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Social Support, Health Status, and Personality Factors in Coping Styles of Gay Men

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Abstract

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Personality factors and coping styles may affect how individuals will respond to the lack of social support. The purpose of this descriptive design was to examine the relationship between social support and health risk implications in gay men, which is a population that is under-represented in the research literature in regard to this topic. The theoretical framework guiding this study was the social stress model, which posits that stress and support are related to mental health outcomes. A sample of 76 gay men were recruited from Craigslist ad to participate in this study. They completed self -report questionnaires anonymously online, including a personality questionnaire, (the NEO FF1-3), a social support questionnaire, (the Interpersonal Evaluation List), a health risk questionnaire, (the SF12), and a coping questionnaire, (the Coping Schemas Inventory). A multiple regression analysis was used to examine the relationship between social support, personality characteristics, coping styles, and health risks. The findings included a significant positive predictive relationship between lack of social support and the dependent variables of health risks and coping styles in participants who also scored high on the personality trait Neuroticism. There were no associations between social support and the dependent variables in individuals scoring high on the personality trait Conscientiousness. Positive social change implications include an increased knowledge that may allow individuals and health care providers to engage in treatment and programs that can be designed to help gay men deal more effectively with lack of social support, which may in turn reduce health care risks in this population.

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Chapter 1: Introduction to the Study

Gallor @ Fassinger (2010) examined sexual orientation and highlighted awareness about the difficulties of being a gay male in the United States and about how stigmatization can adversely affect gay males' psyches. The stigma of being a gay male affects gay men's mental and physical health (Perry & Wright, 2006). Discrimination against gay men occurs in all spheres of life including the workplace, housing, health care, and sports (Perry & Wright, 2006). As stigmatizing behaviors against gay men continue to be a problem in the United States, gay men continue to have difficulties disclosing their sexual orientation and are likely to experience ongoing discrimination and harassment (Goldfried & Pachankis, 2010)

Because stigma conveys a devalued social identity, it creates unique psychological stressors for the gay male. The fields of clinical psychology and public health have linked stigma related stressors to adverse mental health and psychopathology (Dovidio, Hatzenbuchler, & Hoeksema, 2009). Antigay attitudes can result in stigmatization that may be present in the form of rejection by family members, social alienation and discrimination in employment and housing (Kelley & Roberson, 2008). One potential outcome of this stigmatization can be the internalization of prejudice known as internalized homophobia (Frost & Meyer, 2009).

Internalized homophobia has been defined as negative social attitudes directed inward toward the gay males' own self (Frost & Meyer, 2009). In some cases, internalized homophobia has resulted in the gay male rejecting his sexual orientation

(Frost & Meyer, 2009). Internalized homophobia has resulted in self -devaluation and poor self-regard (Kelley & Robertson, 2008). Internalizing stigmatized beliefs or internalized homophobia by gay men has been found to contribute to psychological distress such as guilt; self-loathing; shame; and problems in identity formation; psychosexual development; and poor self-esteem (Perry & Wright, 2006

Internalized homophobia is most commonly experienced in the midst of forming an identity and has resulted in a negative self-concept (Frost & Meyer, 2009). The anxiety, shame, and self-devaluation experienced by many gay men as a result of internalizing negative beliefs about themselves has resulted in the potential to engender a negative self-concept, and may affect their ability to sustain romantic relationships; in some cases, this internalized negativity has resulted in sexual problems (Frost & Meyers, 2009). For some gay men, internalizing negative beliefs about being gay has resulted in depression, thoughts of suicide, and viewing the future as hopeless (Frost & Meyers, 2009). Internalized homophobia has resulted in social isolation, fear of disclosing a person's sexual identity and fear of rejection. For the gay male, internalizing negative attitudes toward being gay can have negative psychological effects that may not diminish even after he publicly acknowledges his sexual orientation (Frost & Meyer, 2009). The psychological effects of internalizing negative beliefs about being gay may have lasting effects that can be detrimental to the health and well-being of the gay male and may even result in social isolation (Frost & Meyer, 2009)

Researchers have found that social support and acceptance are crucial for healthy self-development (Gallor & Fassinger, 2010). Many gay men tended to conceal their sexual orientation to protect themselves against societal prejudice. This concealment, known as staying in the closet, is believed to be stressful and has resulted in such health risk factors as upper respiratory infections, progression of HIV,(if the individual is infected), and psychological distress (Cole, 2006). Individual differences exist as to how readily gay males' may be in expressing their sexuality. Some gay men may be relieved after making their sexual orientation known, whereas others may find it stressful (Cole, 2006). Gay men who deny their gay sexual identity are unable to express themselves freely, to affirm their sexual orientation, and to be accepted by society (Cole, 2006). Cole (2006) found that having negative social attitudes toward homosexuality represented a fundamental threat for the gay male in negotiating his true identity as a gay male. Cole found that individuals who were closeted were found to progress faster in the HIV virus, if they were infected, leading to AIDS, than those who were out of the closet. Internalizing these negative views was found to be significantly correlated with having internalized lower levels of self-esteem, self-concept, physical appearance and emotional stability (Malcolm & Rowan, 2002

Goldfried &Goldfried (2001), found that one in every three gay youth experiences verbal abuse from one or more family members, one of four gay youth have experienced physical abuse from peers at school, and, one of three gay youth has made attempts at taking their own life. It is not the gay youth's sexual orientation that

contributes to suicidality, but rather the feelings of hopelessness resulting from lack of support from family and peers (Goldfried &Goldfried, 2001

Family and peer support significantly reduce the psychological stress that is experienced as a result of rejection (Goldfried &Goldfried, 2001). Healthy self-esteem was positively correlated with acceptance and a healthy relationship among family members. A negative self-image was found to be the result of nonsupport, and was associated with many psychological difficulties such as depression and anxiety (Goldfried &Goldfried, 2001). The conception of self is often based on the reflected views of others.

When gay men keep their sexual preference a secret, it can result in anxiety, social isolation, job dissatisfaction and ineffective job performance due to feelings of inferiority (Day, 1997). Some gay men seek outside help for relief to deal effectively with "coming out" . Gay men have been taught by teachers, peers, and the media that homosexuality is inferior, immoral and even sick (Schope, 2004). These kinds of homophobic messages can be harmful on the gay males psyche as he begins to incorporate or internalize these messages, shaping the gay males image of himself (Schope, 2004). Over time he may come to identify himself as a homosexual and move through a "coming out" process (Schope, 2004)

Social isolation has been a central concern for sociologists who have found that lack of social support and infrequent contact with a supportive social network can result in negative health effects such as depression and suicidal ideation (Waite & York, 2009).

Not having a supportive social network has been shown to be related to experiencing poorer health, loneliness, and depression (Cornwell & Waite, 2009). Sexual minorities have been shown to suffer more negative health- related outcomes than others do, due to their lack of social support and parental connectedness (Austin & Needham, 2010).

Dornelas, (2008) found that lack of social support can result in such health related risks as depression, anxiety, and coronary heart disease. The risk of mortality for those individuals who have less social support has been found to be significantly higher than for those who have more social support in their lives. Social support is considered to be the resource that protects individuals from the effects of stress (Alarcon, Bowling & Eschleman, 2010). Gay men who receive emotional support from friends and family have been found to be in better health both physically and mentally than those gay men who receive little to no support (Gallor & Fassinger, 2010). They tended to have more positive reactions about homophobia than those who had less social support (Gallor & Fassinger, 2010).

The most important source of support for gay men is from friendships he maintains. Work related friends can be significant providers of emotional support for gay men especially for those gay men who are coming out (Rumens, 2010). Work organizations can be challenging arenas for sexual minorities as they develop a meaningful sense of self (Rumens, 2010).

Gay men who receive support from family and friends are in better health than those who do not receive such support (Gallor & Fassinger, 2010). Social support can be

defined as perceiving that a person is cared for, that he or she has assistance available (Gallor & Fassinger, 2010). Having unconditional acceptance and social support provides the cornerstone of healthy self-development for the gay male, who must come to terms with his own sexuality and find acceptance from society(Galor & Fassinger, 2010). Social support is considered to protect individuals from the effects of stress; its influence however, is dependent on how negatively impacted any individual is by his or her lack of social support (Alarcon, et al., 2010).

Some individuals may need more social support than others, and may respond to life stressors differently depending on their personality characteristics. Those said to be high in hardiness have been shown to be more resistant to life stressors and may be more effective in adapting to a demanding environment (Alarcon, et al., 2010). Hardiness has been defined as a person's ability to handle stressors effectively, which allows him or her to adapt to high stress situations, thereby lowering the harmful effects of stress (Alarcon, et al., 2010.

Hubbard & Watson (1996) suggested that personality traits are factors in determining how individuals cope with the daily stressors of their lives. Coping responses have been shown to be stable over time for each individual but differ from person to person depending on his or her personality characteristics (Hubbard & Watson, 1996). Coping traditionally has been defined as an individuals' ability to effectively solve problems whereby actively seeking to reduce stress (Hubbard & Watson, 1996).

Those individuals who score high on extroversion on the NEO-FF-3 Personality Inventory also have high levels of the personality trait called hardiness (Costa & McCrae, 1985). Those individuals scoring high on extroversion demonstrate higher levels of joy have more energy and have more enthusiasm for life in comparison to introverts (Costa & McCrae, 1985). Extroverted individuals also have been shown to use more active and effective coping strategies than do introverted individuals, and they are more resistant to life stressors than are introverts (Hubbard & Watson, 1996). Extroverted individuals rely more on problem-focused problem -solving as opposed to emotion-focused problem solving (Hubbard & Watson, 1996). When using problem -solving strategies, individuals tend to look at situations as challenges for which they find constructive strategies to problem solving such as weighing all sides of a situation and coming to an effective solution. With emotion-focused problem solving strategies, the individuals tend to blame themselves or others for their problems (Hubbard & Watson, 1996).

Conscientiousness is another personality trait that has been found to buffer the effects of stress and contribute to hardiness and effective coping (Hubbard & Watson, 1996). Scoring high on conscientiousness is the strongest predictor for effective problem solving (Hubbard & Watson, 1996). Individuals scoring high on neuroticism on the other hand have a tendency to escape and blame themselves for problems that may arise (Hubbard & Watson, 1996). Those scoring high on neuroticism tend to be more demanding and hypercritical thus perceiving more negative life events (Hubbard &

Watson, 1996). Those high scores on neuroticism are associated with passive and ineffective coping skills. Scoring high on conscientiousness, a personality trait found to buffer the effects of stress, and scoring high on neuroticism, a personality trait found to create more life stressors, has been found to be the two most important personality traits that are associated with effective or ineffective coping (Hubbard & Watson, 1996).

There are cultural differences in the levels of social support that are needed by individuals. This variability depends upon the individuals' differing cultural world views, cultural norms and experiences (Gallor & Fassinger, 2010). Persons who live in European and American cultures seem to need more social support during times of stress and adversity while Asian Americans may need less social support due to the emphasis placed on harmony within their social group (Gallor & Fassinger, 2010).

Social support and sexual identity development are factors related to the health and well-being of the gay population (Gallor & Fassinger,2010). Knowing who may be most vulnerable to lack of social support, and whether personality factors, coping styles and cultural differences may play key roles in understanding gay men's vulnerability to lack of social support has important social change implications in treating gay men's vulnerabilities to lack of social support that may lead to health risks

Although scholars have found support for the detrimental effects that lack of social support can have on gay men, mostly those who are closeted, in this study, I focused on those gay men who are "out" of the closet and who may or may not have social support from family and friends. I attempted to find a relationship between those

gay men who are out of the closet, and their levels of social support, not only based on personality characteristics and coping styles, but on the knowledge that those who know him know he is gay.

Background

Growing up as a gay male can be difficult as individuals notice differences between themselves and their peers regarding sexual preference (Peacock, 2000). As the gay male begins to recognize these differences between him and his peers, he began to identify himself with the negatively sanctioned views of society and forms an identity in relation to how society views gay men (Peacock, 2000). If the gay male perceives society's views of being gay as negative, he projects these negative views on to himself. These internally projected negative views of being gay can trigger social isolation in the gay male, as the individual may choose to conceal his sexual identity for fear of being rejected (Peacock, 2000). The gay male may continually struggle to incorporate a gay identity while dealing with society's portrayal of the traditional male (Peacock, 2000). This sense of being different can result in identity confusion and eventually isolation. The gay male may begin to withdrawal from peers due to his feelings of being different (Peacock, 2000). The gay male's inability to share his feelings may lead him to deny his sexual orientation further, alienating him not only from society but also preventing him from forming a mature identity as a gay male. This may create further isolation and the formation of a weak identity for the gay male (Peacock, 2000).

