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## GAY MEN

### DAMIEN W. RIGGS

In our culture, men who have sex with men are generally oppressed, but they are not definitively excluded from masculinity. Rather, they face *structurally-induced conflicts* about masculinity — conflicts between their sexuality and their social presence as men, about the meaning of their choice of sexual object, and in their construction of relationships with women and with heterosexual men (Connell, 1992, p. 737).

#### Introduction

The epigraph above from the early work of Connell succinctly captures the challenges in researching and speaking about the lives of gay men living in Western societies. As Connell notes, whilst gay men living in such societies experience oppression as a result heteronormativity and homophobia, they do so *as men*. What this suggests is that gay men in the West experience both oppression *and* privilege (as a result of living in societies where having been assigned male at birth or identifying oneself as male accords privilege which comes at the expense of people assigned female at birth or who identify as female). For gay men this intersection of oppression and privilege results in what Connell terms ‘structurally-induced conflicts about masculinity’. Specifically, and as this chapter outlines with reference to psychological and social scientific research on the topic, gay men living in Western societies are positioned in a relationship to norms of masculinity that are neither of their making, nor necessarily indicative of their lived experience. Importantly, however, and as is the emphasis of this chapter, there are other ways of understanding gay men’s lives that make it possible to move beyond simply affirming the category ‘gay man’, and instead question the ways in which we think about this category and its relationship to hegemonic masculinities.

By way of definitions, and as the paragraph above indicates, talking about ‘gay men’ as an *a priori* category is inherently problematic. As the section below outlining historical research on the topic suggests, how intimacies between men became understood as representing an identity category (i.e., ‘the homosexual’) requires ongoing attention. This need for ongoing attention stems from the fact that the category ‘gay men’ is often so over determined that it becomes difficult to talk about such men other than through highly regulated discourses of sex assignation, sexual orientation, and gender role. The fact that such discourses are perpetuated as much within gay men’s communities as they are within academic research and psychological practice is a matter that will be addressed throughout this chapter. With this point in mind, the chapter proceeds by using the category ‘gay men’ as a marker both of the diverse and heterogeneous ways men who

engage in intimacies with other men experience their lives, as well as a marker of the category itself and the homogeneity it presumes. Mapping out these two, disparate forms of markers is thus the task of this chapter, with a specific focus on the implications for future psychological research and practice.

## Historical Overview

Psychology, psychiatry, and sexology have all played key roles in the issues outlined above in the introduction in terms of the category ‘gay men’. To summarise, battles have been fought over whether intimacy between men represents a pathology, or whether it represents but one facet of the wide variation of human intimacies. Battles have also been fought over whether or not gay men (or to use the language in much of the literature; ‘homosexuals’) are men much the same as men who prefer intimacies with women, or whether or not gay men constitute an entirely different category all together. In terms of the latter battle, early sexologists such as Karl-Heinrich Ulrichs and Magnus Hirschfeld proposed the idea that homosexual people constituted a third sex (with the other two categories being heterosexual cisgender women and heterosexual cisgender men). The term ‘Urning’ was used by Ulrichs to refer to “a male-bodied person with a female psyche who desired men” (Clarke, Ellis, Peel & Riggs, 2010, p. 7). Whilst Ulrichs later acknowledge that femininity was not necessarily a hallmark of all men who desired intimacy with other men, this notion of gay men as having a ‘female psyche’ has remained, and circulates - as indicated in the introduction to this chapter - within both gay men’s communities and within academic research.

Sigmund Freud, in his own work as a psychiatrist and founder of psychoanalysis, refuted this idea that gay men constituted a third sex. Whilst, since Freud, psychoanalysis has been used in many sectors as a lynchpin for warranting the argument that homosexuality constitutes pathology, Lewes (1988) suggests contrarily that Freud saw intimacy between men as neither a sign of pathology nor necessarily as ‘normal’. Rather, Freud saw homosexuality as one specific response to a child’s separation from their mother, and the imposition of an external law as imposed by the father. The post-Freudian emphasis upon ‘strong mothers and weak fathers’ as the ‘cause’ of homosexuality is thus a significant (and it could be argued willful) misinterpretation of Freud’s work. Instead, and as the excellent table reproduced below from Lewes suggests, ‘homosexuality’ is but one of the many differing compromise formations possible when becoming a human subject involves settling for something that approximates the object of one’s desire.

Table 1. Lewes’ (1988) Sexual results of the Oedipus complex as determined by identification (or instinctual aim) and object choices.

