Original Research Article

Proving Manhood: gay culture, competitiveness, risk, and mental wellbeing

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Abstract
The endurance of depression, anxiety and suicidal ideation among gay and bisexual men persists despite advances in civil rights and wider social acceptance. While minority stress theory provides a framework for much scholarly debate as to the causes of mental distress among non-heterosexual men, there is a growing interest into the detrimental effects that competitiveness within the gay community itself can have. Past studies have celebrated involvement in gay culture as being associated with better mental health outcomes by tempering the impact of hegemonic heteronormativity. Yet between non-heterosexual men and the general population, there are stark mental health inequalities that require investigation. As a means of proving manhood, men in general are predisposed toward competitiveness and risk, but within a subculture where the attention is exclusively on male sex, the focus is primarily status conscious. This article draws on minority stress theory to consider societal discrimination. It also applies inter-minority gay community stress theory to explore pressures emanating from gay spaces with fixations on masculinity, income and rivalry as major sources of mental health problems in gay and bisexual men. The causes for health disparities illustrated in this article, demonstrate a critical need for public health and social care organizations to respond with innovatory services, based on a firm understanding of stressors arising from interactions between men in gay spaces.

Keywords
Gay and bisexual men / health inequalities / mental wellbeing / stress theory

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Introduction

Men worldwide are motivated by competitiveness and a need to prove their manhood. Ways masculinity can be expressed is through aggressive behavior, by engaging in financial risk taking, and participating in brute sports such as rugby, football, or boxing (Haywood et al., 2019; Vandello et al., 2008). In a subculture where the focus is exclusively on men having sex with men, this need to prove masculinity is amplified. Despite the fact the gay community is constructed around notions of a shared understanding of what it is to be different, within the broader community are subcultures—seemingly endless categories that create divides, rather than acting to unite gay and bisexual men such as: muscle, twink, daddies, bears, wolves, otter, jocks, and others, with men assimilating into the most appropriate. A classification system is in operation whereby men are segregated by age, occupation, income, and neighborhood, but the most notable demarcation exists between masculine and feminine. Although outside these cliques there are different interest groups and activities, inevitably it reverts back to a fixation with the most perfect type within each group. Members of subcultures compete for social and sexual gain, and according to Pachankis et al., (2020) the preoccupation with physique, income or attractiveness are key sources of 'compare and despair' stressors that have intensified since the introduction of apps like: Facebook, Instagram, Grindr, and Scruff. Within gay spaces masculinity is afforded high status compared to the aversion felt towards feminine gay men. Decades before the launch of apps like Grindr, Bailey et al., (1997) found evidence of this antipathy in a study he conducted into the self-descriptions gay men used when advertising for a partner in the press. Bailey noted that when gay men described the type of partner desired, masculine characteristics were requested as much as 96 per cent of the time. The way gay men represented themselves—and the kind of person they sought—was overwhelmingly masculine, appearing in 98 per cent of the adverts analyzed. Men regularly described themselves using terms such as; *butch, straight-acting, or athletic,* and with respect to their lifestyles; *outdoor type, swimming, working out, and traveling* (p.13,15). Owing to the fact gay men have historically been considered unmanly or feminine, many take risks to validate their masculinity, to the point where it becomes detrimental to their physical and mental wellbeing. Extreme behavior can give rise to psychological conditions including; eating disorders, body dysmorphia, as well as problems related to the use of anabolic steroids, or chemsex drugs (Blashill et al., 2016; Cochran & Mays, 2009; Corkery et al., 2015; Filice et al., 2020; Lippa, 2005).

Most studies probing health disparities among sexual minority men and the general population have traditionally concentrated on the challenges gay and bisexual men face, in a world dominated by heteronormativity (e.g., Foucault, 1978; Weeks, 1981, 1986). But by the mid-1990s, scholars were turning their attention to understanding non-heterosexual men as a group experiencing higher rates of psychological disorders, among which were; anxiety, depression, substance misuse, and suicide ideation. In what has become the most cited examination of gay related stress, Meyer's (2003) minority stress theory has attempted to explain why health inequalities exist between sexual and gender minorities. His theory characterized increased rates of stress in stigmatized groups taking into account pressures such as poor social support, low socioeconomic status, prejudice and discrimination (Filice et al., 2020; Meyer, 2003; Meyer, 2007; Pascoe et al., 2009). More recently Pachankis et al., (2020)