Although researchers have confirmed that lack of social support among gay men may lead to health risks, scholars have not examined the possibility that personality factors may be contributing factors to how much social support the gay male may be receiving, and whether coping styles, due to lack of social support, may influence the degree of health risks for the gay male. I examined this gap in this study. Understanding more about an individual's personality characteristics and coping styles, and how this may impact an individual gay male's ability to deal with lack of social support, can help mental health counselors design more effective therapeutic interventions for those who are most vulnerable to society's negative views on homosexuality. Although personality factors may remain unchanged, therapeutic interventions may include teaching the gay male more effective coping strategies, and designing more social support groups for the gay male.

According to Detrie and Lease (2007), gay, lesbian and bisexual (LGB) youth who receive social support had significantly increased psychological well-being, social connectedness and collective self-esteem. Scholars demonstrated how social support or the lack of social support can adversely affect the psychological well-being of the LGB population. I identified other factors that may influence the degree of social support for gay men such as personality factors and how this may help or hinder social support for the gay male and coping styles and whether coping styles may affect how the gay male may handle lack of social support based on his personality characteristics. If mental health workers can more readily identify what factors may contribute to how much social

support the gay male may receive, and whether his coping styles may affect the degree to which health risks may become evident, new and more advanced treatment options can be developed to help gay men deal more effectively with social support or the lack of support.

Statement of the Problem

Social support and acceptance are crucial for healthy self-development (Gallor & Fassinger, 2010). There is support for health risks related to lack of social support. However, it is unclear as to how much personality characteristics contribute to how much social support he or she may receive, and whether coping styles, or the way an individual may cope with how much social support they may be receiving, may influence the degree of health risks the individual may experience (Perry & Wright, 2006). Identifying personality traits and coping styles that may contribute to how much social support an individual may receive, and whether this may lead to health risks based on coping styles, is crucial in helping health care professionals gain insight into gay males' issues regarding varying levels of social support, and coping styles. Knowing what personality traits may illicit more social support would enable health care professionals to assist gay men in eliciting more social support. Although personality traits may be fixed by nature, helping gay men to understand their own character traits, and how this may help or hinder their ability to generate more social support would be invaluable to the gay males' quality of life and generating more social support for themselves (Perry & Wright, 2006). Also, understanding what coping styles may influence the degree of health risks for gay men

may help health care providers provide guidance and support in teaching the gay male effective coping skills that may enable them to more effective coping skills that may enable them to more effectively deal with adversity

. A lack of social support may be detrimental for gay men. I shed some light on why some gay men receive more social support than others, and if personality characteristics may influence the degree of social support the gay male receives. It is hoped that the results of this study will add to the existing literature about how personality characteristics and coping styles are related to how much social support an individual may receive and whether this may lead to health risks

Purpose of Study

The purpose of this quantitative survey research was to examine social support, and whether personality characteristics relate to how much social support the gay male may receive. I also addressed coping styles the individual may have based on personality characteristics, and whether coping styles are possible contributing factors for health risks.

Ads were placed in on-line gay friendly websites recruiting fully out gay men age 18 years of age and older for anonymous participation. Participants were administered social support, personality, health risk and coping questionnaires as part of the study. Social support was measured using the Interpersonal Support Evaluation List (ISEL) (Cohen & Hoberman, 1983), personality was measured using The NEO-FFI-3 (Costa & McCrae, 1989), health risks was measured using The SF-12 (Quality Metric Health,

ND), and coping was measured using the Coping Schemas Inventory-Revised (CSIR) (Peacock, Reker & Wong, 1993). Additional variables such as age, income, educational levels, region in which the individual's live, and known levels of sexuality were also used in relation to levels of social support, health risks, personality characteristics, and coping styles

Theoretical and/or Conceptual Framework

The theory that was guiding this study was the social stress model. The social stress model posits that stress and support are related to mental health outcomes. Poor mental health outcomes can be the direct result of external stressors such as discrimination, and lack of social support among friends, family and colleagues (Engen & Teasdale, 2010). Differences in mental health outcomes are attributable to individual experiences, perceptions of social stress, availability of social support, and personal efficacy (Engen & Teasdale, 2010).

If it was found that those gay men who scored high on conscientiousness did not receive higher levels of social support, this could be because the male is gay. Being gay and having social support is the underlying factor to this study. If the gay male is receiving adequate social support based on healthy personality characteristics, such as conscientiousness, then being gay would not be an underlying factor to him not receiving social support. If the gay male is not receiving adequate social support based on healthy personality characteristics, being gay may be the underlying factor preventing him from receiving such support. In this study I looked at two factors, whether the gay male is

receiving social support with his sexuality known, and whether personality characteristics influence the degree of social support he is receiving. If the gay male is still in the closet, this may not accurately convey his true level of social support as a gay male. I focused exclusively on how much social support the gay male may be receiving based on his known sexuality as well as his personality characteristics.

Nature of Study

The purpose of this study was to determine whether personality factors influenced the degree of social support received by out gay men. The key variables in this study are social support, personality factors, coping styles and health risks. Social support is the dependent variable, and personality factors, coping styles, and health risks are the independent variables. The data was collected and analyzed using PsycInfo. Multiple regression analysis was used to test the strength of the relationship between the independent and dependent variables. Other factors that were looked at were whether out gay males coping styles, based on personality characteristics, may influence the degree of health risks for those out gay men who do not receive such support. If it was found that personality factors influenced the degree of social support an individual may receive, and that coping styles influenced the degree of health risk implications, it may assist other researchers in further studies regarding personality factors and social support, and why some individuals may be more vulnerable to lack of social support than others

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Research Questions and Hypothesis

Personality characteristics could influence the level of social support an individual may receive. Coping styles may be related to whether gay men develop health risks due to lack of social support. Gay males personality characteristics, may determine what kind of copy styles they may tend to have. Those gay males whose sexual preference is known by family, friends, and business colleagues are more likely to receive social support (Cortina & King, 2010).

Research Question #1: Does the personality characteristic conscientiousness as measured on the NEO-FF1-3 predict higher levels of social support in fully out gay males?

$H_0$1: Conscientiousness as measured on the NEO-FF1-3 does not predict higher levels of social support as measured on the ISEL

$H_1$1: Conscientiousness as measured on the NEO-FF1-3 does predict higher levels of social support as measured on the ISEL..

Research Question #2*:* Does the personality characteristic neuroticism as measured on the NEO-FF1-3 predict lower levels of social support on the ISEL in fully out gay males?

$H_0$2: Neuroticism as measured on the NEO-FF1-3 does not predict lower levels of social support as measured on the ISEL.

$H_1$2: Neuroticism as measured on the NEO-FF1-3 does predict lower levels of social support as measured on the ISEL

Research Question #3*:* Does the personality trait conscientiousness as measured on the NEO-FF1-3 predict higher scores on active-focused coping as measured on the CSIR in fully out gay males?

$H_0$3: Active coping style as measured on the CSIR is not related to the personality characteristics conscientiousness as measured on the NEO-FF1-3

$H_1$3: Active coping style as measured on the CSIR is related to the personality characteristics conscientiousness as measured on the NEO-FF1-3.

Research Question #4: *D*oes the personality trait neuroticism as measured on the NEO-FF1-3 predict higher scores on passive-focused coping as measured on the CSIR, in fully out gay males?

$H_0$4: Passive coping style, as measured on the CSIR, is not related to the personality characteristics neuroticism as measured on the NEO-FF1-3.

$H_1$4: Passive coping style, as measured on the CSIR is related to the personality characteristics neuroticism as measured on the NEO-FF1-3.

Research Question #5*: D*oes the active coping style as measured on the CSIR relate to increased health risks as measured on the SF-12, in fully out gay males?

$H_0$5: Active coping style as measured on the CSIR is not related to greater physical and mental health risks as measured on the SF-12.

$H_1$5: Active coping style as measured on the CSIR is related to greater physical and mental health risks as measured on the SF-12.

Research Question #6: Does the Passive coping style as measured on the CSIR relate to increased health risks as measured on the SF-12, in fully out gay males?

$H_0$6: Passive coping style as measured on the Coping Schemas Inventory-Revised (CSIR) is not related to greater physical and mental health risks as measured on the SF-12.

$H_1$6: Passive coping style as measured on the Coping Schemas Inventory-Revised (CSIR) is related to greater physical and mental health risks as measured on the SF-12.

Definitions of Terms

Coping- an individual's ability to effectively solve problems and actively seek to reduce stress (Hubbard & Warson, 1996).

Homophobia- A term used to refer to cognitive, affective, and behavioral negative reactions to gay and lesbian individuals (Hooghe, 2011).

*Internalized Homophobia- S*ociety's negative stigmas about homosexuality that the homosexual male directs inward toward the gay person's own self and can result in a negative self-concept and or a negative view about the gay males' homosexual identity (Frost & Meyer, 2009).

Staying in the Closet- Staying in the closet has been defined as when a homosexual has kept their sexuality a secret . Farlax, Inc, (2015).

Social Support- Social support can be defined as perceiving that one is cared for, that one is part of a social network, and that one has assistance available (Fassinger & Gallor, 2010).

Social Significance of This Study

This study has contributed to the existing literature about discrimination on social support to health and how personality factors and coping styles may help or hinder health risks in gay males. If a relationship is found among variables, this could aid in the development of programs that could assist gay men in learning new coping skills focused on effective ways in dealing with adversity. Also programs could be developed for improving social support networks for gay men. The findings could help individuals, their families, and healthcare professionals develop an awareness of how gay men are affected by discrimination, resulting in better health care for gay men and more social support, to allow all individuals to live their lives as they choose without fear of retaliation or violent acts against them.

Understanding what personality characteristics are associated with how much social support an individual may receive, and how coping styles may affect the individual's health, will enable mental health providers design more effective programs for those who find themselves unable to cope with lack of social support and discrimination. This will help not only improve the health of individuals in society and their families, but will have broader ramifications that could lead to lower health care costs, as well as greater productivity for the individuals in the group being studied and society in general.

Assumptions

I assumed that by recruiting gay men on sites that cater to gay males, I was able to recruit individuals who would be more likely to be willing to participate in this

study and to disclose personal information such as their sexual orientation. It is assumed that those who agree to participate in this study will be truthful in representing themselves, and completing the measures honestly. It was assumed that those gay men are truthful about whether their sexuality is known, and to whom it is known. It was also assumed that individuals completing the questionnaire understand the questions and answer them to the best of their ability.

Limitations

Some limitations to this study were the subjectivity of each participant and how they may interpret and answer questions. This was beyond my control as the study was being conducted online, where I did not have face to face contact with the participants and cannot clarify questions they may have about the content of the questionnaires. The time, place and mind set of the participant may also impact participants answers. To overcome this limitation instruction were provided to participants on Appendix C, Information Questionnaire, to answer questionnaires when they have been rested, and in a place that is comfortable and quite.

Delimiters

One stipulation for participation in this study was that the gay male's sexuality be known. Because this study was being conducted online, I had no way of knowing exactly how "out" these individuals were. The rationale for being completely out is to find out how much social support the gay male is receiving based on the knowledge that all who know him know he is gay. Even though personality factors were taken into consideration

as to how much social support the gay male was receiving, the most important underlying function of the study was to assess how much social support the gay male was receiving with his sexuality known. Also, because there were no stipulation as to what ethnic origin the participants must be, racial and sexual minorities may have different perceptions of social support, and personality characteristics. Because this study was being conducted online, participants from many different regions may participate. This may impact individual views on levels of social support that are needed, and what may constitute healthy or unhealthy personality characteristics. These experiences were outside the scope of this study.

Summary

Research about sexual orientation has highlighted awareness about the difficulties of being a gay male and about how stigmatization adversely affects their psyches. Researchers have found that social support and acceptance is crucial to healthy self-development (Gallor & Fassinger, 2010). Social support is often considered to be the resource that can protect individuals from the effects of stress (Alarcon, et al. 2010). The stigma of being a gay male affects gay men's mental and physical health (Perry & Wright, 2006). Internalizing stigmatized beliefs or internalized homophobia by gay men has been found to contribute to psychological distress such as guilt, self-loathing, shame, identity formation, psychosexual development and poor self-esteem (Perry & Wright, 2006). Individual differences exist to the extent that lack of social support or the presence of stressful life events may negatively impact the individual. Some individuals may need

more social support than others and may respond to life stressors differently depending on their personality characteristics and coping styles (Hubbard & Watson, 1996). Conscientiousness and neuroticism are known personality factors that influence a person's susceptibility to lack of social support (Hubbard & Watson, 1996). Therefore the hypotheses guiding this study were whether specific personality factors and coping styles influence an individual's reactions to lack of social support and whether this may lead to health risk implications because each individual may have a different threshold for tolerance of lack of social support which may or may not result in health risks.

Chapter 2 contains a review of the existing literature, about gay males and their lack of social support. This chapter will also include information about whether personality characteristics influence how gay males may react to lack of social support and whether this may lead to health risks.

Chapter 2: Literature Review

This chapter provides an overview of the literature pertaining to internalized homophobia, social support, personality factors, and health risks associated with social support for gay men. Research on how the gay male may be affected by anti-gay attitudes and social support and how personality factors, coping styles, and health risks may impact the gay male due to social support are discussed.

