay identity and defensive avoidance in African American men?

Regression equation: Defensive Avoidance'= -14.198 + .094(ASC) +.048(GIDCONF/COMP) - .088(GIDTOL) + .280(GIDACC) + .415(GIDPRIDE) + .023(GIDSYN)

A multiple regression was conducted with the following predictor variables: ASC, GIDCONF/COMP, GIDTOL, GIDACC, GIDPRIDE, and GIDSYN, with defensive

avoidance as the outcome variable (see Table 4.10). The model produced an R^2 of .209, which was statistically significant, (F(6,73) = 3.218, p = .05). ASC, GIDCONF/COMP, GIDTOL, GIDACC, GIDPRIDE, and GIDSYN can account for 20.9% of the variance in defensive avoidance. ASC, GIDCONF/COMP, GIDTOL, and GIDSYN had non-significant effects. GIDACC was positively related to defensive avoidance (B = .280, t = 2.583, p = .012). GIDPRIDE was positively related to defensive avoidance (B = .415, t = 3.069, p = .003).

The fifth hypothesis proposed that there will be no significant relationship between ethno-cultural identity, gay identity and defensive avoidance in African American men. This hypothesis is partially supported in that there was no significant relationship between defensive avoidance and the gay identity confusion/comparison, the gay identity tolerance, and the gay identity synthesis stages of gay identity development.

There was significance in the relationship between defensive avoidance and the gay identity acceptance and the gay identity pride stages of gay identity development suggesting that even at later stages of gay identity development, African American gay men may be avoiding gay-related trauma stimuli. Similar results are reported in the literature. For example, in a study on lesbian and gay male undergraduates' experience of harassment and fear on campus, lesbian and gay college students admitted to changing their lives to avoid harassment, abuse, and violence. These changes included avoiding certain locations, avoidance of openly lesbian or gay people, and developing a distorted or restricted presentation of self (denying that they are involved in a romantic relationship or suggesting that they are dating opposite sex partners) (D'Augelli, 1992). Studies also suggest that substance abuse in the LGBT population is an attempt to

escape unpleasant emotions, to combat isolation and loneliness and to avoid social conflict (Berg, Mimiaga, & Safren, 2008; Cochran & Mays, 2000; Gilman et. al., 2001; Greenwood, et. al., 2000; Halkitis, Parsons, & Wilson, 2003; Stall, et. al., 2001).

Question 6. What is the relationship between ethno-cultural identity, gay identity and dissociation in African American men?

Regression equation: Dissociation'= -9.351 + .014(ASC) +.057(GIDCONF/COMP) - .051(GIDTOL) + .256(GIDACC) + .424(GIDPRIDE) + .054(GIDSYN)

A multiple regression was conducted with the following predictor variables: ASC, GIDCONF/COMP, GIDTOL, GIDACC, GIDPRIDE, and GIDSYN, with dissociation as the outcome variable (see Table 4.11). The model produced an R^2 of .223, which was statistically significant, (F(6,73) = 3.501, p = .05). ASC, GIDCONF/COMP, GIDTOL, GIDACC, GIDPRIDE, and GIDSYN can account for 22.3% of the variance in dissociation. ASC, GIDCONF/COMP, GIDTOL, and GIDSYN had non-significant effects. GIDACC was positively related to dissociation (B = .256, t = 2.748, p = .008). GIDPRIDE was positively related to dissociation (B = .424, t = 3.642, p = .001).

The sixth hypothesis, there will be no significant relationship between ethno-cultural identity, gay identity and dissociation in African American men was partially supported. There was no significant relationship between dissociation and the gay identity confusion/comparison, the gay identity tolerance, and the gay identity synthesis stages of gay identity development.

Dissociation was positively related to the gay identity acceptance and the gay identity pride stages of gay identity development. Dissociation, also known as psychic

numbing is one way that LGBT people manage the painful emotions associated with belonging to a marginalized social identity group (DiPlacido, 1998; Meyer, 2003).

Question 7. What is the relationship between ethno-cultural identity, gay identity and sexual concerns in African American men?

Regression equation: Sexual Concerns= -10.626 + .051(ASC) +.0135(GIDCONF/COMP) - .088(GIDTOL) + .280(GIDACC) + .415(GIDPRIDE) + .023(GIDSYN)

A multiple regression was conducted with the following predictor variables: ASC, GIDCONF/COMP, GIDTOL, GIDACC, GIDPRIDE, and GIDSYN, with sexual concerns as the outcome variable (see Table 4.12). The model produced an R^2 of .221, which was statistically significant, ($F(6,73) = 3.460$, $p = .05$). ASC, GIDCONF/COMP, GIDTOL, GIDACC, GIDPRIDE, and GIDSYN can account for 22.1% of the variance in sexual concerns. ASC, GIDCONF/COMP, GIDTOL, and GIDSYN had non-significant effects. GIDACC was positively related to sexual concerns ($B = .290$, $t = 3.070$, $p = .003$). GIDPRIDE was positively related to sexual concerns ($B = .285$, $t = 2.422$, $p = .018$).

The seventh hypothesis, there will be no significant relationship between ethno-cultural identity, gay identity and sexual concerns in African American men was partially supported. There was no significant relationship between sexual concerns and the gay identity confusion/comparison, the gay identity tolerance, and the gay identity synthesis stages of gay identity development.

The gay identity acceptance and the gay identity pride stages of gay identity development were positively related to sexual concerns. Recent studies addressing stress in gay men found significance between stress and sexual problems such as

communication difficulties, performance concerns (erectile and orgasmic disorders), sexual knowledge deficits, and negative sexual attitudes (Bancroft, et. al., 2005; Standfort & deKeizer, 2001; Zamboni & Crawford, 2007).

Question 8. What is the relationship between ethno-cultural identity, gay identity and dysfunctional sexual behavior in African American men?

Regression equation: Dysfunctional Sexual Behavior= -3.462 + .015(ASC) +.030(GIDCONF/COMP) - .173(GIDTOL) + .251(GIDACC) + .240(GIDPRIDE) + .072(GIDSYN)

A multiple regression was conducted with the following predictor variables: ASC, GIDCONF/COMP, GIDTOL, GIDACC, GIDPRIDE, and GIDSYN, with dysfunctional sexual behavior as the outcome variable (see Table 4.13). The model produced an R^2 of .141, which was statistically significant, ($F(6,73) = 1.994$, $p = .05$). ASC, GIDCONF/COMP, GIDTOL, GIDACC, GIDPRIDE, and GIDSYN can account for 14.1% of the variance in dysfunctional sexual behavior. ASC, GIDCONF/COMP, GIDTOL, and GIDSYN had non-significant effects. GIDACC was positively related to dysfunctional sexual behavior ($B = .251$, $t = 2.969$, $p = .004$). GIDPRIDE was positively related to dysfunctional sexual behavior ($B = .240$, $t = 2.276$, $p = .026$).

The eighth hypothesis proposed that there will be no significant relationship between ethno-cultural identity, gay identity and dysfunctional sexual behavior in African American gay men. This hypothesis was partially supported. There was no significant relationship between dysfunctional sexual behavior and the gay identity confusion/comparison, the gay identity tolerance, and the gay identity synthesis stages of gay identity development.

There was a significant positive relationship between dysfunctional sexual behavior and the gay identity acceptance and the gay identity pride stages of gay identity development. This finding suggests that at these stages of gay identity, African American gay men may engage in indiscriminate sexual contact, get into trouble because of sexual behavior, and use sex to combat internal distress. Other studies have found that the discrimination; expectations of rejection, and internalized homophobia that is often associated with all stages of gay identity was positively related to dysfunctional sexual behavior such as HIV risk behavior (unprotected sex) (Diaz, et. al., 2001; Hatzenbeuhler, Nolen-Hoeksema & Erickson, 2008; Mays & Cochran, 2001; Meyer, 1995; Rosario, Rotheram-Borus & Reid, 1996).

In summary, Pearson correlation analysis found no association between African self-consciousness and gay identity. Regression analyses found that African self-consciousness was not a predictor of traumatic stress in African American gay men. While the analysis did not reveal a significant relationship between African self-consciousness and gay identity, the literature suggests that a negative relationship exists. The small sample size of this study, which limits the power needed to detect a relationship, should be considered when interpreting this result.

Regression analyses found that African self-consciousness was not a predictor of traumatic stress in African American gay men. While the results of this analysis did not show a significant relationship between African self-consciousness and traumatic stress, the researcher does not assume that participants are not affected by race-based stressors; the literature suggests otherwise (Greene, 2001; Parks, 2001; Wise, 2001; Zamboni & Crawford, 2007). The results may; however, suggest that the stress from

their gay identity is currently more salient. In addition, they may also have support from other African Americans who help to buffer the effects of racism.

Similarly, three of the five stages of gay identity, gay identity confusion/comparison, gay identity tolerance, and gay identity synthesis did not predict traumatic stress in African American gay men. The gay identity confusion/comparison and the gay identity tolerance reflect earlier phases of gay identity development where men may not identify themselves as gay and may not participate in a study of this nature. Seventy –nine percent of the sample described their sexual orientation as gay and 18.3% chose same-gender loving (Manago & Howcott, 2006) as a description of their sexual orientation. In addition, the snowball sampling method used to recruit participants limits the diversity of the sample.

The lack of significance in the relationship between gay identity synthesis and traumatic stress may also reflect a lack of diversity in the sample. However, this stage of development is characterized by letting go of the us versus them perspective and a sense of pride is integrated into one's gay identity. Thus, the men in this stage of gay identity development may be less affected by the stressors of living as a member of a marginalized social identity group.

Two stages of gay identity, gay identity acceptance and gay identity pride were positively related to each of the dimensions of traumatic stress (hyperarousal, depression, intrusive experiences, dissociation, sexual concerns, and dysfunctional sexual behavior). Therefore, when controlling for all other variables, gay identity acceptance and gay identity pride are making a significant unique contribution to the prediction of traumatic stress in African American gay men.

Gay identity acceptance made the strongest unique contribution in predicting intrusive experiences (β= .598) and depression (β= .582). Of the participants with the highest scores on gay identity acceptance 38.2% scored in the mid range on African self consciousness and 34.4% scored in the high range on African self consciousness. Gay identity pride made the strongest unique contribution in predicting depression (β= .476) and dissociation (β= .464). Of the participants with the highest scores on gay identity pride, 40% scored in the mid range on African self consciousness and 55% scored in the high range on African self consciousness.

The gay identity acceptance stage is marked by an emerging self-acceptance of one's gay identity, passing as heterosexual when necessary, and beginning to disclose one's gay identity to others. The gay identity pride stage is characterized by immersion in gay culture, engagement in activism, and increased disclosure of one's gay identity. The significance found between these stages of gay identity and traumatic stress suggests that men with a less integrated identity and those who are immersed in gay culture, are engaged in activism, and are more open about their gay identity, experience increased stress. It is important to note that there is no causal relationship between gay identity and traumatic stress. These findings reflect the stress that is involved in belonging to a marginalized social identity group.

Limitations of the Study

Limitations of this study include the sampling methods, use of technology to administer the survey, participant self-reporting bias, and the impact of the sample size on analyses.