[INSERT TABLE 1 ABOUT HERE]

Importantly, and as Lewes’ table notes, both heterosexuality and homosexuality are compromise formations. Also of note is the way in which Lewes’ summary of Freud’s work challenges the conflation of homosexuality with passivity or femininity. This issue will be given further attention in the following section.

In regards to whether or not intimacy between men constitutes pathology, then, we can see that early sexologists and psychiatrists did not view homosexuality as such. Other early sexologists such as Havelock Ellis similarly refuted the belief that homosexuality constituted pathology, instead viewing it as a “biological anomaly, akin to colour blindness” (Clarke, Ellis, Peel & Riggs, 2010, p. 9). Whilst such recourse to biological determinism has been critiqued for its normalising effects (e.g., Hegarty, 1997), it continues to be utilised in many sectors to provide what are treated as etiological accounts of homosexuality (for example in LeVay’s 1993 claim that gay men’s brains are fundamentally different to heterosexual men’s brains).

Yet whilst early sexologists and psychiatrists viewed homosexuality as a part of natural human sexual variation, throughout the mid twentieth century a considerable body of psychological research (in part drawing upon misinterpretations of Freud’s work) viewed homosexuality as a sign of deviance and thus pathology. As a result, homosexuality was included as a disorder within the American Psychiatric Association’s *Diagnostic and Statistical Manual* (DSM) up until 1973. This inclusion warranted research into the lives of gay men that affirmed this pathologising approach, the legacy of which remains today. Even when homosexuality was removed from the third edition of the DSM (III-R), the diagnosis of ‘ego-dystonic homosexuality’ was retained in the first version of the fourth edition. This diagnosis putatively applied to men for whom their desire for other men was experienced as distressing, however it was later argued that such distress is largely the product of the homophobic and heteronormative cultural milieu in which gay men live, hence its removal from subsequent editions of the DSM.

At the same time as homosexuality was removed from the DSM, however, the diagnosis of ‘gender identity disorder’ was introduced, a diagnosis intended to acknowledge the distress experienced by people whose gender identity differs from that normatively expected of their natively-assigned sex. Whilst debates over the legitimacy of the inclusion of this diagnosis continue (the diagnosis is currently known as ‘gender dysphoria’ in the fifth edition of the DSM – for more see chapter in this text on trans), some have argued that gender identity disorder was introduced as a way of ‘correcting’ the gender non-conforming behaviours of young children (e.g., Corbett, 1996). Whilst subsequent writers have refuted this claim (e.g., Zucker & Spitzer, 2005), the addition and removal of these diagnoses highlights the ongoing role that psychiatry in particular plays in adjudicating over the lives of non-gender normative and non-heterosexual people. This explains at least in part why psychological and psychiatric research, even when it was not explicitly pathologising, still typically adopts highly normalising accounts of gay men as ‘effeminate’, an issue examined in the following section.

## **Key theory and research**

As has been highlighted already in this chapter, much of the psychological research on gay men to date has either been pre-occupied with, or accepted *a priori*, the claim that gay men are effeminate. This claim is based on the assumption that men’s ‘normal’ sexual desire should be directed towards women (and ‘normal’ sexual desire for women

is constituted by desire for men). Within such a logic, then, men who desire men are likened to women who desire men, and therefore must be effeminate. What this ignores is the fact that ‘femininity’ is not an inherent characteristic of women; that ‘normal desire’ is a social construction; and that gay men undertake a range of gender expressions not pre-determined by notions of femininity.

Perhaps the most important piece of psychological research that challenged this assumption of femininity (and passivity) amongst gay men was the ground-breaking work of Evelyn Hooker (1957). Hooker identified a matched non-clinical sample of homosexual and heterosexual men, and had each man complete a number of “projective techniques, attitude scales, and intensive life history interviews” (p. 20). Independent clinicians were then asked to blind rate each of the participants, focusing both on symptomology and sexual orientation. The homosexual participants were no more likely to be rated as showing pathological symptoms than were heterosexual participants, and judges were not reliably able to identify one group of participants from the other. Importantly, Hooker’s findings emphasised that supposedly ‘homosexual cues’ – “analny, open or disguised; avoidance of areas usually designated as vaginal areas: articles of feminine clothing, especially under-clothing, and/or art objects elaborated with unusual detail; responses giving evidence of considerable sexual confusion, with castration anxiety, and/or hostile or fearful attitudes toward women; evidence of feminine cultural identification, and/or emotional involvement between males” (p. 23) - were not unique to the sample of homosexual men, thus challenging the assumption that gay men had an inherent set of qualities marked by femininity.

