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The Role of Hegemonic Masculinity in Gay Men's Health Disparities

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The Role of Hegemonic Masculinity in Gay Men's Health Disparities

by

Andrew Edwards

An undergraduate honors thesis submitted in partial fulfillment of the

requirements for the degree of

Bachelor of Science

in

University Honors

and

Sociology

Thesis Adviser

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ABSTRACT

This study was undertaken to better understand how gay men's subjection to hegemonic masculinity relates to gay men's health disparities. Statistically, gay men are subject to numerous health disparities, most notably regarding their sexual health, substance use, and mental health. Masculinities are a relevant framework to contextualize these disparities, as masculinities, and specifically hegemonic masculinity, affect how the gay man engages with himself and society. Employing a qualitative, cross-sectional design, this study utilized in-depth, semi-structured interviews with ten gay men residing in the Portland-metro area. Participants detailed a thematic sociocultural framework in which gay masculinity performance is ubiquitously graded on its conformity to the rigid criteria of hegemonic masculinity—criteria that frames gay masculinity as subordinate. These data find that despite awareness that hegemonic masculinity oppresses gayness, gay men reinforce hegemonic masculinity by desiring its manifestations. The gay masculinity dynamics of this data are evidence that hegemonic masculinity is successful in coercing gay men into consent of their own oppression. Lastly, this research demonstrates a meaningful relation between gay men's detrimental health behaviors and gay culture's integration of hegemonic masculinity, and harmful phenomena such as internalized heterosexism, hypermasculinity, and sex role enactment are intellectualized as both consequences of hegemonic masculinity and as contributors to gay men's health disparities. This exploration emphasizes the importance that hegemonic masculinity, and the significant effect it has on gay masculinity dispositions, has within discussions of gay identity and gay health.

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The Role of Hegemonic Masculinity in Gay Men's Health Disparities

Research on the health disparities of sexual minorities is a relatively recent epidemiological development—the National Health Interview Survey, a method utilized for the past 60 years by the Center for Disease Control to monitor national, demographic health trends, had not included a measure of sexual orientation until 2013 (Ward et al. 2014). But even as significant, quantitative evidence is compiled that supports the existence of these health inequalities, the mechanisms fueling their persistence remain much less understood. This is further complicated by the sometimes necessary tendency of explanatory theoretical analyses to assemble lesbian, gay, and bisexual (LGB) people into a unitary, composite group, at times suggesting that health inequalities are a consequence of analogously experienced oppression related to homophobia and its discrimination (Cochran and Mays 2007; Ryan et al. 2001). While it is certainly true that homophobic oppression affects all of these groups, the social apparatuses by which they are enacted are subjectively distinct, having varied consequences, and thus producing unique needs and positions. This is to say, and as has been acknowledged by the Institute of Medicine (2011): to efficiently investigate the health disparities of sexual minorities, the specific social realities of lesbian, gay, and bisexual persons must be further, independently explored.

Recent studies have shown gay men fare worse than their nonminority counterparts in a wide range of health behaviors and outcomes including but not limited to: substance abuse, psychological distress, and high-risk sexual behavior leading to increased rates of STI and HIV infection (Cochran and Mays 2007; Conron et al. 2010; Dilley et al. 2010; Hamilton and Mahalik 2009; Ward et al. 2014). This significant epidemiological documentation of variation *within* the

group of “man” is especially noteworthy; in discussions of health disparities, theorists and analytics will often point to biological predeterminants, thus suggesting that the biological makeup of certain bodies is a predisposition to certain, corresponding types of illness and mortality. According to the American Cancer Society (2017), for example, “simply being a woman is the main risk factor for breast cancer.” This rationale of biological determinism is inapplicable when considering the disparities between groups of men; there are no prevailing, significant biological distinctions between the homosexual and heterosexual man that would predispose one to an ailment and not the other (Bailey et al. 2016). In other words: there is no universally accepted, physiological criteria that divides the homosexual man from the heterosexual man; this categorization relies instead on socially indicated phenomena, namely one’s sexual behavior, identity, attraction, and arousal (Bailey et al. 2016). If gay men’s health disparities cannot be explained as biologically predetermined, meaningful engagement with this inequality must acknowledge the significance of the sociocultural framework within which gay men’s health disparities persist. Examination of theoretical arrangements of masculinity hierarchies—and thus the implications of hegemonic masculinity—become especially paramount to the present condition of gay men’s health, for it is within this understanding that one may effectively discern the specific sociocultural significance of enacting gay masculinity within society.

LITERATURE REVIEW

Gender

A discussion of masculinity hierarchies cannot be abstracted from its encompassing structure of gender, and therefore to comprehensively engage with the concept of masculinity,

the manifestations, functions, and implications of gender must be thoroughly explicated. The prevailing sociology of gender discourse asserts that it is exclusively a socially constructed idea; gender is something that is *done* (West and Zimmerman 1987), it is a *performance* (Butler 1988). Sex, it is important to note, is not synonymous with gender (although both are formulated and reified by social means). Rather, sex is a conceptualization of essential biological criteria—of the specific anatomical and physiological makeup of male and female bodies that characterize them as such (West and Zimmerman 1987). Sex is the biological binary, that of dimorphic sexual essentialism (Butler 1988). In such a system, for example, it is considered a requisite for a person defined as male to possess the anatomy of a penis and a person defined as female to possess the anatomy of a vagina.