Snowball sampling was used to recruit African American gay men from social networks. This sampling method limits the diversity of the sample by selecting those

who belong to certain social networks; thereby, negatively affecting the generalizability of the results. In addition, this sampling method limited the researcher's ability to calculate the response rate.

Another limitation is the use of electronic mail to distribute the link to the survey. It excluded potential participants who either do not have access to this technology or are uncomfortable with its use.

Participant self-reporting bias is also a limitation of this study. The DSM-IV-TR (American Psychiatric Association, 2000) describes the symptomatology of traumatic stress by the diagnostic criteria for PTSD. PTSD is characterized by exposure to a traumatic event in which a person experiences or witnesses events that threaten death or serious injury and the person's response involves intense fear, helplessness or horror. The survey did not assess whether participants had experienced any events that meet the current DSM-IV-TR definition of traumatic stress. Thus, the researcher is unable to verify whether participants' responses accurately reflect their experiences of traumatic stress related to either their identity as African Americans or their identity as gay men.

This study reflects African American gay men's voices from different age groups, various occupations and income levels, different religious affiliations and from all regions of the United States. However, the small sample size (N=104), is a limitation that impacts the power of the analysis, which may limit the ability to detect relationships between variables.

Intersectionality of identity is gaining increased attention in the literature. Another limitation of this study is the lack of significance in the relationship between African self-

consciousness and gay identity. This is further explored in the recommendations for future research.

Table 4.1. Distribution of participants by age range

Range in years	Frequency	Percent
20-25	16	15.4
26-30	6	5.8
31-35	15	14.4
36-40	9	8.7
41-45	16	15.4
46-50	18	17.3
51-55	7	6.7
56-60	8	7.7
61-65	4	3.8
>70	1	1.0

Note: Data were missing for 2 respondents

Table 4.2. Distribution of participants by highest level of education completed

	Frequency	Percent
High school diploma/equivalent	7	6.7
Business or trade school	2	1.9
Some college	19	18.3
Associate or two-year degree	12	11.5
Bachelor's or four-year degree	13	12.5
Some graduate/professional school	11	10.6
Graduate or professional degree	40	38.6

Table 4.3. Distribution of participants by current occupation

	Frequency	Percent
Arts/Entertainment	4	3.8
Business	11	10.6
Communications	2	1.9
Counseling	2	1.9
Education	13	12.5
Education Administration	3	2.9
Government	2	1.9
Healthcare	4	3.8
Hotel/Hospitality	3	2.9
Information Technology	2	1.9
Insurance Industry	4	3.8
Legal	2	1.9
Management	9	8.7
Non-profit	4	3.8
Public Health	5	4.8
Religion	1	1.0
Retired	4	3.8
Self Employed	3	2.9
Social Work	1	1.0
Student	13	12.5
Transportation	2	1.9
Travel Industry	1	1.0
Unemployed	2	1.9

Note: Data were missing for 7 respondents

Table 4.4. Distribution of participants by income level

	Frequency	Percent
Less than $10,000	15	14.4
$10,000 - $24,999	13	12.5
$25,000 - $34,999	9	8.7
$35,000 - $49,999	23	22.1
$50,000 - $74,999	25	24.0
More than $75,000	18	17.3

Note: Data were missing for 2 respondents

Table 4.5. Descriptive statistics

	N Statistic	Minimum Statistic	Maximum Statistic	Mean Statistic	Std. Deviation Statistic
African Self-Consciousness	90	77.00	136.00	103.6889	12.84011
Gay Identity Confusion	94	7.00	23.00	9.3830	3.21992
Gay Identity Comparison	93	7.00	32.00	10.7634	4.59300
Gay Identity Tolerance	96	6.00	25.00	12.2813	4.82691
Gay Identity Acceptance	99	7.00	40.00	18.8485	9.50442
Gay Identity Pride	97	7.00	34.00	21.0515	5.60017
Gay Identity Synthesis	97	8.00	65.00	27.5670	8.34904
TSI Hyperarousal	97	.00	18.00	7.8866	4.65447
TSI Depression	96	.00	23.00	6.8958	5.72985
TSI Intrusive Experiences	98	.00	20.00	6.6224	4.80660
TSI Defensive Avoidance	100	.00	27.00	10.0700	5.89171
TSI Dissociation	96	.00	26.00	7.8958	5.11238
TSI Sexual Concerns	98	.00	26.00	7.8878	5.16507
TSI Dysfunctional Sexual Behavior	95	.00	25.00	8.3789	4.40304

Table 4.6. Results of Pearson correlation analyzing the relationship between African self-consciousness and gay identity

		ASC	GIDCONF/COMP	GIDTOL	GIDACC	GIDPRIDE	GIDSYN
ASC	Pearson Correlation	1	-.171	-.068	-.080	.146	-.033
			.129	.534	.460	.181	.759
GIDCONF/COMP	Pearson Correlation	-.171	1	.653**	.458**	-.147	.055
	Sig. (2-tailed)	.129		.000	.000	.176	.610
	N	80	89	89	88	86	87
GIDTOL	Pearson Correlation	-.068	.653**	1	.643**	-.157	-.168
	Sig. (2-tailed)	.534	.000		.000	.134	.108
	N	85	89	96	95	92	93
GIDACC	Pearson Correlation	-.080	.458**	.643**	1	-.518**	-.448**
	Sig. (2-tailed)	.460	.000	.000		.000	.000
	N	87	88	95	99	95	95
GIDPRIDE	Pearson Correlation	.146	-.147	-.157	-.518**	1	.352**
	Sig. (2-tailed)	.181	.176	.134	.000		.001
	N	86	86	92	95	97	93
GIDSYN	Pearson Correlation	-.033	.055	-.168	-.448**	.352**	1
	Sig. (2-tailed)	.759	.610	.108	.000	.001	
	N	88	87	93	95	93	97

**. Correlation is significant at the 0.01 level (2-tailed).

Table 4.7. Results of multiple regression of ethno-cultural identity, gay identity and hyperarousal

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	-8.144	5.943		-1.370	.175
	ASC	.081	.041	.217	1.960	.054
	GIDCONF/COMP	.135	.109	.212	1.243	.218
	GIDTOL	-.290	.171	-.296	-1.698	.094
	GIDACC	.262	.094	.507	2.772	.007
	GIDPRIDE	.264	.123	.275	2.143	.036
	GIDSYN	-.071	.077	-.124	-.934	.354

a. Dependent variable: Hyperarousal

Table 4.8. Results of multiple regression of ethno-cultural identity, gay identity and depression

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	-9.966	6.413		-1.554	.125
	ASC	.025	.047	.055	.521	.604
	GIDCONF/COMP	.093	.110	.122	.847	.400
	GIDTOL	-.289	.194	-.243	-1.490	.141
	GIDACC	.351	.104	.582	3.368	.001
	GIDPRIDE	.487	.130	.476	3.747	.000
	GIDSYN	-.032	.084	-.046	-.377	.707

a. Dependent variable: Depression

Table 4.9. Results of multiple regression of ethno-cultural identity, gay identity and intrusive experiences

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	-12.931	5.420		-2.386	.020
	ASC	.069	.040	.184	1.731	.088
	GIDCONF/COMP	.052	.093	.081	.562	.576
	GIDTOL	-.230	.164	-.231	-1.401	.165
	GIDACC	.302	.088	.598	3.434	.001
	GIDPRIDE	.327	.110	.382	2.978	.004
	GIDSYN	.057	.071	.100	.803	.425

a. Dependent variable: Intrusive experiences

Table 4.10. Results of multiple regression of ethno-cultural identity, gay identity and defensive avoidance

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	-14.198	6.672		-2.128	.037
	ASC	.094	.049	.205	1.916	.059
	GIDCONF/COMP	.048	.114	.061	.417	.678
	GIDTOL	-.088	.202	-.072	-.437	.663
	GIDACC	.280	.108	.452	2.583	.012
	GIDPRIDE	.415	.135	.395	3.069	.003
	GIDSYN	.023	.088	.032	.260	.796

a. Dependent variable: Defensive avoidance

Table 4.11. Results of multiple regression of ethno-cultural identity, gay identity and dissociation

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	-9.351	5.737		-1.630	.107
	ASC	.014	.042	.036	.339	.736
	GIDCONF/COMP	.057	.098	.083	.578	.565
	GIDTOL	-.051	.173	-.048	-.292	.771
	GIDACC	.256	.093	.476	2.748	.008
	GIDPRIDE	.424	.116	.464	3.642	.001
	GIDSYN	.054	.075	.089	.720	.474

a. Dependent variable: Dissociation

Table 4.12. Results of multiple regression of ethno-cultural identity, gay identity and sexual concerns

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	-10.626	5.803		-1.831	.071
	ASC	.051	.043	.126	1.190	.238
	GIDCONF/COMP	.135	.099	.196	1.355	.179
	GIDTOL	-.163	.175	-.152	-.930	.356
	GIDACC	.290	.094	.533	3.070	.003
	GIDPRIDE	.285	.118	.309	2.422	.018
	GIDSYN	.040	.076	.064	.519	.605

a. Dependent variable: Sexual concerns

Table 4.13. Results of multiple regression of ethno-cultural identity, gay identity and dysfunctional sexual behavior

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	-3.462	5.197		-.666	.507
	ASC	.015	.038	.045	.404	.688
	GIDCONF/COMP	.030	.089	.051	.333	.740
	GIDTOL	-.173	.157	-.190	-1.102	.274
	GIDACC	.251	.084	.541	2.969	.004
	GIDPRIDE	.240	.105	.305	2.276	.026
	GIDSYN	.072	.068	.137	1.059	.293

a. Dependent variable: Dysfunctional sexual behavior

CHAPTER 5
DISCUSSION

The purpose of this chapter is to discuss the significant findings regarding ethno-cultural identity, sexual orientation and traumatic stress in adult African American gay men. A summary of the findings will be presented. Additionally, implications for theory and practice, as well as limitations of the study, and future research will be discussed.

Summary of Significant Findings

This study examined the stress experienced by African American gay men at different stages of gay identity. Analyses detected a positive relationship between 2 of the 5 stages of gay identity (gay identity acceptance and gay identity pride) and each of the dimensions of traumatic stress (hyperarousal, depression, intrusive experiences, defensive avoidance, dissociation, sexual concerns, and dysfunctional sexual behavior).

The significance found between gay identity acceptance and gay identity pride and traumatic stress suggests that men with an emerging, less integrated identity (gay identity acceptance stage), and those whose gay identity is more salient (gay identity pride stage), experience traumatic stress. The gay identity acceptance stage involves greater acceptance of and ambivalence about one's gay identity. It also includes occasional passing as heterosexual. In essence, as one embraces his gay identity, the reality of his membership in a marginalized social identity group creates increased stress especially when considering the potential for isolation, discrimination, and violence. The pride stage is a more solidified identity that is marked by increased disclosure of one's gay identity, immersion in gay culture, and activism. Men in this stage are more likely to be the target of anti-gay bias, discrimination, and violence thus, creating a more stressful existence.

