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Benjamin Aaron Kudler
Confronting Race and
Racism: Social Identity in
African American Gay Men

ABSTRACT

This qualitative study examines how race and racism function in gay communities, looking at factors facing African American gay men in their identity formation and daily experience. Specifically, this study has examined the presence of sexual racism, sexualized racial stereotypes that affect the way men of color are viewed by white gay men.

Twelve self-identified African American gay men living in the Boston metropolitan area were recruited by word-of-mouth and snowball sampling. The researcher administered a demographic survey and interviewed participants about their experiences with predominately white middle-class mainstream gay communities. African American gay men, often considered to be cultural outlaws by both Gay and African American communities, are subjected to sexual and traditional racism, and may be made to feel ignored or excluded from mainstream Lesbian Gay Bisexual and Transgender (LGBT) community events and spaces. In addition to stating their challenges, the study attempts to highlight these men's strength and resiliency.

With little previously existing qualitative data from gay men of color, this study provides a foundation for future research, building a knowledge base on this marginalized population, increasing cultural competence to promote more effective outreach to and inclusion of a diverse client base in clinical services and health care, and raising questions about the ways race is constructed and used in a variety of contexts.

CONFRONTING RACE AND RACISM: SOCIAL IDENTITY IN AFRICAN
AMERICAN GAY MEN

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

Benjamin Aaron Kudler

Smith College School for Social Work
Northampton, Massachusetts 01063

2007

ACKNOWLEDGMENTS

*This work is dedicated to Banjugu “Papa” Sylla.
I carry you in my heart.*

I would like to thank all of my friends, family, colleagues, and teachers who helped guide me toward and support me through this thesis project. This research has been an adventure and a profound learning experience for me. Here’s to more adventures, more profundity, and more collaborative learning!

I also want to honor and thank all of my participants who offered their time and candor, making their voices heard without compensation for the betterment of others. May this work be respectful, accurate, and helpful to your experience.

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CHAPTER I

INTRODUCTION

This study attempts to give voice to African American¹ gay men and to look at the meanings of race and racism in gay communities. Additionally, the researcher hopes to further develop an understanding around the influence of sexual racism, a term used to refer to racial discrimination based on sexual myths and stereotypes (Greene, B., 1997; Stevenson, 1994).

Specifically, this research investigates the ways in which African American gay men negotiate a dual identity, which means existing in both an African American culture that is often homophobic and hyper-masculine and in a gay culture that is often considered to be white-identified (Adams Jr. & Kimmel, 1997; Brown II, 2005; Ferguson, 2005). To analyze this social identity process the study asks, “What are the experiences of African American gay men in the context of their family, the general public, ones’ social environment, gay communities, and African American communities?”

By combining theory and existing empirical research with the voices of African American gay participants the study analyzes how or if race plays a factor in social interaction, inter-personal relationships, community participation, and a sense of belonging within this already-oppressed sexual community. The research will examine

¹ “African American” will be used through-out the paper, as the research is specifically looking at American men of African descent, and not the many other “black” identities present in the US, such as Afro-Caribbean, African immigrants, refugees, etc. It is important to note and understand this distinction.

and highlight both the struggles and the triumphs of these men, suggesting implications for clinical social work practice with Gay Lesbian Bisexual and Transgender (GLBT) communities of color.

Few empirical articles exist that incorporate qualitative input from African American gay men about their general life experiences, and only a handful of quantitative studies exist (Adams Jr. & Kimmel, 1997). This may be a factor of an assumed homogeneity of gay men across racial and ethnic groups, or perhaps it stands as evidence of latent racism in research funding and interest. Most published writings concerning both race and sexuality focus on HIV prevention, safer sex, and Down Low discourse² (Adams, Husbands, Murray & Maxwell (2005); Adams Jr. & Kimmel, 1997; Essien, Ross, Fernandez-Equer & Williams (2005); Mays, Cochran & Zamudio (2004); Myers, Javanbakht, Martinez & Obediah, (2003); Philips (2005), and; Wheeler (2005)). This current research often skirts around an in-depth discussion of African American gay men and their sexualities. Instead, it looks at issues of policy in safer sex and social service marketing, or focuses more broadly on African American men having sex with men (MSM), often depicting these MSM as closeted, deceitful, and culpable for transmitting HIV infections from gay communities to innocent heterosexual families (Adams Jr. & Kimmel, 1997). Thus, current research neglects a large group of marginalized men- those who identify as gay but don't necessarily have a place in African American nor gay communities. The present study attempts to synthesize previous research with a more

² The Down Low refers to men who identify as heterosexual but also sleep with men secretly. This term has been relegated to African American men in much of popular media's discussion and will be discussed later in this paper.

holistic approach, considering intersections of race, class, and other socio-cultural aspects.

This qualitative study involved interviews with 12 gay-identified African American men in the greater Boston metropolitan area³. In the interviews, the researcher posed a combination of guided and open-ended questions to learn about African American men's experiences coming to terms with both their sexual and racial identities, to learn about their experiences in and outside of gay communities and to examine the specific ways in which their race has played a significant role in their interactions with others. The interview questions are derived from bodies of research and scholarly literature written about and/or by African American gay men. The study addresses a currently underserved community and will help to inform current scholarly literature and clinical practice around issues of cultural competence.

The present study is timely in that it addresses African American sexualities in the wake of the media's Down Low discussion, which addressed African American men who might identify as heterosexual, but have same-sex encounters clandestinely, putting others at risk for STDs and eluding existing sexual labels ("gay," "straight," etc.). This media discourse painted African American men in an especially negative light, acting as a divisive tool to pin African American men against women, and African-American men-those in hiding, as well as their out gay brothers- against members of their own community (Boykin, 2006). In order to recuperate and move forward from the media

³ It is worth noting that there is a significant difference in a sample taken in an urban versus rural location, and so this sample may speak more to a specific urban population. See the "discussion" section for further exploration of urban versus rural differences and implications for this study.

blitz, it becomes imperative to continue the discussion about how social identities are informed by social and cultural factors.

As community members and clinicians begin to educate themselves and to increase dialogue, cultural competence, clinical interaction, and community politics should improve (Greene, 1997). Clinical social work requires an understanding of the experience of the client, as well as understanding transference and countertransference issues in therapeutic relationships. The current research will enhance the information available about this marginalized population to increase clinician's ability to ask appropriate questions and to begin to reveal some of the socio-cultural factors faced by African American gay men and other people of color.

For instance, research shows that many clinicians fail to ask clients about his/her spiritual beliefs, which may be a cornerstone of their cultural or personal identity, and for GLBT clients, possibly a central source of conflict (Barret, R & Barzan, R., 1996). If one is not able to participate in religious traditions due to one's sexual orientation, this may be a source of great stress, sadness, and alienation (Buchanan, M., Dzelme, K., Harris, D., & Hecker, L., 2001). Clinicians fail their clients when they don't ask about vital parts of them because of discomfort or lack of knowledge around a specific topic.

In addition to improving interpersonal therapeutic work, the current study provides information for administrators, public health officials, and other policy makers to help them better address and target the needs of gay communities, different communities of color, and all overlapping and surrounding communities. Empirical research dealing with African American male sexualities overwhelmingly agrees that there is a lack of cultural competence and understanding around marginalized racial and

ethnic communities. This may likely reflect in terms of clinical shortcomings, with agencies and clinicians failing to think about and to accurately target the needs of minority populations in their work.

One way clinicians might better address work with clients is to shift the paradigms used in clinical praxis to a more holistic model. Eric Rofes (2005), scholar and gay activist, founded the Gay Men's Health Movement, which looks at community health with a holistic approach. According to his model, understanding the experiences and needs of African American gay men translates to a community that is more inclusive and welcoming. This competence makes social and mental health services more appealing and relevant, increasing the rate of consumption. Increased participation, diversity, and cultural competence in community agencies boosts the self-esteem of African American gay men, thus reducing risky health behaviors and building unity within this stigmatized and often invisible community.

An analysis of previous research (Adams Jr. & Kimmel, 1997) reveals how current epistemologies neglect the needs of African-American gay men, largely through a lack of understanding around the complexities of a multi-dimensional identity. Understanding the ways that clinicians and researchers have historically constructed this population provides a context and justifies the need for the current study. Reviewing the limited scope of existing literature, it becomes evident that there is a strong need for increased knowledge around African-American gay men and cultural competence as it applies to this marginalized and misunderstood, often forgotten group.

Firstly, one glaring issue gleaned from reviewing the literature is the need to clarify the definition of "African-American" and "gay." There is a fallacy of

homogeneity that assumes there are distinct universal definitions of these identities. For the purpose of the current study, “gay” will be defined as a social identity that signifies a primary attraction to the same-sex [in this case, to other men], although this may or may not signify exclusive homosexual relationships. “African-American” will be used to describe a variety of people originally of African descent who live in the US, and might include many different religious and ethnic subgroups. While in the current study, these terms are only applied to those who self-identify as both “African-American” and “gay,” it is important to recognize that people within these identity groups may represent a variety of sophisticated meanings, and yet often people are grouped into these labels and assumed to be a homogenous group. The lack of exploration in current literature around these labels demonstrates the lack of clinicians, policy makers, and scholars to recognize and explore the diversity of people hidden underneath the current labels.

CHAPTER II

LITERATURE REVIEW

Introduction

In addition to looking at the ways in which African American gay men integrate and develop their racial, sexual, and other social identities, the study attempts to look at the ways in which community membership and life satisfaction are confounded by sexual racism, discrimination based on sexual myths and stereotypes associated with a racial group (Greene, 1997; Stevenson, 1994). In looking at the ways in which African American men negotiate a dual identity within African American and gay cultures, it is important to develop a solid base knowledge of sexual identity and social identity formation theory as well as cultural knowledge around the many African American and gay cultures. A review of the ways in which literature constructs and analyzes gay and other African American male sexualities will look specifically at strengths and weaknesses in methodology, sampling biases, and gaps in existing research.

Theoretical Perspectives

Social Identity Theory

Jackson and Hardiman (1997) propose a dynamic theoretical model for understanding the complex process of social identities. Their matrix of social oppression, based on social identities, looks at oppression on the individual, institutional, and societal

levels. Their model recognizes both the conscious and unconscious attitudes and behaviors that individuals use to define and stratify those around them, based on how one perceives others to be similar or different from him/herself. In this process of ordering and definition, they assert a hierarchy is built with targets and agents (those in power and those in the oppressed role, respectively). In their discussion of social oppression, Jackson and Hardiman (1997) use the concepts of “target” and “agent” (p. 17) to discuss a complex and multi-stage process that individuals go through while defining and coming to terms with the implications of their racial, sexual, gendered, religious, national, socioeconomic, and other social identities. At each stage, which are “naivety,” “passive/active acceptance,” “passive/active resistance,” “redefinition,” and ultimately “internalization” (pp 23-29), it is important to look at the feelings and experiences of both target and agent as the individual seeks to integrate an informed and culturally bound understanding of his/her many social identities into every aspect of his/her life.

African American gay men may be seen in the context of this matrix, living as both a target and agent of racial stratification and discrimination, but also as agents of oppression because of their being men and perhaps because of their class status or another social factor such as religious affiliation. There may be a disproportionate balance of the target and agent roles for an African American gay man, who may become targeted more often than his heterosexual brother, or his Caucasian gay brother, as he is often deemed to be inauthentic member of many gay or African American communities and thus finds himself in-between identity groups, at odds with many (Nero, 2005). Previous studies have suggested that African American gay men may be more vulnerable than their white counterparts to negative psychological outcomes (Greene, 1997).

The current study takes this model into consideration, looking at where African American gay men have placed themselves on this conscious/unconscious, individual/institutional/societal matrix. The qualitative questions will investigate which parts of oneself can be hidden, when assumptions or stereotypes from others may override one's sense of individual self, and what group memberships are made salient in African American men's lives on an everyday basis.

Sexual Identity Formation Theory

The Jackson and Hardiman model (1997) looks at the ways that social identities function, and how they affect us across time on different levels/in different contexts. The model describes the process in which we learn where we fit in the greater schema of the world around us, but it doesn't ask the question, "where did these identities come from in the first place?" Race and ethnicity, long seen as products of genetic predisposition, can be also seen as a social construction and its biological roots are hotly debated (American Anthropological Association, 1999). Sexuality is another issue whose manifestations have inspired a lively discourse for centuries. How, when, and why does one become attracted to another person?

Bem (1996) in his landmark developmental theory of sexual orientation discusses sexual identity development as biologically rooted *and* culturally relative. His theory proposes that a genetic predisposition to gender expression or temperament may cause children to feel different. This feeling of difference causes the child's perception of his/her so-called "normal" peers to be exotic, and becomes preoccupied with understanding his/her differences from this mainstream group. As he/she interacts with

this group and/or is faced with his/her differences, there is a process of autonomic arousal (increased heart rate, sweating, etc.). The autonomic arousal associated with the exotic other, says Bem, eventually becomes an erotic association. Thus, a young boy made to feel different from other boys eventually begins to see other boys as an erotic object and the exotic becomes erotic (Bem, 1996). Conversely, in the heterosexual development process, a girl who identifies with her peers sees her male peers as exotic and other and eventually develops a heterosexual attraction to men. Bem's theory highlights an established principal of sexual arousal (Bem, 1996); an autonomic arousal associated with both fear and physical attraction to the sexual object of desire.

A quantitative review of research on gender atypicality in children by Bailey and Zucker (1995) compliments Bem's theory, showing in both retrospective and prospective studies that gender atypical behavior in childhood is predictive of adult homosexuality. However, their analysis of studies shows a bias in the research toward males; research has neglected to look closely at this phenomenon in women. It is also important to note that Bem's theory becomes harder to apply in children who are gender typical or did not feel isolated or alienated from peers at a young age.

These theories may shed light into the process of homosexual identity development in African American and all other ethnic/racial groups, but its implications may be slightly different for someone of an ethnic/racial minority. According to Bem's theory, there may be an erotic association made between a person and any exotic object- a member of the same sex, an inanimate object that becomes riddled with sexual arousal (i.e., a shoe fetish), or a member of a different race. However, what does it mean when one is already a member of a minority, and wears this "otherness" in his skin tone for

everyone to see? Consequently, Bem's theory leaves us with the question, addressed in this study, "what does it mean to develop same-sex attraction when one is already considered an exotic other by the majority culture?" Where and how does one ally oneself in relation to all of the other social categories/labels in one's environment? When and how does one decide which aspects of oneself are more salient?