This understanding of sex suggests it to be a solely biological epistemology of no inherent social significance. However, the proclamation of the sex binary as immutable, objective, ubiquitous, and exhaustive has not gone without criticism; its contradictions and inadequacies become apparent in a multitude of arenas, including, but not limited to: the consistent representation of intersex biology that reveals congenital characteristics that complicate and contest the validity of the supposed physiological and anatomical dimorphism between male and female bodies (Davis 2016; Kessler 1990), the reification of transsexuality contradicting the supposition that one must possess certain biology to know themselves as a certain sex (Hird 2000), and the anthropological, cross-cultural documentation of representations of more than two sexes and genders (Hill 1935). Regardless of these inconsistencies, acceptance of the sex binary is still ideologically persistent—questionably suggesting and emphasizing its reinforcement by subjectively social means, rather than of purportedly objective biology. This

overarching acceptance of an essentialist sex binary begins the multifaceted construction of society's complex gender framework.

In addition to this explication and conceptualization of sex, in order to grasp the full social function and meaning of gender, the process of sex categorization must, too, be detailed. Sex categorization, as defined by West and Zimmerman (1987), involves the labeling of a person as either male or female, and as a corollary assigning the categorized person with an array of culturally acceptable properties associated with their designated sex. The process of sex categorization—a compulsory component of a two-sexed society—is not as simple as noticing possession of certain genitals; often one's sex criteria is private. Sex categorization, thus, becomes a wholly social mechanism, within which one is categorized based on their ability to fit the criteria of one category from a social perspective (West and Zimmerman 1987). For example, if a person that possesses a penis wears a dress, heels, and face makeup, it is entirely possible that they will be categorized as female—so long as their penile anatomy is not socially visible. Sex categorization, therefore, is not based on biological criteria, but instead it is based on the accepted social criteria that correspond to the biological criteria, such as categorizing dress-wearing as female and categorizing a deep voice as male. Other significant examples include categorizing work in the public sector, earning and controlling finances, and pursuing sexual and intimate relationships exclusively with women as characteristic of the male sex, and domestic labor, child-rearing, and house-tending as characteristic of the female sex (Goffman 1977).

Within this system of sex and sex categorization, gender thus becomes the *doing*—the manner in which one enacts actions and patterns of behavior that engage the normative gender structure (West and Zimmerman 1987). What is considered normative within this system is

gendered doing that corresponds “appropriately” with the criteria of one’s designated sex categorization; all gendered beings are held accountable to this standard. And furthermore, gender is not reified within a vacuum—gender is a mode of action in which one asserts their identity and is recognized as complicit or deviant (Butler 1988). Due to the inevitability and ubiquity of sex categorization in a society that posits the existence and significance of only two discrete sexes—and also suggests the existence of two discrete, corresponding genders—*doing* and performing gender is unavoidable (Butler 1988; West and Zimmerman 1987). That is, because it is inevitable for a person to be sex categorized; even a person that cannot be confidently assigned a category due to criterial ambiguity is still categorized through lack of categorization. It is important to note that doing gender in manners deemed inappropriate, such as through ambiguity, is still doing gender, this is merely doing gender in a way that contradicts the criteria of sex assignment (Butler 1988; West and Zimmerman 1987).

Thus, gendered doing functions as the apparatus by which the socially accepted framework of sex categorization is interactionally and institutionally engaged. This gendered engagement, depending on the specific schema of the sociocultural context, is held accountable to the *rules*, thereby providing the language for gendered doing to be labeled *right* or *wrong*. Just as the binary of the anatomical sexes is both essentialized and naturalized, so, too is the dimorphic sex categorization that corresponds to the accepted biological sex binary (Butler 1988).

Gender, as the actions and performances that engage these sexed arrangements, is a necessary component in their reinforcement and propagation. This is due, in part, to gender’s functional embodiment of cultural conventions and social conditions, thereby becoming a

mechanism of corporeal interaction with hegemonic protocols (Butler 1988). The currently defined criteria for sex categorization that gender engages—with respect to current sociocultural conventions—bolsters the power disparities between men and women, deceptively suggesting that these differences in access to power are a “natural,” biologically-predetermined disparity (Butler 1988; West and Zimmerman 1987). And thus, as gender is the mode by which society is held accountable to this current standard of inequality, gender must be understood as the requisite component to the sustenance of patriarchy—the structural domination of man over woman. That is, doing gender “appropriately”—in line with the criteria of sex categories—is men doing “dominance” and women doing “deference” (West and Zimmerman, 1987:136). Doing gender, then, in the structurally appropriate way, serves to legitimize the hierarchical arrangement of patriarchy and fulfill gender’s function.

Masculinities

Gender is an apparatus of social power and inequality. To fully understand a system characterized by domination and subordination, it is critical to define its dominating group. In considering this, it is insufficient to posit that a monolithic, undifferentiated class of *man* is dominant over an opposing, singular group of *woman*, as may be implied by a vacuous interpretation of patriarchy. Indeed, the dispersion of patriarchal power within the classes of man and woman is apparent and multitudinous (Connell and Messerschmidt 2005). The root of these gendered divisions is encompassed within the theory of intersectionality, which posits that the social identity of individuals must not be understood as singular, but instead as a product of the mutual constitution of and between multiple, referential, *intersecting* social identities (Crenshaw 1989). Thus, status disparity within and between the categories of man and woman is a

consequence of the constant and pervasive intersection of gender with other systems of structural oppression. These include, but are certainly not limited to: arrangements of sexuality, race, and class.