These findings are consistent with studies (Comstock, 1989; D'Augelli, 1992; Garnets, Herek et.al., 1997; Herek, 1993; Otis & Skinner, 1996; Savin-Williams, 1994) addressing the stress that results from familial abuse, harassment, maltreatment, gay-victimization as well as more subtle forms of discrimination after disclosure of one's gay identity. Research shows that African American gay men live with chronic stress in their daily lives. They face systemic oppression that impacts their psychological well-being and threatens their survival (Meyer, 2003). They experience employment, housing and legal discrimination and are often marginalized in education and health care settings (Mays & Cochran, 2001). These men also face possible rejection by their families (Icard, 1996; Wise, 2001), from religious institutions (Greene, 2001; Griffin, 2006; Parks, 2001) and are at increased risk for psychological, emotional and physical violence (Huebner, Rebchook & Kegeles, 2004). Studies show that internalized homophobia, stigma and events of discrimination and violence predict psychological distress in gay men (David & Knight, 2008; Haatzenbuehler, Nolen-Hoeksema & Erickson, 2008; Mays & Cochran, 2001; Rosario, Rotheram-Borus & Reid, 1996; Zamboni & Crawford, 2007).

Implications for Theory

Traumatic stress theory was used as a theoretical framework for this study. The symptoms of traumatic stress describe the diagnostic criteria for posttraumatic stress disorder (PTSD) as outlined in the DSM-IV-TR (American Psychiatric Association, 2000). However, experiences of discrimination including racism and homophobia are not included in the DSM-IV-TR as precipitants to traumatic stress. The results of this study reveal a positive relationship between gay identity acceptance and traumatic stress and gay identity pride and traumatic stress, which shows that even at advanced stages of gay identity development, participants in this study experience stress related

to their identity as gay men. These results offer empirical evidence in support of expanding the definition of traumatic stress to include belonging to marginalized identity groups, which has also been suggested by scholars investigating the traumatic effects of racism (Bryant-Davis & Ocampo, 2005; Carter, 2007; Friedman & Marsella, 1996; Utsey, Bolden & Brown, 2001).

Expanding the definition of traumatic stress to include those who live on the margins of society as a result of discrimination and systemic oppression, as well as those who are exposed to verbal, psychological, and emotional abuse as suggested by Herman (1992), would legitimize their experiences. It would also provide a theoretical framework for counselors to better understand and conceptualize presenting problems and to develop appropriate interventions. In addition, those confronting traumatic stress that results from discrimination, systemic oppression, and abuse would have greater access to mental health resources to support their treatment and recovery.

This study also highlights the need for more sophisticated identity development models. Current models that explain identity development among ethnic and racial groups (Cross, 1995; Helms, 1995; Phinney, 1992) and sexual minorities (Cass, 1979; Minton & McDonald, 1984; Troiden, 1979) lay out stages that lead to positive ethnic/racial and gay identities. However, they have been criticized for suggesting that growth is linear and bound by well-defined categories that are uncharacteristic of the human experience (Martinez & Sullivan, 1998). Moreover, the current conceptualization of these models lack sufficient integration of multiple identities and overlook the stress that is associated with the developmental process. As such, they tend to over-

generalize and can be inadequate when shaping an understanding of how African American gay men formulate their identities (Fukuyama & Ferguson 2000).

One of the instruments used in this study, the Gay Identity Questionnaire, is based on the gay identity development model designed by Cass (1979). Results reveal that participants experience significant stress as they gain acceptance of and pride in their gay identity. These findings suggest that while the model captures an individual's level of acceptance of their gay identity, it does not address the influence of other identities, the sociopolitical context of their development, or the stress that is involved in the process.

The concept of intersectionality addresses the nuanced complexities of multiple identities that cannot be sufficiently captured using conventional identity development models, such as racial (Helms, 1995; Sue & Sue, 2008) and gay/lesbian (Cass, 1979; Minton & McDonald, 1984). An appreciation of intersectionality requires an acknowledgement of the existence of multiple identities. In addition, it necessitates an understanding of oppression, both internal and external, and its role in identity development. Finally, an awareness of traumatic stress and its effects is essential in understanding the challenges inherent in negotiating intersecting identities.

Implications for Practice

Implications of the findings from this study mandate transformation of the counseling profession. This transformation involves embracing the social justice and advocacy aspects of counselor identity and requires counselor competence in culture-centered assessment, case conceptualization, and intervention. This transformation also incorporates an understanding of intersectionality of identity as well as the role of traumatic stress in African American gay men's identity development.

It has been suggested that belonging to a group whose identity is stigmatized can result in chronic stress and also lead to mental disorders (Berg, Mimiaga, & Safren, 2008; Mays & Cochran, 2001; Carter, 2007; Huebner & Davis, 2007; Israel & Selvidge, 2003; Meyer, 2003; Savin-Williams, 2001). Moreover, belonging to multiple stigmatized identity groups can be especially challenging and even debilitating (Fukuyama & Ferguson, 2000; Greene, 2001). Results of this study reveal that African American gay men experience traumatic stress at the gay identity acceptance and gay identity pride stages of gay identity development.

These findings offer opportunities for the counseling profession to embrace a better understanding of African American gay men's identity development and to disseminate this knowledge. For example, the core competencies set forth by the American Counseling Association and its divisions, the Association for Multicultural Counseling and Development and the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling should reflect the attitudes, knowledge, and skills necessary to effectively address traumatic stress in this population. This knowledge may be disseminated through journal publications, conference presentations, and through social justice and advocacy activities.

A key component of emotional and psychological health is the ability to advocate on one's own behalf and that of other marginalized individuals. As such, leaders in counseling have called for the integration of social justice and advocacy into counselor identity (Ivey, 2003; Lewis et al., 2003). Moreover, there is a need to expand the understanding of social justice in multicultural competence (West-Olatunji, 2010). Counselors can engage in social justice and advocacy by lobbying for revisions to the

DSM-IV-TR to include experience of marginalization and discrimination as precipitants to traumatic stress. This action would not only benefit African American gay men, other marginalized social identity groups would benefit as well. Additionally, counselors can advocate for changes in social and political structures that keep African American gay men on the margins of society. In addition to addressing this issue on a systemic level, counselors have opportunities to incorporate this knowledge into their individual and group work with clients.

In order to better understand African American gay men's identity development, it is critical that counselors conduct more comprehensive, culture-centered assessments. Use of culture-centered approaches in assessment and case conceptualization requires an awareness of the sociopolitical context of African American gay men's lives and incorporates an understanding of how they are affected by the stress of coping with multiple oppressed identities (Wynn & West-Olatunji, 2009). With a better understanding of the identity development trajectory of African American gay men, counselors can develop more effective interventions leading to better outcomes.

This study underscores the importance of counselors exploring the coming out process with their African American gay male clients. They should not assume that all gay men will choose to disclose their gay identity to others, nor should they assume that if they do decide to come out that their lives will be less stressful. In fact, results of this study suggest that they may experience increased levels of stress after disclosing their identity. With this knowledge, counselors can develop interventions that help African American gay male clients improve their coping skills and build resources for additional support.

In addition to understanding the dynamics of identity development and coming out from a culture-centered perspective, counselors should also be skilled at facilitation of critical consciousness so that African American gay men become aware of their social positioning and the sociopolitical context of their concerns (Goodman & West-Olatunji, 2009; .Ivey, 2003; Lewis, Lewis, Daniels, & D'Andrea, 2003). These interventions are critical for increasing agency and, ultimately, resilience.

Finally, in order to create a safe, therapeutic environment, it is critical that counselors are aware of their own attitudes toward African American gay men. Counselors can explore their attitudes and beliefs by expanding their personal boundaries to include interaction with this population and by engaging in professional development activities that assist them in confronting their biases.

Future Research

Recommendations for future research with African American gay men include recruiting a larger, more diverse (different stages of gay identity) sample. Also, enhancing the research design to explore intersetionality of identity, assess for previous exposure to traumatic events, and inquire about the salience of identity would provide rich data for analysis. Studies that address African American gay men's experience of religion, as well as their current geographic location, and their involvement in the mental health services delivery system would open avenues for a better understanding of the factors that influence their identity development process.

A larger, more diverse sample of African American gay men may be obtained by sampling attendees at events such as the annual Black Gay Pride celebrations that are held in multiple cities throughout the United States. In addition, the use of existing research databases would provide the responses needed to achieve maximum

statistical power. This study did not reveal a significant relationship between African self-consciousness and gay identity; however, the literature suggests that a negative relationship exists. Expanding the sample size would increase the power of the analysis and may detect a relationship.

Recruitment of a diverse sample that represents different stages of gay identity development should also be considered for future research. No significance was found in the relationships between gay identity confusion/comparison and traumatic stress and gay identity tolerance and traumatic stress. These stages reflect early phases of gay identity development where men may not identify themselves as gay and may not participate in a study of this nature. Seventy –nine percent of the sample described their sexual orientation as gay and 18.3% chose same-gender loving, a term embraced by many African Americans (Manago & Howcott, 2006), as a description of their sexual orientation. The lack of significance in the relationship between gay identity synthesis, a more integrated identity, and traumatic stress may also reflect a lack of diversity in the sample.

Future studies should assess African American gay men's exposure to traumatic events that meet the current DSM-IV-TR definition of traumatic stress in order to rule out traumatic experiences that are not related to ethnicity, race, or sexual orientation. In addition, studies should investigate the degree to which traumatic stress affects the lives of African American gay men and highlight the effect of the stress on their functioning.

Fukuyama and Ferguson (2000) asserted that gay people, particularly the culturally diverse, who are managing multiple identities, respond to the shifting salience

of identity depending on the social, familial, and community context and are forced to cope with being invisible members within specific social reference groups in order to receive the benefits of group membership. An inquiry into the ways in which African American gay men negotiate their identities in different environments such as the workplace and social settings could be the focus of future studies. This would provide more information about the shifting salience of identity and offer insight into what African American gay men may need in order to maintain a more consistent expression of their identity. African American culture endorses strong kinship bonds within the nuclear family, the extended family, and with fictive kin (Bellgrave & Allison, 2006; Boykin, 1983; Boykin & Ellison, 1995; Chatters, Taylor, & Joyakody, 1994; McAdoo, 1993; Nobles, 2004). As such, future studies should examine the role of family dynamics in the identity development process of African American gay men.

African Americans have a long history of strong connections to religion and spirituality as sources of strength, particularly as a buffer against racism (Bowen-Reid & Harrell, 2002; Greene, 2001; Parks, 2001). However, the traditional African American church has either ignored or denigrated its LGBT members leaving them spiritually empty with fewer coping skills and a smaller support network (Greene, 2001; Griffin, 2006; Parks, 2001). In this study, 68% of the participants identified their religion as Christian and 47% reported that religion is very important. Given the current anti-gay climate in many religious communities, as well as the importance that religion holds for many African American gay men, future studies investigating the relationship between religion, spirituality, and gay identity might be particularly fruitful.

Other demographic data from this study offer information about African American gay men that can be explored in further research. For example, 64% of participants live in the Southern region of the United States. This area is underrepresented in the literature on gay identity and related issues. As such, an increase in studies, both quantitative and qualitative, investigating quality of life for African American gay men in the South would increase knowledge about this population and fill a current gap in the literature.

The challenges that gay people face in their involvement in the mental health services delivery system is gaining increased attention in empirical research. The bias that gay people face in the mental health service delivery system often results in misdiagnosis, ineffective interventions, and underutilization of services (Cochran, Sullivan, & Mays, 2003; Walters, Simoni, & Horwath, 2001). Research that examines the experiences of African American gay men in the mental health services delivery system would offer insight into how to improve access to services and how to enhance diagnosis, intervention, and treatment.