advanced the debate by evaluating the unique stress factors causing mental health problems in non-heterosexual men. He argued they can partially be explained by the destructive effects of male competitiveness within gay culture. For instance, body conscious gay men repeatedly go to far-reaching lengths to outperform competitors in order to be—and to attract—higher status men. Studies into anxiety, depression, and suicide ideation have routinely neglected inquiry into pressures on gay men's mental wellbeing, arising from interactions within gay subcultures. Pachankis, and his colleagues, developed an innovatory hypothesis aimed at complementing minority stress theory, which has been labeled as intra-minority gay community stress theory; abbreviated to gay community stress theory. It proposes to extend Meyer's explanation for health inequalities by providing a framework to analyze gay culture, and thus shed light on how it affects the mental wellbeing of non-heterosexual men.

This article synthesizes and discusses the growing body of research into the complexities of gay and bisexual men's mental health. It considers feelings of exclusion from the gay community itself through the narratives of men involved in the 'scene.' The article further examines the role played by minority stress theory, gay community stress theory, and considers an alternative and more controversial explanation for health disparities proposed by Bailey (2020). The article endeavors to advance knowledge of sexual minority men, status concerns, and demystify some of the main causes generating mental health inequalities. Finally, recommendations are included to enable future studies to progress interventions, ensuring the gay community remains the pioneering and creative movement it has become.

Measuring Masculinity, Social Capital, and Status-Based Stressors

Non-heterosexual men are at an increased risk of depressive conditions that can manifest as, for instance, social anxiety, panic attacks, or obsessive-compulsive disorder compared to their heterosexual counterparts (Filice et al., 2020; Pinciotti & Orcutt, 2021). Minority stress theory seeks to explain the basis for such health disparities by suggesting it is due to an excessive exposure to social disadvantage, discrimination and stigma, repression of sexuality, anticipation of rejection, and internalized homophobia (Meyer, 2003). The theory has been a commonplace method through which gay and bisexual men's mental wellbeing has been measured, but during the past few years empirical research has emerged which argues exposure to minority stress may not entirely explain the substantial mental health variations, identified (Mays & Cochran 2001; Meyer, Schwartz, & Frost, 2008). Rather, gay community stress theory (Pachankis et al., 2020) proposes that men in general encounter specific stressors as a consequence of status hierarchies within gay subcultures, comprised of men who are compelled to defend their social and sexual status (Green, 2008). Sexual minority men function within an exclusive subculture with a shared gender and sexual desire, with the same measures of social and sexual capital applied when assessing would-be partners (Green, 2014; Pachankis et al., 2020). Gay and bisexual men's mental health can be negatively affected by their relations with each other as a result of social capital and status-based stressors. However, social and sexual capital in gay spaces is not equally allocated: older men, HIV-positive, those from an ethnic background, bisexuals, and men from a lower socioeconomic standing all have less social and sexual capital (Filice et al., 2020; Green 2008, 2014; Mays & Cochran 2001; Haile et al., 2014). By contrast the maximum capital is enjoyed by men who are manly, good-looking and affluent,

and it is this group who are most protected from status-based stress (Green, 2008; Pachankis et al., 2020). For younger gay men, the struggle to integrate into the 'community' can intensify feelings of exclusion and anxiety. Adam came out at the age of sixteen and after graduating moved to San Francisco. He recalled what it was like for him.

> It's like you emerge from the closet expecting to be this butterfly and the gay community just slaps the idealism out of you. I went to West Hollywood because I thought that's where my people were. But *it was really horrifying*. It's made by gay adults, and it's not welcoming for gay kids. You go from your mom's house to a gay club where a lot of people are on drugs and it's like, this is my community? It's like a fucking jungle (Hobbes, 2017, emphasis added).

John also describes malevolent behavior among gay men which he sees as common.

> Gay men in particular are just not very nice to each other … In pop culture, drag queens are known for their takedowns and it's all ha ha ha. But that meanness is almost pathological. All of us were deeply confused or lying to ourselves for a good chunk of our adolescence. But it's not comfortable for us to show that to other people. So we show other people what the world shows us, which is nastiness (Hobbes, 2017).