One exemplification of this structurally implemented inequality, keeping in mind society's sexist and *heterosexist* mores (these being requisite components of patriarchy), is the unequal social status between the heterosexual man and the homosexual man. Both the heterosexual man and homosexual man will be privileged for their gender identity as men, but the homosexual man will be oppressed for his sexual identity while the heterosexual man is not (Crenshaw 1989). This disparity of privilege and oppression between the heterosexual man and the homosexual man is a result of the male sex category having a criteria of obligatory heterosexuality—of the heterosexual contract; when a man does gender through homosexuality he is oppressed for it because of failed compliance (Butler 1990; Connell 2009; West and Zimmerman 1987). It is important to emphasize that the homosexual man is not oppressed for being a man, he is oppressed for being a man that is also homosexual (a defection from the criterial arrangement of patriarchy). As gender is the mode by which people's *doing* is held accountable to the criterial arrangements of sex categorization (i.e. arrangements that further patriarchy), gender not only propagates the dominance by men over women, but also the domination and subordination of men by more socially powerful men through the variance of power dispersion *within* and *between* intersectionally disparate men (Connell 2009; Connell and Messerschmidt 2005).

It is with this recognition of the complex and fundamentally intersectional nature of social reality that Connell (2005)—a foundational sociologist within the discourse of gender and

masculinity whose theories were often referenced throughout this study—deemed masculinity a pluralized notion. Masculinity must not be understood as a unitary assignment of traits analogously embodied in all men; as a concept, masculinity is neither essentialized nor reified. *Masculinities*, rather, are performances, demonstrations, and actions men take whilst engaging the gender order (Connell 2009). Furthermore, as all men engage gender order idiosyncratically, the implications of their masculinities are varied. A man's willingness and capability to engage with gender relations in a way that promotes man's domination is subjectively conditional; it is dependent on the exchange between the internal complexity of the actor, which is conditioned by their composite, intersectional social identity, and the established rules of the gender framework (Connell 2005). If, for whatever reason, a masculine actor is unable or *unwilling* to engage the gender order in manners that are prescribed—i.e. in ways that further the domination of man—the actor is consequently subordinated. Thus, masculinity is not merely characterized by pluralism—masculine action is both varied and *graded*—it is also characterized by hierarchy (Connell and Messerschmidt 2005).

Hegemonic Masculinity

Theoretical explication of the complex, multifaceted mechanisms and conditions of masculinity hierarchies is well encompassed within concept of hegemonic masculinity (Connell 2005; Connell and Messerschmidt 2005). The term borrows Gramsci's *hegemony*, originally used to theorize the obscure, cultural, and institutional modes of class domination enacted by the bourgeoisie to preserve their place in power (1971; Bates 1975). That is, the bourgeoisie, theoretically, occupy a minority status in class relations, and the sustainment of their profitable, authoritative position mandates efficiently implementing methods of controlling the exploited

proletariat majority (Gramsci 1971). This theory of hegemony unveils and emphasizes the significance of ideological control—as opposed to force—in the maintenance and reinforcement of oppressive social arrangement. The construction and utilization of *ideas* is the predominant method employed by the ruling class to manage their structural domination. Thus, *hegemony*, as has been proposed by Gramsci, is the process by which the bourgeoisie fabricate an illusory framework in which the proletariat consent to their own exploitation (1971).

When theoretically withdrawn from class relations, hegemony becomes more generally about how a ruling category organizes and reproduces its own arrangement of domination, as well as about its necessary assemblage and deconstruction of social groups in that process (Donaldson 1993). In conjunction with the notion of masculinity, hegemonic masculinity encompasses the patterns of action and practice that serve the maintenance and propagation of men’s dominance within society, reaching beyond modes of requisite violent and ostensible control and into ascendancy founded on inconspicuous ideological “wins” within an arena of both contestation and affirmation (Connell 2009). Thus—as is the nature of any form of cultural hegemony—hegemonic masculinity constructs a frame of social reality in which man’s own domination is propagated “naturally.” Furthermore, it is important to note that for this to be effectively achieved the construction of oppressive, patriarchal reality must not be apparent—it must not be easily evident that the establishment of hegemonic masculinity is creating and defining a dominating class. It must not be clear that subordinated social classes—or, as Gramsci termed them, “the subaltern”—are at the mercy of the socially powerful (Green 2002). Because of this necessary deception, sociocultural hegemony, including that of hegemonic masculinity, is formidable and precarious to characterize.