Theoretical Overlaps

Bem's theory, while written to address homosexual identity formation, may be applied to other social identities, such as race. Since many people have several social identities, it raises interesting questions when applied to those with multiple cultural memberships, such as African American gay men. These men may wrestle the simultaneous fear and attraction they feel toward other men, while trying to seek approval from within their ethnic/cultural communities. This struggle is evident in the coming out process, which has been found to happen later for people of color (Bimbi, Grove, Nanin, & Parsons, 2006), and according to Adams Jr. and Kimmel (1997), may be valued less than among white gay men because being gay is seen as a white phenomenon in many African American communities. Because it's seen as a white phenomenon, coming out as a gay man may jeopardize one's cultural/ethnic membership as an African American man, as well as the support one might receive.

Conversely, racial bias in the gay community may not make for a welcoming environment, holding African American gay men in the closet longer (or permanently) (Adams Jr. & Kimmel, 1997) and making these men into "social/cultural outlaws."

Consequently, in a qualitative study with older African American gay men, Adams Jr. and Kimmel (1997) found that many respondents were not out to their families, but that “the fact was simply understood.”⁴ Parks, Hughes, and Matthews (2004) found, in a quantitative study of 450 lesbians of color, that the sexual identity development milestones, elapsed time in between these milestones, and levels of sexual identity disclosure within racial groups was consistent, that there was a significant variability between different racial and ethnic groups, underlining the significance of race and social factors in GLBT people’s development. These results hold consistent with results from a similar quantitative study with 139 ethnic minority youth by Dubé and Savin-Williams (1999). The current study, asking participants about their coming out process, their hidden versus explicit self, and one’s comfort level in both African American and gay communities, looks at the application of social identity formation theory as well as Bem’s theory to men with multiple oppressed social identities.

Bem’s theory may also shed light on how others may view those with multiple social identities, including the phenomenon of sexualized stereotyping or sexual racism. According to Jackson and Hardiman (1997), race is a social identity in which an oppressed (target) and dominant (agent) ground may be identified. Bem’s theory, looking at the exotic or *other*, might be used to explain sexual attitudes associated with race, since people in other racial groups are often thought of as “other” and are labeled with many associations and stereotypes (Jackson & Hardiman, 1997). In evidence of this phenomenon, Stevenson (1994) discussed a deep-rooted history of sexual myths around race used to separate, blame, and dehumanize. These same myths that divide,

⁴ p. 137

exoticize, and even frighten many may also excite and intrigue an individual looking at members of another racial group. Myths of black men as being hyper-sexual, predatory, and well-endowed (Stevenson, 1994) are both cause to think of this group as threatening, animalistic, and yet, for some, appealing.

When someone states a preference for a member of a specific race, one must ask, “what does that race signify for you?” “What are the qualities of people in this racial group that you find attractive?” Moreover, “is this a valid assumption/stereotype to make about all members of a certain category?” Most people would never stop to think about the way race functions in their dating choices, but sexual racism is a force that permeates dating choices (McBride, 2005; Stevenson, 1994).

Empirical Literature

The present study looks at African American gay men in the context of a larger community, wherein there are multiple forms of interpersonal interaction, including romantic and sexual attractions and friendships. In addition to the internal processes of identity development and self-perception, the current study asks participants to speak about the perceived behaviors and assumptions that others might make toward him because of his race. According to Greene (1997), romantic attractions and interpersonal relationships may be guided by ideas of what a certain racial membership means, in terms of sexual roles, prowess, endowment, aggressiveness, or other stereotypes based on race. To what degree are an individual’s partner choices guided by internalized concepts of sexualized and other racial stereotypes? How do these floating cultural ideas affect the

minds of both those who exist within and outside of the “exotic” group? And how pervasive are these ideas? How do they remain in popular cultures?

O’Bryan, Fishbein, and Ritchey (2004) compared the prejudicial attitudes of 111 high-school age children in private schools with those of their parents. While somewhat limited in generalizability by its sample of private, same-sex high school students, their research suggests that attitudes are transmitted from parents to their children, thus creating internalized ideas of race and the “other,” while contributing to public ideas of what race and ethnicities mean. This suggests that people outside of African American and/or gay communities are influenced in their notions of race ethnicity, and sexual orientation by pervasive inter-generational attitudes that may or may not be truthful or positive.

Additional barriers challenge those within oppressed/exoticized communities who also identify as gay. African American gay men may be fighting stereotypes within African American communities and may have their group membership challenged because of their sexual orientation (Nero, 2005). The pervasive homophobia in many African American communities may drive many men to remain hidden in certain contexts (Brown II, 2005). Brown II (2005) discusses the hidden masks that many African American gay men face because of homophobia and the struggle with African American cultures for acceptance of one’s sexual and racial duality. Wise (2005) conducted a qualitative study with several African American gay men to explore this struggle and found that a central issue in their identity formation was around masculinity, which participants claimed was considered an asset in African American communities and undermined by any homosexual conduct. A more generalized study by Bailey, Kim,

Hills, and Linsenmeier (1997) showed that gay men (unidentified racial/ethnic membership) prefer partners who are gender-typical (masculine) and found that personal ads tended to mention sex-typical traits as favorable/attractive qualities in a prospective partner, with a weaker incidence amongst men who already considered themselves to be feminine. The value of masculinity in the context of culture/ethnicity was not discussed in this study, so it is unclear how much of this value is a variable of ethnic/cultural membership, although it is clear that masculinity and gender typicality are serious factors in how one perceives oneself, others, and where one stands within society (Bailey et al., 1997; Wise, 2005). In the current study, participants will discuss the parts of them that they've felt that they have to hide in certain contexts, which may include certain community events in either realm of their life (African American and gay community events).

In some cases, gay men may not be able to or want to hide their sexuality from others, due to a non-normative/masculine gender expression. While Wise (2005) neglected to look at specific examples of conflict around gender expression among her participants, Christian (2005) conducted a limited study with three African-American participants, looking specifically at ease of identity integration based on participant's perceived and self-described level of physical masculine expression. Her participants spoke about a process of hiding select parts of themselves with certain people in order to protect themselves from discrimination. This fragmentation of identity was the key to their life satisfaction and success in balancing their same-sex attraction with the perceived mandated masculinity required by African American their communities. The three participants spoke about sexual orientation (self-definition), sexual preference

(sexual behavior), and a gay lifestyle (culture) as discrete elements, and each identified himself in a different place along each continuum. In the current study, participants will have the opportunity to speak about each of these elements, and to discuss the ways in which they may have successfully consolidated these aspects of themselves to feel comfortable living at the intersection of multiple oppressions. These variables at play may include racial, sociocultural, spiritual and/or religious, and/or gender identity. And certainly, one's ability to navigate and balance these aspects would carry implications for the way one is able to engage with others within and outside of the community.

Interracial social relationships within gay communities appear to be quite complex and tied to issues about cultural pride, racism, and self-protection. Adams Jr. and Kimmel (1997) found that some African American gay men they interviewed maintained sexual contact exclusively with white men so as to keep their sexuality outside of the community and to avoid having anyone in their community find out about their sexual orientation. At the same time, some African American gay men responded that they held social and sexual/romantic relations exclusively with other African Americans, and even became judgmental about African American men who spent what they felt was too much time in white gay circles. In their sample, Adams Jr. and Kimmel (1997) found that respondents held different opinions in which identity was more salient or pressing, racial or sexual orientation and it seemed to vary based on the context and the individual.

Two of the three men in Christian's (2005) study defined themselves as "DL" or "Down Low," suggesting a duality of acting or identifying as "straight," but then engaging in sex with other men. The "DL" has received a lot of media attention (Phillips,

2005) and suggests a need to explore the constructions of sexuality around African-American men that has yet to be addressed adequately by public health officials (Adams, Husbands, Murray, & Maxwell, 2005; Bailey & Zucker, 1995; Bimbi, Grove, Nanin, & Parsons, 2006; Essien, Ross, Fernandez-Esquer, & Williams, 2005; Gant & Ostrow, 1995; Lewis & Kertzner, 2003; Myers, Javanbakht, Martinez, & Obediah, 2003; Rofes, 2005). However, the amount of “DL” media hype also indicates a certain amount of anxiety around African-American sexualities and a neo-racist agenda of blaming African American men for the HIV/AIDS epidemic. The Down Low discourse blurs the link between HIV/AIDS and poverty and delegates what is, in reality, universal cheating behavior to marginalized African American men (Phillips, 2005). In the current study participants discuss the ramifications of the Down Low discourse as an out gay man who may already be standing at a marginal corner of the African American community.

Evident from the discourse around Down Low behavior is the need to look at the construction of African American sexualities. In their article, Lewis and Kertzner (2003) examined various challenges to understanding African American male sexualities and proposed a reorientation of research that looks at multiple contexts. They challenged the assumption that African American communities are homogeneous, pointed to an under-emphasis on developmental change, lack of attention to the contexts of sexual behaviors, and lack of compelling theoretical framework for looking at African American male sexualities. This same message was seen in Wise’s participants (2005) who saw identification and behavior to be separate and discrete categories. In looking at African American men who identify as gay, the current study examines the variations as well as similarities in participants’ sexual identity so as to not collude with researcher’s tendency

to over-simplify, as cautioned by Wise (2005), Greene (1997), and Lewis and Kertzner (2003).

Most other research concerning men who have sex with men (MSM) has focused on the public health implications rather than the social factors feeding these fragmented identities (i.e., those identifying, for instance, as heterosexual, and then engaging in homosexual behavior). Researchers such as Myers et al. (2003) did a combination demographic survey and interview of 502 African American men in Los Angeles, looking at various predictors of sexual risk. Although the study may be specific to the clients in the partner program used for recruitment, it found in a relatively large sample that African American men who were having sex outside of their stated sexual identity category experienced more psychological distress and were more likely to engage in risky sexual behavior. Additionally, many bisexual African American men reported hiding their same-sex desires, which may reflect homophobic social messages/attitudes from African American communities. This suggests that labels are not always good descriptors for capturing the range of aspects included in someone's identity.

The findings in Myers et al. (2003) would also suggest that men who are out as gay should either be from more accepting communities or have left their homophobic communities to find/create a more accepting one, or have found ways to gain support/cope with negative sentiment/rejection. Furthermore, the study suggests that men who are out as gay may be engaging in less risky behaviors than their MSM counterparts who do not identify as having same-sex attraction. The current study asks participants to discuss the ways in which they have found acceptance, and also asks each participant to

discuss the extent to which he feels comfortable taking part in and how much he feels included in public health messages and outreach.

In a different study looking at condom usage, Essien et al. (2005) surveyed 806 African-American, Caucasian, Asian, and Hispanic men about their rates of condom use. While their study may have over-generalized racial group characteristics, they found that African-American men perceived the most difficulty around using condoms and found in general that race and class were significant predictors of condom adherence. This article suggests that HIV outreach is failing African American men, and new strategies should be targeted specifically to this demographic, with a more thorough consideration of the complexities within and between African American communities.

Eric Rofes' holistic model (2005) meshes with the Myers et al. (2003) findings, asserting that efforts to promote community membership, pride, and a fostered sense of belonging can affect the risk-taking and positive health behavior of community members. This study seeks to increase the sophistication of understanding around African American gay men by looking in-depth at some of the complexities involved in the social identity formation process. With increased understanding and participation by African American gay men in social research, holistic models and public health strategies can more affectively target gay men of color.

Through an examination of literature, it seems that many social service agencies, public health policies, and clinicians are missing their target audience through a lack of cultural competence (Greene, 1997). As shown by Wheeler (2005) in a mixed method qualitative and quantitative study, African American MSM have specific attitudes about and constructions of health and health-seeking practices. Through focus groups and

individual interviews of 50 and 19 men, respectively, Wheeler found that African American MSM had specific concerns about personal costs of medication adherence, quality of life, and general concerns and hesitations about health care and health seeking that were culturally- and historically- bound as marginalized members of an already-oppressed minority. It should be noted that the majority of the men sampled were HIV-positive, and thus may have different incentives for seeking medical care than the larger population.

In his data collection Wheeler (2005) examined the interactions reported between black MSM and various health care providers. Using this data, he has created a sociocultural model of provider-black MSM interaction that takes into consideration all of the stated concerns, and acknowledges how race and class differences may affect the appeal of health-seeking practices. In general, Wheeler (2005) reports distrust and skepticism from African American communities toward the health care system that might partly account for low condom usage and riskier behavior. One of his participants' criticisms was the failure of most health care providers to acknowledge a variety of sexualities amongst African Americans. This assumption of homogeneity by health care providers fails to distinguish specific needs and concerns of African American versus Caucasian clients, which may or may not include some of the culturally-bound concerns that Wheeler (2005) and other aforementioned research findings suggest might distinguish African American men from other groups. Furthermore, within the gay community where homonormativity (normative homosexual behavior/identity) is racialized as white (Ferguson, 2005), African American gay men may not see medical, mental health, or community services as their own.

Conclusion

Existing research has begun to uncover the complexities surrounding African American male sexualities. There are many factors contributing to the social identity formation of black gay men, including class, environment, parental attitudes, and generation. Bimbi et al. (2006) looked at variables affecting the coming out process across various demographic groups and found a significant delay in the coming out process of people of color, although they noted that younger generations seem to be coming out at higher rates and at earlier ages. Although the term “people of color” may over-generalize the smaller specific communities it aims to include, the article suggests a shift in the attitudes of African American communities toward a warmer and greater acceptance of gay and bisexual identities. By interviewing a participant base in a range of age groups, the current study aims to assess differences across factors such as generation/age, religious affiliation, sociocultural background/status, and any other differences that emerge in the sample.