Finally, use of qualitative methodology can illuminate the concerns of African American gay men and may identify possible risk factors that make them vulnerable as well as the protective factors that support their resilience. Such inductive investigations might advance knowledge about the relationship between intersectionality of identity, traumatic stress, and African American gay men. Outcomes of such studies might enhance counselors' understanding, conceptualization, and treatment of African American gay men. Results may also further inform quantitative research. Utilizing a culture-centered methodological framework in research design and implementation as

well as in data interpretations (Tillman, 2002; West-Olatunji, 2005) might reduce the influence of cultural bias in research inquiry that contributes to the systemic oppression of marginalized groups.

This chapter provided a discussion of the results of this study, the implications for theory and practice, its limitations, and recommendations for future research. The findings indicated no association between African self-consciousness and gay identity. However, this is inconsistent with the current literature on intersectionality of identity and may be explained by the small sample size limiting the power to detect a relationship.

Summary

Statistically significant positive relationships were found between gay identity acceptance and traumatic stress and gay identity pride and traumatic stress. These findings are consistent with current literature on gay identity development and stress and reflect the need for ongoing support, as well as additional resources, throughout the identity development process for African American gay men.

This study underscores the need to reconsider the theoretical framework of traumatic stress. The results support broadening the definition to include experiences of marginalization and discrimination, particularly related to gay identity, as precipitants to traumatic stress. Additionally, identity development theories should be revised to incorporate the intersectionality of multiple identities, as well as an understanding of the stress involved in living as a member of one or more marginalized identity groups.

Implications for practice involve improving culture-centered assessment, case conceptualization, and treatment. In addition, the practice of mental health counseling can be strengthened by integrating social justice and advocacy into counselor identity.

Future research should embrace culture-centered approaches. In addition, the inclusion of a comprehensive history of traumatic experiences in the research design will further clarify the influence of ethnicity, race, and gay identity on the experience of traumatic stress in this population. Research that focuses on salience of identity, the role of religion, and implications of geographical location, may provide avenues for a greater understanding of the factors that influence identity development in African American gay men.

In conclusion, this study provides insight into the identity development of African American gay men and offers empirical evidence of the stress that is involved in the process. It is the hope of the researcher that this study will inform and enlighten and lead to further research that illuminates the lived experience of African American gay men.

APPENDIX A
INFORMED CONSENT

UFIRB #2010-U-076

Protocol Title: The Intersection of Ethno-Cultural Identity, Sexual Orientation, and Traumatic Stress in Adult African American Gay Men

Please read this consent document carefully before you decide to participate in this study.

The purpose of this study is to investigate the relationship between ethno-cultural identity, sexual orientation, and traumatic stress in adult African American gay men. You will be asked to complete a demographic questionnaire and a brief survey. The time required to complete this survey is approximately 30 – 45 minutes. There are no known risks or direct benefits from participation in this study. Compensation will not be provided. Your identity will remain anonymous.

Your participation in this study is completely voluntary and there is no penalty for not participating. You have the right to withdraw from the study at anytime without consequence.

If you have questions about the study, please contact me: Richmond Wynn, MS, Doctoral Candidate, Counselor Education Program, School of Human Development and Organizational Studies in Education (SHDOSE) College of Education University of Florida 1204 Norman Hall PO Box 117046 Gainesville, FL 32611-7046 rwynn@ufl.edu. Or, you can contact my faculty advisor: Cirecie A. West-Olatunji, Ph. D. Counselor Education Program, School of Human Development and Organizational Studies in Education (SHDOSE) College of Education University of Florida 1204 Norman Hall PO Box 117046 Gainesville, FL 32611-7046 (352) 273-4324 (office) (352) 846-2697 (fax) cwestolatunji@coe.ufl.edu. If you wish to know more about your rights as a research participant in the study, please contact the IRB02 Office, Box 112250, University of Florida, Gainesville, FL 32611-2250; phone 392-0433.

APPENDIX B
RECRUITMENT EMAIL

Greetings!

My name is Richmond Wynn, a doctoral candidate in the Counselor Education Program at the University of Florida in Gainesville, Florida, and I am seeking participants for my dissertation research. The UF Institutional Review Board has approved this study.

The purpose of this study is to better understand African American gay men's experiences of traumatic stress in their identity development process. **You must be 18 years of age or older in order to participate.** Your participation will contribute to the understanding of African American gay men's unique identity development experiences. The survey will take approximately 30 minutes to complete.

Clicking the link below will direct you to an electronic informed consent agreement followed by the survey. Participation in this study is anonymous (i.e., you will not be asked to disclose any identifying information, nor will your responses be connected to any identifying information) and the survey service will not track your Internet Protocol (IP) address. Further, you may discontinue participation at any time.

If you have any questions about this study, or would like to be informed of its findings, please contact me, Richmond Wynn, at rwynn@ufl.edu. If you would like to speak with my primary advisor about the study, please contact Dr. Cirecie West-Olatunji at cwestolatunji@coe.ufl.edu.

To participate in this study please click on this link https://www.surveymonkey.com/s/DZ8FW5Q or copy and paste the link into the address block of your Web browser.

I appreciate your time and consideration!

Sincerely,
Richmond Wynn, MS
Principal Investigator
Doctoral Candidate, Counselor Education Program
School of Human Development and Organizational Studies in Education (SHDOSE)
College of Education
University of Florida
1204 Norman Hall PO Box 117046
Gainesville, FL 32611-7046

APPENDIX C
DEMOGRAPHIC FORM

(1) Male ❑ Female ❑ Transgender ❑ Other ❑ _____ (please indicate)

(2) Date of birth _____

(3) Please indicate your racial/cultural background.

- ❑ African (Born on the continent of Africa)
- ❑ African American/Black (Non-Latino)
- ❑ Afro Caribbean
- ❑ Latino American (Non African American/Black)
- ❑ Multiracial/Multiethnic (please indicate) _____
- ❑ Other (please indicate) _____

(4) What is the highest education level you have completed?

- ❑ Elementary school (K-5th grade)
- ❑ Middle school (6th-8th grade)
- ❑ Some high school
- ❑ High school diploma/equivalent
- ❑ Business or trade school
- ❑ Some college
- ❑ Associate or two-year degree
- ❑ Bachelors or four-year degree
- ❑ Some graduate/professional school
- ❑ Graduate or professional degree

(5) What is your current occupation? _____

(6) What is your current religious affiliation?

- ❑ No religion
- ❑ Buddhist
- ❑ Christian
- ❑ Hindu
- ❑ Jewish

❑ Muslim

❑ Other (please indicate)

_____

(7) How often do you attend religious services? Seldom ❑ Sometimes ❑ Often ❑

(8) How important is your religion to you?

Not Important ❑ Somewhat Important ❑ Very Important ❑

(9) How would you describe the primary geographical region in which you were raised?

Northeast ❑ South ❑ Midwest ❑ West ❑

(10) How would you describe the primary geographical region in which you currently live?

Northeast ❑ South ❑ Midwest ❑ West ❑

(11) What is the racial/cultural composition of the community listed in #10?

Mostly African American/Black ❑ Multicultural❑ Mostly White ❑

(12) Are you: a United States citizen ❑ a permanent resident of the US ❑ or a Resident Alien❑

(13) How many ethnic organizations do you belong to? 1❑ 2❑ 3❑ 4❑ 5❑ 5+❑

(14) How many ethnic organizations do you belong to? 1❑ 2❑ 3❑ 4❑ 5❑ 5+❑

(15) How would you describe your current income level?

❑ Less than $10,000

❑ $10,000 to $24,999

❑ $25,000 to $34,999

❑ $35,000 to $49,999

❑ $50,000 to $74,999

❑ More than $75,000

(16) Please check the term that best describes your sexual orientation

❑ Gay (Males who experience the desire for warmth and affection from other males)

❑ Same gender loving (A term embraced by many men of color to describe males who experience the desire for warmth and affection from other males)

❑ Bisexual (The desire to experience warmth and affection that is not limited to gender)

❑ Heterosexual (The desire to experience warmth and affection from someone whose gender is different from your own)

❑ Other (please indicate) _____

(17) Please describe your current relationship status

❑ Single

❑ Partnered

❑ Married

❑ Divorced

❑ Separated

❑ Widowed

❑ Other (please indicate) _____

APPENDIX D
THE AFRICAN SELF-CONSCIOUSNESS SCALE (SHORT-FORM)

INSTRUCTIONS: The following statements reflect some beliefs, opinions and attitudes of Black people. Read each statement carefully and give your honest feelings about the beliefs and attitudes expressed. Indicate the extent to which you agree or disagree using the following scale.

1 = Very Strongly Disagree	2 = Strongly Disagree	3 =Moderately Disagree	4 = Slightly Disagree
5= Slightly Agree	6 = Moderately Agree	7 = Strongly Agree	8 = Very Strongly Agree

Note that the higher the number you choose for the statement, the more you **Agree** with that statement; and conversely, the lower the number you choose, the more you **Disagree** with that statement. Also, there are no right or wrong answers, only the answer that best expresses your present feelings about the statement. Please respond to **ALL** of the statement (do not omit any). **Bubble-in your choices in the space provided.**

ANSWER CHOICES – PLEASE CHOOSE ONLY ONE.	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
5. Blacks in America should try harder to be American than practicing activities that link them up with their African cultural heritage.	O	O	O	O	O	O	O	O
6. Regardless of their interests, educational background and social achievements, I would prefer to associate with Black people than with non-Blacks.	O	O	O	O	O	O	O	O
7. It is not a good idea for Black students to be required to learn an African language.	O	O	O	O	O	O	O	O
9. It is not within the best interest of Blacks to depend on Whites for anything, no matter how religious and decent they (the Whites) purport to be.	O	O	O	O	O	O	O	O
10. Black children should be taught that they are African people at an early age.	O	O	O	O	O	O	O	O
11. White people, generally speaking, are not opposed to self-determination for Blacks.	O	O	O	O	O	O	O	O
12. As a good index of self-respect, Blacks in America	O	O	O	O	O	O	O	O

should consider adopting traditional African names for themselves.								
13. A White/European or Caucasian image of God and the “holy family” (among others considered close to God) are not such bad things for Blacks to worship.	O	O	O	O	O	O	O	O
14. Blacks born in the United States are Black or African first, rather than American of just plain people.	O	O	O	O	O	O	O	O
15. Black people who talk in a relatively loud manner, show a lot of emotions and feelings, and express themselves with a lot of movement and body motion are less intelligent than Blacks who do not behave this way.	O	O	O	O	O	O	O	O
16. Racial consciousness and cultural awareness based on traditional African values are necessary to the development of Black marriages and families that can contribute to the liberation and enhancement of Black people in America.	O	O	O	O	O	O	O	O
19. I have difficulty identifying with the culture of African People.	O	O	O	O	O	O	O	O
20. It is intelligent for Blacks in America to organize to educate and liberate themselves form White-American domination.	O	O	O	O	O	O	O	O
21. There is no such thing as African culture among Blacks in America	O	O	O	O	O	O	O	O
22. It is good for Black husbands and wives to help each other develop racial consciousness and cultural awareness in themselves and their children.	O	O	O	O	O	O	O	O
24. It is good for Blacks in America to wear traditional African-type clothing and hairstyles if they desire to	O	O	O	O	O	O	O	O

do so.								
25. I feel little sense of commitment to Black people who are not close friends or relatives.	O	O	O	O	O	O	O	O
27. Black children should be taught to love all races of people, even those races who do harm to them.	O	O	O	O	O	O	O	O
28. Blacks in America who view Africa as their homeland are more intelligent than those who view America as their homeland.	O	O	O	O	O	O	O	O
29. If I saw Black children fighting, I would leave them to settle it alone.	O	O	O	O	O	O	O	O

APPENDIX E
MODIFIED GAY IDENTITY QUESTIONNAIRE

Instructions: Please read each of the following statements carefully and then indicate the degree of your agreement or disagreement with each statement by circling the rating that best reflects your response to the statement.