Hegemonic masculinity is the embodiment of ideal manhood within a certain context of gender relations (Connell and Messerschmidt 2005). It is the reification of a supposedly “perfect man”—the provision of definition for the situation of correct masculine action, assigning language and meaning with which masculinity is necessarily discussed and understood (Donaldson 1993). As is essential of hegemony, this criteria for socially supreme masculine action is formulated by the ruling class—the ruling class of the current historical context of gender relations, the system within which masculinity functions, being the category of “man” (Donaldson 1993; West and Zimmerman 1987). As hegemonic masculinity is a mode of implementation, popularization, and normalization of ideals for masculine action that serve to reinforce man’s dominance in society, the characteristics of its criteria are gendered doing and interaction that represent and propagate man’s control (Connell 2005). It is critical to recognize the contextual subjectivity of this. Because the definition of what it means to “be a man” is subject to the sociocultural context within which it is posed, the specificities of gender relations significantly alter between time and place—locally, regionally, and globally (Connell and Messerschmidt 2005). Regardless, the important piece of this is the *defining*—hegemonic masculinity provides the language for recognizing how a man should do gender and therefore what a man should represent; consequently supplying the language for recognizing how a man should not do gender and what a man should not represent (Connell and Messerschmidt 2005; Donaldson 1993).

Gay Masculinity as Subordinated Masculinity

Regardless of hegemonic masculinity’s ubiquitous social presence and impression of a supposed normativity, it is not normative in any statistical sense, as only a small minority of men

are capable or willing to meet its most stringent qualifications. Regardless of this, it is still perceived and institutionalized as the “normal” male identity, “requiring all men to position themselves in relation to it” (Connell and Messerschmidt 2005:832). It is this mandate of relational positioning that leads many identities of man to be socially understood and rationalized as inferior, inadequate, and *subordinate*. Subordinated masculinities are those masculinities that are enacted, or done, in manners that are repository to the accepted ideas of a hegemonic masculinity, i.e. those ideas of manhood that propagate man’s dominance (Connell 2005).

It has been postured that gay masculinity is the most counter-hegemonic, and thus the most subordinated form of dissent from the criteria of hegemonic masculinity (Connell 2005; Connell and Messerschmidt 2005; Donaldson 1993); the development of the very conception of masculinity hierarchies grew out of the acknowledgement of the phenomenon of discrimination and prejudice from heterosexual men towards homosexual men (Connell and Messerschmidt 2005). Because masculinity is enacted when a man engages the position of man in the gender order—that being man’s position of dominance—the established *hegemonic* protocol for manhood must serve the production and reproduction of this placement. Therefore, a critical piece to this criteria is the expectation that men will enact modes of doing that reinforce the idea that women are the sexual objects of men, exclusively (Donaldson 1993). This is founded on the recognition of the essentialized and naturalized social character of the sex and gender binary, of which obligatory heterosexuality is a fundamental corollary (Butler 1988; West and Zimmerman 1987). To do hegemonic masculinity, then, is to do an oppressive and dominating form of heterosexuality that, in turn, also encourages man’s rule over woman. And, in consequence to this hegemonic standard of compulsory heterosexuality, and sexual hierarchy, gay masculinity

too becomes oppressed—alongside the gendered woman—for its failure to comply with the fundamental expectation of the sexual objectivity of solely women (Donaldson 1993).

Furthermore, because gay masculinity fails to reinforce the structural domination of man, a fundamental component to hegemonic masculinity is punitive action towards homosexuality (Donaldson 1993).

Gay Masculinity and Gay Health

In efforts to explain the numerous health disparities of men, as a composite gender group, many studies have focused on the implication that discourses of masculinity have in the reproduction of the behavior trends that lead to such outcomes. Overall, much of this research has come to show that men's health behavior is a form of gender validation, and thus, conceptualizing men's masculinity and men's health is necessarily intertwined (Courtenay 2000; De Visser, Smith, and McDonnell 2009; Mahalik, Levi-Minzi, and Walker 2007). That is, a man enacting health behavior is also enacting a demonstration of masculinity. For example, research has come to associate sociocultural pressures of masculinity with both expressions of depressive symptoms in men and a decreased willingness to seek help for this distress (Seidler et al. 2016); additional research on the dismissal of help postulates that even when men *do* choose to seek assistance, it is understood as acceptable only when it is done with the intention to preserve other spheres of correct masculinity (e.g. physical ability) (O'Brien et al. 2003). Dismissing help is just one of numerous, potentially self-degrading, health-related behaviors that men are drawn to under the influence of the values of conventional masculinity. A more comprehensive list of behaviors, with stark health implications that are frequently associated with conventional masculinity—i.e. hegemonic masculinity—within North American society includes: “denial of

weakness or vulnerability, emotional and physical control, the appearance of being strong and robust, dismissal of any need for help, a ceaseless interest in sex,” etc. (Courtenay 2000:1389).

If it is true that masculinity discourses reinforce the behaviors that propagate men’s health disparities, as a composite class, then it is certain that masculinity discourses also serve to reinforce the behaviors that propagate gay men’s health disparities, as gay men are men. However, it is less clear why masculinity discourses subject gay men to an additional, specific set of health disparities. Studies that investigate how societal masculinity dynamics affect gay men’s health and behavior, specifically, have shown that the subordinated status of gay masculinity enactment within society leads gay men to engage in riskier health behaviors (Hamilton and Mahalik 2009; Wheldon and Pathak 2010), sometimes through exaggerated and compensatory demonstrations of “hypermasculinity” (Fields et al. 2015; Pyke 1996). This overcompensation thesis asserts that the narrow criteria of normative masculinity and its threatening unattainability to “nonconventional” masculinities—including gay masculinity—leads to trends of overcompensation in ideologically marginalized men (Willer et al. 2013). Thus, much research postulates that it is the strain of hegemonic masculinity that leads gay men, as a marginalized class, to reconstruct their oppressed status through the compensatory embodiment of what mainstream gender hegemony defines to be masculine—such as substance abuse or sexual prowess—thereby leading gay men to embrace supposed characteristics of ideal manhood to noxious extent (Courtenay 2000).