Another study of sexual development in ethnic sexual-minority males by Dubé and Savin-Williams (1999) questioned the ability of current tools to accurately assess the influence of culture on sexual identity. In their study, looking at barriers to coming out for ethnic-minority males (the sample included Asian American, Latino, and African American males), Dubé and Savin-Williams (1999) used several existing social psychological tools that had proven reliable and useful in other studies. And while they found that sexual behavior often pre-dated sexual identity in African-American men, confirming Bimbe et al. (2006) study’s findings, they concluded that their model of studying sexual identity development was not accurate enough to catch the subtleties,

differences, and roots of issues related to ethnic and cultural identity. The Dubé and Savin-Williams (1997) study shows how many previous epistemologies have failed to do a good job of considering the influences of religion, labels, social attitudes, public presence, and/or others. The current study not only considers these aspects, but its qualitative format will allow for possible new topics to come to light.

For those that are able to come out, Jackson and Hardiman (1997) assert that those able to move through the model's stages of social identity formation to a place of integrated identity may be happier and healthier (Christian, 2005; Crawford, Allison, Zamboni, & Soto, 2002; Myers et al., 2003). Thus, those who came out at earlier ages may have more time to come to self-acceptance at an earlier age. Crawford et al. (2002) showed how men who were able to integrate their African American and gay identities (as measured by a series of measures gauging racial-ethnic and sexual identity development) showed higher levels of self-esteem, perceived social support, greater levels of life satisfaction, HIV prevention and lower levels of male gender role and psychological distress. However, Crawford et al.'s (2002) study did not explore the various factors/processes/or experiences involved in reaching this level of integration for these men.

The existing literature asserts many claims about African American men: they are misunderstood; they are under-researched; they represent a complex array of sexual orientations which may be seen discretely from sexual behavior; they are neglected and mistreated by health and other social service providers. The present study looks to deepen the understanding of how certain African American men come to balance the dual social identity process of two conflicting social identities- one that is traditionally

homophobic (Brown II, 2005; Christian, 2005) and another that may not see African American men as a discrete category with special concerns and needs (Wheeler, 2005). Applying Bem's theory of "exotic becomes erotic" (1996), the study will look at the ways in which race is considered and exoticized, and how these perceptions may or may not affect social service, community outreach, and personal interactions within the gay community.

Looking at a variety of research designs and investigations in this literature, the need for a thorough qualitative study becomes more pressing. While there are many theories around African-American sexualities, only one study (Christian, 2005) actually spoke to men about their experiences, and this was in a limited sample and topic areas. The present study attempts a synthesis of existing theoretical articles about African-American gay men, writing on African-American male sexualities, and public health research. A qualitative design is employed to allow for the emergence of some new areas for future investigation. Each question for the interview represents an area of knowledge either already addressed in the literature and/or an area identified for future exploration: sexual identity development/coming out, the need for fragmented social identities ("hiding" parts of oneself in certain contexts to gain acceptance), constructions of African-American sexualities, sexual racism and racist ideologies experienced in interpersonal relationships, gay identities constructed in the context of the Down Low, and inclusion within existing communities and community structures.

CHAPTER III

METHODOLOGY

Study Purpose

The proposed study ventures to develop knowledge around the complex experiences and identities of African American gay men by looking at the ways in which group members feel that their racial and sexual identity inform each other. The knowledge gained from the study may include an increased understanding of racism within a sexual subculture, a better understanding of self-concept related to sexual and racial identities, and learning about the diversity of experience in African American gay men through the participants' personal anecdotes. In an article exploring the values and meanings of race in gay culture, Dwight McBride (2005) coins the term "gay marketplace of desire." The current research looks at the men who live in this gay marketplace as well as in other social realms and communities, and questions how race fits into the greater schema of identity and attraction. Thus, the primary research question asks, "What are the experiences of African American gay men in the context of their family, the general public, ones' social environment, gay communities, and African-American communities?"

This information may provide a starting-point for more research looking at cultural-competence, inclusion, and public health/policy approaches that honor a more

diverse population of clients. Findings from the study may help inform better practice for clinicians that is more culturally competent, strengths-based, and better matches the needs of this diverse community.

Research Method and Design

The study employed a qualitative fixed descriptive research approach, using interviews with 12 gay-identified African American men aged eighteen or older in the Boston metropolitan area. Additionally, a brief demographic survey was collected, allowing for a descriptive analysis of the characteristics that participants represent (in terms of age, education level, socioeconomic status, religious preference, etc.).

The fixed descriptive design allowed for semi-structured interviews that ask both specific questions based on previous research and existing hypotheses, as well as open-ended questions that will allow new themes to emerge, painting a picture of the scenario and synthesizing this portrait with existing theory. The research design and method address a gap in the existing body of knowledge to the study of sexuality and race, which is often missing the first-hand perspective of gay African-American men. The Human Subjects Committee at Smith College School for Social Work approved all materials, questions and procedures before the study was initiated (see appendix).

Sample

The study sample included 12 gay-identified African American men ranging in age from twenty-nine to fifty-six (mean = 40.17) who identify as both African American and gay. These men come from a variety of cultural, social, urban/rural backgrounds,

and are residents of the greater Boston metropolitan area. However, all participants were US-born, as the influences of immigrant or international cross-cultural experience may represent significant differences in personal experience that could not be adequately addressed in this study.

During recruitment a non-probability convenience sample was employed, using email to distribute fliers and information to friends and clinicians in the Boston area, advertising with a flier (see appendix) in public places and on public boards in agencies that serve a client base including a variety of age groups and socio-economic levels. A snowballing technique was employed, using social and professional contacts in Boston to spread word of the study and also asking study participants to recruit their friends and acquaintances for the study. The snowballing technique assured that participants have a sense of the sincerity, integrity, nature, and purpose of the study, as the information was distributed through friends and/or acquaintances. This technique also allowed for the inclusion of divergent and more representative data, as participants will come from peer-recruitment, 2nd- and 3rd-degree friends who may not have otherwise been identified for the purpose of the study.

Once participants had been recruited, the researcher screened them via email or phone. During the screening process the researcher offered to answer any general questions about the purpose and procedure of the study, as well as reviewing the inclusion criteria for participation. If the participant was interested and qualified, a mutually convenient and agreeable location was chosen for the interview, usually a café or coffee shop in downtown Boston where the respondent would feel comfortable talking and the conversation could be recorded.

To insure scientific validity the interview process was standardized. After a basic introduction and an additional offer to answer any lingering questions about the study, the formal interview process began. Next, each participant was given the informed consent form to peruse and sign, which explains the purpose of the study and how/where the data will be used (see appendix). The researcher made a point to reassure each participant that his name would never be linked with the data, showing each participant the number code that would become attached with his data in place of his name (numbers 1-12).

Following the informed consent, each participant was given the one-page demographic survey, and then finally the actual interview began. The interviews ranged from 18 to 57 minutes (mean = 37.42 min) as each participant navigated through the five open-ended questions. At the end of the interview, the researcher thanked each participant for his time and effort, gave him a copy of the resource list that had been compiled by the researcher, and terminated the meeting.

Types of Data

The brief demographic survey was conducted to garner some basic data on the range of characteristics represented by the study participants, allowing for a descriptive analysis. Afterward the guided interview focused on ways in which African American gay men have experienced the coming out process, reconciling an African American identity and a gay identity, those perceived stereotypes/assumptions put upon them based on race, ethnicity, and sexual orientation, how the media's discussion of men on the Down Low has affected their own identity, and how comfortable they've felt functioning in mainstream gay communities.

In addition to quantifying the demographic data collected at each participant's interview, interviews were transcribed by the researcher, resulting in many pages of transcribed qualitative data. The interview data will be kept securely in electronic form by the researcher.

In order to maintain interview times under one hour, five questions were given to each participant, with 5-10 minutes allotted for him to respond to each question:

- 1) Please talk about your coming out process, and to whom you are "out." How did your family, friends, and environment play into your decision to come out/not come out? In what ways, if any, do you feel that your racial identity and/or African American culture has played in the coming out process?
- 2) Are there parts of yourself that you hide? When and where do you hide these parts, and from whom? What parts can you hide, and what parts do others instantly see when they meet you? In what ways does the color of your skin affect the way that people think of you?
- 3) What assumptions do people make about you as an African American gay man? Are there certain expectations or stereotypes that people have communicated, based on your race? In what circumstances are assumptions made (i.e., dating, relationships, at work)?
- 4) Has the media's "down-low" discussion changed the way people think about you, and how? Has it changed the way you think about yourself as a gay man?
- 5) Do you feel comfortable and welcome in gay community events, GLBT social service agencies, HIV testing centers, health centers, community organizations, and/or clubs and bars? Where do you feel most comfortable as an African American gay man?

Data Analysis

In order to analyzing the data the researcher looked at the multitude of responses for each question and identified emerging themes and notable variations, which will be discussed further in the findings chapter.

After gathering the qualitative data and demographic data, the researcher conducted a descriptive (demographic data) and then a thematic analysis (qualitative), looking at patterns of reoccurring themes and ideas that present in the interviews. The researcher used the demographic information to analyze if it influenced the experiences expressed in the participants' interviews. Additionally, as part of his analysis the researcher compared the information collected from participants with previous research findings to look at how they compare and contrast with existing ideologies. For qualitative data, the researcher looked at emerging themes, organizing them onto a spreadsheet and then used quotations to illustrate each identified theme. These will be discussed in the results and discussion chapters.

Data Collection Methods

Study data came from a non-probability convenience sample and should not necessarily be seen as representative of the population at-large. Instead, the data may illustrate themes and ideas that add to cultural competence, improve clinical practice, and suggest areas for further research.

Data were captured using a digital recording device (Olympus DS-2) with a microphone. Each participant signed an informed consent to have his interview recorded, and after the interview each was saved on disc as a permanent secure record, coded and labeled by participant number, and stored in a locked safe space. The researcher conducted each interview with the recording device in hand, careful to capture the full responses of each subject. After conducting the interview, using transcription software, the researcher typed each interview verbatim into a word processing file, which was

saved and stored securely. Each interview and recording was then used in the data analysis stage. In order to assure validity, each recording was reviewed and compared to the verbatim text typed.

Ethics and Safeguards

In considering the ethics of this project, the researcher had to consider the sensitivity of issues around identity politics and in talking about the experience of being in an oppressed group. The interview questions were carefully framed to allow free discussion while still capturing the identified research interests. It was important, in developing the questions, to consider how discussing issues of discrimination, sexuality and sexual behavior, and the coming-out process/identity formation might trigger or re-traumatizing participants who may have strong feelings or upsetting memories around these topics. This consideration, approval from the Institutional Review Board, as well as giving participants a clear sense of the purpose and scope of the study before beginning the interview, should have controlled for any element of surprise and minimized any triggering of traumatic memories/feelings.

Conclusion

Although many have written about African American gay men in non-fiction, fiction, poetry, short essays, and in discussion around the HIV/AIDS epidemic, few have captured the experiences of African American gay men in qualitative research, giving them voice. This study attempts to form a foundation for future research that draws from

those reoccurring themes in existing literature and documents them in a scientific realm. In addition to outlining the struggles, the researcher hopes to highlight the strengths of these marginalized men and to make concrete suggestions of how to take this data and improve on the way clinicians and agencies incorporate a more diverse experience into their epistemologies.

CHAPTER IV

FINDINGS

The one thing that I could assure you is that black gays and lesbians have always defined what this experience is differently than the white people...The question was asked me, when did I come out...That's not what happened to me...I never was an entitled white male middle class person who thought the world was my oyster until they said to me, "you are also gay so you have limited rights." That may be someone else's story- that's not my story. – Study participant

This study attempts to document the experiences of African American gay men to look at the ways in which racial identity interacts with sexual identity, to look at the ways that race and racism affect gay communities, and to provide a foundation for future research into the experiences of GLBT people of color, and specifically about African American gay men. This chapter will present the emerging themes and qualitative data from the study's qualitative interviews and demographic surveys, using the participants' own words to illustrate the main points. The greater meanings and implications of these findings will be addressed in the discussion chapter, to follow.

Demographics of Participants

Twelve self-identified African American gay men were interviewed for this study, their ages ranging from 29-56 (mean age = 40) at the time of the interview. These men responded to fliers, word-of-mouth advertisement, and emailed recruitment information. It is important to note that the terms “African American” and “black” are often used interchangeably in popular culture, and yet “black” may include Haitian, black Latino, African, and many other ethnic and cultural groups. Thus all study participants are US-born, and specifically identify as “African American.” However, despite attempting to narrow the criteria for participation, the participant pool represents those from diverse cultural backgrounds.

The majority of participants were highly educated and middle- to upper-middle class, which is a skewed representation of the greater African-American gay population in Boston. Half of the participants earned more than \$60,000/year, the other half spanning middle- to working-class incomes. Ten participants had at least a college degree, with five of these men holding an advanced degree (Masters, PhD). The other two participants had “some high school” and had completed high school/his GED, respectively. It is significant to note that while all of the participants reported that they grew up in religious (predominately Baptist) church communities, the majority (n=7) of participants reported having no religious preference and one was questioning his religious identity.

All participants lived in the greater Boston metropolitan area, but many of them came from different parts of the United States including Kansas, Texas, California, and southeastern Massachusetts.