	Strongly Disagree	Disagree	Mildly Disagree	Mildly Agree	Agree	Strongly Agree
1) I probably am sexually attracted equally to men and women.	1	2	3	4	5	6
2) I live a homosexual lifestyle at home, while at work/school I do not want others to know about my lifestyle.	1	2	3	4	5	6
3) My homosexuality is a valid private identity that I do not want made public.	1	2	3	4	5	6
4) I have feelings I would label as homosexual.	1	2	3	4	5	6
5) I have little desire to be around most heterosexuals.	1	2	3	4	5	6
6) I doubt that I am homosexual, but still am confused about how I am sexually.	1	2	3	4	5	6
7) I do not want most heterosexuals to know that I am definitely homosexual.	1	2	3	4	5	6

	Strongly Disagree	Disagree	Mildly Disagree	Mildly Agree	Agree	Strongly Agree
8) I am very proud to be gay and make it known to everyone around me.	1	2	3	4	5	6
9) I don't have much contact with heterosexuals and can't say that I miss it.	1	2	3	4	5	6
10) I generally feel comfortable being the only gay person in a group of heterosexuals.	1	2	3	4	5	6
11) I'm probably homosexual, even though I maintain a heterosexual image in both my personal and public life.	1	2	3	4	5	6
12) I have disclosed to 1 or 2 people (very few) that I have homosexual feelings, although I'm not sure I'm homosexual.	1	2	3	4	5	6
13) I am not as angry about treatment of gays because even though I've told everyone about my gayness, they have responded well.	1	2	3	4	5	6
14) I am definitely homosexual but I do not share that knowledge with most people.	1	2	3	4	5	6

	Strongly Disagree	Disagree	Mildly Disagree	Mildly Agree	Agree	Strongly Agree
15) I don't mind if homosexuals know that I have homosexual thoughts and feelings, but I don't want others to know.	1	2	3	4	5	6
16) More than likely I'm homosexual, although I'm not positive about it yet.	1	2	3	4	5	6
17) I don't act like most homosexuals do, so I doubt that I'm homosexual.	1	2	3	4	5	6
18) I'm probably homosexual, but I'm not sure yet.	1	2	3	4	5	6
19) I am openly gay and fully integrated into heterosexual society.	1	2	3	4	5	6
20) I don't think that I'm homosexual.	1	2	3	4	5	6
21) I don't feel as if I'm heterosexual or homosexual.	1	2	3	4	5	6
22) I have thoughts I would label as homosexual.	1	2	3	4	5	6

	Strongly Disagree	Disagree	Mildly Disagree	Mildly Agree	Agree	Strongly Agree
23) I don't want people to know that I may be homosexual, although I'm not sure if I am homosexual or not.	1	2	3	4	5	6
24) I may be homosexual and I am upset at the thought of it.	1	2	3	4	5	6
25) The topic of homosexuality does not relate to me personally.	1	2	3	4	5	6
26) I frequently confront people about their irrational, homophobic (fear of homosexuality) feelings.	1	2	3	4	5	6
27) Getting in touch with homosexuals is something I feel I need to do, even though I'm not sure I want to.	1	2	3	4	5	6
28) I have homosexual thoughts and feelings but I doubt that I'm homosexual.	1	2	3	4	5	6
29) I dread having to deal with the fact that I may be homosexual.	1	2	3	4	5	6

	Strongly Disagree	Disagree	Mildly Disagree	Mildly Agree	Agree	Strongly Agree
30) I am proud and open with everyone about being gay, but it isn't the major focus of my life.	1	2	3	4	5	6
31) I probably am heterosexual or non-sexual.	1	2	3	4	5	6
32) I am experimenting with my same sex because I don't know what my sexual preference is.	1	2	3	4	5	6
33) I feel accepted by homosexual friends and acquaintances; even though I'm not sure I'm homosexual.	1	2	3	4	5	6
34) I frequently express to others, anger over heterosexuals' oppression of me and other gays.	1	2	3	4	5	6
35) I have not told most of the people at work that I am definitely homosexual.	1	2	3	4	5	6
36) I accept but would not say I am proud of the fact that I am definitely homosexual.	1	2	3	4	5	6

	Strongly Disagree	Disagree	Mildly Disagree	Mildly Agree	Agree	Strongly Agree
37) I cannot imagine sharing my homosexual feelings with anyone.	1	2	3	4	5	6
38) Most heterosexuals are not credible sources of help for me.	1	2	3	4	5	6
39) I am openly gay around heterosexuals.	1	2	3	4	5	6
40) I engage in sexual behavior I would label as homosexual.	1	2	3	4	5	6
41) I am not about to stay hidden as gay for anyone.	1	2	3	4	5	6
42) I tolerate rather than accept my homosexual thoughts and feelings.	1	2	3	4	5	6
43) My heterosexual friends, family and associates think of me as a person who happens to be gay, rather than as a gay person.	1	2	3	4	5	6
44) Even though I am definitely homosexual, I have not told my family.	1	2	3	4	5	6
45) I am openly gay with everyone, but it doesn't make me feel all that different from heterosexuals.	1	2	3	4	5	6

APPENDIX F
TRAUMA SYMPTOM INVENTORY

The licensing agreement with the publisher, Psychological Assessment Resources, permits a total of three survey items to be published from this instrument.

Instructions: Please circle the one answer that best indicates how often each of the following experiences has happened to you in the last 6 months.

Circle **0** if your answer is **NEVER**; it has not happened at all in the last 6 months.
Circle **1** or **2** if it has happened in the last 6 months, but has not happened often.
Circle **3** if your answer is **OFTEN**; it has happened often in the last 6 months.

0	1	2	3
Never			Often

Defensive Avoidance Subscale

Staying away from certain people or places because they reminded you of something

Sexual Concerns Subscale

Confusion about your sexual feelings

Dysfunctional Sexual Behavior Subscale

Having sex that had to be kept a secret from other people

REFERENCES

Aarts, P. G. H. (1998). Intergenerational effects in families of World War II survivors from the Dutch East Indies: Aftermath of another Dutch War. In Y. Danieli (Ed.), *International handbook of multigenerational legacies of trauma* (pp. 175–187). New York: Plenum.

Akbar, N. (1991). Mental disorders among African Americans. In R. Jones (Ed.), *Black psychology*. Berkeley, CA: Cobb & Henry.

American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders-Text Revision* (4th ed.). Washington, DC: Author.

Anderson, R. N. (2002). *Deaths: Leading causes for 2000*. Hyattesville, MD: National Center for Health Statistics.

Arredondo, P., Tovar-Blank, Z. G., & Parham, T. A. (2008). Challenges and promises of becoming a culturally competent counselor in a sociopolitical era of change and empowerment. *Journal of Counseling and Development, 86*, 261–268.

Atkinson, D. R. & Hackett, C. (1988). *Counseling non-ethnic American minorities*. Springfield, IL: Charles C. Thomas.

Azibo, D. (1983). Some psychological concomitants and consequences of the black personality: mental health implications. *Journal of Non-White Concerns in Personnel and Guidance, 11*, 59–66.

Azibo, D. (1989). African-centered theses on mental health and a nosology of Black/African personality disorder. *Journal of Black Psychology, 15*(2), 173–214.

Baldwin, J. A. (1981). Notes on an Africentric theory of black personality. *The Western Journal of Black Studies*, 5, 172–179.

Baldwin, J. A. & Bell, Y. R. (1985). The African self-consciousness scale: An Africentric personality questionnaire. *Psychology of Black Americans, 9*(2), 61–68.

Baldwin, J. A., Brown, R., & Rackley, R. (1990). Some socio-behavioral correlates of African self-consciousness in African American college students. *The Journal of Black Psychology, 17*(1). 1–17.

Baldwin, J. A., Duncan, J. A., & Bell, Y. R. (1992). Assessment of African self-consciousness among black students from two college environments. In K. A. Burlew, W. C. Banks, H. P. McAdoo, & D. A. Azibo (Eds.), Africa American psychology; Theory, research, and practice. Newbury Park, CA: Sage.

Bancroft, J., Carnes, L., Janssen, E., Goodrich, D. & Long, J. S. (2005).Erectile and ejaculatory problems in gay and heterosexual men. *Archives of Sexual Behavior*, *34,* 285–297.

Barret, R., & Barzan, R. (1996). Spiritual experiences of gay men and lesbians. *Counseling & Values, 41,* 4–16.

Becker, D. (1995). The deficiency of the concept of posttraumatic stress disorder when dealing with victims of human rights violations. In R. J. Kleber, C. R. Figley, & B. P. R. Gersons(Eds.), *Beyond trauma: Cultural and societal dynamics* (pp. 99–110). New York: Plenum Press.

Bellgrave, F. Z. & Allison, K. W. (2006). *African American psychology: From Africa to America*. Thousand Oaks, CA: Sage.

Berg, M. B., Mimiaga, M. J., & Safren, S. A. (2008). Mental health concerns of gay and bisexual men seeking mental health services. *Journal of Homosexuality, 54*(3), 293–306. doi: 10.1080/00918360801982215

Bernstein, M. M. (1998). Conflicts in adjustment: World War II prisoners of war and their families.In Y. Danieli (Ed.), *International handbook of multigenerational legacies of trauma* (pp. 119–124). New York: Plenum.

Bostwick, W. B., Hughes, T. L., & Johnson, T. (2005). The co-occurrence of depression and alcohol dependence symptoms in a community sample of lesbians. *Journal of Lesbian Studies, 9*(3), 7–18. doi:10.1300/J155v09n03_02

Bowen-Reid, T. L., & Harrell, J. P. (2002). Racist experiences and health outcomes: An examination of spirituality as a buffer. *Journal of Black Psychology,28*(1), 18–36. doi: 10.1177/0095798402028001002

Boykin, A. W. (1983). The academic performance of Afro-American children. In J. Spence (Ed.), *Achievement and achievement motives* (pp. 324–371). San Francisco, CA: W. Freeman.

Boykin, A. W., & Ellison, C. M. (1995). The multiple ecologies of black youth socialization: An Afrographic analysis. In R. L. Taylor (Ed.), *African American youth: Their social and economic status in the United States* (pp. 93–129). Westport, CT: Praeger.

Boykin, K. (2005). *Beyond the down low: Sex, lies and denial in Black America*. New York: Carroll & Graf.