Another important study conducted somewhat more recently by Haslam (1997) similarly indicated that the presumption of femininity amongst gay men is unfounded. Responding to the supposition that gay men are categorically different to heterosexual men in terms of their gender expression, Haslam sought to identify whether or not a model of either continuity or contiguity was most applicable to the case of male sexual orientation. 1,138 male participants (including heterosexual and homosexual men) completed the *Minnesota Multiphasic Personality Inventory-2 Masculinity-Femininity Scale*. Through the use of sophisticated statistical modeling Haslam demonstrated that the overlaps between heterosexual and homosexual men in terms of their ratings on the scale of masculinity and femininity were more significant than any categorical differences between the two groups. This does not suggest that there were no differences between the experiences of both groups – this was not Haslam’s aim. Rather, his aim was to examine whether or not it was more appropriate to understand male sexual orientation as a continuous distribution across men rather than as a binary of homosexual and heterosexual, a hypothesis that his data clearly demonstrated was the case. In the context of the present chapter, what this illustrates is the fact that assumptions of femininity in regards to gay men are not simply unfounded, but actually prevent us from seeing gay men’s lives on their own terms. As the research presented below would indicate, issues of masculinity are perhaps one of the most significant concerns within psychological research focusing on gay men, with this arguably being largely the product of assumptions about gay men’s (lack of) masculinity.

## Current debates

Given the points made above in regards to the flawed assumption that gay men are inherently feminine, the question that must be asked, then, is how and why, beyond academic research, femininity continues to be treated as the hallmark of gay male subjectivity? Obviously academic research, media commentary, religious leaders, and political commentary play a significant role in over-determining the meanings of gay men's lives to a large degree (see Box 1 below for more on this). Psychological research suggests that the key point of intersection between these sites of meaning making and the everyday lives of gay men is the individual's family, and more specifically their parents. Research reporting on the self-reports of adult gay men in terms of their childhood experiences certainly affirms this supposition that the application of discourses of femininity to gay men's lives (and thus gay men's vexed relationship to these discourses) begins early on.

[INSERT BOX 1 ABOUT HERE]

Pachankis and Bernstein (2012), for example, suggest that from an early age gender non-conforming boys are made aware of the ways in which they are scrutinised by their parents, and the expectations that are placed upon them in terms of conforming to normatively masculine subjectivities. Importantly, in their research Pachankis and Bernstein sought to examine the impact of such scrutiny and expectation upon adult gay men's levels of anxiety as induced by feeling constantly aware of scrutiny from other people, and in feeling the need to conceal their gay identity (which included "attempting to appear more masculine, monitoring speech content, avoiding certain locations, and avoiding being seen with other gay men to specifically avert negative evaluations of their sexual orientation", p. 109). Their findings confirmed this hypothesis, with early experiences of parental scrutiny being related to self-monitoring and concealment, both of which led to higher levels of anxiety.

Another, related, study of gender non-conforming young people conducted by Toomey and colleagues (2010) found that of their sample of 245 young people, all of the variance in terms of life satisfaction and depression was explained by the degree of perceived discrimination they had faced on the basis of their gender non-conformity. Similar to Pachankis and Bernstein's (2012) research, then, Toomey and colleagues' findings indicate the long-lasting and significant effects of discrimination, and that such effects may for many people begin at an early age. Perhaps even more concerning are the findings of Brady (2008), who suggests that gender non-conforming boys are significantly more likely to experience sexual abuse as children than are boys who conform to normative gender expectations. Importantly, Brady's research does not seek to demonstrate that early childhood abuse 'causes' some boys to become gay – his concern is not with aetiology. Rather, his focus is on why retrospective reporting indicates that gay men who in childhood were gender non-conforming were more likely to be abused, and what this means for practice responses to such abuse. The latter issue is addressed in the following section. In regards to the reasons for the higher rates of sexual abuse of gender non-conforming boys, Brady suggests two reasons. The first is that such abuse may be seen as 'corrective', in that it is aimed at disciplining gender non-conforming boys and forcing their adoption of a gender normative subjectivity. The

second is that, given discourses of femininity outlined above in regards to gay men, gender non-conforming boys may be viewed as feminine and thus may be seen as easier or more willing targets of sexual abuse by abusers than may gender normative boys. Of course a third explanation is possible, namely that gender non-conforming boys - desperate for affirmation of their emotional experiences and feeling rejected or judged by their parents – may be more susceptible to the advances made by people who seek to abuse them. Importantly, this is not to attribute blame to gender non-conforming boys in any way. Rather, it is to emphasise how assumptions and stereotypes about gay men and femininity, along with attitudes towards gender non-conforming boys, combine to produce a context where the latter are at higher risk and greater vulnerability to sexual abuse.