Fig 1: Age, by participant

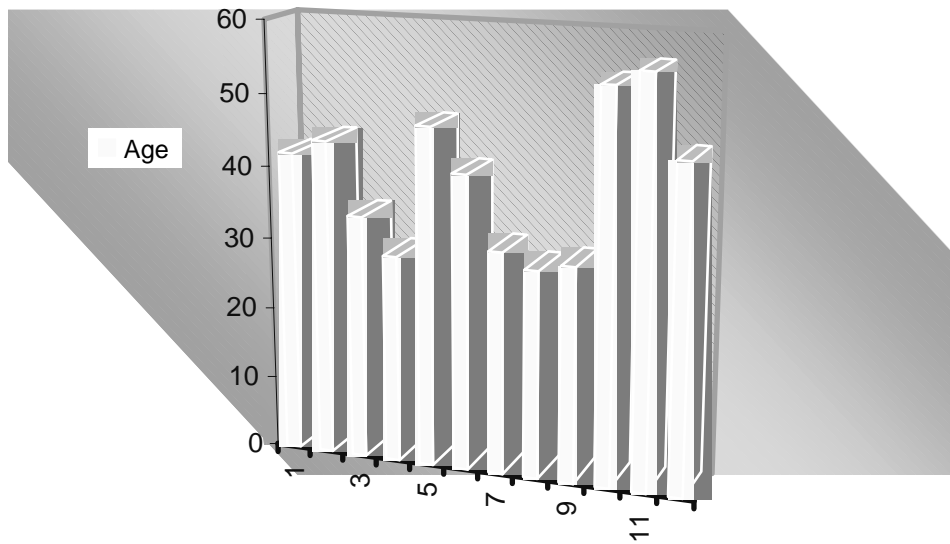
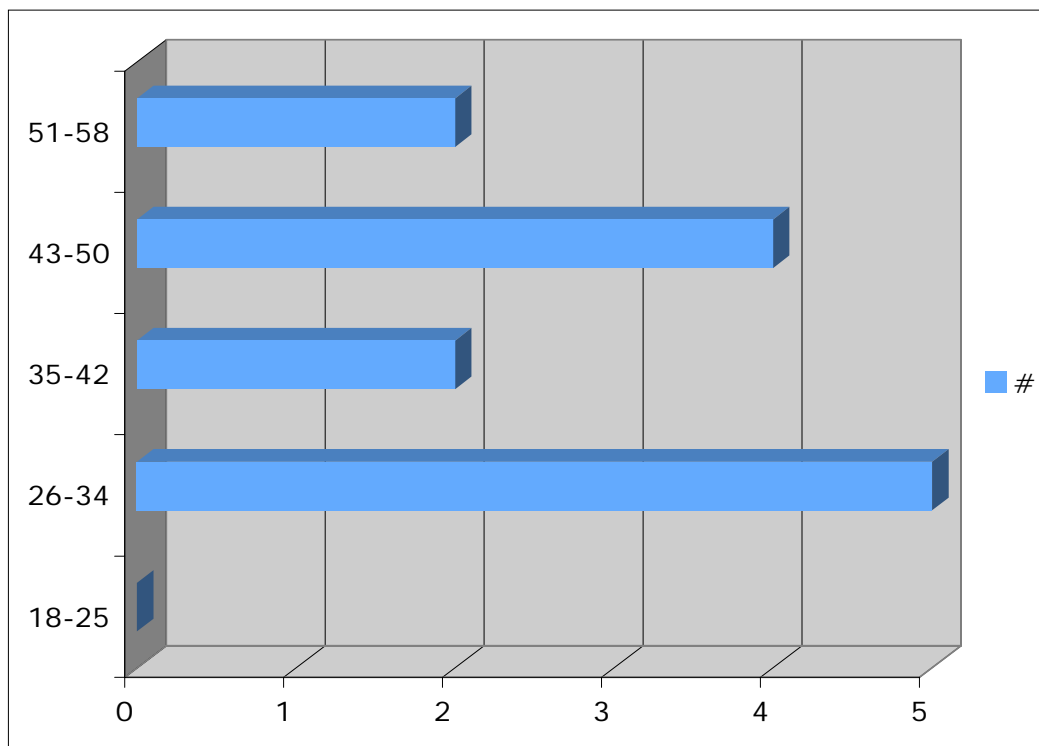


Fig 2: Age Brackets of participants



Emerging Themes

Looking at the qualitative data, there are distinct patterns of responses emerging from the data. While these data may not reflect the opinions of all African American gay men, they point to some commonalities in the experience of the men interviewed and suggest areas for future exploration. It is important, in analyzing this data, to consider and appreciate the resiliency and strength in these men's experiences, as well as studying the challenges and negative experiences they've faced.

Themes emerging from the qualitative interviews will be organized by interview question, each of which attempted to look at a greater area of experience: coming out; hidden versus public selves, and experiences of general racism; sexualized racism; reactions to the Down Low discourse; and, comfort in communities. Additional overarching themes are included at the end.

Coming Out

From previous research and from speaking to participants, most African American gay men experience "coming out" not as an isolated incident, but as a process. For many participants, this process is a continuous daily process, as they may go in and out of the closet depending on their environment, how safe they feel, and who is around them.

The majority of participants spoke about recognizing their gender identity before their sexual identity through cues from others such as parents, teachers, community members, they became aware that their interests, mannerisms, or speech patterns were not like

many of their peers. Consistent with research (Bailey & Zucker, 1995; Bem, 1996), participants stated that their sexual attraction to men came later on as they began to develop sexually and determine what meaning that would have in their lives. Many participants spoke to the fact that homosexuality was never mentioned in their home and that there were no positive role models or safe spaces to discuss their same-sex attraction.

I didn't know any gay people in a significant way. I mean, there were gay people who people suspected to be gay. And they were fags, sissies, or punks- whatever you wanted to call them, but yeah. But certainly nobody in any sort of positive light. And yeah- sexual identity- none of that stuff came up.

One outlier, however, had a very positive experience dating an older man in his community when he was a teenager. This man, a teacher at his church and a prominent community member, acted as his mentor and remains a friend in his adulthood. Although their physical and romantic relationship was private, this man acted as a mentor to the participant.

He sent many early messages that, you know- you're going to discover that you're different and as long as you lead an honorable life and are exemplary in the many ways you can try to be, that you will have dignity and you'll be respected. And that's kind of how I've been trying to roll...and I think that, well, I was very lucky because I really had my initial sexual experiences and "love" as it can be called with the very right person.

For the rest of participants, one of the major factors in this lack of spaces or role models was the cultural environment that most participants grew up in. While there are not many places in America where young adolescents can feel safe and/or comfortable talking with peers and/or older people about their same-sex attractions, most participants grew up in the context of religious African American communities, and all participants

were raised in a church community. These climates, participants report, were actively homophobic and allowed no space for positive discussions of sexuality or homosexuality.

Yeah, my church is national and American. It's dually aligned. It's not as strict as the Southern Baptists but Baptists have this bottom line that homosexuality is not accepted and so the religion aspect played a lot of role in it. The black community, the African American community does not like to talk about sexuality because I think they're a community that on the whole doesn't like to talk about sex. And I think, when you can't even talk about sex, it's really hard to talk about other sexual orientations. So you've got a lot of things- you've got a community that doesn't talk about it, and a community that condemns it. So, it's really hard- it's really hard for anyone in the black community to come out because of those two things.

Looking back on his similar experience, one participant stated,

I just want to reach out and tell church folks, "How dare you turn your backs on us- you're supposed to be saving us." And you know, I say, that's discrimination within the church. How you gonna discriminate against your Father's children, and you're supposed to be preaching against discrimination? But look what's happening!... You see, I'm getting all red up in here...but that really pisses me off. It's a contradiction.

The bulk of participants report that they eventually left their church as they grew up, many of them in conjunction with leaving their community overall, moving out on their own. One participant spoke about his childhood in the church, the only member of his family who went regularly. After being molested by a member of the church and then berated and blamed for participating in the molestation, he became even more aware of and sensitive to other scandals breaking out in his church, as well as scandals being reported in Catholic parishes around the country:

...My religion did change when I got to college- I started seeing all these scandals and all these under-handed things that were happening...I was thinking, my thought was - they were calling what I was doing a sin, but what these people were doing was far worse, so I'm not hurting anybody. But they were hurting people in the church and hurting the community.

It is notable that while all participants were raised with a religious orientation, more than half of participants did not identify with any religion at the time of the interview, and all but one participant had left his religious tradition of origin/from childhood.

Making Meaning

One of the primary challenges in African American gay men's lives, participants reported, was making meaning of what it means to identify as gay. Participants described this as a continual process that began in childhood, especially for those who felt that they were gender atypical, appearing more effeminate or oriented to traditional "girl" activities or mannerisms. This may or may not have been a conscious existence, and some participants talked about their childhood with clarity, knowing that they stuck out amongst peers.

You know, I always dressed like a little gay boy- the sharpest one on the block. And everyone used to call me "faggot" and "sissy" and all of that, and to me it meant nothing. Because back then I knew that I liked boys, but I wasn't sleeping with anybody and my mother kept us just the sharpest kids on the block...you know, I didn't play with little forts with the kids, because I might get myself dirty. At that time, I didn't know what it was all about. My mother kept, made sure that we were clean, and I meant to be the sharpest kid on the block and meant to stay that way.

In his testimony, this participant has almost implicated his mother in his gender atypicality- she dressed him that way, almost with pride. However, for many participants, their gender atypicality was a struggle with their parents, an early warning sign to their parents that set off some red flags and signaled to participants that perhaps they should hide or disguise certain parts of themselves.

I knew that I couldn't truly be myself...whatever that meant. Because it wasn't okay- I got accused, I got hit...like, if I did something especially gender atypical. Like, one of the things is that I used to have a really...I used to play...I would be in the back yard and there was a kitchen window so my mother could see out in the back yard. And any time that I would...and I had this habit of having, you know, a limp wrist. And she would just bang on the window- you know, that kinda stuff... and the cousins who used to tease me and all that stuff. So all of that- you don't have to be a rocket scientist to figure that there are certain things that make it easier to maneuver in the world. So, the wanting dolls and that kinda stuff was just not gonna play. So, it just made it...I just started to realize that those were the sorta things that- I couldn't be honest about that.

This process of hiding began a painful and confusing process for many participants in which they had to decipher what could and couldn't be shared with those around them, even their loved ones and family for fear of harm or losing love. "Robert" continued,

I think that once you start hiding things it goes from being very specific to very general. Because the cues you get are sometimes so inconsistent about what's acceptable and what's not that- I got better and better at...I got more closed. And so it went from just ...trying to act a certain way- from trying not to be such a girl- to any kind of thing that I felt bad about, that I just didn't share.

For several participants, this means that they still haven't officially told their parents or family members that they are gay.

My mother...I still haven't really talked about it. But I'm 42 years old, I don't have a wife, I don't have kids...so, she pretty much knows. She's not a stupid woman. But we just don't talk about it. And, coming out in the African American community- very very difficult...very difficult because where I grew up, I grew up in the projects of Boston...in a community called Orchard Park. When I decided to come out I was really flamboyant- I was really "out there." And it wasn't easy. I had to move because they were after me, they wanted to hurt me because I was different.

Part of this threat and the difficulty in making meaning of being gay for participants comes from the fact that being an African American gay man means doubled oppression. Participants stated that their communities were not welcoming places for gays and lesbians, partly seeing them as contributing to a cultural genocide. For one participant, this message has come strongly from African American women.

I call it "the black woman's lament." (laughs) That African American men are...there's such a shortage of African American men- they're either dead, imprisoned, or gay. There's a certain trip around genocide or contributing to genocide- it's hard. When you think about it in those terms, when someone puts it in those terms like, 'you're part of the problem.'

For other participants, community members, and especially elders in the community who perceived being gay a choice, couldn't understand or accept why someone would make that choice, and so blamed or questioned their social identity.

...Most African American males whose parents are as old as my parents. Their whole philosophy is that, "you're black- then why are you gonna go and be gay?!" Because...you've already got a hard time in your life being black...then you're gonna go add another situation into the pot, to be gay.

Identifying oneself to community members as a gay man meant a further distancing from the norms of the community that participants came from. Conformity, participants stated, was enforced around gender expression, mannerisms, speech, education levels, and professionalism. While some participants grew up in middle- or upper-middle class communities and were encouraged to go to college and seek out white-collar work, other participants spoke about how becoming educated, enjoying and succeeding at school, and going to college marked them as cultural outsiders along with or even before their sexual identity forced a wedge in current relationships and threatened community membership.

...Some members of my family have mentioned that I thought I was gay all along, and they mentioned that they thought that was maybe a reason why I didn't come home as much, which it wasn't. Well, not entirely. I mean, I always felt like I didn't fit with my family, and I was the first person in my family to go to college- so, all those things. I had no one to talk to when I went home, so those visits were infrequent.

For many participants, the way that they spoke, thought, dressed, and their academic and professional ambitions alienated them from members of their family and from African American communities.

Well, there's the stereotype in the black community that, black people- when I speak to other black people in the community they're like, "well, goodness- you're well-spoken." You sound like you're white," or "you talk white." So when I go back to Kansas City I encounter that or people always give me a double-look, like "did he just really say it like that?" You know, and I call my family and they think I'm a bill collector or something. They don't recognize who I am right away when I call them.

More conversation came up around this issue, with many participants claiming that their authenticity as a “real” African American man and/or a “real” gay man had been challenged in many realms of their lives due to their appearance, dress, mannerisms, class standing, and/or race. These issues will be discussed through out the chapter.

“Gay”= “White”

Part of the struggle to make meaning of being gay for participants was that this was an identity label reserved for white people. One participant stated:

Like, the area that I live in now and that I grew up in- it’s just...you don’t, you can’t come up in that area and be GLBT or Q or even questioning...and there’s a high recidivism rate for people who go in and out of jail who engage in sexual activity in jail, but when they come out it’s a completely different story. Um...yeah, you can’t...it’s not accepted.

The bulk of participants waited until they were financially stable and/or had left their homes to start coming out to their families and/or friends as “gay,” and for many participants, there were not many predominately African American venues or African American people in their new communities who they felt comfortable talking to about their sexuality. For the bulk of participants, in order to discuss their attraction to men, they had to come to predominately white gay clubs or bars, or had to read predominately white gay publications. The absence of an African American gay presence had many implications on how participants felt about themselves as desirable members of the community. Furthermore, the sexualization of race and blatant racism in these

predominately white gay spaces further alienated many participants. Looking back on his experience as a younger gay man, one participant stated,

Never at 25 would I have stood and said ‘what I am is a 45 yr old gay black Man.’ ...I had self-esteem issues. And one of the things I had is that it was white men were better looking than myself, especially being gay and so I had no concept that I was attractive- equally attractive.

Once again, the theme of authenticity emerges as an issue for African American gay men. In gay spaces, which continue to be predominately white spaces, participants stated that they feel invisible, or are seen as sexualized objects rather than as equals. This eroticization of race or sexual racism will be discussed more in depth later in the chapter.

Hidden versus Not Hidden Self

We all have our public selves and the person that we present to our friends and the person that we present at work, and then the person we present home, and I’ll admit that all those people are different manifestations of who I am. But I definitely recognize that race or color or whatever is something that people see instantly. It’s not a part of my identity that I can hide or I can choose whether or not people know.