There is still much room for study on the role of hegemonic masculinity—and the dispositions it incites—within gay men’s health disparities. Compelling analyses of hypermasculinity and overcompensation have been posed; however, these theories could be

aided by in-depth, qualitative inquiries that explore the complexities of personal context and the implications of gay agency within such narrative of disparity. That is, hegemonic masculinity, though widely accepted, has been criticized for not adequately accounting for the fluidity of masculine discourse, and for relying too heavily on a stringent theory of power and hierarchy within which subordinated masculinities are supposedly impotent (Demetriou 2001). Thus, the mechanisms of gay masculinity embodiment within contexts of privilege and power—such as that of hegemonic masculinity—must be treated critically in discussion of these subjects (Connell and Messerschmidt, 2005; Courtenay 2000). For example, if it is that gay men are engaging in degrading hypermasculine behavior in response to the strains of hegemonic masculinity, there still remains opportunity for broad qualitative exploration on the impact of sociocultural apparatuses, such as socialization and conditioning, on the agency of such demonstration. The goal of this project, therefore, was to broadly explore the role of hegemonic masculinity in gay men's health disparities, paying special attention to the influence that complex ideological dynamics of privilege and power, internalization, and gay agency may have on gay masculinity performance.

METHODS

The methods of this study were qualitative and cross-sectional, utilizing in-depth, semi-structured interviews with 10 gay men residing in the Portland-metro area as the data source. The participants of this study were recruited primarily via flyers but also by word-of-mouth. The researcher had no prior, significant relationship with any of the participants. The specific criteria for participation included: being 18 years of age or older; residing within the Portland-metro

area; and self-identifying as a gay man. Due to the particularly exploratory nature of this study, racial and ethnic, socioeconomic, and more stringent age criteria were omitted.

Further, with regard to the criteria of gay self-identification, because of this study's primary focus on the significances of sexual minority identity, it was necessary that all participants actively self-identify as gay. Much of the discourse on men's health has made use of the term "*men who have sex with men*" (MSM), rather than gay men, to speak on health disparities affecting sexual minorities. *MSM* allows the discourse to, at once, conceptualize both men that self-identify as gay and those that do not identify as gay but do have sex with men within the same term. While in certain contexts the term MSM may prove satisfactory, for critical, sociological inquiries on gay identity—such as that of this study—it is not a sufficient definition since it inherently functions to remove questions of identity from the discourse focus (Young and Meyer 2005). A comprehensive account of gay identity must acknowledge that men having sex with men is but one of a multitude of social engagements peculiar to gay identity—asking "what is the social significance of men having sex with men?" is entirely different than asking "what is the social significance of identifying as a gay man?"

Despite the fact that this research *did* refrain from requiring a specific composition of social identification from its participants (as it is still an investigation of social identity) demographic information was collected from all participants and is included in the overall analysis (see Table 1). 9 of 10 participants were between the ages of 19 and 25, with one being 56. Due to the consistency of the 56-year-old's interview data with the comprehensive narrative of all participants, he was not labeled a significant outlier. All participants self-identified as gay and male, with a couple interviewees purporting additional identification as "non-binary."

Decidedly, these participants remained eligible because of their identification as “gay,” implicating their attraction to men as men, of sorts. Notably, all participants had some college-level education. Six of the participants identified as White, two identified as Asian, one identified as Mexican, and one as Latino. It is important to note that certain components of demographic information were simplified to preserve participant confidentiality.

Table 1. Demographics

Pseudonym	Age	Gender	Sexual Orientation	Race/ Ethnicity	Highest Level of Education
Chandra	25	“non-binary”	queer/gay	Asian	some college
Adam	19	male	gay	Latino	some college
Kevin	22	“non-binary” male	gay	White	some college
Brenden	21	male	gay	White	some college
Christopher	21	male	gay	White	some college
Ricardo	23	male	gay	Mexican	some college
James	24	male	gay	Asian	bachelor’s degree
Lawrence	23	male	gay	White	bachelor’s degree
William	56	male	gay	White	bachelor’s degree
Conner	19	male	gay	White	some college

Each participant was interviewed in a comfortable, private location. All participants were asked to sign a written consent form, approved by the Institutional Review Board (IRB), that confirmed their awareness of the rights of human subjects in research before the interview began. The duration of the interviews spanned 40 minutes to 1 hour and 15 minutes. All interviews were

audio-recorded and then transcribed in Microsoft Word, with reasonable precision; certain “ums” and “ahs” were omitted if obviously insignificant. The interviews were semi-structured, with the researcher providing specific, open-ended prompts related to gay identity, masculinity, and health behavior to guide the discussion through subjects relevant to the research question while still allowing for participants to expand on issues that they felt most important. The most pertinent questions posed were: “What does masculinity mean to you in its ideal sense?”; “Tell me about the role of masculinity within the gay community itself.”; “What sort of experiences or conversations have you had regarding sexual health and substance use within the gay community?”