### **Implications for applied psychology**

The emphasis of this chapter has been on how gay men are located within a relationship to normative notions of masculinity, and how this contributes to gay men's vulnerability in the context of Western homophobic and heteronormative societies. This section extrapolates from the research already presented above, in addition to presenting other research highlighting how this vulnerability may manifest and thus result in some gay men presenting to applied psychologists and other practitioners.

In regards to the research already presented, Pachankis and Berstein (2012) suggest - drawing on the stress reduction hypothesis - that gay men may attempt to alleviate anxiety by engaging in compensatory behaviours such as drug use. Such a claim, they suggest, is not intended to pathologise gay men, but rather to acknowledge the detrimental effects of stigmatisation upon gay men. Brady (2008) similarly suggests that adult gay men who experienced sexual abuse as children are at increased risk for engaging in unprotected anal intercourse. Again, Brady emphasises that this is not indicative of pathology amongst gay men, but rather that early trauma and other stressors may leave some gay men vulnerable to risk factors that other men who have not experienced trauma or who do not live with the effects of significant stressors may be less vulnerable to. When working with gay men who have experienced childhood sexual abuse or who are particularly susceptible to anxiety resulting from concerns about being judged, it is thus important to treat seriously such traumas and anxiety, but not to conflate them with the man's gay identity nor sexual practices (for more on this, see Box 2).

[INSERT BOX 2 ABOUT HERE]

Another implication for clinical practice with gay men is indicated by Wade and Donis' (2007) research on gay men and masculinity. Their research looked at the degree to which their sample of gay men conformed to traditional notions of masculinity. For those men who most conformed, there was a greater likelihood of reporting poor relationship satisfaction. Interestingly, they also found that gender non-conforming gay men were more likely than gender conforming men to experience relationship satisfaction. These findings are interesting as they highlight the fact that whilst gender non-conforming gay men may experience a range of negative outcomes as highlighted above, they may also

exhibit strengths that are beneficial in the context of long-term relationships. In terms of gender conforming gay men, then, it is important for psychologists to be aware of the challenges that may come in working with gay couples who are gender conforming in terms of the impact upon their willingness to negotiate or work through emotional difficulties.

Other research on gay men's relationships warrants attention in terms of presenting issues in psychological practice. Parsons and colleagues (2013) examined differences between gay men who were either in monogamous relationships, open relationships, were single, or were in what they termed 'monogamish' relationships (i.e., relationships where the couple only had sex with other people when both members of the couple were present, such as in threesomes – see chapter on non-monogamous relationships for further details). Parsons and colleagues found that men in monogamous relationships were less vulnerable to health risks due to what was presumed to be exclusive sexual contact and less drug use during sex. Interestingly, men in monogamish relationships reported positive health outcomes similar to men in monogamous relationships when compared to men in open relationships and single men. Parsons and colleagues suggest that this is because having sex with other people as a couple potentially minimised the likelihood of unprotected anal intercourse happening with casual partners. Lacking from this research, however, was the inclusion of men who were in polyamorous relationships. What the research findings do suggest, however, is the importance of both acknowledging the diverse relationship forms that gay men enter into, and the differing needs and potential issues that may come with each.

A final area relevant to clinical practice arising from empirical research on gay men are the effects of norms of masculinity within gay men's communities upon gay men's sense of self. Such norms, it has been suggested, impact upon gay men in two ways (Filiault, 2008). The first is to undermine many gay men's sense of self-esteem through the expectation that all gay men should conform to a certain idealised body type (i.e., muscular). The second is to contribute to the prevalence of eating disorders amongst gay men (the product of both another idealised body type – slimness – in addition to being associated with a general emphasis upon body image). Whilst some commentators have questioned the robustness of certain aspects of this empirical literature (e.g., Kane, 2009), it is nonetheless the case that gay men are more likely than heterosexual men to present with issues related to eating disorders, and thus it is important for clinicians to recognise how norms related to body image and masculinity are as prevalent and regulated *within* gay men's communities as they are dictated to and imposed upon from outside of gay men's communities.