Researchers have begun to examine the effects of health risks associated with having little social support (Cole, 2006). However, a limited amount of literature related to the study was found that provides any information about how much personality characteristics influence how much social support a particular individual may receive, and how an individual's coping styles may contribute to health risks

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Literature Search

Most of the material that was used in this study including all case studies were found through the use of PsycInfo database. Also sources from The Advocate, Dr Sheldon Cohen's website, Psychological Assessment Resources (PAR), Gay Ad Network, and Quality Network were used. Search terms that were used for The Advocate and Gay Ad Network were: *gay men websites*. Search terms that were used in PsycInfo were: *gay men and social support, the importance of social support, social support and personality characteristics, social support and coping styles, health risks relating to lack of social support, effects of discrimination, discrimination against gay men, growing up as a gay*

male, society's views of being gay in a heterosexual society, gay men and family support, progression of disease relating to lack of social support among gay men, gay men and the positive effects of social support, social support among gay men with reference to ethnicity, in or out of the closet for gay men, and the health care system relating to the treatment of gay men.

Literature Review and Case Studies

External social forces have been shown to affect internal psychological processes relating to social identity and behaviors (Cole, 2006). Negative social attitudes that are directed toward gay men and gay men internalizing these negative views are likely to contribute to activating a physiologic stress response in the body's central nervous system that may lower the body's immune system making them more susceptible to disease (Cole, 2006). Gay men who deny their gay sexual identity and simulate identities that are heterosexual limits the gay males' desire to express himself freely, to affirm his sexual orientation, and to be accepted by society as a whole (Cole, 2006). Because of societal pressures, the gay male may continually evaluate the cost and benefits of expressing his sexual orientation; this process can create psychological discomfort for the, gay male who is in the closet, that may lead him toward a depressive state (Cole, 2006). The cost of exposure may be rejection or physical harm, while the potential benefits may be authentication and acceptance (Cole, 2006).

Cole (2006) found that having negative social attitudes toward homosexuality represented a fundamental threat for the gay male in negotiating his true identity as a gay

male. Cole found that those gay men who reported being half or more in the closet suffered a 40% acceleration in the HIV-1 virus as evidenced by critically low CD4+ T cell levels than did those who were not closeted as well as a 38% acceleration in the length of times before an AIDS related illnesses was diagnosed, and a 21% acceleration in times to death due to HIV related pathology. Of all the measures that were examined, closeting was associated with a 2 to 4 times acceleration of the disease trajectory (Cole, 2006). Those individuals who were closeted were found to progress faster in the HIV virus leading to AIDS, then those who were out of the closet. There was a significant correlation between the rapid progression of HIV for those who were in the closet than those who were non- closeted, and these differences were evident even though all participants, both closeted and non-closeted gay men were in good physical health prior to the onset of the study (Cole, 2006).

Internalized Homophobia

The formation of sexual identity is problematic for gay men as the early stages of identity formation are fraught with confusion and despair (Malcolm & Rowan, 2002). Sexual identity distress may influence the gay male's physical health; this results from their feelings of inferiority regarding how homosexuality is viewed by society(Perry & Wright, 2006). Those believed to be most affected are gay men who are most influenced by society's views of being gay and who themselves have not come to terms fully with their own sexuality (Malcolm & Rowan, 2002).

Researchers have continued to study the links between homophobic reactions to being gay and adverse mental health for the gay male, and have found that adverse reactions that can result in psychopathology for the gay male may be the result of the individual's emotion regulation or how he reacts to an emotional response (Dovidio, et al., 2009). Research has documented that the negative outcomes that gay men may experience are likely to be associated with the gay male feeling that he is being stigmatized. These negative outcomes can range from sexual guilt to lower self-esteem (Dovidio, Hatzenbuchler & Hoeksema, 2009).

Malcolm and Rowan (2002) examined homosexual men in Sydney Australia and the effects of internalized homophobia and HIV preventative behavior. Malcolm and Rowan showed a positive relationship between internalized homophobia and self - concepts of physical appearance, emotional stability, and self-esteem, however, the self-concept of physical appearance, was not related to sex guilt or gay identity development. Also perceptions of a repressive environment were predictive variables for internalized homophobia and sex guilt (Malcolm & Rowan, 2002). Malcolm and Rowan found that those respondents who were younger experienced higher levels of internalized homophobia that those respondents who were older. Further, Malcolm and Rowan found that those who reported religious affiliation reported higher levels of sex-guilt and internalized homophobia. Also found was significant correlations between higher levels of sexual guilt in those individuals who experienced negative views about homosexuality (Malcolm & Rowan, 2002). Internalizing these negative views was found to be

significantly correlated with having internalizing lower levels of self-esteem, self-concept, physical appearance and emotional stability (Malcolm & Rowan, 2002). There was also a significant correlation between higher levels of sexual guilt and fewer individuals self-disclosing their sexual orientation (Malcolm & Rowan, 2002). Those who had experienced negative views about homosexuality experienced higher levels of sexual guilt, and reluctance to self- disclose their sexual orientation.

Feelings of internalized homophobia may also be related to the excessive use of drugs and alcohol (Derby & Span, 2009). Homosexuals use substances at a rate that is roughly 30% higher than the heterosexual community (Derby & Span, 2009). The major risk factor for drug and alcohol abuse among the gay male community is believed to be internalized homophobia (Derby & Span, 2009). Of 20 gay men who were in treatment for alcohol abuse, none felt their sexual orientation was a positive aspect of themselves (Derby & Span, 2009). Most of the participants in this study felt that, in order to maintain sobriety, they first needed to accept their sexual orientation (Derby & Span, 2009).

Derby and Span found that there was a significant correlation between reported depressive symptoms and the frequency of drinking. Also found was a positive significant correlation between those who experienced greater degrees of internalized homophobia and those participants whose drinking increased (Derby & Span, 2009).

Social Support

Social isolation has been a central concern for sociologists who have found that a lack of social support and infrequent contact with a supportive social network can

result in negative health effects that can be life threatening (Waite & York, 2009). Social support is often measured by the number of social ties an individual may have and the quality of the relationships in their lives (Dornelas,, 2008). Dornelas, (2008) also found that lack of social support can result in such health related risks as depression, anxiety, and coronary heart disease. The risk of mortality for those individuals who have less social support has been found to be significantly higher than for those who have more social support in their lives.

Social support is considered to be the resource that protects individuals from the effects of stress (Alarcon, et al., 2010). However, individual differences exist about the extent that lack of social support or the presence of stressful life events may negatively impact the individual. The personality trait of Hardiness is believed to be responsible for the resilience where social support is lacking (Alarcon, Bowling & Eschleman, 2010). Hardiness is believed to be a multidimensional personality trait that protects individuals from the negative effects of stress (Alarcon et al., 2010). Individuals with the personality trait of hardiness are believed to be committed to many of life's domains such as family, friends, and work, all of which are believed to be contributing factor to their resilience (Alarcon et al., 2010). This commitment to others offers the individual support that they can draw on in times of need (Alarcon et al., 2010). These individuals tend to believe they are in control of what happens in their lives, and tend to look at life's situations as challenges, as opposed to threats (Alarcon et al., 2010).

Gay men who receive emotional support from friends and family have been found to be in better health both physically and mentally than those gay men who receive little to no support (Gallor & Fassinger, 2010). They tend to have more positive reactions about homophobia than those who had less social support (Gallor & Fassinger, 2010). Those gay men who have less social support are more likely to use such self-destructive coping strategies such as indulging in substance abuse (Hansen, Kochman, Sikkema, Tate, & Vandenberg, 2006). Although research has found support for gay men receiving social support that lead to the gay male's well being, there is a gap in the literature as to why some gay men may receive more social support than others. Personality characteristics may influence the degree to which gay men need more or less social support (Eaton & Krueger, 2010.

Health Risks

Those individuals who lack social support tend to suffer higher rates of mortality as well as to experience higher rates of infectious disease, depression, and cardiovascular disease (Cornell & Waite, 2009). Isolation as manifested in living alone, lack of social support, and lack of social activities have all been associated with worse or declining health, especially for gay men (Cornell & Waite, 2009). Older gay men are more likely to live alone than are heterosexual men. They are also more likely to suffer from such health risk factors as poorer mental health, lower income, poorer nutrition, and greater risk for institutionalization (Asencio, Blank, Descartes, & Griggs, 2009*).*

Asencio et al., (2009) examined the presence of social support in the older gay community and social anxiety and self-esteem. Asencio et al. found that the presence of social support, especially in the older gay community, was related to individuals experiencing a reduction in social anxiety and an increase in self-esteem. As sexually active gay men begin to age, the likelihood of contracting HIV also increased (Asencio et al., 2009). Older gay men who contract HIV are more likely to receive support from friends rather than family members (Asencio et al., 2009). The support services that are more easily available to heterosexual men are not that easily accessed by gay men. This refers to the ability to use such resources as the Family and Medical Leave Act (Coon, 2003), insurance benefits, or religious resources (Asencio et al., 2009).

Many gay men are known to withhold such information as sexual orientation, gender identity and sexual practices from health care providers due to fear of prejudice (Asencio et al., 2009). This can result in delays in getting effective medical treatment such as early screenings for disease (Asencio et al., 2009). Homophobia on the part of health care providers, can result in less empathy, and quality care given to gay men (Asencio et al., 2009). Health care systems have been found not to be equipped to handle gay men's health issues as they are generally heterosexually structured (Asencio et al., 2009). These systems do not recognize the needs and concerns of Gay men, Lesbians, Bisexual, Transgender, and Questioning (GLBTQ) populations (Asencio et al., 2009).

Internalizing negative beliefs about homosexuality, and the violence that is associated with it, are risk factors for the internal stress that has health risk implications (Hamilton & Mahalik, 2009). The gay male may be inclined toward neglecting self-care, indulging in risky sexual behaviors, and self-destructive behaviors such as increased alcohol, drug, and tobacco use (Hamilton & Mahalik, (2009). Hamilton & Mahalik, conducted a study with 315 gay men, and asked questions about the gay males' perceptions of masculinity, social norms, and perceived masculinity in a society that they may felt was predominately heterosexual. It was hypothesized that these were significant factors for gay men who indulge in health risk behaviors (Hamilton & Mahalik, 2009). The 315 gay men were recruited from gay web sites. The mean ages of the gay men were 45.99 years of age. Gay men completed measures relating to internalized homophobia, stigma, antigay physical attacks, masculinity , normative health behaviors, alcohol abuse, illicit drug use, and high risk sexual behaviors (Hamilton & Mahalik, 2009). The Internalized Homophobia Scale (HIS) was designed based on requirements for the ego-dystonic homosexuality diagnosis contained in the Diagnostic and Statistical Manual 3rd edition (3rd ed.; DSM-III; American Psychiatric Association, 1980). The HIS consisted of a nine item scale that asked questions such as how uncomfortable the gay males were with their sexuality, and how often they thought that being gay was a shortcoming (Hamilton & Mahalik, 2009). Higher scores were correlated with higher levels of demoralization, guilt, sex problems and suicidal ideation (Hamilton & Mahalik, 2009). The Stigma Scale was also administered. This scale was an 11- item scale assessing

expectations of prejudice and discrimination. The measure was scored using a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree) (Hamilton & Mahalik, 2009). Another scale, the Anti-Physical attack instrument was used to ask participants if they had ever been physically attacked because of their sexual orientation (Hamilton & Mahalik, 2009). The Conformity to Masculinity Norms Inventory was also administered. This was a 94-item questionnaire that assesses conformity to an array of dominant cultural norms (Hamilton & Mahalik, 2009). Cronback's alpha for this instrument was .73. The Alcohol Use Disorders Identification Test (AUDIT) was also administered; this was a 10-item scale intended to measure problem drinking (Hamilton & Mahalik, 2009).

Whether Gay Men Have Made Their Sexuality Known

Whether the gay males' sexuality is known by family, friends and colleagues has important implications for this study. Being known as a gay male, and being supported by family, friends and colleagues contribute to the gay male's well- being (Hamilton & Mahalik, 2009). It was important for the gay male's sexuality to be known for this study, to determine if the gay male was receiving support based on his sexuality being known. It was also hypothesized that gay men would have more social support if they scored high on the personality trait conscientiousness. If it were found that scoring high on conscientiousness did not elicit more social support, then it could be assumed that the gay male was supported because he was gay. That was the purpose of this study.

Social support, is an important factor for maintaining gay men's health and well-being, especially when he has made his sexuality known, or what is commonly called " coming out". Coming out for the gay male is associated with a great deal of stress, anxiety, and concerns about how others will view them. The coming out process takes years and, is a slow and painful process (Cowie & Rivers, 2000). Coming out to friends, family, and colleagues can be unpredictable and stressful experiences. It usually begins with a period of reassessing his or her life in a whole new way. Gay men's main concerns when coming out is whether they will be accepted by family, friends and co-workers (Cowie & Rivers, 2000). The process of coming out may be an easier for some than for others. Some may find the process of coming out laden with personal and social conflicts especially if they are coming out to friends who are not gay (Cowie & Rivers, 2000). Found was the gay male's disclosure of his or her sexuality is followed by periods of unhappiness and a sense of loneliness (Cowie & Rivers, 2000).