Regardless of what participants may choose to hide or not hide when meeting or interacting with others, race remains an obvious factor at play. While two participants felt that their race did not affect the way that others perceived or interacted with them, most participants felt that their race was one of the most salient social identities for them. While one participant spoke to the question of which is more important for him- being African American, or being gay- it was clear from talking to participants that these

identities bear different meanings in different contexts. Although most participants hope that they are judged by the content of their character, many admitted that their race is often likely a factor in the assumptions or expectations or interaction styles people take when interacting with them.

Living in Boston, all participants agreed that racism is a palpable issue and a serious problem. For many participants, Boston was the most racist, racially segregated, and least empowered African American community they had ever experienced, and this was also felt from within gay communities in Boston. To be a gay-identified African American man in Boston made participants feel especially alienated and uncomfortable.

Even with this being Boston, and it's the center of progressive thinking, but it's all theory and no practice, so yeah- I've experienced more racism growing up here than I've experienced any time I've traveled- any place else: Alabama, Mississippi, Louisiana...just got back from Florida...California...there's subtleties everywhere but Boston, it's like more out and out, especially within the gay community...it's strange, like I made this decision to come out and now I'm marginalized in a marginalized community. It's like, 'mmm, yeah- maybe I should just jump my ass back into the closet.

Participants gave multiple examples of blatant and more subtle racism experienced in the city, but added that they were especially shocked, disappointed, and confused when they realized that members of the gay community would discriminate against them because of their race. When asked what assumptions people make based on his being African American and gay, one participant responded,

I would say most people don't make that distinction ["African American gay Man"], and it's because they really don't have to. And they could see me as a black man, a black gay man- whatever. Black comes first, you know? So,

anything else is just extra... It's what people see first and what they react to first, so...As far as stereotypes and expectations, I think that- one thing that I was very surprised at was that within the gay community that people would be racist. So, I remember being just incredibly, just I think the first encounter where someone treated me differently, I was just stoned into silence...

Having experienced racial discrimination in predominately white gay communities, one participant expressed his frustration over being picked out because of his race.

I can't say "I'm also a gay man too!" So, I just learned to live with it. And I guess when I identify myself, I say I am a black gay man because the gay part is not as important to me as the black part. Because the black part, I can't hide. The gay part, if you get to know me, you'll find out. 'Cos I don't wear my sexuality on my sleeve. When I'm around my friends, I may camp it up, but it's not a part of my everyday life.

He then went on to comment that negative experiences at GLBT events, bars/clubs, and in organizations have reified his prioritization of race over sexual identity, because he feels his race has consistently and systematically been picked out and used against him.

Sexual Racism

In participant's experiences, the color of their skin comes first in the context of gay communities, which tend to be predominately white. Participants felt separated, stratified, made to feel "less" than their white peers, and/or were sexualized because of their race, with many assumptions put upon them because of their skin color. This was true for participants in many realms, including at work. In discussing his experience

working at a GLBT community health center in Boston, one participant spoke about being watched, mistrusted, and alienated by his white gay peers.

They didn't associate...they didn't communicate to me as a gay man...you know, talk about what club they went to or who they're dating...I was just the black man. And it just felt...it's like, they put me in my place almost, you know? I knew my place.

More often, there was a more subtle perceived feeling of being invisible in gay settings. This, as participants discussed in the final interview question, played greatly into their decision to take part in GLBT community events and to utilize agency services, which has implications on health-seeking behavior and other aspects of community participation and belonging.

Another manifestation of racism in gay communities has to do with the expectation of African American gay men to hold to stereotypical roles derived from a long history of stereotypes around African American masculinity, and more recently, from hip-hop culture. Participants stated that African American men are expected to be hyper-masculine and “thuggish” types who speak and carry themselves a certain way. Many participants spoke about this stereotype as an act or performance that reflects a man's culture, but also his class and education level. One participant, often chided for “sounding too white” described his experience with white gay men who identify strongly with hip-hop culture and have reacted strongly to his speech, dress, and mannerisms.

I've had white boys who were more black than I could ever be. And they chased after my tail...I had one white guy turn around to me and say, “you just like one of 'dem stuck-up sistahs.” (laughs) And I was like, “Excuse me?! What is this?!” And he's like, “I'm just keeping it real.”

Again, the issue of authenticity is raised- if men in gay spaces are generally white, this may challenge the ability of African Americans to feel accepted and comfortable in these community settings. Furthermore, participants validated that as members of a community where they stick out as different, they may be more prone to assumptions, stereotypes based on obvious differences, such as race. As the media's depiction of African American men on the "Down Low" in the last five years has gained wide attention, participants felt that images of African American gay men may have become more aligned with this image of the hyper-masculine "DL thug."

I think the Down-Low has ruined a lot of people's images of dating and black men, gay men- and what we should be. Because a lot of people want that now. Just regular people I meet. I have some friends like me who are professional, have a good job, and they like that thug type- that's what they go for. And they get hurt every time because a lot of the thug people are not wanting any...they just wanna use them- nothing serious. Not all, but some. But people watch porn and that's what they want- that image. That's what they think is desirable and sexy...

Participant's discussion of the Down Low will be addressed later in the chapter. However, participants had a lot to say about the specific assumptions that white men placed on them based on their race and sexualized racial stereotypes, often tied to the Mandingo fantasy of African American men as hyper-sexual predators with huge penises, animalistic aggression, and low intelligence (McBride, 2005; Stevenson, 1994). Several participants said that relative strangers and intimate partners had used the phrase or even referred to them as "big black dick."

I have had a sense of sorta not belonging and people looking at you not as a person, but sort of as this mythical penis...

Stated concisely, one participant noted that in terms of romantic and sexual interaction with white gay men,

They think that I'm on the Down Low...which I'm not. They think that there's something...that they want to sleep with you because you have a huge dick. They want to sleep with me, but not date me.

As one participant put it, there is an element of fear, and an element of finding pleasure in the pain that having sex with this Mandingo stereotype will invoke.

Well, it's more than aggressive- it's going to be fiercely aggressive, and painful... "but that's just what I want."

Multiple participants spoke about having dealt with similar attitudes from men- if there is a curiosity or attraction from a white gay man, it is often strictly sexual, and if there are intentions to date, these intentions come with expectations of how an African American man will behave or what he might offer in a relationship, sexually or otherwise. One participant commented on men who state racial preferences in dating:

It means that they have literally taken a definition of race and have attached it to every person that they meet, that is of that race. And if you are dating someone who says...even I, if I meet someone who says, "I really prefer to date black guys." I say to myself, "what is the perception that you have of black guys that you want to attach to me, before you get to know me. What do you think about black guys?" That is so harmful because then a person is not dating a person- they're dating a race or a perception of race. So dangerous- it's so dangerous. A

lot of people do it. And people ask me, “what is your type,” and I respond, “my type has always been men.” [laughs].

While two of the 12 men interviewed felt that there was no problem with men stating a racial preference for sexual or romantic relationships, the bulk of participants stated that they felt uncomfortable with the way in which their skin tone was used to make assumptions about the size of their penis, sexual role (that they were exclusively tops, or the penetrative partner during anal sex), or the size of their sex drive.

Yeah, that’s the first question they always ask [penis size]...online or something- people will say “oh, I like your skin,” or “I like your hair” And it’s hard because I’ll meet someone online and I think they’re only with me because of a fetish, and I know my ex-, he’s worked his way through the United Nations- you know before me he was with a white guy, then he was with me, now he’s with an Asian guy...so, he keeps changing and it’s the Flavor of the Month, so to speak.

One participant added that there is a certain negative social stigma attached to sleeping with an African American man:

There are those men who objectify black men, for just one particular purpose- and not looking beyond that, and that’s the sexual thing. And I think it affects our community, big time...and that’s the thing about it- if they sleep with a black man, it’s their dirty little secret. Why is it that when a white man sleeps with a black man, he’s called a “dinge queen,” but when a black man sleeps with a white man, he’s called a “snow queen?”

Along with phrases like “once you go black, you never go back,” in the popular media, this participant’s terminology reflects the cultural sentiment that to sleep with an African American man stains or marks someone irreparably.

While the majority of participants have dated or are currently partnered with people outside of their racial group, several participants stated that they'd experienced problems dating men who were not African-American, or at least from a similar background (members of a marginalized racial group or from a similar class level or neighborhood).

One participant spoke about how, in his stages of being out to family and friends, dating men outside of his racial group raised suspicions with family and friends, and said more generally that the dissonance caused problems when the other man in the relationship did not or could not address the racial and/or cultural difference. He spoke about having the feeling that there was always the "n-" word lingering in the background. Another participant's white partners have victimized him with racist slurs:

...not even in the context of sex- it rarely comes out then. It's after that, you know- they can have the greatest sex and not say that, and then you get into an argument afterwards and "bam," there it is! After...in-between the sheets it's all "baby...baby...baby," and then you have an argument the next day and all the sudden you become a "nigger."

For those participants that use Internet personals, Internet sex sites, or other more anonymous venues for meeting other men, these explicit or more hidden racial attitudes became more explicit.

I'm thinking, as an adult, the number of times I've been called a "nigger." Maybe on one hand, five times. And I would say almost half, more than half (maybe four of them) have all been in relation to that venue- voice personals or the Internet.

This participant went on to describe several instances where men had rejected him on the Internet after he stated his race, throwing in racial slurs and other epithets. He went on to describe how he and an Asian American friend had confirmed this phenomenon with an experiment to see if more men would respond positively to their Internet profiles if they stated or did not state their race. In meeting men on the Internet, participants reported that the interest level and response rate immediately drops once participants stated that they are African American. Several participants spoke to the Internet as a place where one is assumed white until proven otherwise, speaking to the general image of gay men as white.

Another avenue for discrimination came from within the African American community. One participant spoke about how the idea of “gay” being a white identity was reinforced by a move to create new language, new labels to describe exclusive same-sex attraction- “same-gender loving,” or “in the life,” instead of “gay:”

And I think the fact that you are insinuating, and not even insinuating- sometimes, flat out saying that gay is...white and gay are the equivalent...is an insult to folks who choose to identify with that term who happen to be African American, black, or whatever. And that, I think, can be harder- it can be harder than sorta flat-out white racism. These are people who, like you said, are supposed to be...Well, there's this saying that no one can hurt you like the ones closest to you.

For this participant, the creation of new separatist language is a divisive move. The bulk of participants interviewed felt that their experience as gay men was influenced by their racial identity, and the creation and presence of new language to describe this experience reinforces this influence as a common phenomenon among African American gay men.

Reactions to the Down Low Discourse

Participants had a strong, but surprising reaction to the attention the media has given to the Down Low, or a subculture of men (generally delegated to African American men) who have sex with men while lying to their female partners and identifying as heterosexual. All of the participants responded that they believe bisexual cheating behavior to be universal across races, and not just amongst African American men:

The whole “DL” issue kills me because in the white culture it’s just called “sleeping around!”

However, several participants felt that it was appropriate for the media to talk about the Down Low as an African American phenomenon because its name came from African American communities and cultures, and that “Down Low” describes a culture that is, these participants felt, specific to African American men.

...Every single other nationality does the same thing... probably because...the terminology comes from black folks, and black folks have written about it, so...if another nationality is in the closet, they usually just say “they’re in the closet,” and not “they’re on the Down Low.”

He added that the perception of “gay” as a white identity was likely a factor in promoting Down Low identity amongst African American men:

It just seems that there’s some perception that...I guess black people aren’t gay, or something like that. It’s “to each, their own,” it doesn’t bother me because I

know who I am, I don't hide who I am, so...if they feel they have to do that, let them do it.

Another participant spoke about the Down Low as a term and an identity that has replaced "bisexuality" amongst some African American men:

I don't hear a lot of black men that communicate that they're bisexual. I hear that from other races. And I don't mean for that to be a stereotype, but I just don't- I think black men would rather not be known as bisexual- they would rather be known as "on the down low" or they would rather be known as not someone who likes to sleep with men, because bisexuality really does indicate that you are.

He went on to address how sexuality is tied, in his mind, to masculinity in African American culture. In considering oneself part of Down Low culture, one is protecting one's masculinity.

I think it is- you're either straight or you're gay. But I think the shadow belief is that "you're either straight, or you're weak." I think that's the shadow belief. I think homosexuality and being gay and man being with another man is communicated as a guy who is weak, who really is not strong within his own sexuality, who is not masculine enough.

Another participant reiterated the same notion. He stated that for an African American man who is already marginalized, masculinity is one of the few assets that he can cling to, but that being openly gay compromises his worth:

And it's because of this whole...macho-type attitude that exists in our culture. And that's across the board. So, to me "Down Low-" I think it's brought things to the forefront...that "yes, there is a gay issue within the African American culture." Because they've tried to suppress it. And it goes back to that double-that concept that I addressed earlier- "If you're black then why are you also gay?"

For this and a few other participants, there is something distinctly African American in the issues around the Down Low and hidden bisexuality, tied to cultural values, systems of privilege, and class. Although several participants felt that it made sense to talk about the Down Low as an African American issue, the majority disapproved of this exclusive connection, resenting the media's finger pointed at African American communities.

One common complaint that participants had about the treatment of Down Low behavior/culture and identity was the way in which it blames African American men and has "made us killers." Consistent with many scholar's critique of the media's Down Low discussion (Boykin & Harris, 2006; Philips, 2005), some participants felt that this conversation has pitted African American women against men, African American heterosexuals against homosexuals. Furthermore, they stated that it has placed the responsibility and advocacy for prevent cheating behavior, the spread of HIV and other sexually transmitted infections entirely on the only men involved in relationships, where it should consider both partners equally:

...if you are going to sleep with someone you should know about condom use. You should be able to negotiate condom use. And I just don't see that it's all men on the Down Low men's fault.

Additionally, several participants, musing on the nature of the Down Low and sexualities, concurred that the Down Low simply reflects a universal reality:

It says to me that sexuality is far more complex...that people aren't really telling the truth about what's going on.

Another participant, frustrated with the whole phenomenon, stated:

I find it's this new catchphrase that the CDC is...I think it's a way of getting more money, and it's just pushing black men further and further into the closet. Down Low men have always been in our community, and they will always be in our community. That's an unfortunate thing- I think that they're...they're lying, and...it's really bad. But it's nothing new.