Paul lives in the U.S. but believes this global phenomena is the result of learnt behavior acquired in childhood, resulting from homophobic bullying. In addition to the ongoing battle for acceptance, improved legal protections, and social inclusion, Paul considers gay and bisexual men must re-evaluate their treatment toward each other.

> The bullied kids of our youth grew up and became bullies themselves. For gay people, we've always told ourselves that when the AIDS epidemic was over, we'd be fine. Then it was, when we can get married, we'll be fine. Now it's, when the bullying stops, we'll be fine. We keep waiting for the moment when we feel like we're not different from other people. But the fact is, we are different. It's about time we accept that and work with it (Hobbes, 2017).

Marginalization from a society governed by hegemonic heteronormativity, together with the judgment and rejection occurring within gay culture, can negatively impact mental wellbeing. Yet, likewise, toxic masculinity can have devastating affects on physical health (Haslam, 2006; Haywood et al., 2019; Lippa, 2005; Weeks, 2017). Prizing hypermasculinity may lead to low self-esteem and a dissatisfaction with body image, that results in non-heterosexual men taking drastic measures to appeal to other men. Additionally, damaging behavior is reinforced by limited representations of different body types in the media, and so perpetuates stereotypes of physical male beauty (Filice et al., 2020). These codes of behavior in gay subcultures are mirrored across western countries. *"You're too ugly to be gay,*" is an example of the type of comment that left Jakeb from the North East of England feeling depressed, worthless and suicidal (Hunte, 2020). Jakeb had been facing issues with his body image that ultimately caused

him to begin taking anabolic steroids (a class C drug in the UK) used to increase body mass. Jakeb admits:

> Guys with stunning bodies get the comments and the attention [but] I've not gone on dates because I'm scared of people seeing me in real life. I would honestly have plastic surgery if I could afford it … I got a certain weight from just working out and going to the gym, but I couldn't get any bigger, and I got into my head that I needed to be bigger. My friend said he knew a steroid dealer, so I thought maybe I'll just do a low dose to see what happens (Hunte, 2020).

Anabolic steroids can be addictive, and Jakeb soon discovered he was unable to stop taking them. ' I got to the size I wanted to be, but it didn't feel good enough, I kept wanting more. It was like there was a harsh voice telling me I'm skinny' (Hunte, 2020). After years of working out, and with frequent use of steroids, Jakeb suffered heart failure. Although he stopped taking the drug, his mental and physical health continued to decline.

> I couldn't breathe, I couldn't sleep, I was days away from dying. The cardiologist said if I had done one more injection or gone to the gym a few more times, I would have dropped dead … It just hasn't been worth it at all … I didn't go on pride marches and have bricks thrown at me to have the community we've got now. We have equality, but we're horrible to each other (Hunte, 2020).

Feminine Men, Rejection Sensitivity, and Hypermasculinity

Minority stress theory suggests that increased mental health disparities in non-heterosexual individuals has its origins in institutional and social structures, rather than based in genetical or biological characteristics (Meyer, 2003). It is because of structural oppression including discrimination, stigma, and overt rejection that increased mental health problems in gay and bisexual men are more likely to occur. Feinstein (2019) sought to advance Meyer's theory by introducing rejection sensitivity as a means of providing a more comprehensive understanding of mental health vulnerabilities in non-heterosexual individuals. His extension of the model claims that early experiences of rejection are connected to increases in rejection sensitivity. Accordingly, this intensifies a predisposition to both encounters of stigma and the harmful mental health outcomes. Feinstein (2019) points out that the minority stress theory has depended solely on self-reporting data as a measure, which is open to bias by individual character. Even though Meyer's theory has considerable empirical support, Bailey (2020) proposes the model has not yet advance beyond the point of eradicating opposing hypothesis. He puts forward a competing possibility which is: 'the increased prevalence of mental health problems in nonheterosexual persons is, at least in part, the *cause*, rather than the effect, of increased self-reported experiences of stigmatization, prejudice, and discrimination' (p.2265, emphasis in original). Put simply, this reasoning is in contrast to Meyer's position as it argues gay men—notably feminine men—demonstrate higher rates of neuroticism compared to heterosexual men. Bailey (2020) recognizes the difference between the two groups is likely small, but believes small differences can lead to much larger variances in the amount that