## **Future directions**

In terms of future directions for psychological research, the findings summarised above highlight the fact that more research is required into the diverse ways in which gay men engage with discourses of masculinity. A key example of this is in regards to transgender gay men. Research by Bockting, Benner and Coleman (2009) and Scheifer (2006) suggests that for some transgender men, being attracted to and having sex with other men

becomes more viable after transitioning. As they suggest, being affirmed in their identity as males can lead to some transgender men feeling comfortable to engage in sex with other men, providing they are recognised as men. Scheifer suggests that some gay transgender men may be comfortable with vaginal intercourse, provided they are being treated as men by their partner(s). This research highlights the fact the masculinity, embodiment and anatomy must necessarily be treated as related but also separate factors. Reducing transgender men to their physical anatomy and what it is normatively understood to represent discounts and marginalises their lived experience as men. Better understanding the lives of transgender gay men and their negotiations with discourses of masculinity and intimacy with other men is thus a key future direction for research in the area (for more on gay men, masculinity and sex, see Box 3).

#### [INSERT BOX 3 ABOUT HERE]

Another key area requiring attention is how gay men – cisgender and transgender – develop their own forms of masculinity that both sit in a relationship to normative masculinities, whilst also potentially offering new ways of thinking about masculinity. Across the past century gay men have developed a wide range of sub-cultural movements that variously conform to, refute, or subvert normative masculinities. Some such movements may be seen as emulating normative understandings of masculinity (such as the current focus on muscularity in Western societies), whilst others may do so but at the same time subvert normative masculinities (as for example the leather scene). Two interrelated factors are important to keep in mind in any discussion of how gay men engage with normative discourses of masculinity. First, given cultural stereotypes outlined throughout this chapter in regards to gay men and femininity, all gay men are positioned in a relationship to such stereotypes. This is not to suggest that gay men's masculinities are dupes of cultural stereotypes, nor that they are forever failed representations. Rather, it is to recognise the power of cultural stereotypes in shaping what is deemed intelligible within any cultural group. The second point is that whatever gay men's masculinities may be, and which ever way they relate to cultural stereotypes about gay men, Connell's (1992) point remains: gay men are men living in societies that privilege the experiences of men.

A key example of some gay men's complex relationship to discourses of masculinity appears in bear culture: one shaped by an emphasis on rugged masculinity. As Hennen (2005) reports in his ethnographic research on bear communities, men who identified as bears within his sample were primarily middle-class, and thus much of the embodiment they engaged in which involved presenting 'bear masculinity' by wearing "jeans, baseball caps, T-shirts, flannel shirts, and beards" (p. 26) was, in effect, "working-class drag". Hennen notes, however, that his participants appeared unaware that this was what they were doing, and that class-consciousness was not evident. What Hennen's research echoes, then, is the point made above, namely that not only are gay men actively involved reworking and subverting cultural norms in regards to masculinity, but that to a large extent they do so in ways that are constrained by available discourses about masculinity. As such, whilst as Butler (1997) has suggested, resignification of dominant discourses is possible, this can often bring with it normalising and appropriative traces of the discourse

itself (in this case a middle-class appropriation of what is presumed to represent the truth of working class men).

Already psychological research has begun to examine how some gay men appropriate as much as resignify in their enactments of masculinity, specifically with regard to race. Research on sexual racism within gay communities has highlighted how white gay men often bolster their own claims to masculinity by constructing Asian gay men as inherently effeminate and passive (e.g., Riggs, 2013). For Asian gay men, this construction is often extremely negative, with participants in Drummond's research (2005) suggesting that the depiction of them as effeminate both contributes to their own sense of marginalisation within their home culture, as well as over determining their possible relationships with white gay men (in which they are expected to be passive and subservient). The assumptions that circulate amongst some white gay men about Asian gay men thus again highlight how norms of masculinity are enforced *within* gay men's communities. The example of some white gay men's assumptions about African American gay men also illustrates this point. As McBride (2005) has argued, white gay men often expect African American gay men to be *hyper* masculine, an expectation shaped by racialised stereotypes about African American masculinities more broadly.

To conclude, and as has been suggested throughout this chapter, it is important to be aware of how gay men are rendered complicit with practices of marginalisation when they take up normative discourses of masculinity, premised as such discourses are upon the exclusion of those who do not or cannot conform to them. Whether this be through gay men's self-imposed narratives of femininity, in instances where certain gay men characterize other gay men as either feminine or hypermasculine, or in gay men's characterisations of women's identities, it is important that students, researchers, and applied psychologist and other practitioners – regardless of their sexual orientation – continue to examine and challenge the powerful ways in which normative discourses of masculinity shape the experiences of all.