Brady, S. (1998). Gay Identity Questionnaire. In C.M. Davis, W. L. Yarber, R. Bauserman, G. Schreer, & S. L. Davis (Eds), *Handbook of Sexuality-Related Measures* (pp. 373–375). Thousand Oaks, California: Sage Publications, Inc.

Brady, S., & Busse, W. J. (1994). The Gay Identity Questionnaire: A brief measure of homosexual identity formation. *Journal of Homosexuality*, *26*(4), 1–22.

Breuer, J., & Freud, S. (1962). Studies on hysteria. On the psychical mechanism of hysterical phenomena: Preliminary communication. In J. Strachey (Ed. & trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 2, pp. 3–17). London:Hogarth Press. (Original work published 1893).

Bridges, S. K., Selvidge, M. M. D. & Matthews, C. R. (2003). Lesbian women of color: Therapeutic issues and challenges. *Journal of Multicultural Counseling and Development, 31,* 113–130.

Briere, J. (1995). *Trauma symptom inventory professional manual.* Lutz, Florida: Psychological Assessment Resources, Inc.

Briere, J., Elliot, D. M., Harris, K., Cotman, A. (1995). Trauma symptom inventory: Psychometrics and association with childhood and adult victimization in clinical samples. *Journal of Interpersonal Violence, 10*(4), 387–401.

Bridges, S. K., Selvidge, M. M. D., & Matthews, C. R. (2003). Lesbian women of color: Therapeutic issues and challenges. *Journal of Multicultural Counseling and Development, 31,* 113–130.

Brown II, E. (2005). We wear the mask: African-American contemporary gay male identities. *Journal of African American Studies, 9*(2), 29–38.

Brown, L. (1995). Not outside the range. In C. Caruth (Ed.), *Trauma: Explorations in memory* (pp. 100–112). Baltimore: Johns Hopkins University Press.

Brown, L. S. (2005). Lesbian identities: Concepts and issues. In A. R. D'Augelli & C. J. Patterson (Eds.), *Lesbian, gay, and bisexual identities over the lifespan,* (pp. 3–23). New York: Oxford University Press.

Bryant-Davis, T. & Ocampo, C. (2005). Racist incident-based trauma. *The Counseling Psychologist, 33*(4), 479–500. doi: 10.1177/0011000005276465

Burstow, B. (2003). Toward a radical understanding of trauma and trauma work. *Violence Against Women, 9*, 1293–1317.

Burstow, B. (2005). A critique of posttraumatic stress disorder and the *DSM*. *Journal of Humanistic Psychology, 45*, 429–445.

Carpineto, J., Kubicek, K., Weiss, G., Iverson, E. & Kipke. M. D. (2008). Young men's perspectives on family support and disclosure of same-sex attraction. *Journal of LGBT Issues in Counseling, 2*(1), 53–80. doi: 10.1080/15538600802077533

Carroll, L. (2010). *Counseling sexual and gender minorities*. Upper Saddle River, NJ: Pearson

Carter, R. T. (2007). Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress. *The Counseling Psychologist, 35*(1), 13–105. doi: 10.1177/0011000006292033

Cass, V. C. (1979). Homosexual identity formation: Testing a theoretical model. *Journal of Homosexuality, 4,* 219–235.

CDC (2009). HIV/AIDS and men who have sex with men (MSM). *Centers for Disease Control.* Retrieved January 1, 2010 from http://www.cdc.gov/hiv/topics/msm/

Chan, C. S. (1995). Issues of sexual identity in an ethnic minority: The case of Chinese American lesbians, gay men, and bisexual people. In A. R. D'Augelli, & C. J. Patterson (Eds.), *Lesbian, gay, and bisexual identities over the lifespan* (pp. 87–101). New York: Oxford University Press.

Chatters, L. M., Taylor, R. J., & Joyakody, R. (1994). Fictive kinship relations in Black extended families. *Journal of Contemporary Family Studies, 25,* 297–312.

Christian, T. Y. (2005). Good Cake: An Ethnographic Trilogy of Life Satisfaction among Gay Black Men. *Men and Masculinities, 8*(2), 164–174.

Cochran, S. D., Ackerman, D., Mays, V. M., & Ross, M. W. (2004). Prevalence of nonmedical drug use and dependence among homosexually active men and women in the US population. *Addiction*, *99*, 989-998. doi:10.1111/j.1360–0443.2004.00759.

Cochran, S. D. & Mays, V. M. (2000). Relation between psychiatric syndromes and behaviorally defined sexual orientation in a sample of the US population. *American Journal of Epidemiology, 151*(5), 516–523.

Cochran, S. D., Sullivan, J. G., & Mays, V. M. (2003). Prevalence of mental disorders, psychological distress, and mental services use among lesbian, gay, and bisexual adults in the United States*. Journal of Consulting and Clinical Psychology, 71*(1), 53–61.

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Earlbaum Associates, Inc.

Coleman, E. (1981). Developmental stages of the coming out process. *Journal of Homosexuality, 7*(2), 31–43.

Comstock, G. D. (1989). Victims of anti-gay/lesbian violence. *Journal of Interpersonal Violence, 4*, 101–106.

Constantine, M. G. & Ponterotto, J. G. (2006). Evaluating and selecting psychological measures for research purposes. In F. T. L. Leong & J. T. Austin (Eds.), *The Psychology Research Handbook (*2nd ed., pp.104–113*).* Thousand Oaks, CA: Sage Publications.

Cosgrove, L. (2005). When labels mask oppression: Implications for teaching psychiatric taxonomy. *Journal of Mental Health Counseling, 27*, 283–296.

Crawford, I, Allison, K.W., Zamboni, B. D. & Soto, T. (2002). The influence of dual-identity development on the psychosocial functioning of African American gay and bisexual men. *The Journal of Sex Research, 39* (3), 179–189.

Cross, W. E. (1995). The psychology of nigrescence: Revising the Cross model. In J. Ponterotto, J. Manuel Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 93–122)*.* Thousand Oaks, CA: Sage Publications.

Cross, W.E., Jr. (1971). The Negro-to-black conversion experience. *Black World 20*(9), 13-27.

Cross, W. E., Jr. (1991). *Shades of black: Diversity in African-American identity.* Philadelphia: Temple University Press.

Dank, B. M. (1971). Coming out in the gay world. *Psychiatry, 34*, 180–197.

Danieli, Y. (1998). Introduction: History and conceptual foundations. In Y. Danieli (Ed.), *International handbook of multigenerational legacies of trauma* (pp. 1–20). New York: Plenum.

Dass-Brailsford, P. (2007). *A practical approach to trauma: Empowering interventions.* Los Angeles: Sage.

D'Augelli, A.R. (1992). Lesbian and gay male undergraduates' experiences of harassment and fear on campus. *Journal of Interpersonal Violence, 7*(3), 383–395.

D'Augelli, A. R. (1998). Developmental implications of victimization of lesbian, gay, and bisexual youths. In G. M. Herek (Ed.). *Stigma and sexual orientation: Understanding prejudice against lesbians, gay men, and bisexuals. Psychological perspectives on lesbian and gay issues* (pp. 187–210). Thousand Oaks, CA: Sage.

D'Augelli, A. R., Hershberger, S. L., & Pilkington, N. (2002). Suicidality patterns and sexual orientation-related factors among lesbian, gay, and bisexual youths. *Suicide and Life-Threatening Behavior, 31*, 250–264.

David, S. & Knight, B. G. (2008). Stress and coping among gay men: Age and ethnic differences. *Psychology and Aging, 23*(1), 62–69. doi: 10.1037/0882-7974.23.1.62

Diaz, R. M., Ayala, G., Bein, E., Henne, J., & Marin, B. V. (2001). The impact of homophobia, poverty, and racism on the mental health of gay and bisexual Latino men: Findings from 3 US cities. *American Journal of Public Health, 91,* 927–932.

DiPlacido, J. (1998). Minority stress among lesbians, gay men, and bisexuals: A consequence of heterosexism, homophobia, and stigmatization. In G. Herek (Ed.), *Stigma and sexual orientation: Understanding prejudice against lesbians, gay men, and bisexuals* (pp. 138–159). Thousand Oaks, CA: Sage.

Duran, E., Duran, B., Yellow Horse Brave Heart, M., & Yellow Horse-Davis, S. (1998). Healing the American Indian soul wound. In Y. Danieli (Ed.), *International handbook of multigenerational legacies of trauma* (pp. 341–354). New York: Plenum.

Eriksen, K., & Kress, V. E. (2006). The *DSM* and the professional counseling identity: Bridging the gap. *Journal of Mental Health Counseling, 28,* 202–217.

Fassinger, R. E. (1991). The hidden minority: Issues and challenges in working with lesbian women and gay men. *The Counseling Psychologist*, *19*, 157–176.

Fergusson, D. M., Horwood, L. J., & Beautrais, A. L. (1999). Is sexual orientation related to mental health problems and suicidality in young people? *Archives of General Psychiatry, 56,* 876–880.

Fernandez, E. (2001). [Review of the test Trauma Symptom Inventory]. In B. S. Plake & J. C. Impara (Eds.), *The fourteenth mental measurements yearbook (*pp*.*1289–1290*).* Lincoln, NE: Buros Institute of Mental Measurements.

Figley, C. R. (1988). Toward a field of traumatic stress. *Journal of Traumatic Stress, 1*, 3–15.

Floyd, F. J. & Bakeman, R. (2006). Coming –out across the life course: Implications of age and historical context. *Archives of Sexual Behavior, 35*(3), 287–298. doi: 10.1007/s10508-006-9022-x

Frable, D. E. S. (1997). Gender, racial, ethnic, sexual, and class identities. *Annual review of psychology, 48,* 1139–162.

Freud, S. (1962). The aetiology of hysteria. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 3, pp. 191–221). London:Hogarth Press. (Original work published 1896)

Friedman, M. J. & Marsella, A. J. (1996). Posttraumatic stress disorder: An overview of the concept. In A. J. Marsella, M. J. Friedman, E. T. Gerrity & R. M. Scurfield (Eds.). *Ethnocultural aspects of posttraumatic stress disorder: Issues, research and clinical applications* (pp.11–32). Washington, D.C.: American Psychological Association.

Frist, M. B. & Tasman, A. (Eds.) (2004). *DSM-IV-TR mental disorders: Diagnosis, etiology and treatment* (pp. 926–925). Hoboken, NJ: John Wiley & Sons.

Fukuyama, M. A., & Ferguson, A. D. (2000). Lesbian, gay, and bisexual people of color: Understanding cultural complexity and managing multiple oppressions. In R. M. Perez, K. A. DeBord, & K. J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients* (pp. 81–105). Washington, DC: American Psychological Association.

Gardner, F. (1999). Transgenerational processes and the trauma of sexual abuse. *European Journal of Psychotherapy, Counseling & Health, 2*, 297–308.

Garnets, L., Herek G. M., & Levy, B. (1990). Violence and victimization of lesbians and gay men: Mental health consequences. *Journal of Interpersonal Violence, 5*, 366–383.

Garofalo, R., Wolf, R. C, Wissow, L. S., Woods, E. R., & Goodman, E. (1999). Sexual orientation and risk of suicide attempts among a representative sample of youth. *Archives of Pediatrics and Adolescent Medicine, 153,* 487–493.

Garrett, M. T., & Barret, B. (2003). Two spirit: Counseling Native American gay, lesbian and bisexual people. *Journal of Multicultural Counseling and Development, 31,* 131–142.