exceed high values, which in turn can be linked to psychopathology. Also, vulnerable feminine gay men present with the highest rates of neurosis and have higher mental distress than other men (Bailey, 2020; Sandfort et al., 2007). Bailey argues the minority stress model ought to anticipate that non-heterosexual individuals who grow up in principally intolerant or stigmatized societies, would be at an exceptionally high risk of developing mental health problems. Conversely, he offers the Netherlands to dispute this, arguing the Netherlands is an open-minded and highly tolerant society that has revealed a substantial increase in 'affective disorders' among sexual minorities (p.2266). The rates in the Netherlands, he contends, are equal to less-tolerant societies namely the U. S. (see Cochran & Mays, 2000). Bailey (2020) claims it is credible that conditions including depression and anxiety could cause individuals to be more exposed to incidents of discrimination. While he accepts that mental health distress can result from societal oppression, he also asserts that there are serious limitations to the minority stress model. Even if mental health difficulties arise due to societal factors other explanations must also be considered. Bailey maintains individual temperament will eventually be regarded as a neglected component, and the fundamental limitations to the existing theory, acknowledged. Furthermore, he advocates, if Feinstein's (2019) ideas about rejection sensitivity in self-reporting of stigma are correct, a wholesale reassessment of minority stress may be needed.

Negative interactions where feminine men are accused of contributing to homophobia can heighten rejection sensitivity. The perceived 'unnatural' representation of masculinity is realized through presenting an image of what it is to be gay to the world—deemed offensive to the mainstream masculine types. Feminine men are regarded as distinctly outlandish and operate in cliquey social milieux. Nonetheless in the view of some scholars, feminine men are victim-blamed for provoking stigma and facilitating bigotry (Hoskin, 2019; Kiebel et al., 2020). Categorizing a group of people based on outdated concepts of masculine and feminine, signals internalized homophobia about what it is to be a 'real' man. The following narrative illustrates an experience of early rejection, but unsurprisingly, similar encounters continue to surface throughout the lives of feminine gay men.

> [In school] I would be called things like faggot daily with no intervention from the administration. When I did ask for help it was often put on me to "be the better person" and to "just walk away" as if I had some control over how and why people were awful toward me. It was like the message to me was if I changed—if I stopped acting in a way that is perceived to be feminine—that sort of stuff would stop (Hoskin, 2019, p.692).

Antagonism toward feminine gay men may indicate a form of self-protection against those who contravene codes of masculinity. Essential beliefs are conventions about the underlying principles of social groups and contribute to group-based prejudices (Kiebel et al., 2020) Within gay culture, ostracizing feminine men may well reflect group pressures to reinforce precarious manhood status (Haslam, 2006) whereby feminine men face punitive sanctions in contrast to those who conform to codes of masculinity. The failure to abide by norms of manliness, signals a justification for the policing of individual expressions of sexuality. This may resolve the question why gay men feel under duress to present as hypermasculine and

competitive in gay spaces. What is more, it could explain the increased mental health problems reported by men who define themselves as gender non-conforming (Sánchez et al., 2009; Skidmore, Linsenmeier, & Bailey, 2006). For many, rejection from mainstream gay culture has led to engaging in a radical new subculture that involves risk taking behavior, with major consequences for physical as well as mental wellbeing.

Homophobia, Chemsex and Mental Distress

In recent times an alternative underworld scene has appeared in the form of house parties involving chemsex. In the UK, chemsex has been reported in the press as a 'crisis' and the biggest silent killer of sexual minority men since AIDS (Heritage and Baker, 2021). Chemsex is defined as a combination of drug-taking, principally among gay and bisexual men, organized via casual hook-ups, or group sex private parties. Studies examining the mental health of gay and bisexual men have concluded that drug use can be a response to homophobia, and a reason the use of the drugs has become a problem (Glynn et al., 2018). Several addicts said their transition to daily dependency was due to feelings of shame, insignificance, anger and self-derogation (Joyce et al., 2017). The pattern of isolated behavior that follows after a time on the drug is in marked contrast to the 'fun' of early use. A former addict recalls witnessing this process of a downward spiral into isolation and depression.

> One of my friends they – they was kind of the first person I saw to have a problem with [G] they just – kind of like slowly – they went away – drew into themselves, crawled into their shell like, didn't want to talk to anybody, didn't want to go anywhere, didn't want to do anything (Joyce et al., 2017, p.11).