While the labels “gay,” “straight” and “bisexual” may work for some, the Down Low culture stands as testament that these labels may not accurately encompass how people think of themselves, and how they may actually behave. While participants have been able to find themselves in the “gay” label, many of them spoke to more complex sexual and social identities that might involve some sexual history or attraction to women, and/or an alternative interpretation of the label “gay” and how that identity might fit with the other social identities they carry.

However, while participants disapprove of the public discussion around African American men on the Down Low, several commented on the positive conversations around public health and African American sexualities that have resulted from the media attention to the Down Low:

We can begin to understand that this is a universal phenomenon. I think that what's begun to happen is, and this is important...the particular concern in African American culture is the disproportionate rates of HIV...and so that's one thing that was adding fuel to the fire. Why is it that a high percentage- 63% of all new cases are black or African American heterosexual women. What's up with that, when you only make up 15% of the population and you're 5-to-6 times over-

represented...there's something going on there. What is that- incarceration, you know- sexual behavior during incarceration? So, if we shed light on that, it's a step forward.

Several participants stated that the Down Low discourse has been beneficial in getting people in communities to discuss sexual health, identity, and to address some of the homophobia in the community. One participant spoke about the many conversations he's had with both friends and strangers in response to public media attention to the Down Low. Through these discussions, the participant was able to sympathize with men on the Down Low and to talk with others about how community can affect a person's decision to come out or talk openly about one's sexuality. Reflecting on the risks involved in being out, he said:

A lot of, in terms of those conversations- it's a lot of "how could they do that?" It's like, but they don't understand how much cultural- church doctrine and family- will shun you if you do decide to be an out proud gay black man. So, it's like a war inside of yourself. Like you've got this to deal with, and then you've also got to understand like, alright- what does it mean for me to be out? Does that mean I lose my family? Does that mean I lose my friends? Does that mean I become a social outcast? And then, further going into the culture, I mean- you're in this community, but now you're a subset of a subset.

In light of the Down Low media discussion, the bulk of participants felt strengthened in their resolve to be an out African American gay man, stating that they felt more general life satisfaction being out, even if they were limited in who they were out to:

...why someone would want to live in that atmosphere, I don't know- it's so sad. Because when you're out of the closet you're in the light, you get to see other people, you know exactly what's in front of your eyes. It's really good- it's good stuff!

Many of the participants used words like “freedom” or “release” when describing their coming out to close family members or friends, and one participant said that he felt he had stepped “into the light of life,” and was “standing in truth,” now that he had come out.

Comfort in Gay Communities

“Where I feel most comfortable is where I’m made to feel comfortable.”
–Study participant

In the final interview question participants spoke about their comfort in the gay communities they live in. While several participants had no problem going to GLBT agencies, health agencies, or social spaces and events, the majority of participants felt that these places were not welcoming and/or not culturally competent for African American gay men. In fact, one participant stated that he goes to a GLBT health center in Boston in spite of the unwelcoming environment. He goes there for services because he knows that no one he knows from the African American community will see him there. Another participant, a former Director of a major AIDS and sexual health service agency targeting men of color, stated that this is a common pattern- men go to these clinics and agencies for help because, ironically, going to a GLBT agency protects their privacy around their sexual orientation, since they are almost guaranteed not to run into any familiar faces there. One participant spoke about the “uniform” or appearance that was expected of him at these centers, saying that he felt that he stuck out and was treated differently by staff on multiple occasions for not fitting the white middle-class gay ideal

that other clients fulfill. Two participants stated that they preferred to go to a private doctor for medical needs and HIV testing, so that they didn't have to deal with these barriers to health care.

Outside of the health care setting, participants overwhelmingly concluded that they felt like an "other" in both African American and GLBT communities. One participant, echoing the opinion of most participants, stated that Boston was the least empowered African American community he'd ever seen. Thus, the idea of "community" became a flexible metaphorical term that varied in definition and composition for each participant. Speaking about his friend group, one participant stated:

I guess we're a community that don't have a community, so to speak![...]I don't think that community has to be some place that you can pinpoint on a map. I think my community is a group of friends who I choose to socialize with and date in. I guess, so when I say "community," that's what I mean.

Several participants spoke about their ambivalence in wanting to be an active and accepted member of African American communities versus gay communities. Part of this was the constant negotiation that participants spoke about having to make between their racial and sexual identities- deciding in which context his sexuality was more salient than his race. Many participants, feeling a slight disdain from both African American and gay communities have responded by creating their own communities, several participants stressing that they felt most comfortable in mixed groups of people representing many races, ages, and sexual orientations. One participant spoke about intentionally looking for diversity in his friend group, in response to his early experiences of seeing no one like him represented in gay media or public spaces.

In discussing sexual racism, the majority of participants stated that they felt uncomfortable in predominately white gay spaces because they felt either invisible or fetishized. Participants added that GLBT clubs, bars, community centers, and health /social service agencies had a lack of culturally-relevant programming, so there was little reason to feel drawn to go to these places. The general consensus was, however, that community was a powerful force in participant's lives- be they African American, gay, or belonging to any other social identity.

I don't think you can do it by yourself- as a gay man you have to embrace community, you have to embrace other people who can relate to you who can talk to you about the same things you possibly are going through- you have to. You can't be a strong person by yourself- you have to have that support. So where I feel most comfortable is with friends.

Creating Positive Change

In addition to stating their dismay for the state of things, participants offered several suggestions for improving the quality and diversity of community participation. These included increasing the diversity of staff in social service agencies, GLBT community centers, and at bars and clubs. One participant suggested creating more leadership opportunities for young people of color and inviting people from marginalized communities to serve on committees and other community leadership boards. Through his involvement in community activism, one participant stated that his whole life had turned around and he had a newly found optimism that there was a place for him within the larger gay community in Boston.

Another poignant suggestion was to look at outliers- if agencies are not getting many marginalized community members in to utilize their services, we should ask those few members that do come, “what is going well?” Even if these people are coming to seek anonymity from their African American communities more so than for the specific services at the agency, this is important information to know.

Several participants raised the issue of gay rights being equated with civil rights and the American Civil Rights Movement of the 1960’s and 70’s. The comparison of these two movements by predominately white GLBT leaders has been a controversial one that has received much backlash from African American communities and Civil Rights leaders. One participant recognized a similarity between the two movements, but pointed out the hypocrisy in the lack of involvement by white gay men in civil rights or issues around racism:

I think if black people saw gay people fight as hard for black issues as they do for gay issues, I think that statement [“gay rights are civil rights”] would have a lot more weight. But if you are just standing there fighting for gay issues, and if you see racial discrimination happening and you aren’t as loud, as a gay person- then coming to me as a black person and saying that I should be on-board when you aren’t on-board with me doesn’t give me any incentive to be on-board.

However, another participant pointed some of the blame at African Americans who refuse to sympathize with gay rights activists:

I know a couple things- I know something about what it means to be black, something about what it means to be gay, and how similar the two are...so, I also wanted to say, I should be the poster child for this- you know, many black organizations start getting really pissed off at gay people for saying that in the civil rights sense...And the black people want to own all the oppression, as they

have the most oppression, the Civil Rights movement was ours, and white gay people should not attach themselves or look at themselves through that lens...I think that's crazy- I think gay people and black people have the same issue: they were both born with something that they could not control that the world won't love them for and they've had to struggle because of it. It's not comparative oppression- it's the same.

Over-arching themes:

"Keeping it Real": Authenticity

African American gay men are cultural outsiders, often made to feel unauthentic as gay men because of their race and/or cultural or class perspective. Simultaneously, African American gay men face homophobia from African American communities, and thus are often selective about with whom and in what circumstances they can be open about their attractions and/or relationships.

Lack of Empowerment or Centrality

As "cultural outlaws," participants spoke to their experience of having to develop and/or search out support and a community where they could feel safe and belong. For many participants, this became a community that was not entirely African American or gay, since neither could completely address nor support the coexistence of the men's other social identities. Being a marginal population within a marginalized population has made participants feel disempowered and has proven a barrier to feeling grounded. Most participants stated that Boston was a place where they'd experienced a great deal of racial hostility and this negative sentiment manifests in gay community events and spaces, making it hard to feel part of the mainstream gay community. The lack of out African

American gay men in public positions, participants stated, contributed to the lack of representation of and participation by other people of color in Boston's mainstream gay community.

"Gay" as a White Identity

Part of the disempowerment experienced by participants was based on the association of "gay" as a white identity. This is reflected, participants stated, in gay activism, in images of gay men on television and in other media, in agency publications, in the bars, and on the floats of gay pride parades. This common association of gay men as being white furthers the portrayal of African American gay men to be seen as imposters or invaders. The term "dinge queen," used by one participant to describe how white men are seen who have sex with and/or date African American men, reveals the prevalent cultural attitude that African American gay men are undesirable, and association with these men leave one marked or stained in some way.

Resiliency

In spite of the hardships participants felt, the level of resiliency exhibited amongst these men is noteworthy. Through solidarity, self-sacrifice and compromise, and faith participants have maintained a sense of pride in themselves. Many of the participants relocated just before they came out to family and/or friends, and were able to reestablish themselves in new, often foreign communities that weren't necessarily welcoming. The majority of participants reported building their own communities, learning to assess for

safety, developing language to discuss their multi-faceted identities, and finding others who could look at their many parts and embrace them. While many participants still struggle to find a balance of being out in all of their social identities (gay, a proud African American, HIV-positive, religious), participants have showed a sense of ingenuity and creativity in creating families and communities that will celebrate them.

Outliers

Of course I do devote some thought, every once in a while, as to how people perceive me- but it's not really in the realm of them considering me as an African American, a person of color, or even as a gay person. If I think of how they perceive me, I think of how they perceive my character, my demeanor as opposed to the visual...all my life I've never felt like a typical gay man or a typical black man, so...I don't feel like a typical gay black man, if there is one. I've always felt extremely unique, no matter who I'm with.

This quote is an important representation of the stipulation in any research on a group of people. This participant denies having experienced most of the racial discrimination that other participants consistently described. His statement reminds researchers, clinicians, and others that there is no one African American gay identity or experience. While this research attempts to accurately portray the participants interviewed, the researcher does not assert its findings as universal truth.

Summary

This qualitative investigation has explored the experiences of African American gay men in order to better understand how race is seen and how racism functions in gay communities. Through the collection of demographic data and the qualitative interviews,

this study has begun to identify some common themes and experiences about the construction of social identities for people living within multiple marginalized identities. Additionally, it has looked at some subtle and explicit ways in which racism functions in intimate settings, looking at experiences of sexual racism.

Overall, participants felt that they were treated differently because of their race in a predominantly white gay mainstream culture, and found it difficult to negotiate a sense of racial identity with membership in a sexual minority. Often, participants reported they were left to feel like “cultural outlaws,” not considered to be an authentic member of African American or gay communities due to homophobia, associations of gay identity as a white culture, or the presence of racism within gay communities.

Drawing on current empirical (and largely qualitative) research, the study attempts to literally give voice to some of the issues that African American gay men may deal with in their lives. Additionally, this study aims to highlight the strengths, resiliency, and successes in the narratives of these men, in addition to identifying their struggles. Implications of the data for future research and for clinical practice will be addressed in the following discussion chapter, along with theoretical analysis of the study’s findings.

CHAPTER V

DISCUSSION

Introduction

This chapter attempts to synthesize the findings of the current study with those from previous research, and highlight the questions raised by the data, and suggest future directions for research and investigation. This study attempts to investigate issues around racism in gay communities by comparing the meager existing research about gay men of color with the actual experiences of African American gay men. While the interviews held consistent with previous findings, this study sheds some light on the phenomenon of racism in gay communities, looking at specific instances and ways in which gay men of color are made to feel different and often sexualized because of their race or ethnicity, constituting sexual racism. Additionally, the qualitative data strongly emphasized the message that “gay” is an identity often delegated to white middle-class men, which causes a dissonance and confusion for anyone falling outside of that demographic. This dissonance is exaggerated in African American men and other men of color whose communities openly disapprove of and discriminate against GLBT people and same-sex relationships and may cause members living in intersecting and incongruous social identities to feel like “social outlaws.”

In addition to considering the findings in light of previous research, this chapter will discuss the implications of the findings for clinical social work practice and point to avenues for further exploration on issues around race and racism in GLBT communities.

The Literature and the Data

Overall, the participants reified all of the major points of previous research reviewed for the study. Participants felt that their race affected their experience of being gay overall, uniquely influenced the coming out process (Parks et al., 2004), shaped their interpersonal relationships, affected their self-esteem, and influenced sexual and romantic relationships. While safer sex behavior was not measured in this study, it is fair to assume that the experience of being made to feel “less” than white men, being targeted sexually because of race, and having experienced a lack of culturally relevant programming and education around GLBT identity and/or homosexual behavior has produced the same public health implications found in other studies for African American MSM (Adams, Husbands, Murray, & Maxwell, 2005; Bailey & Zucker, 1995; Bimbi, Grove, Nanin, & Parsons, 2006; Essien, Ross, Fernandez-Esquer, & Williams, 2005; Gant & Ostrow, 1995; Lewis & Ketznner, 2003; Myers, Javanbakht, Martinez, & Obediah, 2003; Rofes, 2005). While all participants had been tested for HIV, the majority stated that their willingness to be part of GLBT health campaigns and clinics/services is limited by the perceived ambivalent and/or negative attitudes from these organizations toward African Americans.

Bem's Exotic Becomes Erotic Theory Applied

Bem (1996) suggested that GLBT adults may have developed their same-sex attractions through a developmental process that he's tied to gender expression. In this theory, written mostly about the trajectory of gay men, Bem stated that young GLBT people often sense early on that they don't quite fit with their peers who demonstrate a traditional heterosexual gendered behavior. In this theory, young gay boys don't identify with traditionally heterosexual masculine gender roles and may experience a physical arousal when they encounter traditionally masculine boys, originating from fear and confusion or anxiety. This exoticism felt toward same-sex peers may then become associated with similar physical sexual arousal that develops in adolescence, targeted at other members of the same sex. In sum, Bem's theory combines nature with nurture, claiming that GLBT people may have some sort of biological predisposition to feel and/or behave differently than peers, and that this may present through one's gender expression, which in turn combines with one's social cues and norms to push individuals toward a GLBT identity.