After interviews were transcribed, they were manually coded and analyzed (no qualitative software was used). Initially, each interview was read once, with memos made and noteworthy comments highlighted. The data from each participant was then summarized, primarily including the main points made during the interview that address the research question. Following summarization, the interviews were reread and noteworthy concepts and themes were noted within each interview; these became the initial codes for each interview. The data and codes from each interview were systematically compared to one another and then recoded, and concepts and themes were compiled and rearranged. Peer debriefing was utilized to confirm the validity of the proposed, derived thematic structure. Finally, predominant quotes were arranged in correspondence to the concept, theme, or code they served to validate. This was the finalized documentation of the thematic data arrangement that was utilized in analysis.

RESULTS

Awareness of and Subjection to Hegemonic Masculinity

This study's research question regards the significance that hegemonic masculinity has within the bodies and lives of gay men. Thus, for this question to have any pertinence to the narratives proposed within the data, it needed to be confirmed that these gay men were, in fact, aware of a supposedly normative convention of masculinity functioning within society and their lives. It was furthermore necessary to investigate how they felt hegemonic masculinity to be defined, and whether or not there was unanimity amongst these gay men's definitions.

Defining hegemonic masculinity

I think that I'm pretty close to meeting the male beauty standard. I am almost 6'5", I go to the gym all the time, I'm in shape, and I'm white. I think I pretty well fit the male standard of beauty. (Kevin)

Data from these interviews found that all participants did express awareness of a normative convention of masculinity and confirmed that, to them, it does exist. Furthermore, they revealed a common understanding for the defining characteristics of supposedly ideal masculinity, with consensus being revealed for a very stringent, multifaceted and requisite criteria. According to these gay men, normative masculinity is defined conceptually as encompassing the following: 1) dominance, 2) whiteness, 3) correct physical fitness and stature, 4) wealth, 5) heterosexuality, and 6) suppressed emotions.

1) *Dominance*. These gay men proposed that normative masculinity is characterized by an entitlement to dominate space and other persons. They asserted that a conventionally masculine man aggressively asserts himself onto society with a commanding and authoritative presence. When asked to characterize ideal masculinity, Chandra noted this entitlement, stating:

[They] take up a lot of space. If you are walking on the sidewalk and they are walking towards you, they are not the ones that will move out of your way to avoid a collision . . . the other person walking towards them is supposed to move otherwise you will shoulder check them.

Adam further added to this, characterizing the ideal man as “very heroic, a good leader...” while Kevin, too, noted that the normative man is “someone who is alpha and is extroverted and opinionated.” Brenden straightforwardly suggested that the ideal man possesses “all those really out there, dominant personality traits.”

2) *Whiteness*. Participants additionally noted that normative masculinity is embodied exclusively by white men. For example, Kevin purported that he thinks himself as meeting the supposed “male beauty-standard” because, in part, he is white. Additionally, Chandra explicitly stated that ideal masculinity is embodied by those that are “white, probably [of] Anglo-Saxon background.”

3) *Correct physical fitness and stature*. The possession of a physically fit body of correct stature was emphasized significantly by these men as a prominent characteristic of idealized manhood. Adam noted that the “ideal man-vision” is for “6 foot [and a] 6 pack.” Similarly, James recognized that “somebody who has some, kind of, tone or definition to their body, so somebody who works out or does a lot of exercise” is performing conventional masculinity. Chandra agreed with this definition of the ideal man, “I would say he is perhaps more muscular or not overweight. I would say he’s in shape. I would say he’s tall.” And additionally, Kevin, in further explication of why he feels he meets the “male beauty-standard,” said, “I am almost 6’5” and I go to the gym all the time. I’m in shape.”

4) *Wealth*. These participants also noted that wealth and monetary success be requisite of an ideal man. Kevin acknowledged outright that the ideal man is “wealthy,” and William agreed, with further explanation on the definition of conventional masculinity, stating:

There are a lot of external accouterments or expressions: the big truck, or making money by whatever means and being successful in a financial and material sense; having the hot car, the trophy wife, the beautiful home, all of those things that define, externally, what masculine success is in our society.

5) *Heterosexuality*. Heterosexuality, and identification as “straight,” was also mentioned by these men as characteristic of normative masculinity embodiment. For example, in describing his perception on the criteria of ideal masculinity, Lawrence said, “Well, let’s see, to me, I guess someone who gives off more straight-characteristics, because I feel like that’s what’s more accepted for a masculine person.” He furthermore proposed that James Bond be representative of normative masculinity because “he’s, like, a womanizer.” Ricardo recognized this requisite, too, stating that the ideally masculine man is “just a lot more straight-acting.”

6) *Suppressed emotions*. Lastly, these men thoroughly explored their insight into the suppression of emotions as a critical requisite of conventional masculinity. Brenden commented, “I think that men are viewed as people that shouldn’t have a lot of emotions and shouldn’t express themselves in that way. I think men are people that are supposed to be strong, courageous.” Comparably, while discussing his impressions of normative masculinity criteria, Christopher spoke of his father, who he said modeled his understanding of what the supposedly ideal man is expected to embody:

My dad was basically your dad figure. He didn’t show emotion. No ‘I love you.’ No hugging. Nothing like that. I would say he would always try to quell any feminine aspects of me, I guess. When I would cry, when I was young, he would tell me to stop crying. Not to any abusive extent, obviously. Just very, manly.