Support from family and friends is the most important aspect of the gay male's development (Cowie & Rivers, 2000). For some gay men the coming out process has not been a positive experience. While family and friends may or may not be supportive, it is important for gay males to seek out support groups. Some support groups may be at universities, or gay and lesbian switchboards, where resources such as friendship and support are offered in the process of coming out (Cowie & Rivers, 2000). Individuals who provide professional or voluntary support for gay or lesbian men and women understand how social influences impact their personal and interpersonal lives. These

individuals help gay and lesbian men and women form healthy identities, as homosexuals, especially in light of a culture who may be unwilling to accept an individual because he or she is different (Cowie & Rivers, 2000).

Coming out in the workplace can be a frightening experience for the gay male. Even though many states and municipalities have adopted non- discrimination legislatives regarding homosexuality, legislative intolerance still exists among gay and lesbian employees (Day 1997). Gay men fear and expect discrimination in the workplace (Day 1997). Gay men fear termination, taunts, and even violence, if their sexual orientation were known. Mentors in the workplace can be assets for gay men (Day & Schoenrade, 1997). Friends and colleagues who are aware of the gay male's sexual orientation, in the workplace, can contribute to helping the gay male feel accepted (Day & Schoenrade, 1997).

When gay men keep their sexual identity a secret, in the workplace, can result in anxiety, job dissatisfaction and ineffective job performance (Day & Schoenrade, 1997). Some gay men may seek outside help for relief. Mental health practitioners may treat gay men for many reasons, but the reasons may have little to do with coming out to friends in the workplace (Schope, 2004).

Gay men have been taught by teachers, peers, and the media that homosexuality is inferior, immoral, and even sick (Schope, 2004). These kinds of homophobic messages can be difficult on the gay male's psyche, as he begins to internalize these messages that shape an image of himself (Schope, 2004). The gay male may begin to envision himself

as a bad person (Schope, 2004). The gay male may develop feelings of powerlessness, and become unable to deal with events in his life such as work, socializing and establishing meaningful relationships (Schope, 2004). He may develop fears of how others are perceiving him and may shape his actions to avoid discrimination by others, such as denying his sexual orientation.

Over time however, and if the gay male is able to withstand these negative homophobic messages, he may come to identify himself as a homosexual and move through a the coming out process (Schope, 2004). This process involves the unlearning of the negative connotations associated with being gay (Schope, 2004). This coming out process can empower the gay male, giving him a sense of being more capable of controlling events in his life, and giving him a sense of no longer needing to live in fear of society's negative views about homosexuality (Schope, 2004).

Despite the advances in gay and lesbian status in our country, discrimination still exists (Goldfried &Goldfried, 2001). Goldfried and Goldfried has found that one in every three gay youth experiences verbal abuse from one or more family members; one in four gay youth have experienced physical abuse from peers at school; and one of three gay youth has made attempts at taking their own life . The U.S Department of Health and Human Services reported that more suicidal deaths are reported among gay youths than are those who are not gay (Goldfried &Goldfried, 2001). Goldfried and Goldried found that it is not the gay youth's sexual orientation that contributes to suicidality, but rather the feelings of hopelessness resulting from lack of support from family and peers.

Studies have shown that 25% of gay youths who come out to family are removed from the home, and are rejected by family. Gay youth continue to experience humiliation, physical assault, and death (Goldfried &Goldfried, 2001).

Family and peer support reduces the psychological stress that is experienced, by gay men, as a result of rejection (Goldfried &Goldfried, 2001). Healthy self-esteem was correlated with acceptance and a healthy relationship among family members and peers. A negative self-image is the result of non-support, and is associated with psychological difficulties, such as depression and anxiety (Goldfried &Goldfried, 2001). The conception of self is based on the reflected views of others. When coupled with the stigmatization of homosexuality can result in self-loathing and a negative self-concept (Goldfried &Goldfried, 2001). The gay male develops a sense of sexual identity based on societal negative messages about homosexuality, which can be difficult for the gay male to form a positive identity.

The Role of Personality

Traits that contribute to personality pathology such as antagonism, disinhibition, negative emotionality, introversion, and peculiarity are maladaptive traits and are variants of the personality trait neuroticism (Eaton & Krueger, 2010). Extraversion, Openness, and Agreeableness are variants of the personality trait conscientiousness (Costa & McCrae, 1992; Eaton & Krueger, 2010). The personality trait antagonism is the opposite of agreeableness, disinhibition is the opposite of

conscientiousness, negative emotionality is a variant of neuroticism, and introversion is the opposite of extraversion (Eaton & Krueger, 2010).

Mental disorders have been linked to stressful life situations (Eaton, Bradshaw & Maulik, 2010). Life events that occur over a shorter period of time are more stressful and can contribute to life changing experiences. Chronic stressors are more prolonged, such as in the case of being homosexual in a society that is considered to be predominately heterosexual. Chronic stressors, are less intense, and take place over a longer period of time and can endanger the health and well-being of the gay male (Eaton, Bradshaw & Maulik, 2010).

Genetic and environmental factors influence the degree to which an individual may feel they have the capacity to handle stress (Eaton, Bradshaw & Maulik, 2010). As the levels of stress increase for the individual, the individual's capacity to handle the stress may decrease making them more vulnerable to ineffective coping strategies and serious health risks. Once a particular coping threshold is reached that taxes the individual's capacity to effectively handle the stress, mental health problems can be manifested (Eaton, Bradshaw & Maulik, 2010).

Coping with stress is situational, but it also depends on an individual's personality characteristics (Heszen, 2012).Coping with stress is shaped by a specific disposition, as people differ in the way they respond to stressful situations. Temperament plays a significant role in how an individual responds to stress. Emotional functioning is affected by temperament and plays a key role in how an individual copes with stress

(Heszen, 2012). In this study conscientiousness and neuroticisms personality traits were used because these traits are at opposite ends of the spectrum (Heszen, 2012). Neuroticism is considered to be an unhealthy personality trait that contributes to personality pathology such as antagonism, disinhibition, negative emotionality, introversion and peculiarity (Eaton & Krueger, 2010). Traits such as conscientiousness are considered to be healthy personality traits and are associated with extraversion, openness, and agreeableness (Costa & McCrae, 1992; Eaton & Krueger, 2010). In this study, I decided to use the positive and negative personality traits of conscientiousness and neuroticism as factors in determining which personality traits may illicit more or less social support.

Gay men who have differing temperaments, may experience stress, and the capacity to handle stress, in different ways. Understanding the gay male's personality characteristics helps in identifying his coping style, as differing coping styles tend to be related to personality characteristics. Understanding coping styles, that relate to differing personality characters, would help to design programs that may assist gay men in handling stress more effectively in a predominately heterosexual society

Coping

According to researchers, individual coping strategies are categorized into two groups, active coping strategies, and regressive coping strategies (Alarcon et al., 2010). Individuals who have an active coping strategies are those who cope with daily life stressors using problem solving strategies. Active coping strategies involve turning

high stress environments into less stressful experiences through the use of problem-solving, and tend to be associated with those individuals who score high on the personality trait conscientiousness. Individuals who have a regressive coping strategy tend to use emotion- focused problem solving strategies (Alarcon et al., 2010). Emotion-focused coping, are less effective coping strategies that involve denial, avoidance, and blaming others for problems they face in their daily lives (Alarcon et al., 2010). Emotion-focused coping strategies, tend to be associated with those individuals who score high on the personality trait neuroticism. Gay males coping strategies, will determine how effective he or she may cope with daily life stressors. Coping styles are shaped by an individual's disposition (Heszen, 2012). People differ in the way they respond to stress. Emotional functioning and coping styles are affected by temperament. And temperament affects how the individual copes with stress. Differing temperament is closely related to personality characteristics. Understanding the gay male's personality characteristics and coping styles, may help health care providers design more effective programs that may assist gay men in handling the daily stressors of being a gay male in a heterosexual society.

Studies have begun to link stigma-related stressors with psychopathology (Dovidio et al.,2009.). Stigma has been defined as "a situation of an individual that disqualifies them of full social acceptance"; this may be based on health, sexual orientation or ethnicity (Bode, Cella, Choi, Heinemann, Peterman, Rao & Victorson, 2009. page 585). How an individual may react to being stigmatized and whether it may lead to

psychopathology, is dependent on how the individual interprets the stigmatizing behavior, and what emotional strategy he or she may use to deal with the stigmatizing behavior (Dovidio et al., 2009).

Summary

Many gay men continue to conceal their sexual identity for fear of societal prejudice (Cole, 2006). Gay men who conceal their sexual orientation show an increased risk of developing such health related illnesses as upper respiratory infections, cancer, and an increase in sympathetic nervous system activity (Cole, 2006). Because of the negative connotations associated with being a gay male, symptoms of depression, anxiety, and generalized negative attitudes have been found in gay men (Cole, 2006). Internalizing negative beliefs about being a gay male can have profound negative effects on the gay male's health and well-being (Cole, 2006). Studies have found that lack of social support can result in such health related risks as depression, anxiety, and coronary heart disease (Dornelas, 2008). Social support is considered to be the resource that protects individuals from the effects of stress (Alarcon et al., 2010). However, individual differences exist in the ways that lack of social support, or the presence of stressful life events may negatively impact the individual. Negative beliefs about being a gay male, not only results in disruptions in the gay males' social circles, such as with family and friends, but can also result in maladaptive coping behaviors such as alcohol use and substance abuse, in order to ward off feelings of loneliness and isolation (Delonga, Evans, Gore-Felton, Kamen, Koopman, Lee & Torres, 2011). Inhibited expressions of one's sexuality are risk factor for such diseases as cancer, hypertension, and rheumatoid

arthritis (Cole et al., 1996). Inhibiting expressions of one's sexuality can alter physiologic functions and can heighten activity in the sympathetic nervous system (Cole et al., 1996). Those gay men who are in the closet are more prone to health risks than those who are out of the closet (Cole et al., 1996). However, individual differences exist in how individuals cope with stressful life situations (Alarcon, Bowling & Escleman, (2010).

Chapter 3 will describe the methodology used in this study. This chapter will also discuss the use of correlational analysis to analyze the possibility of a relationship between lack of social support, health risks, and personality characteristics in gay males. The chapter will include a description of the sample population, procedures, ethical considerations, measures, and analysis of the data.

Chapter 3: Research Methodology

Research about sexual orientation has highlighted awareness about the difficulties of being a gay male and about how stigmatization can adversely affect the gay males' psyche (Gallor & Fassinger, 2010). The stigma of being a gay male affects gay men's mental and physical health (Perry & Wright, 2006). Discrimination against gay men is prevalent in all spheres of life including the workplace, housing, health care and sports (Perry & Wright, 2006). As stigmatizing behaviors against gay men continue to be a problem in the United States, gay men continue to have difficulties disclosing their

sexual orientation and are likely to experience ongoing discrimination and harassment (Goldfried & Pachankis, 2010).

This chapter provides a description of the design of the study, its participants, the instruments used, the method of data analysis used, and a discussion about the ethical considerations involved. An overview of the design will include a rationale of why this design was selected for this study. The population characteristics and size of the population will also be discussed, as will the description of the instruments to be used.

Purpose of the Study

The study was a quantitative survey. I examined to what degree social support is given to out gay men based on personality characteristics. I also examined coping styles based on personality characteristics, and whether coping styles may contribute to negative health outcomes for those gay men who do not receive such support. Lack of social support can be detrimental to some, while others may not be affected at all (Alarcon et al., 2010). Those individuals who may need more social support, and whose personality characteristics demonstrate less effective coping strategies, may leave them more vulnerable to health risks. I explored the association between the degree of social support, personality factors and coping styles and whether these factors influence gay men's health outcomes.

Participants

A notice requesting participants was posted online on gay friendly websites (e.g. Craigslist). The notice can be found in Appendix A. Participants were instructed to

respond to an e-mail that was set up for the purpose of the study. Once participants agreed to participate, they were e-mailed the consent form. Once the consent form was signed and returned, they were instructed to log into to Survey Monkey through a special code that was given to them. The consent form can be found in Appendix B. Once participants agreed to participate and logged in to Survey Monkey, they were administered the Information Questionnaire, which can be found in Appendix C. Participants were than administered the ISEL (Cohn & Hoberman, 1983)which can be found in Appendix D, the NEO-FFI-3 (Costa & McCrae, 1989), which can be found in Appendix E, the Health Risk Questionnaire SF-12 (Quality Metric Health, ND)), which can be found in Appendix F, and the CSIR (Peacock, Reker & Wong, 1993), which can be found in Appendix G.