The literature review chapter applied Bem's (1999) theory to sexual racism, positing that for some, a lack of exposure to another race could create an exotification of race, which might later become sexualized racial stereotyping at a conscious and/or unconscious level. The data confirms that being gay is often considered a white identity. Thus, it might be fair to assume that to some degree, an exotification of "gay" occurred for African American gay men who may not have known out African American gays in their communities of origin and/or may have come to be attracted to gay men by looking

at white gay community members. Several participants reported dating white men almost exclusively, viewing white men as their ideal of beauty within gay culture, and/or identifying more with white gay culture than the stereotypical black same-sex cultures they were exposed to (Down Low cultures, hyper-masculine thug ideals, or drag/ballroom cultures). Additionally, the majority of participants reported that they feel that they are singled out and treated differently by men of different races because they are African American, with specific expectations or stereotypes placed on them because of their race. In this way, Bem's term (1999) "exotic becomes erotic" may explain some of the experiences that participants described around their sexual attraction to and idealization of white men. It may also explain the experience of fetishization in gay spaces, where they state they white gay men either ignored them or reduced them to sexual objects while enjoying white gay middle-class privilege and dominance in gay communities.

However, the current study was limited in that it surveyed only one group targeted for sexual racism. An adaptation of Bem's theory (1999) to race would best be investigated through studies of members of diverse racial categories who may hold sexualized racial stereotypes of other racial groups. For instance, it would be important to know how Caucasian gay men, especially those who have relationships with men of color, view men of other racial/ethnic groups, and how they describe their interactions with them. After collecting data from African American men who predominately feel that they are treated differently and "less than" in mainstream white gay communities, future research should compare these experiences with the attitudes and reported behaviors of white gay community members to see how sexual racism functions both

consciously and unconsciously. Additionally, it is important to recognize that men from all racial groups hold sexualized racial stereotypes about other groups. Future research might look at the various stereotypes held by different groups, as well as the strengths of these beliefs, and to survey group members about how this might affect their partner choices in dating and/or sexual behavior.

Giving Voice to GLBT People of Color

In their introductory article to a special issue of a journal devoted entirely to GLBT people of color, Harper, Jernewall, and Zea (2004) state that science has omitted and silenced the voices of LGB people of color, and even further squelched the voices of transgender and intersexed individuals. In combating this discrimination, the present study attempted to add qualitative data to the scientific realm so that the lives of GLBT people of color could be expressed in their own words. Apart from a handful of studies (Christian, 2005; Graziano, 2004; Williams et al, 2004; Wheeler, 2005; Wise, 2001), there is little scientific research using qualitative data from GLBT people of color. Indeed, participants stated that they felt that their presence is often ignored or actively unappreciated by mainstream gay cultures when they go to gay social spaces, events, or health centers. When one participant described the “record scratching silence” and hostility after he walked into his first gay club, he captured the confusing experience of the majority of participants in mainstream gay communities- making oneself vulnerable, looking for solidarity and support in a marginalized population, and being made to feel more marginalized, unwelcome, and uncomfortable. After collecting this data, it becomes even more apparent that there is a specific perspective offered by African

American gay men telling stories of their good and bad experiences in gay communities that is invaluable in meeting the needs of the larger gay community.

Participant data echoed research findings that show clinicians, policy makers, and members of various communities, when we fail to recruit and listen to a diversity of voices, we fail the entire larger community. As Greene (2004) says, “the very act of defining the experiences of all lesbians and gay men by the characteristics of the most privileged and powerful members of that group is an oppressive act” (p. 39). Harper et al. (2004) suggest that by publishing research on the lives of GLBT people of color, we can help open up a dialogue that will improve the atmosphere not only for the people whom we serve as clinicians and health care providers, but also in turn as recipients of social, clinical, and health services.

Implications for Clinical Social Work Practice

Defining “Cultural Competence”

The term “cultural competence” has become such a buzzword that it has arguably lost its meaning for many clinicians. The diversity of experiences within the group of participants demonstrates that the main component of cultural competence comes from maintaining an air of curiosity. Clinicians should try not to make automatic assumptions about a person’s experience based on factors such as race, age, sexual orientation, religious origin, and education level. Although there are commonalities in the experiences of the participants, it is clear that the men’s individual internalizations of the

common events/experiences is different, based on a multitude of factors related to internalization and integration of identity (Christian, 2005; Crawford, Allison, Zamboni, & Soto, 2002; Myers et al., 2003). Therefore it becomes important for clinical social workers and other providers to ask clients open-ended questions such as, “What kind of community did you grow up in, and how has that affected the person you are today?” To this end, Crisp (2006) has developed a model of practice and an assessment scale for social workers to examine and improve their work with gay and lesbian clients in an open affirmative manner. Such a model provides helpful direction for clinicians who are looking to do outreach to gay, lesbian, and other marginalized clients because it takes into consideration a client’s social environment (attitudes, beliefs), uses a strengths-based approach, and encourages and upholds a client’s right to self-identify.

More specifically, clinical social workers must keep in mind that GLBT clients of color may experience their sexual identity very differently from the commonly assumed majority experience. As evidenced by research (Dubé & Savin-Williams, 1999; Parks et al., 2004), the ethnic minority GLBT experience is influenced by an interplay of many social and cultural factors, including potentially increased levels of homophobia from within ethnic minority communities, social and cultural gender role expectations, and religion. However, there are also clients who may have had a totally different experience, growing up in a tolerant and friendly environment where he/she felt safe talking about and working toward an open same-sex oriented sexual identity that could be integrated more easily with other social identities, such as racial identity.

If clinical social workers don’t ask clients basic questions, this may establish a therapeutic relationship that leaves the client feeling shameful, misunderstood, or afraid

to raise difficult topics. For instance, participants spoke about the expectations projected on to them from members of both the gay mainstream and from other African Americans about expressions of masculinity, dress, and even social habits (i.e., after asking another African American man out for coffee, one participant was told that “black men don’t do coffee.”), and how these expectations were limiting, disappointing, and sometimes just embarrassing in social interaction. As clinical social workers, we must not replicate the stereotypes these men are subject to in most other aspects of their lives. There is no single “black” or “African American” experience, and this fallacy of homogeneity is damaging to therapeutic relationships and serves as a barrier to health-seeking behavior amongst marginalized people. Clinical social workers, in order to be truly culturally competent, should explore the diversity within this large group of people, combating these sometimes innocent assumptions and stereotypes that many of us hold about our clients based on race, sexual orientation, and other identities.

One key tool to maintaining an active curiosity is authenticity, a large component being humility. When asked about ways to make social services more welcoming and relevant to GLBT people of color, one participant stated:

...sometimes people try too hard and maybe it’s not about trying hard at all, but some sort of authenticity. And let’s face it- at the end of the day what most human beings want is to be treated with a little bit of dignity...It’s almost old-fashioned, like the Golden Rule- treat others like you would want to be treated. Because I think there are people out there straining every gasket to try and get it. And there’s sort of the paradox of intent- the harder you try for something, the more elusive it becomes.

Part of this authenticity comes from being willing to make oneself vulnerable by asking difficult and/or potentially embarrassing questions about gaps in knowledge.

As clinical social workers, we seek to work against oppression. The first step in combating oppression is to acknowledge racial and class stratification in our communities. It is important for white clinicians to acknowledge that there is an imbalance and a history of racism in gay communities. Engaging the client in a conversation about his/her comfort level in gay communities is a good starting point- a client's comfort level in gay communities may be a factor of experiences of racism, classism, or something entirely unrelated. However, it is best practice not to assume that all GLBT clients identify with mainstream gay cultures, and it is important to ask "why?"

The culturally competent clinician must be willing to have difficult conversations with clients and other providers alike, and he/she must challenge his/her own stereotypes, prejudices, and curiosities around racial identity. While it is impossible to read everything, and dangerous to generalize from one person's experience, clinicians may look to poetry, art, and public discourse to get a sense for the issues faced by members of GLBT people of color. Additionally, clinical social workers can become more competent by creating and reading research about GLBT people of color. Social work research and writing about race and racism based on practice (Miller, J. & Garran, A.M., 2007) can provide helpful models for how to navigate difficult conversations around race and racism on an institutional and individual level. Qualitative research in particular allows people of color to give very specific examples of ways in which they are affected by racism and other -isms. This type of research allows clinical social workers to talk about GLBT people of color in a more sophisticated and helpful way.

Narrative Approaches

In addition to qualitative research, clinical social workers might find that narrative therapeutic approaches may prove more helpful in working cross-culturally and/or with members of marginalized communities, such as African American gay men. Graziano (2004) employed a narrative approach in one study with post-apartheid black South African gays and lesbians, giving them cameras and allowing them to tell stories about issues such as inter-racial dating, class differences and access to resources, education disparities, and HIV/AIDS. By allowing the client to lead, Graziano (2004) illustrates the power of narrative approaches with populations traditionally ignored by more conventional interventions. By encouraging the client to tell his/her own story, clinical social workers empower the client to define his/her own therapy and to tell his/her own story without feeling interrogated and lessening the often awkward experience during the delicate initial stages of therapy which, especially when doing therapy cross-culturally, can be confusing and difficult to navigate. Buchanan et al. (2001) discuss narrative therapeutic approaches as a way of getting clients to externalize their problems and to shape them through storytelling, suggesting that this may be an even more useful strategy in clients dealing with multiple conflicting identity issues (in their research, being GLBT and religious). Guiding a client through storytelling techniques empowers him/her to organize and think about a problem using his/her own language, experience, and successes (Buchanan, 2001). Highlighting a client's strengths and successes during this process is also encouraged, as it is important for the client to realize how he/she already

possesses many of the tools needed to improve his/her functioning in future struggles and/or conflict.

Dismantling the Master's House: Inter- and Intra-Agency Anti-racism Work

Clinical social workers working within agencies can improve the agency's outreach and service to communities of color by working to become an anti-racist institution (Donner & Miller, 2005) formally or by forming task forces, diversity committees, actively programming trainings and events that deal with issues pertaining to ethnic and cultural minority groups, and by supporting and advertising in these communities. Clinical social workers may take part in advocacy on a mezzo- and/or macro-level to affect change in agency settings or on a larger level by working with community/agency leaders to increase diversity in hiring amongst staff in social service agencies, by developing more leadership positions for young people of color to create entrées into agency settings, and by changing recruitment strategies. This may, as mentioned above, include advertising in more diverse settings and/or using images of a more diverse population in ad campaigns. Partnering with other local community organizations may increase visibility and make an agency more appealing to a wider array of clientele, perhaps increasing its acceptability even in the face of a community fostering homophobia.

Several participants reported a palpable hostility between African American and GLBT community organizations. Coalition building with other community agencies and/or other groups targeting racism, homophobia, and other forms of discrimination will increase clinicians cultural competence, increase GLBT visibility in marginalized

communities, and will provide increased diversity in referrals and general community interest in an agency.

Participation of white GLBT clinicians in African American civil rights groups is one way to build powerful relationships that counter oppression in our communities. Several participants spoke about the politics around on-going discussions comparing and quantifying oppression based on race versus sexual orientation. As one participant said about civil rights and GLBT rights, “It’s not comparative oppression; it’s the same thing.” While several participants spoke about experiencing homophobia in African American community organizations, they also commented that if more GLBT-identified people stood up for African Americans and other marginalized racial groups, the support for GLBT civil rights would improve from African American community organizations. Becoming part of organizations that might feel foreign or cross-cultural increases clinicians’ ability to maximize the use of community resources and also helps clinicians to make appropriate referrals to services in the community, when necessary.

Holistic Approaches: Public Health Implications

According to the Centers for Disease Control (CDC) statistics (2007), in 2005 African Americans made up about 13% of the general population, yet accounted for 50% of new reported HIV/AIDS cases. This is ten times the rate of infection for Caucasians and three times the rate of Latinos. Of all African American men living with HIV/AIDS, sex with other men was the primary mode of transmission. Furthermore, in a 2006 study, the CDC found that 46% of African American men tested in five major cities were positive for HIV and 67% of these men were unaware of their HIV status. Although rates

of testing for HIV are four times higher for African Americans than in other populations, the system has somehow failed African American MSM. The CDC points to homophobia, which creates an atmosphere of shame and denial and propagates unsafe sexual behavior and avoidance of MSM-targeted health campaigns and HIV testing. The lower socioeconomic status of African Americans in America also creates barriers to accessing health care, education, stable housing and basic resources, which has been linked to higher AIDS incidence. Additionally, the lack of safer sex education and condoms available during incarceration affects a large percentage of African American men who are disproportionately represented in US federal and state prisons (CDC, 2007).

These statistics mark a public health crisis in which clinical social workers may play an essential role. This is a key time for clinical social workers to collaborate with health care providers and social service organizations to work on identifying ways to target homophobia, and create avenues for discussions of sexuality that do not blame, shame, or carry racist agendas (Boykin & Harris, 2006). While all participants had been tested for HIV, the majority of them felt uncomfortable accessing health care at GLBT health centers. This discomfort may translate to men avoiding health care overall, or having them seek health care at agencies who may not be culturally competent. General health clinics lacking specialized cultural competence might not ask patients about their risk-taking health behaviors, and may not encourage them to get tested regularly for sexually transmitted infections, including HIV.

Wheeler (2005) found that the relationship between African American MSM and their health care providers was a “dynamic and complex” balance, and that the men interviewed could easily be dissuaded from health-seeking behaviors by even the most

subtle cues from their health care provider. Having clinical social workers on-board with medical professionals and allowing a forum in the session for clients to speak about their sexual behavior and risk factors without judgment could help to foster stronger relationships with health care providers as clients feel more empowered to talk about their health and to be able to identify their needs. Clinicians working with any sexually active client, but especially those working with members of groups who are so disproportionately represented in the epidemic, might equip themselves with some local and national resources about HIV testing and treatment.

Limitations and Possible Biases

In analyzing study data, it is important to consider how the validity of the interpretation of the qualitative data might be protected. While the researcher has been careful not to over-generalize, possible biases in the research might result from analyzing the experience of participants who were self-selected, predominately upper-middle class, and well-educated, living in an urban area with access to community resources that African Americans in other communities might not have. Have these men more successfully synthesized their African American and gay identities than men in the general population? Are they more comfortable with their sexual identity than other African American gay men? The self-selection involved in recruitment might sway the study's results, and thus it is important to note that the results may not be representative of the larger African American gay population, but simply act as a starting point for future research.