### Bullet point summary

- Whilst early sexological and psychological research sought a more inclusive (if normalising) understanding of gay men, subsequent research in many ways has both intentionally and unintentionally contributed to the stereotype of gay men as effeminate.
- Empirical research, however, has challenged the binaries of homosexual/heterosexual, effeminate/masculine as they circulate within Western societies, and suggests a continuous rather than categorical model of male sexuality.
- Cultural stereotypes of gay men and gender non-conforming boys as effeminate have potentially contributed to some of the traumas, stressors, and anxieties that gay men live with.
- Psychologists should be aware of the specific relational and individual issues that gay men may present with, and refrain from attributing clinical distress *a priori* to homosexuality.

- Gay men negotiate normative discourses of masculinity through resistance, conformity, and subversion, but they do so as men living in societies where men's experiences are privileged.
- Normative understandings of masculinity may be wielded by some gay men against other gay men in order to negotiate or manage their own relationship with masculinity.

### **Further reading list**

Centre for Research on Men and Masculinities.

<https://lha.uow.edu.au/hsr/research/cromm/index.html>

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**Box 1: Important points for students**

This chapter mentions a number of ways in which the assumption that all gay men are feminine is reinforced. Additional examples of this might be in the books and toys promoted and made available to boys, and for adolescent and adult males, on social media such as facebook or in ‘lads mags’. Research by Hansen-Miller and Gill (2011) suggests that whilst lads mags or ‘lad flicks’ (movies which target young men) tend to be less explicitly homophobic than they were in the past (and may on occasion include gay storylines or features), they primarily retain a narrative of gay men as effeminate. Heterosexual masculinity, then, is constructed as all that gay masculinity is not – it is seen as rugged, strong and emotionally distant. This binary of heterosexual and gay masculinity – as represented in lads mags and lad flicks – thus presents yet another place where stereotypes about gay men are perpetuated. Whilst the claim that ‘it is all in jest’ is often used to dismiss the idea that stereotyped images of gay men are offensive, it is nonetheless the case that caricatures of effeminate gay men are often the butt of jokes in both lads mags and lad flicks.

**Box 2. Important points for applied psychologists and other practitioners**

Brown (2007) makes an important point in his chapter on couples therapy with gay men in regards to shame arising from both the effects of abuse and the effects of discrimination. Brown emphasises the need to acknowledge and work with shame as presented by gay clients, rather than discounting it through the belief that shame should be separated from a gay identity. In other words, Brown suggests that in the rush to affirm gay men, some applied psychologists and other practitioners may shy away from talking about shame, in the presumption that in a just society gay men should not be shamed on the basis of their sexual orientation. Such a utopian approach, however, discounts the very real ways in which many gay men experience shame, and that this must be acknowledged and addressed in the therapeutic space. Kane (2004) takes this a step further, in his discussion of whether or not gay applied psychologist and other practitioners should disclose their sexual orientation to clients. Kane suggests that whilst typically there is an injunction to keep one’s personal life separate from clients, in the case of gay applied psychologists and other practitioners working with gay clients, it can be affirming for a practitioner to disclose their sexual orientation. To do otherwise, it could be suggested, may be taken by a gay client (who, for any given reason, believes that their psychologist is gay, but who does not receive confirmation of this from their psychologist) as an indication that homosexuality is something to hide or be ashamed of.

**Box 3. Important points for researchers**

As the findings reviewed in this chapter repeatedly demonstrate, practices of masculinity are as diverse amongst gay men as they are amongst heterosexual men. This is particularly the case with regard to sex, where the assumption that gay men who engage in receptive anal (or vaginal) sex are passive or effeminate is challenged by empirical research. For example, Kippax and Smith (2001) argue from their interview research with Australian gay men that normative notions of insertor/insertee, active/passive – particularly as they are shaped by normative discourses of masculinity and femininity – are challenged by gay men who negotiate power dynamics in sexual encounters not necessarily on the basis of which role each man undertakes in terms of sexual positions, but rather their identification and object choice (thus illustrating the points made in Lewes', 1988, table reproduced above). Kippax and Smith's findings challenge researchers to go beyond normative accounts of power dynamics in sexual relationships when attempting to understand the roles that gay men take in the bedroom.