Ricardo concurred with the following statement,

Masculinity, based on what I've been told, or what I've seen, it's basically like a macho man, someone that is super strong and is pretty emotionless. They try to hide or suppress their emotions as much as possible because then they're deemed weak.

Further, Conner recognized the significance of emotional suppression within conventional masculinity as he said, "I think a lot of it comes down to not showing emotion, really."

Gay men's subjection to hegemonic masculinity

For these participants, this heightened awareness of the defining characteristics of hegemonic masculinity was not innate. These participants characterized their process of discovering conventional masculinity as a consequence of the social treatment of their gayness. That is, these gay men learned explicitly what hegemonic masculinity is because of its systematic and ubiquitous subjection upon their sexual identities. It was through their experiences with gender-policing, ideological othering by heteronormativity, and instances of direct subjection to discrimination and prejudice because of their homosexuality and effeminacy that these gay men developed a hyper-awareness of what normative masculinity is and is not. In exploring this process, Chandra stated:

They ["straight" people] ask invasive questions regarding your sexual preferences. Maybe they'll comment on how I'm dressing and how it's different from how a straight man might dress. I'm trying to think of the straight uniform of a flannel shirt and chinos. They'll then comment on what I'm wearing and say it's very odd or different.

Adam similarly recognized a narrative of alienation and subordination related to his gayness and conventions of masculinity when he said, "I definitely did feel that because I didn't display certain behaviors or beliefs I was less of a man because of that."

William explored the workplace discrimination he experienced when he came out as gay as a process that made him aware of the realities of conventional masculinity and his deviance from it:

I remember the executive vice president coming into my office . . . and sitting there for an hour and half, grilling me: ‘Do you know that being a homosexual is an abomination and a moral sin?’; ‘You will be going to hell for this.’; I asked him several times if he would fire me if he had the opportunity and he refused to answer.

In a supporting quote, Kevin shared:

I can think of specific situations where I have been denied positions of leadership because of being gay, where I have experienced harassment at work for being gay, or just dealt with it in a more general sense—just being talked over or disregarded a lot, or being seen more as a gay best friend, as more of an object than a real person.

Further, the gender-policing these men discussed having experienced emphasizes this process of gay men being systematically and oppressively “educated” and “corrected” on the realities of hegemonic masculinity and their lack of conformity to its standards. This is encompassed by a quote from Adam:

Awhile ago, I made a joke with my dad—we send stuff to Mexico, for people in Mexico, we send supplies and clothes and stuff—and my dad brought home a toy doll, and as a joke I said, ‘oh, did you bring that for me?’ I was like, ‘oh, I can’t believe you brought me this doll.’ And he said, ‘don’t make jokes like that, you’re a man.’

The Role of Hegemonic Masculinity in Gay Spaces

This research found that that these gay men were acutely aware of a hegemonic, stringently-defined form of masculinity functioning within society, and that they have experienced its intense and oppressive subjection upon their supposed sexual deviancy. The question, then, became: how is this subjection responded to, and engaged with, by these gay men and their gay culture.

Gay men’s preoccupation with hegemonic masculinity

During these interviews, when asked to discuss the dynamic between gay culture and the established conventional masculinity criteria of the mainstream, an overarching proposition was that gay men are “obsessed” and significantly preoccupied with normative masculinity. That is,

the manifestations of hegemonic masculinity supposedly sit at the forefront of the mindset of gay culture. This is well-illustrated in the following quote from Ricardo:

They [gay men] are very obsessed with it [masculinity]. The majority of them, they are so obsessed and consumed by it and they want to fulfill it as much as possible, and I feel like it's just this, not a race, but this goal that they're trying to achieve, to be as masculine as possible.

Similarly, James recognized, "Masculinity is such a big part of the gay community. I feel like many men try to embody it or shun it completely... they strive to meet certain qualifications that make them identify as masculine." Furthermore, he stated that, to some gay men, there exists a "drive to be more masculine." Brenden, too, spoke on this, suggesting there exists a narrative of gay men being "very, very focused on being masculine." He continued with, "whatever that means, you want to work out, you want to post hella thirst traps on Instagram with 'gay-scruff' hash-tagged or something like that."

Thus, these gay men posit that within gay culture there exists a narrative of gay men having a certain, extreme preoccupation with the happenings of mainstream masculinity. Why, then, are gay men preoccupied with conventional masculinity? Is it simply due to the acute subjection upon gay men by hegemonic masculinity standards? What is driving this preoccupation?

In further discussion of the supposed tendency for gay men to have a preoccupation with masculinity, many of the participants in this study suggested that this "obsession" stems from conventional masculinity's potential to serve as a compensatory apparatus of social normalization for gay men. Thus, a gay man's drive to successfully embody the criteria of hegemonic masculinity may be a method of compensation for his deviancy and subordination. In exemplification of this notion, James stated:

... even if they [gay men who attempt to perform conventional masculinity] identify as gay, they will try to do what they think is the opposite of being gay, whether or not they accept it within themselves, that is completely up to them. But I do have some friends that are gay but they definitely do their best to be as masculine as possible because part of them has not fully accepted it within themselves and they do not want to be identified as it in public, as well.