Research Design and Approach

A notice requesting participants were posted online on craigslist. Participants were asked to respond to an email that was set up specifically for the study, if they were interested in participating. Once participants agreed to participate and logged in to Survey Monkey, they were administered the Information Questionnaire, which can be found in Appendix C. Participants were than administered the ISEL (Cohn & Hoberman, 1983), which can be found in Appendix D, the NEO-FFI-3 (Costa & McCrae, 1989), which can be found in Appendix E, the Health Risk Questionnaire SF-12 (Quality Metric Health, ND), which can be found in Appendix F, and the CSIR (Peacock et al., 1993), which can be found in Appendix G. A quantitative design was used for this study. The variables used for this study were social support, personality factors, coping styles and

health risks. Social support was the dependent variable, and personality factors, coping styles, and health risks were the independent variables. The data was collected and analyzed using PsycInfo. Multiple regression analysis was used to test the strength of the relationship between the independent and dependent variables. Participants who were interested in receiving the results of the study could indicate this by checking a box on the demographics form that would enable them to receive a copy through their email addresses. Responses to all the test instruments should took approximately 30 to 45 minutes to complete. After all tests were submitted, they were hand scored and entered into SPSS, a statistical software package, for evaluation. Results of the study were available to those who request them. Results were available in general form without information about specific participants. The time constrains for this study were that I had no control how long it would take participants to respond to the notices, or how long the participants would take to complete the questionnaires, as this study was exclusively online. It took a considerable amount of time. The correlational quantitative design choice was consistent with other research designs in that most studies conducted on social support and health risks are done in this manner where participants are administered instruments to obtain information. The responses on these questionnaires helped determine the extent to which predicted relationships may exist between health risks, personality characteristics, coping styles, and levels of social support.

Methodology

Gay men were recruited as participants from gay social web sites (Craigslist). Permission for posting on these sites was not required as the sites are freely open to anyone who wishes to post there. Bisexual men, men who occasionally have sex with women and transgendered men were not considered as this study was designed to measure the level of social support, personality factors, coping styles, and health risk among exclusively gay men. This was posted in Appendix A. Participants must indicate that they only have sexual relationships with men and be at least 18 years of age. This was posted in the Information Form which can be found in Appendix C. Participants must also indicate that their sexual preference is known both personally and professionally. This was also posted on the Information Form which can be found in Appendix C.

It was important that the gay male's sexuality be known to family, friends and business colleagues. The gay male must be out at all levels to accurately convey his true level of social support. To ensure that the gay male is out at all levels, in the selection process for participants, only those gay males who had checked off all levels of being out on the Information Questionnaire were chosen for participation. Questions as to whether the gay male's sexuality is fully known can be found on the Information Questionnaire in Appendix C. The purpose of the study was to determine how much social support the gay male may be receiving based on personality characteristics, as a gay male, with his sexuality known. Having a prerequisite for this study that all participants have their sexuality known ensures that the assessment of gay men's social support is based on not

only personality characteristics, but on his known sexuality. The basis of this study was to measure the amount of social support that was given to gay men based on their inherent personality characteristics, and his known sexuality, and to accomplish this, his sexuality must be known to others. Seventy six participants were chosen for this study, based on Cohen's (1992) power analysis chart. A power analysis revealed based on Cohen's (1992) power of analysis chart, that for a two tailed test at p=.05, to detect an effect size of .50 with a power of at least .80 the study would require a minimum of 76 participants,. There were 4 variables used in this quantitative study; social support, personality factors, coping styles, and health risks. Multiple regression analysis was used to test the strength of the relationship between the dependent and independent variables. Questionnaires were hand scored and entered into SPSS, a statistical software package, for evaluation, or scored by Survey Money if the option is available. An email address was provided to participants who wish to receive results of the study.

Instruments to Be Used

Information Form

The information form asked for basic information regarding the participant's age, education, ethnicity, and region of the United States in which the participants live, whether the individual is in or out of the closet, and his sexual preference. A copy of the demographic form can be found in Appendix C. This form should take approximately 5 minutes to complete.

Interpersonal Support Evaluation List

One of the four instruments used in this study was the ISEL (Cohn & Hoberman, 1983). This short self-report instrument was designed to identify various types of support received by others (Cohn & Hoberman, 1983). Permission for the use of this instrument can be found in Appendix I. Its' three scales include Emotional Support, designed to measure social support that people receive that make them feel loved and cared for, Instrumental Support, designed to measure tangible help that others may provide, and Informational Support, designed to measure support others may provide through the provisions of information. All three scales were used in this study. The ISEL was scored using three scales the Appraisal scale, with item numbers corresponding to this scale of 2, 4, 6, and 11; the Belonging scale, with item numbers corresponding to this scale of 1, 5, 7, and 9; and the Tangible scale, with item numbers corresponding to this scale of 3, 8, 10, and 12; The Tangible scale is intended to measure perceived availability of material aid; the Appraisal scale is intended to measure perceived availability of someone to talk to about a person's problems, and the Belonging is intended to measure perceived availability of people one can do things with. Scaling was as follows: 0= definitely false; 1= probably false; 2= probably true; 3= definitely true. Scoring the test is as follows: Items number 1, 2, 7, 8, 11, and 12 are to be reversed on all subscales. The Appraisal Subscale was scored by: summing items 2R, 4, 6, 11R. The Belonging Subscale was scored by: summing items 1R, 5, 7R, 9. The Tangible Subscale was scored by: summing items 3, 8R, 10. 12R. A copy of the ISELcan be found in

Appendix D. The ISEL has been shown to have a construct validity coefficient between .46 and .62, and a reliability coefficient of .87 (Cohn & Hoberman, 1983). Retest reliability is reported at .87. Internal consistency has been reported at between .77 and .87 (Cohn & Hoberman, 1983). Internal alpha was reported at .88 and .90. The ISEL should take approximately 10 minutes to complete.

NEO-FF1-3

Another test used was the NEO-FFI-3 (Costa & McCrae, 1989). Permission for the use of this instrument can be found in Appendix J. This brief comprehensive personality inventory provides an assessment of emotional, interpersonal, experiential, attitudinal, and motivational styles of the personality (Costa & McCrae, 1989). The five scales include Extroversion, Conscientiousness, Neuroticism, Openness and Agreeableness. Only two of the five scales on this instrument were administered, Conscientiousness, and Neuroticism. Based on the research results previously discussed (Endler & Parker, 1999), these scales best reflect the degrees to which an individual may be prone to effective or ineffective coping styles. The NEO-FFI-3 was scored using a Likert scale rating (1) strongly disagree (2) disagree (3) neutral (4) agree (5) strongly agree. The higher the score the more distinctive the aspect of personality is considered to be. T scores of 56 or higher are considered high, T scores ranging from 45-55 are considered average and T scores of 44 or lower are considered low on the 60 item short form NEO-FF1-3. The Neuroticism scale has five subscales as follows: Anxiety, Angry Hostility, Depression, Self-Consciousness, and Vulnerability. The Conscientiousness

scale has five subscales as follows: Competence, Order, Dutifulness, Achievement Striving, and Self Discipline. A copy of these scales from the NEO-FF-3 can be found in Appendix E. The NEO-FFI-3 has a construct validity ranging between .50 and .70 and reliability coefficients ranging between .86 and .91(Costa & McCrae, 1989). Internal consistency was reported as ranging from .72 to .88 (Costa & McCrae, 1989). Retest reliability was reported at .79 and .87. Convergent and discriminate validity was reported at .59 and .61 (Costa & McCrae, 1989). The NEO-FF-3 should take approximately 5 minutes to complete.

SF-12

The SF-12 is a short form health questionnaire that is designed to measure health and well-being from the client's point of view (Quality Metric Health, ND). Permission for the use of this instrument can be found in Appendix K. The SF-12 is designed to measure both physical and mental health. Both the physical functioning scale and the mental health scales will be used in this study. The SF-12 is made up of eight scales. The Physical Functioning Scale contains subscales that assess Physical Functioning, Role Physical, Bodily Pain, and General Health, and the Mental Health scale assesses Vitality, Social Functioning, Role Emotional, and Mental Health in separate subscales. On the SF-12, The Physical Functioning Scale contains subscales that assess Physical Functioning, Role Physical, Bodily Pain, and General Health. For the subscale Physical Functioning and Role Physical, the participants were asked such questions as: "How does your health now limit you in moderate activities, such as

moving a table, pushing a vacuum cleaner, bowling, or playing golf" and: "Thinking about the past four weeks, have you accomplished less than you would like as a result of your physical health"? For the Bodily Pain subscale and the General Health the participants were asked such questions as: "During the past four weeks, how much did pain interfere with your normal work including both work outside the home and housework" and "In general, would you say your health is excellent, very good, good, fair, or poor"? A copy of the Health Risk questionnaire can be found in Appendix F. The Health Risk Questionnaire SF-12 has a construct validity greater than .40 and a reliability coefficient of .90 (Quality Metric Health, ND). Cronbach's Alpha coefficient is shown at .836. The SF-12 should take approximately 15 minutes to complete.

Coping Schemas Inventory-Revised

Another instrument administered was the CSIR (Peacock et al.,1993). The CSIR is a self-report instrument designed to measure coping and resilience based on behavioral mechanisms (Peacocket al., 993). Permission to use this instrument can be found in Appendix H. This instrument contained nine subscales: Situational, Self- Restructuring, Active Emotional, Passive Emotional, Meaning, Acceptance, Religious, Social Support, and Tension Reduction. The two scales that were administered were the Active Emotional scale and the Passive Emotional scale, as these scales more accurately depict coping styles related to Conscientiousness and Neuroticism personality profiles (Peacock et al.,1993). The CSIR was scored using a five point Likert scale ranging from 1 =not at all, to 5= a great deal. The questions were geared toward how the individual rated

themselves when they encountered difficult situations. The Active Emotional subscale " is similar to problem focused strategies of coping in that it is a direct and confrontational way of resolving problems" (Peacock et al.,1993. p. 65). It suggested that individual's tend to solve problems by weighting all aspects of a situation before making a decision. The Passive Emotional subscale described the emotional reactions that were self-oriented which were aimed at reducing stress (Peacock et al.,1993). "Reactions may include emotional responses such as blaming oneself for being too emotional, getting too angry, becoming too tense, self-preoccupation, and fantasizing" (Endler & Parker, 1999. p., 1). A copy of the CSIR can be found in Appendix G. The CSIR had a construct validity ranging between .80 and .82 and a reliability coefficient ranging between .86 and .90 (Peacock et al., 2006). Internal consistency was shown to range between .83 and .97. Cronbach 'Alpha is shown between .80 and .97 (Peacock et al., 2006). Coping styles reflect an individual's personality characteristics and is stable over time. This instrument was used to detect an individual's coping styles as it relates to how the individual may cope with lack of social support (Peacock, Reker & Wong, 1993). This instrument should take approximately 10 minutes to complete

Analysis

This study used Multiple Regression Analysis. Multiple regression analysis was suitable for this study as it examined the relationships between social support, personality characteristics (specifically conscientiousness and neuroticism), coping styles (both active and passive), and susceptibility to health risks. Multiple Regression analysis attempted to identify whether persons who score as having certain personality

characteristics may receive more social support. Multiple Regression analysis also attempted to identify whether certain personality characteristics identified an individual's coping styles, and whether these specific coping styles may lead to effective or ineffective coping, which may lead to health risks. The instruments were hand scored and then entered into the SPSS statistical package. Multiple Regression analysis was used to determine the strength of the relationship between the DVs that were, health risks, coping styles and personality characteristics, , and the IVs which was social support.

Research Questions and Hypotheses

The literature review showed that personality characteristics may influence the level of social support an individual may need. The literature review also showed that personality characteristics may be related to whether gay men develop health risks due to lack of social support. Further research found that depending on the gay males personality characteristics, may determine what kind of copy styles they may tend to have; to investigate these theories, the following hypothesis was developed. It was also found that those gay males whose sexual preference is known by family, friends, and business colleagues are more likely to receive social support (Cortina & King, 2010).

Research Question #1: Does the personality characteristic conscientiousness as measured on the NEO-FF1-3 predict higher levels of social support on the ISEL, in fully out gay males?

$H_0$1: Conscientiousness as measured on the NEO-FF1-3 does not predict higher levels of social support, as measured on the ISEL, in fully out gay males.

$H_1$1: Conscientiousness as measured on the NEO-FF1-3 does predict higher levels of social support, as measured on the ISEL, in fully out gay males.

Research Question #2: Does the personality characteristic neuroticism as measured on the NEO-FF1-3 predict lower levels of social support on the ISEL, in fully out gay males?

$H_0$2o: Neuroticism as measured on the NEO-FF1-3 does not predict lower levels of social support as measured on the ISEL, in fully out gay males.

$H_1$2: Neuroticism as measured on the NEO-FF1-3 does predict lower levels of social support as measured on the ISEL, in fully out gay males.

Research Question #3: Does the personality trait conscientiousness, as measured on the NEO-FF1-3, predict higher scores on the Active-Focused Coping as measured, on the CSIR, in fully out gay males?