Gilfus, M. (1999). The price of the ticket. *Violence Against Women*, *5*, 1238–1257.

Gilman, S. E., Cochran, S. D., Mays, V. M., Hughes, M., Ostrow, D., & Kessler, R. C. (2001). Prevalences of DSMIII—R disorders among individuals reporting same-gender sexual partners in the National Comorbidity Survey. *American Journal of Public Health, 91,* 933–939.

Gonsiorek, J. C. (1995). Gay male identities: Concepts and issues. In A. R. D'Augelli & C. J. Patterson (Eds.), *Lesbian, gay, and bisexual identities over the lifespan* (pp. 24–47). New York: Oxford University Press.

Goodman, R. D. & West-Olatunji, C. A. (2009). Applying critical consciousness: Culturally competent disaster response outcomes. *Journal of Counseling and Development, 87*(4), 458–465.

Greene, B. (2001). Heterosexism and racism among African Americans: The connections and considerations for African American lesbian and bisexual women: A clinical psychological perspective. *Rutgers Law Review, 54,* 931–957.

Greene, B. (1997). Ethnic minority lesbians and gay men. In B. Greene (Ed.), *Ethnic and cultural diversity among lesbians and gay men* (pp. 216–239). Thousand Oaks, CA: Sage.

Greenwood, G. L., White, E. W., Page-Shafer, K., Bein, E., Osmond, D. H., Paul, J. & Stall, R. D. (2001) Correlates of heavy substance use among young gay and bisexual men: the San Francisco Young Men's Health Study. *Drug and Alcohol Dependence*, *61*, 105–112.

Guthrie, R. V. (1998). *Even the rat was white: A historical view of psychology* (2nd ed.) Needham Heights, MA: Allyn & Bacon. (Original work published in 1976)

Griffin, H. L. (2006). *Their own receive them not: African American lesbians and gays in Black churches.* Cleveland, OH: The Pilgrim Press.

Haldeman, D. C. (2002). Gay rights, patient rights: The implications of sexual orientation conversion therapy. *Professional Psychology: Research and Practice, 33*(3), 260-264. doi: 10.1037/0735–7028.33.3.260

Halkitis, P. N., Parsons, J. T., & Wilson, L. (2003). Factors related to methamphetamine use among gay and bisexual men in New York City. *Journal of Drug Issues, 33*(2), 413–432.

Halpern, J., & Tramontin, M. (2007). *Disaster mental health: Theory and practice.* Belmont: CA. Thompson Brooks/Cole.

Halpin, S. A. & Allen, M. W. (2004). Changes in psychosocial well-being during stages of gay identity development. *Journal of Homosexuality 47*(2), 109–126. doi: 10.1300/J082v47n02_07

Hamlet, J. D. (1998). *Afrocentric visions: Studies in culture and communication.* Thousand Oaks, CA: Sage.

Hatzenbuehler, M. L., Nolen-Hoeksema, S. & Erickson, S. J. (2008). Minority stress predictors of HIV risk behavior, substance use and depressive symptoms: Results from a prospective study of bereaved gay men. Health Psychology, 27(4), 455–462. doi: 10.1037/0278-6133.27.4.455

Hayes, R. A. (1996). Differences in social support, coping, and attitudes toward homosexuality between African-American and Caucasian men living with HIV. *Dissertation Abstracts International: Section B: The Sciences & Engineering, 56*(9-B), 5171.

Helms, J. E. (1995). An update of Helm's White and people of color racial identity models. In J. Ponterotto, J. Manuel Casas, L. A. Suzuki & C. M. Alexander (Eds.), *Handbook of multicultural counseling (*pp. 93–122)*.* Thousand Oaks, CA: Sage.

Hencken, J. D., & O'Dowd, W. T. (1977). Coming out as an aspect of identity formation. *Gai Saber, 1*(1), 18–22.

Herek, G. M. (1993). Documenting prejudice against lesbians and gay men on campus: The Yale Sexual Orientation Survey. *Journal of Homosexuality, 25*(4), 15–30.

Herek, G, M., Gillis, J. R., Cogan, J. C., & Glunt, E. K. (1997). Hate crime victimization among lesbian, gay, and bisexual adults: Prevalence, psychological correlates, and methodological issues. *Journal of Interpersonal Violence, 12*(2), 195–215. doi: 10.1177/088626097012002003

Herman, J. (1997). *Trauma and recovery*. New York: Basic Books.

Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress, 5*(3), 377–391.

Huebner, D. M. & Davis, M. C. (2007). Perceived antigay discrimination and physical health outcomes. *Health Psychology, 26*(5), 627–634. doi: 10.1037/0278-6133.26.5.627

Huebner, D. M., Rebchook, G. M. & Kegeles, S. M. (2004). Experiences of harassment, discrimination and physical violence among young gay and bisexual men. *American Journal of Public Health, 94*(7), 1200-1203.

Icard, L. D. (1996). Assessing the Psychosocial Well-Being of African American Gays: A Multidimensional Perspective. *Journal of Gay & Lesbian Social Services, 5*(2/3), 25.

Israel, T., & Selvidge, M. M. D. (2003). Contributions of multicultural counseling to counselor competence with lesbian, gay and bisexual clients. *Journal of Multicultural Counseling and Development, 31*, 84–98.

Ivey, A. E. (2003). Social justice: A long-term challenge for counseling psychology. The *Counseling Psychologist, 31,* 290-298. doi: 10.1177/0011000003031003004

James, R. K., & Gilliland, B. E. (2005). *Crisis intervention* strategies (5th ed.). Belmont, CA: Brooks/Cole.

Janet, P. (1965). *The major symptoms of hysteria* (2nd ed.). New York: Hafner Publishing Company. (Original work published 1929)

Kambon, K. K. (1998). *African/Black psychology in the American context: An African-centered approach*. Tallahassee, FL: Nubian Nation Press.

Kardiner, A., & Spiegel, H. (1947). *War stress and neurotic illness* (2nd ed.). New York: Hoeber, Inc.

Kira, I. A. (2001). Taxonomy of trauma and trauma assessment. *Traumatology, 7*, 73–86.

Kitzinger, C. (1996). Speaking of oppression: Psychology, politics and the language of power. In E. D. Rothblum & L. A. Bond (Eds.), *Preventing heterosexism and homophobia* (pp.3–19). Thousand Oaks, CA: Sage.

Lee, J. A. (1977). Going public A study in the sociology of homosexual liberation. *Journal of Homosexuality, 3*, 49–78.

Levine, H. (1997). A further exploration of the lesbian identity development process and its measurement. *Journal of Homosexuality 34*(2), 67–78.

Lewis, T. (1999). *Living beside*. Toronto, Canada: McGilligan Books.

Lewis, J. A., Lewis, M. D., Daniels, J. A., & D'Andrea, M. J. (2003). *Community counseling: Empowerment strategies for a diverse society* (3rd ed.). Pacific Grove, CA: Brooks/Cole-Thomson.

Lifton, R. J. (1967). *Death in life: Survivors of Hiroshima*. New York: Random House.

Loiacano, D. K. (1989). Gay identity issues among black Americans: Racism, homophobia, and the need for validation. *Journal of Counseling and Development, 68,* 21–25.

Lyons, H. Z., Brenner, B. R., & Fassinger, R. E. (2005). A multicultural test of the theory of work adjustment: Investigating the role of heterosexism and fit perceptions in the job satisfaction of lesbian, gay, and bisexual employees. *Journal of Counseling Psychology, 52,* 537–548. doi: 10.1037/0022-0167.52.4.537

Luckstead, A. (2004). Lesbian, gay, bisexual, and transgender people receiving services in the public mental health system: Raising issues. *Journal of Gay and Lesbian Psychotherapy, 8*(3/4), 25–42. doi 10.1300/J236v08n03_03

Manago, C. & Howcott, T. (2006). Why the term same gender loving. Retrieved June 20, 2010 from http://terryhowcott.com/greenspace.asp?id=151

Martinez, D. G., & Sullivan, S. C. (1998). African-American gay men and lesbians: Examining the complexity of gay identity development. *Journal of Human Behavior in the Social Environment, 1*(2/3), 243–264.

Marszalek, J. F., III, Cashwell, C. S., Dunn, M. S. & Jones, K. H. (2004). Comparing gay identity development theory to cognitive development: An empirical study. *Journal of Homosexuality 48*(1), 103–123. doi: 10.1300/J082v48n01_05

Matthews, C. R. & Selvidge, M. M. D. (2005). Lesbian, gay, and bisexual clients' experiences in treatment for addiction. *Journal of Lesbian Studies, 9*(3), 79–90. doi:10.1300/J155v09n03_08

Mays & Cochran (2001). Mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States. *Journal of Public Health, 91*(11), 1869–1876.

McAdoo, H. P. (1993). The social cultural contexts of ecological developmental family models. In P. Boss, W. Doheerty, & W. Schyumm (Eds.), *Sourcebook of family theories and methods: A contextual approach* (pp. 298–301). New York: Plenum.

McCowan, C. J., & Alston, R. J. (1998). Racial identity, African self-consciousness, and career decision making in African American college women. *Journal of Multicultural Counseling and Development, 26*, 28–38.

McDaniel, J. S., Purcell, D., & D'Augelli, A. R. (2001). The relationship between sexual orientation and risk for suicide: Research findings and future directions for research and prevention. *Suicide and Life Threatening Behavior, 17*, 84–105.

McDonald, G. J. (1982). Individual differences in the coming out process for gay men: Implications for theoretical models. *Journal of Homosexuality, 8*(1), 47–60.

McKirnan, D. J., Tolou-Shams, M., Turner, L., Dyslin, K., & Hope, B. (2006). Elevated risk for tobacco use among men who have sex with men is mediated by demographic and psychosocial variables. *Substance Use & Misuse, 41*, 1197–1208. doi: 10.1080/108260805000514503

McLaughlin, J. E. (2002). Reducing diagnostic bias. *Journal of Mental Health Counseling, 24,* 256–269.

Mead, M. A., Hohenshil, T. H., & Kusum, S. (1997). How the DSM system is used by clinical counselors: A national study. *Journal of Mental Health Counseling, 19*, 383–402.

Morin, S. F. & Rothblum, E. D. (1991). Removing the stigma: Fifteen years of progress. *American Psychologist, 46*(9), 947–949.

Meyer, I. H. (2003). Prejudice, social stress and mental health in lesbian, gay and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674–697. doi: 10.1037/0033-2909.129.5.674

Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior, 36*, 38–56.

Myers, L. J. (1988). *Understanding an Afrocentric world-view: Introduction to an optimal psychology.* Dubuque, IA: Kendall/Hunt.

Miller Jr., R. L. (2007). Legacy denied: African American gay men, AIDS, and the black church. *Social Work, 52(1),* 51–61.

Minton, H. L., & McDonald, G. J. (1984). Homosexual identity formation as a developmental process. *Journal of Homosexuality, 9,* 91–104.

Nobles, W. (1976). Extended-self: Rethinking the so-called Negro self-concept. *Journal of Black Psychology, 11*(2), 15–24.

Nobles, W. (1980). African philosophy: Foundations for black psychology. In R. Jones (Ed.), *Black psychology*. New York: Harper & Row.