All drugs have an impact on mental health but chemsex drugs such as crystal meth, mephedrone and 'G' are acutely potent in causing mental health problems (Corkery et al., 2015). The most commonly used are Gamma Hydroxybutyrate (GHB) a synthetic drug normally administered as an anesthetic—also known as the date rape drug—and Gamma Butyrolactone (GBL) both referred to as 'G' (Stuart, 2013; Zvosec et al., 2011). Beginning in 2011, the extent to which the use of chemsex drugs had escalated into a crisis among gay and bisexual men, came to the attention of the National Health Service (NHS) in London (Bourne et al., 2014). At the time there appeared a prominent rise in the number of people seeking help, owing to problems linked to the use of chemsex drugs (Javaid, 2018). In partnership with the Antidote Service, an increase was recorded in the amount of sexual minority men attending the drop-in service with issues relating to drug taking and sexual activity. The service offers help to those whose lives are ruled by drugs and alcohol, anonymous sexual encounters, family problems and partner difficulties (see https://londonfriend.org.uk/antidote/). Because of an increased hostility by gay club owners, due to men collapsing on the dance floor from overdoses, the use of chemsex drugs moved into enclosed locations. House parties involve unprotected sex between men, exposing participants to risks of sexually transmitted diseases (Bourne et al., 2014). Chemsex is self-destructive for a number of reasons, but significantly because of its correlation with the rise of STIs and HIV infections. As part of the changing nature of sexual activity among non-heterosexual men, the service saw chemsex as a growing phenomena (Hakim, 2018; Javaid,

2018). Together with changes in physical conditions, clinicians noted the experience left many with long-term psychological damage. Signs ranged from depression and social detachment to suicide ideation (Bourne et al., 2014; Stuart, 2013). The drugs also worsen pre-existing mental health diagnosis, and for some, symptoms were related to sexual violence. "Going-under" is the term used for passing out having taken G and is a common experience among users. It is in such circumstances that sexual assaults take place, often because a slight increase in the dose can cause unconsciousness (Corkery et al., 2015). Men have reported being violently assaulted, or raped, during the course of chemsex (Javaid, 2015). The Crime Survey for England and Wales released statistics in 2013, stating that approximately 9,000 men had been the victims of rape, or attempted rape, each year (Ministry of Justice, 2014). Yet according to Javaid (2018), this figure represents but the tip of an iceberg as an accurate indication of the true extent, because a high level of incidents go unrecorded.

Although chemsex is more common in large cities notably London and New York, smaller cities like Dublin are also feeling an impact. When surveyed, it was revealed that among attendees at Ireland's only MSM sexual health clinic in Dublin, one in four had engaged in chemsex over the previous twelve months (Glynn et al., 2018). One in five stated they or their sex partners had lost consciousness as a consequence of the drug, and one in four described chemsex as having a negative impact on their physical and mental wellbeing. It was hoped the findings would help guide future policy initiatives, and inform harm reduction interventions. G is detrimentally impacting the gay community in Ireland in a far quicker and more substantial way than other established drugs including: speed, cocaine, and ecstasy. There is no known antidote for the treatment of GHB and both intoxication and withdrawal can prove fatal (Crokery et al., 2015; Zvosec et al., 2011). How the use of the drug will progress in the long-term is uncertain but figures available give some indication. During 2014, one person was referred for treatment, but towards the end of August 2019, this number had soared to seventy-six (Ryan, 2018). A fifty-five per cent increase in referrals to Ireland's GHB detoxification clinic had been recorded towards the end of 2019. The repercussions can have a profound effect on mental health, especially among young men encountering chemsex for the first time. Sam a twenty-two-year-old spoke about his experience post a Grindr hook-up.

> I got a message from this guy. Older, maybe mid-thirties and relatively handsome. Chemsex was on his [Grindr] profile, I think … I was drunk. [The sex] was consensual of course, just stupid … but it just felt wrong. I had no idea where in Dublin I was, or who I was with. They didn't want me to leave [but] one of them was going to work (a lawyer, I believe) and offered to give me a lift. It was something like 10am. I had been there all night. I found a bus to the northside and just sat on it feeling terrible trying to comprehend what had happened. I felt like I had been coaxed into the situation (Hot Press, 2016).