H_o3o: Active coping style as measured on the CSIR, is not related to the personality characteristics conscientiousness as measured on the NEO- FF1-3, in fully out gay males

$H_1$3: Active coping style as measured on the CSIR, is related to the personality characteristics conscientiousness as measured on the NEO-FF1-3, in fully out gay males.

Research Question #4: Does the personality trait neuroticism as measured on the NEO-FF1-3, predict higher scores on the Passive-Focused Coping, as measured on the CSIR, in fully out gay males?

$H_0$4: Passive coping style, as measured on the CSIR, is not related to the personality characteristics neuroticism, as measured on the NEO-FF1-3, in fully out gay males.

$H_1$4: Passive coping style, as measured on the CSIR, is related to the personality characteristics neuroticism as measured on the NEO-FF1-3, in fully out gay males

*Research Question #5: D*oes the Active coping style, as measured on the CSIR, relate to increased health risks, as measured, on the SF-12, in fully out gay males?

$H_0$5: Active coping style, as measured, on the CSIR is not related to greater health risks, as measured, on the SF-12, in fully out gay males.

$H_1$5: Active coping style, as measured, on the CSIR is related to greater health risks, as measured, on the SF-12, in fully out gay males.

Research Question #6: Does the Passive coping style, as measured, on the, CSIR relate to increased health risks, as measured on the SF-12, in fully out gay males?

$H_0$6: Passive coping style, as measured, on the CSIR, is not related to greater health risks, as measured, on the SF-12 in fully out gay males.

$H_1$6: Passive coping style, as measured, on the CSIR, is related to greater health risks, as measured, on the SF-12 in fully out gay males.

Measures That Will Be Utilized

Participant were asked to complete the demographic questionnaire, ISEL (Cohn & Hoberman, 1983), the NEO-FFI-3 (Costa & McCrae, 1989), the SF-12, and the

CSIR (Peacock, Reker & Wong, 1993). Each instrument should take approximated 15-20 minutes to complete.

Threats to Validity

Limitations on self-report measures are inherent when persons are asked to provide culturally sensitive information such as one's ethnicity and their customary living standards and beliefs (Brennan et al., 1975). Researchers found differences in perceived levels of social support depending on cultural context (Gallor & Fassinger, 2010). Different ethnic groups attach different meanings to life circumstances that determine the seeking out of social support (Gallor & Fassinger, 2010).

Lack of sleep, time of day, and location where self-reports are taken may impact the accuracy of reported information. This factor may be difficult to control, as I will not have access to given times, and locations where the self- reports will be administered, as the study was exclusively administered online.

Additionally, based upon the high validity and retest reliability of the psychometric properties of the instruments administered, it was assumed that the instruments were suitable for measuring the variables used in this study. It was also assumed that by soliciting gay men on sites that cater to gay males, that I would be able to solicit individuals who would be willing to participate in this study, and to disclose personal information, such as their sexual orientation. Although the gay males may have disclosed their sexual orientation within their own social group, and received social support; they may not experience the same social support outside their social network

where their sexual orientation may be unknown; this is a potential limitation for this study. What individuals may report, may not accurately convey the amount of social support they may be receiving.

Ethical Consideration

The informed consent form was distributed to all participants informing them of the nature of the study and the procedures for participating in this study. Participants were informed that they were free to withdraw at any time they wished, and that there would be no physical risks to them in participating in this study. Participants who participated were participated anonymously. Nothing about the participant's identity was known to the researcher, nor were there noting or collecting of IP addresses. Although such tests and questionnaires were administered through a secured website, we cannot be responsible if those tests and questionnaires that may inadvertently be routed to unauthorized personal, due to the unpredictability of internet access. Participants were informed that they may experience some emotional upsets in response to some questions asked on the tests, that may stir up uncomfortable memories. Participants were informed that should they experience uncomfortable feelings, to refrain from answering those questions. Should participants remain uncomfortable, I recommend they contact their physician. Consent was obtained when the participant signed the informed consent form, and agreed to the nature and procedures of this study.

Summary

This chapter provided a description of the design of the study; its participants; the instruments used; the method of data analysis; and ethical considerations

The purpose of this study was to examine whether lack of social support, for gay men, iwas related to health risk implications, and whether personality factors and coping styles influence the degree of negative outcomes. Lack of social support can be detrimental to some, while others may not be affected at all (Alarcon et al., 2010). Health risks may manifest for those individuals who are more affected by lack of social support, compared to those individuals who are less bothered, or less in need of support. How an individual may cope with lack of social support, and how they may process the experience of lack of social support has its roots in personality characteristics (Hubbard & Watson 1996). Personality characteristics govern the degree to which the individual may effectively cope with lack of social support, and how they may envision the experience (Hubbard & Watson 1996).

For this study, participants were administered a personality questionnaire, a social support questionnaire, a coping questionnaire, , and a health risk questionnaire. Multiple Regression analysis was used to determine the strength of the relationship between the DVs that were, health risks, coping styles and personality characteristics, , and the IVs which was social support. The instruments were hand scored and entered into the statistical package, SPSS . The informed consent form was distributed to all participants informing them of the nature of the study, procedures to be followed, confidentiality and their rights to freely withdraw from the study.

Chapter 4 will describe the results of this study. This chapter will also summarize the analysis used, and provide a description of the participants and how they were recruited online.

Chapter 4: Results

Introduction

The purpose of this study was to examine whether personality factors influenced the degree of social support for gay men, and whether personality factors influenced the degree of coping styles and health risks among gay men. Multiple regression analysis was used to test the hypotheses as to whether personality factors influenced the degree of social support, coping styles and health risks among gay men. A variety of statistical techniques were used for each instrument that included coding and interpretation for the Personality questionnaire, the Coping questionnaire, the Social Support questionnaire, and the Health Risk questionnaire using the median score for each participant.

In this chapter I will summarizes the results of these analyses and provide a description of the participants sampled in this study.

Data Collection

Demographic Samples

Gay men were recruited online from Craigslist. Craigslist was chosen because it gave me a broad range of areas across the United States from which to recruit participants. An incentive in the form of a $10.00 online gift card from Star Bucks was offered to those participants who completed five questionnaires. The five questionnaires consisted of, the information questionnaire, personality questionnaire, coping questionnaire, health risk questionnaire, and the social support questionnaire. Once participants responded to the offer to participate, they were automatically administered a

consent form, once signed they were than administered the five questionnaires online through Survey Monkey.

Seventy six participants were needed for the study, and 76 participants were recruited. Of the 76 participants, all were male, between the ages of 18 years of age and 60 years of age. Participants ranged in education from less than high school, to doctorate degrees, and were recruited within the United States.

Results

Table 1, 2, 3 and 4 summarizes the demographic characteristics of the participants study sample.

Table 1

Age of Respondents

Age of Respondents		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-25	7	9.2	9.2	9.2
	26-30	15	19.7	19.7	28.9
	31-40	33	43.4	43.4	72.4
	41-50	14	18.4	18.4	90.8
	51-60	7	9.2	9.2	100.0
	Total	76	100.0	100.0	

As shown in Table 1, the age ranges of the respondents were as follows: Seven (9.2%) were 18-25 years of age, 15 (19.7%) were 26-30 years of age, 33 (43.4%) were 31-40 years of age, 14 (18.4%) were 41-50 years of age, and seven (9.2%) were 51-60 years of age. The greatest number of gay men responding to this study were between the ages of 31 and 40 years of age. The least number of gay men responding to this study were those between the ages of 18 to 25 years of age, and 51 to 60 years of age. Middle age

participants may be more willing to participate, as they were probably at a time in their lives where authenticity was more important. Those in their teens and early 20's may have still been struggling with their identity.

Table 2

Race of Respondent

Race of Respondent		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	AA	15	19.7	19.7	19.7
	ASA	2	2.6	2.6	22.4
	C	48	63.2	63.2	85.5
	H/L	2	2.6	2.6	88.2
	NA	2	2.6	2.6	90.8
	B	6	7.9	7.9	98.7
	O	1	1.3	1.3	100.0
	Total	76	100.0	100.0	

Note. AA =African American, ASM= Asian American, C= Caucasian, HL=Hispanic/Latin, NA= Native American, B= Black, O=Other

As shown in Table 2, the ethnicity of the participants was as follows: African American comprised 15 (19.7%), Asian American comprised two (2.6%), Caucasian 48 (63.2%), Hispanic American two (2.6%), Native American two (2.6%), Black six (7.9%), and other one(1.3%). The greatest number of gay men who responded to this study were of Caucasian decent. The least number of gay men responding to this study were Asian American, Hispanic/Latin, and Native American men. As expected, I anticipated that the Caucasian population would have the greatest number of responses, as homosexuality is more readily accepted with this population.

Table 3

Educational Level

Education of Respondent		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than high school	3	3.9	3.9	3.9
	High School	25	32.9	32.9	36.8
	College	42	55.3	55.3	92.1
	Masters	5	6.6	6.6	98.7
	Doctorate	1	1.3	1.3	100.0
	Total	76	100.0	100.0	

Note. HS= Less than high school, HS= High School, College (4 year), M= Masters Degree, D= Doctorate degree

As shown in Table 3, the educational attainment of the participants was as follows: three (3.9%) had less than high school, 25 (32.9%) had high school diplomas, 42 (55.3%) had 4 year degrees, (6.6%) had master level educations, and one (1.3%) had doctorate level educations. The greatest number of gay men who responded to this study were college education, and the least amount of gay men had doctorate degrees.

Table 4

Region of Respondent

Region of Respondent		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	New England	6	7.9	7.9	7.9

	Mid Atlantic	**7**	**9.2**	**9.2**	**17.1**
	South	**12**	**15.8**	**15.8**	**32.9**
	Southwest	**9**	**11.8**	**11.8**	**44.7**
	Midwest	**6**	**7.9**	**7.9**	**52.6**
	West Coast	**36**	**47.4**	**47.4**	**100.0**
	Total	**76**	**100.0**	**100.0**	

Note. NE= New England, MA= Mid Atlantic, S= South, SW= Southwest, MW= Midwest, WC= West Coast.

As shown in Table 4, the participants were geographically located as follows, six (7.9%) resided in New England, seven (9.2%) in Mid- Atlantic, 12 (15.8%) South, nine (11.8%) South West, six (7.9%) Midwest, and 36 (47.8%) West- Coast. The greatest number of gay men responding to this study were from the West Coast, and the least number of gay men who responded to this study were from the New England states and the Midwest. We expected that participants on the West Coast would be more likely to participant in the study, as they seemed to be more open about their sexuality, and seemed to be the most concerned about wanting better conditions for the gay population

Hypothesis # 1

The first hypothesis predicted that participants who scored high on the personality trait conscientiousness as measured on the NEO-FF1-3 personality questionnaire, would also report higher levels of social support as measured on the ISEL. To test this hypothesis a multiple regression analyses was performed to examine the relationship between the personality trait consciousness and levels of social support. The results of the analysis

indicated that .002% of the personality trait conscientiousness variance was attributable to social support. The overall regression model was not significant F (1,74) =.183, p>.005 with an, R2 of= .002. Values for the multiple regression analysis are presented in table 5 below. Based on the findings of multiple regression analysis, Hypothesis 1 was not supported.

TABLE 5

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.050[a]	.002	-.011	.777

Note. a. Predictors: (Constant), socialsupport

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.110	1	.110	.183	.670[b]
	Residual	44.679	74	.604		
	Total	44.789	75			

Note.a. Dependent Variable: personality consciou
b. Predictors: (Constant), socialsupport

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.408	.194		7.260	.000

	personality consciou	.032	.076	.050	.427	.670

Note. a. Dependent Variable: socialsupport

Hypothesis # 2 The second hypothesis predicted that participants who scored high on the personality trait neuroticism as measured on the NEO-FF1-3 personality questionnaire, would also report lower levels of social support as measured on the SSE questionnaire. To Test this hypothesis a multiple regression analyses was performed to examine the relationship between the personality trait neuroticism and levels of social support. The results of the analysis indicated that .131% of the personality trait neuroticism variance was attributable to social support. The overall regression model was significant $F(1,74) = 11.147$, $p < .005$ with an, $R2$ of $= .131$ Values for the multiple regression analysis are presented in table 6 below. Based on the findings of multiple regression analysis, Hypothesis 2 was supported.

TABLE 6

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	**.362[a]**	**.131**	**.119**	**.746**

Note. a.. Predictors: (Constant), social support

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	6.206	1	6.206	11.147	.001[b]
	Residual	41.202	74	.557		
	Total	47.408	75			

Note. a. Dependent Variable: personality neurotic
b. Predictors: (Constant), social support

Hypothesis # 3 The third hypothesis predicted that participants who scored high on the personality trait conscientiousness as measured on the NEO-FF1-3 personality questionnaire, would also report higher levels of active coping on the CSIR. To test this hypothesis a multiple regression analyses was performed to examine the relationship between the personality trait conscientiousness and active focused coping. The results of the analysis indicated that .012% of the personality trait conscientiousness variance as measured on the NEO-FF1-3 personality questionnaire, was attributable to an active coping style. The overall regression model was not significant $F(1,74) = .929$, $p > .005$ with an, $R2$ of= .012. Values for the regression analysis are presented in table 7 below. Based on the findings of the multiple regression analysis, Hypothesis 3 was not supported.