Nobles, W. (1997). African American family life: An instrument of culture. In McAdoo, H. P., (Ed.), *Black families (*3rd ed., pp. 83–93). Thousand Oaks, CA: Sage.

Nobles, W. W. (1991). African philosophy: Foundations for black psychology. In R. Jones (Ed.), *Black psychology (*3rd ed., pp. 47–63). Berkeley, CA: Cobbs & Henry.

Nobles, W. W. (2004). African philosophy: Foundations for black psychology. In R. Jones (Ed.), *Black psychology* (4th ed., pp. 47-63). Berkeley, CA: Cobbs & Henry.

Otis, M. D., & Skinner, W. F. (1996). The prevalence of victimization and its effect on mental well-being among lesbian and gay people. *Journal of Homosexuality, 30,* 93–121.

Parham, T. A., White, J. L., & Ajamu, A. (2000). *The psychology of Blacks* (3rd ed.). Upper Saddle River, NJ: Prentice Hall.

Parks, C. W. (2001). African American same-gender-loving youth and families in urban schools. *Journal of Gay and Lesbian Social Services, 13,* 41–56.

Parks, C, Hughes, T., & Matthews, A. (2004). Race/ethnicity and sexual orientation: Intersecting identities. *Cultural Diversity and Ethnic Minority Psychology, 10* (3), 241–254.

Pedersen, P. B., & Ivey, A. (1993). *Culture-centered counseling and interviewing skills: A practical guide*. Westport, CT: Praeger.

Phinney, J. S. (1992). The multigroup ethnic identity measure: A new scale for use with diverse groups. *Journal of Adolescent Research, 7,* 156–176.

Phinney J. (1991. Ethnic identity and self-esteem: A review and integration. *Hispanic Journal of Behavioral Science (13),* 193–208.

Plummer, K. (1975). Sexual stigma: An interactionist account. London: Routledge & Kegan Paul.

Raphael, B., Swan, P., & Martinek, N. (1998). Intergenerational aspects of trauma for Australian Aboriginal people. In Y. Danieli (Ed.), *International handbook of multigenerational legacies of trauma* (pp. 327–339). New York: Plenum.

Reid, J. D. (1995). Development in late life: Older lesbian and gay lives. In A. R. D'Augelli & C. J. Patterson (Eds.), *Lesbian, gay, and bisexual identities over the lifespan* (pp. 216–240). New York: Oxford University Press.

Rogers, R.R. (1998). *The impact of gay identity and perceived milieu toward gay employees on job involvement and organizational commitment of gay men* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 9820217)

Root, M. (1992). Restructuring the impact of trauma on personality. In L. Brown & M. Ballour (Eds.), *Personality and psychopathology* (pp. 108–118). New York: Guilford.

Rosario, M., Rotheram-Borus, M. J., & Reid, H. (1996). Gay –related stress and its correlates among gay and bisexual male adolescents of predominantly Black and Hispanic background. *Journal of Community Psychology, 24,*136–159.

Rosario, M., Schrimshaw, E. W. & Hunter, J. (2004). Ethnic/racial differences in the coming out process of lesbian, gay and bisexual youths: A comparison of sexual identity development over time. *Cultural Diversity and Ethnic Minority Psychology, 10*(3), 215–228.

Rosario, M., Hunter, J., Maguen, S., Gwadz, M., & Smith, R. (2001). The coming-out process and its adaptational and health-related associations among gay, lesbian, and bisexual youths: Stipulation and exploration of a model. *American Journal of Community Psychology, 29*(1), 133–160.

Rosenheck, R., & Fontana, A. (1998a). Transgenerational effects of abusive violence on the children of Vietnam combat veterans. *Journal of Traumatic Stress, 11*, 731–742.

Rosenthal, B. S., & Wilson, W. C. (2003). The association of ecological variables and psychological distress with exposure to community violence among adolescents. *Adolescence, 38*, 459–479.

Rothschild, B. (2000). *The body remembers*. New York, NY: W.W. Norton & Company, Inc.

Rowen, C. J. & Malcolm, J. P. (2002). Correlates of internalized homophobia and homosexual identity formation in a sample of gay men. *Journal of Homosexuality, 43*(2), 77–92.

Rust, P. C. (2001). Two many and not enough: The meanings of bisexual identities. *Journal of Bisexuality,1*(1), 33–68.

Rutter, P. A. (2007). Young adult suicide and sexual orientation: What should counselors know? *Journal of LGBT Issues in Counseling, 1*(3), 33–48.

Rutter, P., & Soucar, E. (2002). Youth suicide risk and sexual orientation. *Adolescence, 37*(146), 289–299.

Salazar, C., & Abrams, L. (2005). Conceptualizing identity development in members of marginalized groups. *Journal of Professional Counseling: Practice, Theory, & Research, 33*, 47–59.

Savin-Williams, R. C. (2001). A critique of research on sexual-minority youths. *Journal of Adolescence, 24,* 5–13.

Savin-Williams, R. C. (1994). Verbal and phsyical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: Associations with school problems, running away, substance abuse, prostitution, and suicide. *Journal of Consulting and Clinical Psychology, 62*(2), 261–269.

Savin-Williams, R. C., & Ream, G. L. (2003). Suicide attempts among sexual-minority male youth. *Journal of Clinical Child & Adolescent Psychology, 32*(4), 509–522.

Scaer, R. C. (2001). *The body bears the burden: Trauma, dissociation and disease*. Binghamtom, NY: Haworth Press.

Schechter, D. S., Brunelli, S. A., Cunningham, N., Brown, J., & Baca, P. (2002). Mother-daughter relationships and sexual abuse: A pilot study of 35 days. *Bulletin of the Menninger Clinic, 66*, 39–60.

Seligman, L. (1999). Twenty years of diagnosis and the DSM. *Journal of Mental Health Counseling, 21*, 229–240.

Stall, R., Paul, J. P., Greenwood, G., Pollack, L. M., Bein, E., Crosby, G. M., Mills, T. C., Binson, D., Coates, T. J. & Catania, J. A. (2001) Alcohol use, drug use and alcohol-related problems among men who have sex with men: The Urban Men's Health Study. *Addiction*, *96,* 1589–1601.

Sandfort, T. G. M., & de Keizer, M. (2001). Sexual problems in gay men: An overview of empirical research. *Annual Review of Sex Research*, *12,* 93–120.

Stone, C. B. (2003). Counselors as advocates for gay, lesbian, and bisexual youth: A call for equity and action. *Journal of Multicultural Counseling & Development, 31,* 143–155.

Sudarkasa N. (1997) African American families and family values. In McAdoo, H. P., (Ed.), *Black families (*3rd ed., pp. 9–40). Thousand Oaks, CA: Sage.

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling & Development, 70,* 477–486.

Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice* (5th ed.). New York: Wiley & Sons.

Tajfel, H. (1978). Social categorization, social identity and social comparison. In H. Tajfel (Ed.), *Differentiation between social groups: Studies in the social psychology of intergroup relations* (pp.61–76). London: Academic Press.

Tillman, L. C. (2002). Culturally sensitive research approaches: An African American perspective. *Educational Researcher, 31*(9), 3–12.

Tozer, E. E. & Hayes, J. A. (2004). Why do individuals seek conversion therapy? *The Counseling Psychologist, 32*(5), 716–740. doi: 10.1177/0011000004267563

Trimble, M. R. (1981). *Post-traumatic neurosis: From railway spine to whiplash.* New York: John Wiley & Sons.

Troiden, R. R, (1979). Becoming homosexual: A model gay identity acquisition. *Psychiatry: Journal for the Study of Interpersonal Processes, 42*, 362–373.

Utsey, S. O., Bolden, M. A., & Brown, A. L. (2001). Visions of revolution from the spirit of Frantz Fanon: A psychology of liberation for counseling African Americans confronting societal racism and oppression. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (2nd ed., pp. 311–336). Thousand Oaks, California: Sage Publications, Inc.

van der Kolk, B. A. (1996). The body keeps the score: Approaches to the psychobiology of posttraumatic stress disorder. In B. A. van der Kolk, McFarlane, A. C. & L. Weisaeth (Eds.), *Traumatic stress* (pp.214–241). New York: The Guilford Press.

van der Kolk, B. A., & McFarlane, A. C. (1996). The black hole of trauma. In B. A. van der Kolk, McFarlane, A. C. & L. Weisaeth (Eds.), *Traumatic stress* (pp.3–23). New York: The Guilford Press.

van der Kolk, B. A., & van der Hart, O. (1989). Pierre Janet and the breakdown of adaptation in psychological trauma. *American Journal of Psychiatry, 146,* 1530–1540.

van der Kolk, B. A., van der Hart, O. & Marmar, C. R. (1996). Dissociation and information processing in posttraumatic stress disorder. In B. A. van der Kolk, McFarlane, A. C. & L. Weisaeth (Eds.), *Traumatic stress* (pp.303–327). New York: The Guilford Press.

Walters, K. L., Simoni, J. M., & Horwath, P. F. (2001). Sexual orientation bias experiences and service needs of gay, lesbian, bisexual, transgendered, and two-spirited American Indians. *Journal of Gay and Lesbian Social Services, 13*(1/2), 133–149.

Weisaeth, L. (2002). The European history of traumatology. *Journal of Traumatic Stress, 15,* 443–452.

West-Olatunji, C. (2010). Use of advocacy competencies with culturally diverse clients. In M. J. Ratts, R. L. Toperek, & J. A. Lewis, & (Eds), *ACA advocacy competencies (pp. 55–64).* Alexandria, VA: American Counseling Association.

West-Olatunji, C. A. (2005). Incidents in the lives of Harriet Jacobs's children-A readers theater: Disseminating the outcomes of research on the Black experience in the academy. In J. E. King (Ed.), *Black education: A transformative research and action agenda for the new century* (pp. 329–340). Mahwah, New Jersey: Lawrence Erlbaum Associates.

White, J. L. (1972). Toward a black psychology. In R. Jones (Ed.), *Black psychology*. New York; Harper & row.

Whitney, C. (2006). Intersections of identity – Identity development among queer women with disabilities. *Sexuality and Disability, 24,* 39–52. doi: 10.1007/s11195-005-9002-4

Wise, S. J. (2001). Redefining black masculinity and manhood: Successful black gay men speak out. *Journal of African American Men, 5*(4), 3–23.

Wynn, R., & West-Olatunji, C. (2009). Culture-centered case conceptualization using NTU psychotherapy with an African American gay male client. *Journal of LGBT Issues in Counseling, 2*(4), 308–325. doi 10.1080/15538600802501995

Zamboni, B. D. & Crawford, I. (2007). Minority stress and sexual problems among African American gay and bisexual men. *Archives of Sexual Behavior, 36*,569–578. doi: 10.1007/s10508-006-9081

Zimmerman, M., & Mattia, J. I. (1999). Is posttraumatic stress disorder underdiagnosed in routine clinical settings? *Journal of Nervous & Mental Disease. 187*, 420–428.

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Richmond David Wynn was born in 1967 in Cocoa, Florida. In 1990, he received a Bachelor of Science degree in sociology from the University of Florida. He received a Master of Science degree in health specializing in mental health and addiction counseling from the University of North Florida in 1997. He is a licensed mental health counselor and certified addictions professional in the State of Florida.