As a response to the growing threat in Ireland, a multi-agency chemsex working group was set up to explore how best to develop integrated health and social care services. Mindful of the stigma regularly faced by gay men, the Gay Men's Health Service (GMHS) devised an integrated training plan for health and social care practitioners, targeting the most effective ways to provide help to those seeking advice about chemsex (Joyce et al., 2017). A pioneering

move to reach at risk men was also the creation of a Grindr profile. This simple innovation enabled men to get advice online without the need to disclose their identity (Ryan, 2018). In a similar way to other countries, the arrival of G into Ireland has required the establishment of new methods of training in substance use, as well as the development of harm reduction strategies allied to chemsex. Of equal importance has been a specific emphasis on how best to support the complex trauma of men who have been raped while under the influence of G (Javaid, 2015, 2018). Philip—the writer and director of a Dublin based theatre company—has created a new dance-theatre piece addressing the issues of gay men and chemsex. Reflecting on what he has learnt from speaking to men taking the drugs, Philip said:

> People are dying, and to me that's a crisis. I have personal experience of losing friends … I do think marriage equality was a fabulous moment, but I think it also acted as a band aid on real issues of trauma, addiction [and] isolation. When you start looking at this, you quickly realize that only a very small part of it is actually about sex … It's a real part of it, but once you strip away the veneer and ask why people are in this hectic cycle they can't get out of, you very quickly get to isolation, depression, trauma and self-esteem issues, people feeling like they don't fit into regular LGBTQ society, who suddenly discover that they have this freedom in this underworld (O'Byrne, 2021).

Conclusion

Since minority stress was first put forward as a theory it has advanced scholarly debate by arguing there is a correlation between stigma-based social disadvantage, and the wellbeing of gay and bisexual men. Notwithstanding, the theory neglects to fully account for the mental health inequalities between non-heterosexual men and the general populace. Rather it is Pachankis et al., (2020) who introduces empirical evidence to support his hypothesis that considerable pressures arise as a result of interactions between men in gay spaces. The present article focuses on sex, status, competition, and risk, to review the affect stressors have on the physical and mental welfare of sexual minority men. The narratives presented in this article, illustrate status-based competitive anxieties that serve as a basis on which gay and bisexual men might develop mental health problems. Also examined are the mechanisms of social and sexual interaction through which pressures increase as men compete for capital. A significant cause of stress comes from the fact that men rely on each other in the gay community for reciprocal social and sexual support. Accordingly, within gay environments, triggers have been identified as fixations on sex, age, financial status, masculinity and physical attractiveness that frequently influence wellbeing in a destructive way. Equally, the rise of sexual networking apps as a modern communication tool, coupled with the decline in physical social gay spaces like pubs, can offer a specific relevance to understanding the association between communication, rejection, and the consequences. A potential source of intervention for men affected by mental health issues, lies with social groups which are outside the realm of gay sexual forums. These groups can offer support by confronting the destructive psychological causes linked to social exclusion, isolation, depressed emotions, rejection-related intolerance, and substance misuse (Pachankis et al., 2020). Gay community support groups can act as a

type of chosen family for men that may not have the backing of their biological family, or may just benefit from the care of others, who like themselves, find it challenging to survive in a society governed by hegemonic heteronormativity (Allen & Mendez, 2018; Donovan et al., 2001;Weeks, 2017). Intra-minority gay community minority stress, and minority stress operate simultaneously, thus the continuing role of societal discrimination and stigma, and the impact it has on the physical and mental health of gay and bisexual men should not be underestimated. Evidence demonstrates that societal prejudice continues to have a prominent correlation between non-heterosexual men and their mental welfare. Yet, while a number of scholars argue that participation in the gay community disproportionately increases mental health problems (e.g., Green 2008; Haile et al, 2014; Sánchez et al., 2019), overall the field remains under-examined. Further studies may well consider in greater detail the value of gay social support groups, along with the importance of friendships. Moreover, the significance of families of choice, and the care they provide as a safeguard against mental distress created by pressures within gay culture, is an additional field for research. The mental health inequalities exposed in this article, characterize an urgent need for public health and social care organizations to pioneer services based on an understanding of stressors arising from interactions between non-heterosexual men in gay spaces. Finally, future studies might consider the findings in this article as a means to advance preventions that help guarantee the gay community remains the trailblazing and resourceful movement it has become.

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