Additionally, the researcher had to consider his own bias as a gay man, with specific ideas of gay cultures and his own hypotheses about African American men's experiences in gay communities. As a white gay man trying to get African American men to reveal personal histories, intimate feelings and memories, and attitudes, the researcher had to consider the effect of possible self-censoring by participants. There may have been some hesitation from participants to reveal their stories to a stranger, and certainly in disclosing to someone who is a cultural outsider. The researcher explicitly discussed this concern with potential participants during the recruitment process (on posters) and during the informed consent process.

Future Directions

To grasp a better understanding of how sexual racism functions, research needs to look at the phenomenon from many sides. Future studies might look at awareness of and attitudes about sexualized racial stereotypes, those involved in interracial and cross-cultural dating, and more generally, the meanings of race in close interpersonal relationships. This research might also look explicit attitudes versus more implicit and subconscious ideas about race by measuring autonomic physiological responses in participants, or by looking at body language in interactions with people outside of one's racial or ethnic group.

Another major theme that might be pursued in future research is authenticity. How do people living in multiple social identities integrate their identities when both groups actively deny their group membership? Future qualitative research might look at

resiliency in GLBT people of color, using success stories to point to helpful strategies for others. Using psychodynamic theory, clinical social workers might also apply Object Relations Theory (Fairbairn, 1952; Greenberg, J.R. & Mitchell, S.R., 1983) to GLBT people of color to look at how early attachments might influence this difficult integration process or use Self Psychology (Elson, 1986; Kohut, 1977) to look at the presence and strength of selfobjects in GLBT people of color in relation to current identity formation processes.

Finally, future research should keep abreast of and investigate the ways in which public discussions of sexuality influence and reflect changing notions of sexual identity. Even over the course of the last decade, we have seen significant changes in the way that the mainstream thinks and talks about sexual identities and GLBT civil rights, such as marriage equality. This study captures the experience of 12 gay-identified African American men living in Boston in 2007. The same research done in ten years would yield very different data, and it is important that research evolves along with changing notions of sexual and other social identities.

By participating in this line of research and by reading it, clinical social workers would be able to engage clients in strengths-based therapy that might be more culturally relevant and would give clients practical skills to improve their quality of life. Lessons learned from this study and related research may help clinical social workers take part in advocacy around policy change on a macro-level as well as in their practice.

Conclusion

This study attempted to add to a scarce body of research on the lives of GLBT people of color by looking at factors facing African American gay men in their identity formation and daily experience. Additionally, this research has examined the ways in which race and racism has a variety of meanings within gay communities as well as the meanings sexuality holds in gay men's ethnic/cultural communities. Twelve African American gay men living in the Boston metropolitan area were interviewed, offering a picture of this segment of the greater population. From these men's experiences, clinical social workers and other clinicians may begin to learn ways in which they might better work with GLBT clients of color. In sum, clinicians will have the most success when maintaining an atmosphere of respect, preserving the client's dignity, holding a sense of active curiosity in therapy, being willing to not know or assume, to slip up, and to learn from these moments. Clinicians must challenge their own assumptions and beliefs about race and racism. They must be attune to recognize racial, cultural, class, and spiritual difference between themselves and the client, but also between their clients.

African American gay men are a group that, like others living with multiple marginalized identities, must constantly assess and negotiate their public versus private self. In becoming more aware of the needs and strengths of African American gay men, we can build stronger, more inclusive communities. One participant speaks directly to this point, saying:

And I don't think you can do it by yourself- as a gay man you have to embrace community, you have to embrace other people who can relate to you who can talk

to you about the same things you possibly are going through- you have to. You can't be a strong person by yourself- you have to have that support.

As clinicians, we must work to assure that GLBT clients of color have a safe place to speak about their experience in an affirming and open environment. Through this work, we can help clients to feel part of a larger community and to feel supported and respected and held by those around them. As clinical social workers committed to fighting oppression in our communities, we have a firm commitment to this goal. Hopefully, this study will challenge clinicians to question their belief systems and to engage clients and peers in open on-going discussions around sexuality, race and racism in order to work toward increased understanding, communication, and unified diverse communities.

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SMITH COLLEGE
School for
Social Work

Appendix A:
Human Subjects Review Approval

Smith College
Northampton, Massachusetts 01063
T (413) 585-7950
F (413) 585-7994

November 27, 2006

Ben Kudler
135 Sydney Street, #3
Dorchester, MA 02125

Dear Ben,

The Human Subjects Review Committee has reviewed your amended materials. You did a very thoughtful job and everything is now in order. You justified very well why it was important to ask about HIV status and also give them the right not to answer if they were uncomfortable. You also did a very nice job of expanding your questions to more clearly seek the answer to your research question.

We are now happy to give final approval to this most useful study and wish you success in your work.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain signed consent documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Terry McDowell, Research Advisor

Appendix B:
Recruitment Letter

From: Ben Kudler
Subject: Seeking: African American gay men of Boston!!!

Good afternoon-

As many of you know, I am in a Masters program in Social Work at Smith and part of the work for my degree is completing a masters thesis. I'm emailing all of the people I know in the Boston area to ask for your help in recruiting participants for my thesis research project.

In my research, I am looking at the meanings of race and racism in gay communities, and have chosen to look at the experiences of gay-identified African American men. This population has very little voice in the world, and I want to help change that.

From the proposal:

Project Purpose and Design

The proposed study will explore race as a factor in sexual identity formation and its role in forming interpersonal relationships for African American gay men. Additionally, the study will look at barriers to a sense of belonging and general satisfaction in both gay and African American communities, based on participants' racial and sexual identities. The research question asks, "What are the experiences of African American gay men in the context of their family, the general public, ones' social environment, gay communities, and African-American communities?"

The study's purpose is to increase understanding of this marginalized population, as well as to look at ways in which clinical practice, public health outreach, and policy might be enhanced by a more sophisticated understanding of the needs of African American gay communities.

I am looking for US-born gay-identified African American men over the age of eighteen to do a 45-60 minute interview with me. All of these interviews will be completely confidential and the participant's name will never be used in writing or discussing the research data. Interview questions are open-ended and no one has to answer questions they are not comfortable with.

I can't interview my friends/colleagues (read, "you"), but I can definitely interview YOUR friends and acquaintances. I'm looking for a diverse group of people in terms of age, experience, socioeconomic status, profession, etc. I need as many people as I can get. Please, distribute this info with abandon!

If you know ANYONE who might qualify and be interested in participating, please have them either email or call me. Once contacted, I will figure out a mutually convenient

place to meet each participant and do the interview.

My contact info:

<Contact Info>

Attached is a flier with the same basic info. Please feel free to share it with others. Thank you for your help. I am extremely excited about this project and with your help, it should turn out to be something meaningful for everyone involved.

my best,

Ben

Appendix C:
Recruitment Flier

Gay African American Men: Your Voice is Missing from the Conversation.

Come and be heard.



Participate in a 15-60 minute interview as part of a study being done to find out what the experience of Gay African American Men is like: the coming out process; relationships; where do you feel comfortable and welcome; *do* you feel part of the gay community; and/or are you encountering racism *from* within the gay community?

Seeking Gay-identified African American men over 18.

Contact Ben @ GBM.Study@Comcast.net OR call @ 617.726.4056

Contact Ben GBM.Study@Comcast.net 617.726.4056
Contact Ben GBM.Study@Comcast.net 617.726.4056
Contact Ben 983348300y@gbm-study.com 617.726.4056
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Appendix D:
Informed Consent Form

Informed Consent
(Interview form)

Dear Participant:

My name is Ben Kudler and I am a graduate student pursuing a Masters of Social Work (MSW) at Smith College School for Social Work. My project is called “Race and Racism in gay culture: Social Identity in African American gay men,” and will explore the meanings of Race and Racism in gay communities, as experienced by African American gay-identified men. The study looks at the experiences of self-identified African American gay men in their families, in the general public/social environment, in gay communities, and in African-American communities.

This research is being done for a written thesis project, in partial fulfillment of my Masters degree. The data may also be used for future presentation and publication on this topic.

You are being asked to participate in this research study as a man who identifies as African American and gay. However, participants must have been born in the US, in order to assure a commonality in national identity and some semblance of cultural membership. Those identifying as African or Haitian immigrants, Brazilian/Latin-American *and* black, non-US born, or those with multiple racial identities will be excluded from participation in the study.

After determining eligibility and gaining your consent to participate, I will ask you some basic questions about your age, education level, religious preference, and socioeconomic status. Additionally, because of the disproportionate amount of HIV infection in African-American men who have sex with men (MSM), I am interested in knowing if participants are comfortable accessing HIV outreach and/or testing services geared toward GLBT communities. After the demographic survey, you will be asked five open-ended questions concerning your experiences within African American and gay communities. You will be given about 5-10 minutes to answer each question. The entire process should take approximately one hour.

I will record our interview using a digital recorder. No one else will have access to the recording and neither your name nor any identifying information will ever be used when writing about or reporting what is said during our interview. Your name will be removed from all documents and coded with numbers (i.e., “Participant 4”). After your interview, I will use the recording to type out what is said today. To protect your privacy I will keep all recordings and text stored in a locked safe space. I am required by Federal regulations to keep all of my data for 3 years, at which point I will either continue to store it securely, or I will destroy it.

Participants may benefit from taking part in this study. You may gain insight about your experience through discussing it in the interview. Also, participation will help contribute to research on an underserved and under-studied community, adding valuable information that may help community agencies, public health outreach, and other social services to improve. The study may also increase a general understanding of cultures around African American gay men. Additionally, you will be given a list of referral sources to help you cope with possible stresses and to gain support within your community.

It should also be noted that there are possible risks involved in participating. During the interview you will be asked to discuss issues around your experiences, some of which may be negative or even traumatic in nature. Discussing sensitive issues around one's identity and experiences of racism may be upsetting. I ask that you alert me immediately if you find this to be unsettling or if you want to stop or pause for a moment. I will also provide all participants with resources for counseling and other relevant social services.

Any participant can decline to be involved in this study without any repercussion or loss of services. You may stop the interview at any point and you may refuse to answer any particular question on the demographic survey or in the interview portion. If you decide after participating that you would like your data to be withdrawn from the study and not used, please contact me by April 15th, 2007. In this case, I will destroy all of your data.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION; THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Signature of participant:

Date:

Signature of researcher:

Date:

Please keep a copy of this consent form for your records.

If you have any questions or wish to withdraw your consent, please contact:

Ben Kudler

<Contact Info>

Appendix E:
Demographic Survey

Data Collection Tools

Demographic Survey:

To the participant: Please answer the following questions to the best of your ability.

- 1) How old are you? _____
- 2) What is your ethnicity? _____
- 3) Do you have a religious preference? If so, how do you identify? _____
- 4) What is your yearly income level (estimate)?
_____ \$10,000-20,000
_____ \$20,001-30,000
_____ \$30,001-40,000
_____ \$40,001-50,000
_____ \$50,001-60,000
_____ \$60,001+
- 5) What is the highest level of education you've completed:
_____ primary school (specify K-9th grade)
_____ some high school (specify grade)
_____ High school diploma/GED
_____ some college
_____ college degree and/or certificate program
_____ advanced degree (Masters, PhD)
- 6) Do you have any children? _____ yes _____ no
- 7) What town/city do you live in? _____
- 8) Have you ever been tested for HIV? _____ yes _____ no
- 9) Have you or would you ever use a GLBT-identified testing center or GLBT health services? _____ yes _____ no

Appendix F:
Qualitative Interview Questionnaire

Data Collection Tools
Interview Questionnaire

(To be administered verbally to the participant by the researcher. 5-10 minutes is allotted for each response)

- 1) Please talk about your coming out process, and to whom you are “out.” How did your family, friends, and environment play into your decision to come out/not come out? In what ways, if any, do you feel that your racial identity and/or African American culture has played in the coming out process?
- 2) Are there parts of yourself that you hide? When and where do you hide these parts, and from whom? What parts can you hide, and what parts do others instantly see when they meet you? In what ways does the color of your skin affect the way that people think of you?
- 3) What assumptions do people make about you as an African American gay man? Are there certain expectations or stereotypes that people have communicated, based on your race? In what circumstances are assumptions made (i.e., dating, relationships, at work)?
- 4) Has the media’s “down-low” discussion changed the way people think about you, and how? Has it changed the way you think about yourself as a gay man?
- 5) Do you feel comfortable and welcome in gay community events, GLBT social service agencies, HIV testing centers, health centers, community organizations, and/or clubs and bars? Where do you feel most comfortable as an African American gay man?

Appendix G:
Resource List for Participants

Resources:

This list of resources is intended to help link you to any services that you might find useful.

1) The MALE Center

(Male Action Lifetime Empowerment)
571 Columbus Ave
Boston, MA 02118
617.450.1987
<http://www.malecenter.org>

Provides confidential men's groups, HIV/STD testing, nonjudgmental advice/counseling around drugs, and other services for men who have sex with men (MSM) with an emphasis on services for men of color.

2) Fenway Community Health Center

7 Haviland Street
Boston, MA 02115
617.267.0900/1-888-242-0900
<http://www.fenwayhealth.org>

Provides comprehensive medical and mental health services for GLBT (and other) clients. Also provides some community events, especially around health issues, provides support groups around sexuality, and provides confidential HIV/STD testing.

3) AIDS Action

294 Washington Street, 5th Floor
Boston, MA 02108
617.437.6200
<http://www.aac.org>

Comprehensive services around HIV/AIDS, testing, mental health counseling, and community outreach/prevention. Also engaged in policy and legal advocacy.

4) Mass General Hospital STD Clinic

Cox Building- 5th floor
55 Fruit Street
Boston MA
617-726-2748
http://www.massgeneral.org/id/clinical_practice/std_clinic/

Anonymous HIV/STD testing (Syphilis is confidential, requiring a name)
Mon, Tues, Wed, Thurs, Fri Mornings
8:30 - 11:00 am Monday and
Wednesday Afternoons 1:00 - 3:00 pm.
Also provides social services and therapy for MGH patients who test HIV-positive.