TABLE 7

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.111[a]	.012	-.001	.773

Note. a. Predictors: (Constant), active coping

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.555	1	.555	.929	.338[b]
	Residual	44.234	74	.598		
	Total	44.789	75			

Note. a. Dependent Variable: personality conscious
b. Predictors: (Constant), active coping

Hypothesis # 4 The fourth hypothesis predicted that participants who scored high on the personality trait neuroticism as measured on the NEO-FF1-3 personality questionnaire, would also report higher levels of Passive-Focused Coping as measured on the CSIR. To test this hypothesis a multiple regression analyses was performed to examine the relationship between the personality trait neuroticism and passive focused coping. The results of the regression analysis indicated that .182% of the personality trait neuroticism variance as measured on the NEO-FF1-3 personality questionnaire, was attributable to a passive coping style. The overall regression model was significant F (1,74) = 16.475, p<.005 with an, R2 of = .182. Values for the linear regression are presented in table 8 below. Based on the findings of multiple regression analysis, Hypotheses 4 was supported.

TABLE 8

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate

1	.427[a]	.182	.171	.724

Note. a. Predictors: (Constant), passive coping

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	8.633	1	8.633	16.475	.000[b]
	Residual	38.775	74	.524		
	Total	47.408	75			

Note. a. Dependent Variable: personality neurotic
b. Predictors: (Constant), passive coping

Hypothesis # 5 The fifth hypothesis predicted that participants who scored high on the Active coping style as measured on the CSIR questionnaire, would also report lower levels of physical health risks as measured on the SF-12 Health risk questionnaire. To test this hypothesis a multiple regression analyses was performed to examine the relationship between the active copy style and physical health risks as measured on the CSIR. The results of the regression analysis indicated that .022% of those who scored high on Active coping variance as measured on the CSIR was attributable to physical health risks.. The overall regression model was not significant F (1,74) =1.693, p>.005 with an, R2 of = .022. Values for the regression model are presented in table 9 below. Based on the findings of multiple regression analysis, Hypotheses 5 was not supported for physical health.

The fifth hypothesis also predicted that participants who scored high on the Active coping style would also report lower levels of mental health risks. To test this hypothesis

a multiple regression analyses was performed to examine the relationship between the active copy style and mental health risks. The results of the regression analysis indicated that .010% of those who scored high on Active coping variance as measured on the CSIR was attributable to mental health risks.. The overall regression model was not significant F (1,74) =.761, p>.005 with an, R2 of= .010. Values for the regression model are presented in table 9-1 below. Based on the findings of multiple regression analysis, Hypotheses 5 was not supported for mental health.

TABLE 9

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.150[a]	.022	.009	.365

Note. a. Predictors: (Constant), health physical

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.226	1	.226	1.693	.197[b]
	Residual	9.879	74	.134		
	Total	10.105	75			

Note. a. Dependent Variable: active coping
b. Predictors: (Constant), health physical

TABLE 9 -1

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.101[a]	.010	-.003	.368

Note. a. Predictors: (Constant), health mental

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.103	1	.103	.761	.386[b]
	Residual	10.002	74	.135		
	Total	10.105	75			

Note. a. Dependent Variable: active coping
b. Predictors: (Constant), health mental

Hypothesis # 6 The sixth hypothesis predicted that participants who scored high on the Passive coping style would also report higher levels of physical health risks as measured on the SF-12 Health risk questionnaire. To test this hypothesis a multiple regression analyses was performed to examine the relationship between the passive coping style and physical health risks. The results of the regression analysis indicated that .119% of those who scored high on the Passive coping variance as measured on the CSIR was attributable to physical health risks.. The overall regression model was significant F (1,74) =10.024, p<.005 with an, R2 of = .119. Values for the linear regression model are presented in table 10 below. Based on the findings of multiple regression analysis, Hypotheses 6 was supported for physical health.

TABLE 10

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.345[a]	.119	.107	.475

Note. a. Predictors: (Constant), health physical

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.260	1	2.260	10.024	.002[b]
	Residual	16.687	74	.226		
	Total	18.947	75			

Note. a. Dependent Variable: passive coping
b. Predictors: (Constant), health physical

The sixth hypothesis also predicted that participants who scored high on the Passive coping style would also report higher levels of mental health risks as measured on the SF-12 Health risk questionnaire. To test this hypothesis a multiple regression analyses was performed to examine the relationship between the passive coping style and mental health risks. The results of the regression analysis indicated that .085% of those who scored high on the Passive coping variance as measured on the CSIR was attributable to mental health risks.. The overall regression model was significant $F(1,74) = 6.845$, $p < .005$ with an, $R2$ of = .085. Values for the regression model are presented in table 10-1 below. Based on the findings of multiple regression analysis, Hypotheses 6 was supported for mental health.

TABLE 10-1

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.291[a]	.085	.072	.484

Note. a. Predictors: (Constant), health mental

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1.604	1	1.604	6.845	.011[b]
	Residual	17.343	74	.234		
	Total	18.947	75			

Note. a. Dependent Variable: passive coping
b. Predictors: (Constant), health mental

Descriptive Analysis

Social support and educational attainment, were the only two factors significant in relation to the dependent variable, neuroticism**.** The regression model was significant at $F(5,70)=4.784$ $p<.005$.

ANOVA[a]

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Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	12.075	5	2.415	4.784	.001[b]
	Residual	35.333	70	.505		
	Total	47.408	75			

Note. a. Dependent Variable: personality neuotic
b. Predictors: (Constant), educationl level, age of respondent, region of responent, race ofresponent, socialsupport

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.622	.554		6.544	.000
	region of responent	-.024	.049	-.053	-.491	.625
	race ofresponent	.110	.062	.191	1.772	.081
	socialsupport	.491	.172	.311	2.862	.006
	age of respondent	-.117	.080	-.157	-1.464	.148
	educationl level	-.323	.126	-.290	-2.553	.013

Note. a. Dependent Variable: personality neuotic

With reference to the personality characteristic conscientiousness, neither social support, age, race, educational attainment, nor the region where the respond lived, was statistically significant in relation to the dependent variable personality conscientiousness. The overall regression model was not significant f(5,70)=1.019, p>.005

Personality Conscientiousness

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3.040	5	.608	1.019	.413[b]

	Residual	41.750	70	.596		
	Total	44.789	75			

Note. a. Dependent Variable: personality consciou
b. Predictors: (Constant), educationl level, age of respondent, region of responent, race ofresponent, socialsupport

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.555	.602		2.584	.012
	region of responent	.100	.053	.227	1.893	.063
	race ofresponent	-.014	.068	-.025	-.209	.835
	socialsupport	.173	.186	.113	.929	.356
	age of respondent	-.090	.087	-.124	-1.038	.303
	educationl level	.186	.137	.173	1.357	.179

Note. a. Dependent Variable: personality consciou

Summary

This study did not support Hypothesis #1, which predicted that participants who scored high on the personality trait conscientiousness, would also report higher levels of social support; Hypothesis #3, which predicted that those who scored high on conscientiousness, would also score higher on active coping style; and Hypothesis #5, which stated that those who scored high on active coping, would also score low on physical health. However, the statistical analysis did support, Hypothesis #2, which stated that those who scored high on the personality trait neuroticism, would also score

high on lower levels of social support; Hypothesis # 4, which stated that those who scored high on the personality trait neuroticism, would also score high on the passive coping trait; and Hypothesis #6, which states, that those who scored high on passive coping, also would score higher on health risks. The variable social support and education, was statistically significant in relation to the dependent variable neuroticism. Using the statistical analysis multiple regression, it was found that the personality trait conscientiousness, did not have a significant degree of influence on social support, health risks, or coping styles. With regard to Hypothesis# 2, there was a significant interaction between the personality trait neuroticism and social support. Those scoring high on neuroticism demonstrated lower levels of social support than did those who scored high on the personality trait consciousness. With regard to Hypothesis #4, there was a significant interaction between the personality trait neuroticism and higher levels of the passive coping style. Those scoring high on neuroticism demonstrated higher levels of the passive coping style as opposed to those who scored high on conscientiousness. With regard to Hypothesis 6, there was a significant interaction between those who scored high on the passive coping style and both mental and physical health risks. Those scoring high on the passive coping style, demonstrated more physical and mental health risks. There was a correlation between education and social support for those scoring high on neuroticism. There was no correlation for ethnic origin, education, region in which the participants lived, or coping styles that influenced the degree of social support for those scoring high on conscientiousness.

Chapter 5 will summarize the study and its findings. Social change implications, limitations, and future recommendations will also be discussed in chapter 5.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

This study was conducted to evaluate the relationship between personality factors, coping styles, social support, and related health risks, among gay men. Specifically I targeted gay men who were at least 18 years of age and older, and who were out of the closet. I evaluated whether gay men's personality factors influenced the degree of social support they received, and whether the same personality factors were related to effective or ineffective coping styles which may lead to health risks.

Social support is an important factor for maintaining gay men's health, and well-being, especially when he has made his sexuality known, or "coming out". Coming out for the gay male is often associated with stress, anxiety, and concerns about how others will view them. Researchers has found that social isolation, lack of social support, and infrequent contact with a supportive social network can result in negative health effects that can be life threatening (Waite & York, 2009). Lack of social support can result in such health related risks as depression, anxiety, and coronary heart disease (Waite & York, 2009). The risk of mortality for those individuals who have less social support has been found to be significantly higher than for those who have more social support in their lives. However, individual differences exist about the extent that lack of social support or the presence of stressful life events may negatively impact the individual. Personality factors may influence theses individual differences.

Interpretation of Findings

The theory that guided this study was the social stress model. The social stress model posits that stress and support are related to mental health outcomes. Poor mental health outcomes can be the direct result of external stressors such as discrimination, and lack of social support among family and friends (Engen & Teasdale, 2010). Differences in mental health outcomes can be attributable to individual experiences, perceptions of social stress, and availability of social support (Engen & Teasdale, 2010). In this study, I found a direct link of external stressors that resulted in negative health outcome, for those individuals who scored high on neuroticism on the personality questionnaire NEO-FF1-3, but the results were minimal. For those individuals who scored high on consciousness, I was unable to find a direct link of lack of social support relating to any health risks.

Conscientiousness and Social Support

A multiple regression analysis was conducted for this study. Questionnaires used in this study consisted of a personality questionnaire, a social support questionnaire, a coping questionnaire, and a health risk questionnaire. My first analysis was to test the hypothesis as to whether conscientiousness, considered to be a healthy personality characteristic, influenced the degree of social support given to the gay male. It found that there was no correlation between the personality characteristic conscientiousness and social support.

Neuroticism and Social support

My second analysis was to test the hypothesis as to whether neuroticism, which is considered to be an unhealthy personality characteristic, influenced the degree of social support given to the gay male. I found that there was a correlation between the personality characteristic Neuroticism and lower levels of social support.

Those who tended to score high on the personality trait neuroticism, are said to be anxious, apprehensive and prone to worry (McCrae & Costa ,2010). They sometimes feel frustrated, irritable and angry at others. They tend to be prone to feeling sad, lonely and rejected. They also tend to be poor at controlling their impulses and desires. Given these traits, I found that the personality trait neuroticism was correlated with receiving less social support.

Conscientiousness/Neuroticism and Active/Passive Focused Coping

My third and fourth analysis was to test the hypothesis as to whether conscientiousness, which is considered to be a healthy personality characteristic, influenced the coping style namely the active coping style, which is considered to be a healthy coping style. My fourth analysis was to test the hypothesis as to whether neuroticism, which is considered to be an unhealthy personality characteristic, influenced the coping style namely the passive coping style, which is considered to be an unhealthy coping style. I found that there was no correlation between the personality characteristic conscientiousness and the active coping style, but there was a significant correlation between those who scored high on neuroticism and the passive coping style.

The ability to cope effectively is essential. Although some people are vulnerable and become easily overwhelmed by stress, there are others who are resilient and become stronger with life's challenges (Wong, Reker, & Peacock, 2006), Coping responses are largely unconscious. According to Wong et al., 2006, different personality types usually have different coping styles. My attempt to test the hypothesis as to whether there was a correlation between personality types and coping styles found that there was a correlation in coping styles, but only among those participants who scored high on neuroticism. Their coping style tended to be more of a passive coping style, rather than an active coping style. I was unable to capture the complexity of coping style for those who scored high on conscientiousness, as there was no correlation between a passive and an active coping style for this group. In light of my inability to predict coping behaviors based on personality factors for those who scored high on conscientiousness, I can only base my summation obtained from research that states an individual's ability to cope with stress may be based largely on not only the relationship between the person and the environment, but on personality characteristics in some instances (Wong et al., 2006). Coping for some individuals may be taxing and may exceed their resources which may endanger his or her well-being as they strive to make an effort to master, reduce, or tolerate a stressful situation (Wong et al., 2006). Wong et al., 2006, p.5 "Problem-Focused Coping consists of various learned instrumental strategies while Emotion-Focused Coping includes some of Freud's (1936) defense mechanisms and other types of cognitive strategies", such as unconscious strategies to ward off feelings of stress which are different for each individual. Problem

focused coping may be related to the active coping style, and emotion focused coping may be related to the passive coping style.

Studies regarding coping mechanisms, have been hindered by the lack of valid and comprehensive coping measures, and that most studies focus on specific life situations rather than more universal modes of coping (Wong et al., 2006). Research on coping styles lack an integrative and comprehensive coping theory, and that what is needed is the development of a systematic understanding of coping behaviors based on mental and physical health (Wong et al., 2006). Innovated approaches are needed to understand more fully coping strategies, not only among people here in the United States, but in various countries around the world (Wong et al., 2006). Researchers cannot capture the true essences of coping until they capture the real coping strategies people use in "surviving wide-spread famines, chronic poverty, prolonged civil wars, catastrophic natural disasters or genocides like the Holocaust and the Nanjing massacre" (Wong et al., 2006, p. 7).

Whether an individual has a problem focused coping style or an emotion-focused coping style may be difficult to determine, as studies found that age rather than personality characteristics play a key role in which coping style the individual may have (Wong et al., 2006). Researchers have found that the older an individual gets the more likely they are to have an emotion -coping style , but they tend to see it as a problem-focused coping style, maybe to increase ones sense of control (Wong et al., 2006). Judges conducting research projects on coping styles, may fail to agree on whether an individual has an emotion- focus coping style or a problem focused coping tyle (Wong et al., 2006).

Active/Passive Coping Styles and Health Risks.

My fifth and sixth hypothesis was to test the hypothesis whether the personality characteristics active coping and passive coping influenced the degree of health risks for gay men. I found a significant correlation for those individuals who scored high on the personality trait neuroticism, and the passive coping style. These individuals demonstrated both physical and mental health issues, but not for those individuals who scored high on conscientiousness and the active -coping style. Wong et al., 2006, found that the most common criticism of using only two coping strategies is that it fails to include a broad range of different kinds of coping. Therefore, it is difficult to use empirically derived measures to determine how coping is related to other constructs, such as health risks (Wong et al., 2006).

According to (Quality Metric Health, nd), the physical and mental health scores on the questionnaire, the SF-12, have little intuitive meaning when they stand alone. The scores tend to decrease with age for the physical functioning scores, and increase with age for the mental functioning composite scores over the life span (Quality Metric Health, nd). At different ages would mean different things under the SF-12 scoring system. Because my study recruited 76 participants of differing age groups, I took the aggregate total of all participants, which may or may not, be an accurate representation of health risks across all age groups in relation to coping styles. Although studies have found that stress and coping styles may be related to health risk behaviors, I have not found this to be the case, as coping styles, in my study, seemed to be unrelated to health

risks overall, except for individuals who scored high on the personality trait neuroticism, and the passive coping style (Fathi & Khodarahimi, 2016). There was a significant correlation for those individuals who scored high on the personality trait neuroticism, and the passive coping style, as these individuals did seem to demonstrate both physical and mental health issues.

Fathi and Khodarahimi, 2016, found that coping styles, especially among young adults, can result in either effective or ineffective coping when confronting stressful life events that may influence their degree of health risks or health risk behaviors. Also found was that maladaptive coping may be related to increased health risks. Research also tells us that maladaptive coping may be related to increased health risks. A study was conducted by Fathi and Khodarahimi, 2016, on gamblers and non-gamblers and found that those individuals who used an active coping style was found to be non- gamblers or social gamblers, as compared to those individuals who used a passive coping style who were considered to be risk gamblers.

Studies on gender differences in coping have also been reported, and found, that females tended to be more likely to use nonproductive coping strategies, while males tended to ignore problems and keep things to themselves; other studies have found that men tended to score higher on passive coping, than did women (Fathi & Khodarahimi, 2016).

Mental health and coping styles, related to health risks, have only been investigated in a few studies (Fathi & Khodarahimi, 2016). More research needs to be conducted on

how coping styles may influence the degree of health risks. Maladaptive coping styles and risk taking behaviors that result in health risks, may be correlated. My results showed there was a correlation for those individuals who scored high on neuroticism and the passive coping style, but did not show a correlation for those individuals who scored high on conscientiousness.

Limitations

This study was correlational in nature and as such should be viewed with skepticism. Although some studies have found a direct link with personality factors, coping styles and health risks, my study did not find such correlations, except in a few cases involving those who scored high on neuroticism, passive coping styles, and physical and mental health. This study depended on truthful answers to questions being posed to the participants. Studies of this nature always pose a risk that answers may not have been answered truthfully. Because this study was conducted online, there was a risk that participants may not have understood the questionnaires, and just randomly chose an answer. Because this study was conducted on gay men between the ages of 18 and 65 years of age, periods of development and maturity may have influenced the degree of how well the gay male may cope with lack of social support which may have been reflected in their answers. Participants that were used in this study, came from different areas of the United States. Geographic location may have influenced the degree of friendliness and social support the gay man may have received. There was varied responses from gay men who had doctoral degrees, and some who did not have a high

school diploma. Educational factors may have contributed to how well the gay male may have handled social support, and may be reflected in their answers. Based on the difference in our findings, results of this study may have been influenced by a wide variation of age groups, educational levels, and areas of the United States.

Recommendations

Future studies may shed more light on the relationship between social support, personality factors, coping styles and health risks by conducting the study in person, where the participants can ask questions if they do not understand a question. There is still much to learn about social support among gay men, and why some gay men may cope with lack of social support better than others, and why some gay men receive more support than others. Questions that are still unanswered is why some gay men have productive lives in spite of lack of social support, while others may develop health risks and resort to drugs and alcohol. Further studies may perhaps focus more on specific areas of social support such as what kinds of social support are given to the gay male (e.g. work, personal) and how they may cope with it. Perhaps looking for connections as to why some gay men cope with lack of social support better than others, and as a result are more productive. Future studies may explore different regions of the United States to see if geographic location may impact the degree of social support gay men may receive. Comparing specific age groups and specific educational levels may also be another option to explore, as to why some gay men cope better with lack of social support than others.

Based on the findings of this study there are still questions as to why some gay men receive more social support than others, and why some gay men cope with lack of social support better than others. Those individuals scoring high on conscientiousness did not seem to receive more social support than did those who scored high on neuroticism. Perhaps personality factors was not related to how much social support an individual might receive. Perhaps future studies could use other factors besides personality to determine who may receive adequate social support, such as friendliness, or openness to new experiences. In other studies conducted on gay men and social support, health risks seemed to be major factors in lack of social support for gay men. But in my study those who scored high on conscientiousness and who did not have much social support, also did not have either physical or mental health issues. What was the secret component that shielded them from developing health risks even though they did not have much social support. And why did those individuals who scored high on neuroticism with less social support have health risks. Is it possible that differences in these groups were relating to the age groups, where older gay men may have had more health issues. Or maybe that the older gay men were tended to cope more effectively with life's experiences. Many factors may have influenced the results of this study. This would be an area for new researchers to explore.

Future studies may want to include and test only gay men of the same ages, educational backgrounds, and same areas of the United States, as well as use alternate forms of instruments and testing, and then comparing differences of different groups

focusing more on specific areas of personality, age, and life experiences of the gay male. Because our study used a broad range of ages, educational attainment, and areas of the United States, it was difficult to accurately measure what constitutes social support for the gay males, and why some gay men may have handled lack of social support better than others..

Implications for Social Change

Because of the high suicide rate among gay men, due to lack of social support from family and friends, I have focused my study on what factors of personality may be responsible for more or less social support for gay men. I also chose to focus my study on coping styles that might lead to increased health risks. It seemed common, that those who had healthy personality characteristics, such as those who scored high on the personality characteristic consciousness, would receive more social support than those who had unhealthy personality characteristics, such as those who scored high on the personality trait neuroticism, who would receive less social support, but this was not the case. I found through my study, that personality characteristics had no correlation in how much social support the individual may receive for those participants who scored high on the personality characteristic consciousness, however, there was a slight correlation of about .013% of those individuals who scored high on neuroticism that may have received less social support.

It also seemed common that those individuals who scored high on an active-focused coping, which is considered a healthy coping style, would experience less health

risks than those individuals who scored high on a passive-coping style, which is considered an unhealthy coping style, and would result in greater health risks. I found no correlation among active and passive coping styles to increased health risks for those who scored high on consciousness, however, I did find a slight correlation for those who scored high on neuroticism and the passive-coping style, and who also had both physical and mental health issues.

Finding avenues for more programs that promote social support for the gay male would be important implications. Developing more studies on why some gay men receive more social support than others, would contribute to social change in that if we knew more about why some gay men received more social support than other gay men, would help to design more effective programs to help gay men cope with lack of social support, which may lead to health risks. Developing more social groups for gay men, is another option. If gay men were able to share their feelings with others, would help them feel less rejected and isolated, and more accepted. By developing more social groups for gay men, would give them the opportunity to discuss their feelings of rejection. This would promote more comradery for the gay male, as friendships are key to developing not only more social support, but a healthy self-esteem. More counseling for the gay male to help him examine why he may not be receiving more social support, or helping the gay male overcome obstacles from family and friends who may not be supporting the gay male due to his sexual orientation.

My study did not find a high level of correlation between social support and personality factors, except a slight correlation for those participants who scored high on neuroticism, and lack of social support, and a slight correlation for those who scored high on neuroticism and the passive coping style with both physical and mental health risks. This led me to wonder why our study deviated from some studies that have shown social support, personality factors, and coping styles correlate to health risks. Understanding more about why some gay men may receive more social support than other gay men, would help health care professionals designed more effective programs to assist gay men in coping more effectively with lack of social support.

Conclusions

This study offers value in that it has shed some light on what personality factors may receive less social support, and what personality factors may have ineffective coping strategies which may lead to health risks. But the results were vague. This study could be the beginning of future studies that may shed more light on why a specific personality factor may be responsible for receiving less support, and why an individual's coping strategy may result in health risks. By having a base from which to start, would help other researcher find more profound areas of personality and social support that may lead to health risks. In understanding the implications of lack of social support for the gay male, may lead to more in depth studies for future researchers regarding social support and health risks. This study has been effective in at least beginning to look at some factors that may contribute to lack of social support for the gay male, and what

coping styles may result in health risks. It is hoped in some small way, that through this study, we have encouraged other researcher to delve deeper into social support and the gay male.

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Appendix A:

Information Questionnaire

All of this information that you provide will be anonymous. Neither your name nor any other personal information will be collected by the researcher. Omit any identifying information such as your name, address, or telephone number. Please check the appropriate line and return the completed form to participatenowgaymale@gmail.com. Thank you again for your participation.

Age Bracket:

_____ 18-25

_____ 26-30

_____ 31-40

_____41-50

_____ 51-60

_____ 61-80

Race:

_____African American _____Asian/Asian American

_____Caucasian/White _____Hispanic/Latino

_____Native American _____Other

_____Black

Educational Background:

_____Less Than High School

_____High School

_____College Graduate (4 year degree)

_____Master's Degree

_____ Doctoral Degree

Region Where You Live:

New England____

Mid Atlantic_____

South_____

Southwest_____

Midwest_____

West Coast_____

It is suggested that those who wish to participate in this study answer the questionnaires when fully rested, and taken in a quite comfortable place….. Thank You

Those who wish to receive the results please submit your request to participatenowgaymale@gmail.com.

Appendix B:

Screening Questionnaire

Prerequisites for participation in this study are that bisexual men, men who occasionally have sex with women and transgendered men will not be considered as this study is designed to measure the level of social support, personality factors, coping styles, and health risk among exclusively gay men. Participants must indicate that they only have sexual relationships with men and be at least 18 years of age. Participants must also indicate that their sexual preference is known both personally and professionally at all levels. To ensure that the gay male is out at all levels, in the selection process for participants, only those gay males who have checked off all levels of being out on the Information Questionnaire will be chosen for participation.

Areas of your Life Where your Sexual Preference is generally known: Please check all those that apply

Family_____

Friends_____

Work_____

Organization (church, social club, gym, etc.)_____

Please Check One

Exclusively Gay_____

Not Exclusively Gay_____

Age_____

Appendix C:

Permission for Test Use for the Interpersonal Support Evaluation List

The Interpersonal Support Evaluation List is an instrument that was retrieved from Dr Cohn's free internet site. His site clearly states that his instruments are free to those who are using it for academic research. He web page posts this authorization as follows:

Dr. Cohen's Scales:

Permissions: Permission for use of scales is not necessary when use is for nonprofit academic research or nonprofit educational purposes. For other uses, please contact Ellen Conser at conser@andrew.cmu.edu for instructions.

Retrieved from The Laboratory for the Study of Stress Immunity and Disease Website **http://www.psy.cmu.edu/~scohen/**