Therefore, to James, some gay men are preoccupied with conventional masculinity because they possess a compulsory drive to embody a conventional form of masculinity in order to mask their non-conventional, gay masculinity; they are “obsessed” with the criteria of conventional masculinity because, if they are able to perform it, they will experience less social prejudice. Christopher, similarly, added to this narrative as he said, “I think people and gay people are just under constant pressure to be more like everyone else. I think that a masculine gay man would not be subjected to as much discrimination as a feminine one, I guess—even in the community itself.” Thus, according to these men, this supposed preoccupation gay men have with conventional masculinity is rooted in a certain insecurity with their subordinated sexuality, for which they feel compelled to compensate.

Conventional masculinity as desirable in gay spaces

According to these participants, in addition to being simply a prominent ideological preoccupation, the construction and arrangement of hegemonic masculinity in society significantly affects narratives of desirability within gay spaces. That is to say, to these gay men, the awareness gay men have for masculinity conventions does not enact within an intrapersonal vacuum, for it too affects the way gay men understand, attract and desire one another. It was suggested by these men that this desirability leads to a masculinity hierarchy within the gay community, with gay men that best embody the multifaceted criteria of conventional masculinity considered most desirable and most *superior* by other gay men.

This arrangement of hierarchy was purported by many of this study's participants.

Chandra stated:

I think there is a hierarchy. I think that hierarchy is kind of what I mentioned before in what an ideal man looks like. The gay men that fit into that framework are very high up on the hierarchy, and the farther you get away from that ideal the lower you are on the totem pole of ideality of gay masculinity.

Christopher agreed while expressing the following, "I would say the ideal gay man, within the gay community, seems to be, and not for everyone, someone who is masculine or more masculine. There is this idealization of someone who can be more masculine."

Ricardo added to this: "They are on a higher pedestal. Like they are seen as, 'oh my god, I want to be you' or they strive to be like them or they'll want to be with them or whatever." This quote highlights the complex, both intrapersonal and interpersonal, manifestations of this desire, as it becomes a narrative of gay men desiring either their personal embodiment of conventional masculinity or desiring others that embody conventional masculinity. That is to say, if a gay man is not capable or willing to embody conventional masculinity, for whatever reason, this does not mean he is abstracted from the strain of hegemonic masculinity's desire—those gay men that do not personally embody hegemonic masculinity still express support for it through desiring other gay men that do embody it. This phenomenon is additionally supported by this quote from Ricardo: "If they can't be it, they want to be with it."

Many of these gay men discussed this arrangement inversely, highlighting the acute desirability for the embodiment of normative masculinity in gay spaces through explicating the treatment of non-conventionally masculine men by other gay men in those same gay spaces. Through describing the prejudicial and discriminatory treatment of gay men that cannot or will not embody normative masculinity by other gay men, they further support that there exists an

arrangement of inequality and hierarchy within gay spaces that is defined by the multifaceted criteria of hegemonic masculinity. This is exemplified by their proposition that gay spaces possess the following: 1) anti-femininity, 2) heterosexism, 3) sizeism, and 4) racism.

1) Anti-femininity. These gay men spoke extensively on anti-femininity in gay culture, purporting that gay men who behave in manners socially defined as feminine are ostracized or discriminated against within the gay community. This is well-encompassed in a quote from Adam, in which he speaks on the phenomenon of “masculine for masculine” on Grindr, a gay online dating platform:

On Grindr, there is a phenomenon of ‘masculine for masculine.’ Guys don’t want to talk to more feminine gays, or more flamboyant gays because they have a notion that that’s bad. They only want to talk to guys that are more masculine. I definitely think within the gay community, masculine men—especially on social media—and guys with beards that are more muscular are put on more of a pedestal than people that are more flamboyant or feminine. I definitely think the community values one more than another.

Brenden similarly shared experience with anti-femininity in gay spaces, recounting a relationship he had with a gay man who would actively correct the masculinity performance of both himself and those around him:

I noticed a lot of the time they were a person that would like to be loud and very present in a room and they would shut me down whenever they noticed that I was doing anything that was feminine or speaking in a way that they themselves would not speak. Not cute.

In speaking on his personal marginalization in the gay community, Chandra too supported this finding as he spoke on his own identity as “fem”:

I really do like the word ‘fem’—it is often held as a derogatory word in the gay community, frequently on gay dating apps you will see things like ‘no fems.’ . . . I feel that I do not fit that ideal man stereotype or fit into the categories that include masculine.

2) Heterosexism. Further, these gay men confirm that conventionally masculine men are treated as most superior in gay spaces by speaking on the manner with which supposedly “straight-acting” gay men are rewarded in gay spaces. Lawrence confirmed this as he spoke personally and explicitly about whom he most desires, stating, “. . . I always tell people, someone who is

straighter than I am, because I am already pretty gay . . . I'm just not attracted to feminine men in the same way that I am attracted to straight guys, or more masculine men.” In this quote, he conflates heterosexuality with both masculinity and desirability, thereby confirming that the embodiment of hegemonic masculinity—for one of its criteria, as established by these gay men, is of heterosexuality—is most desirable to him, as a gay man.

William concurred, and while he spoke about those considered desirable within gay spaces, he said, “I think what we are really talking about are these men who live by the straight world’s rules. They are really no different.” And further, Ricardo blatantly too confirmed this narrative: “He [the ideal gay man] is just a lot more straight-acting. You know?”

3) *Sizeism*. When these men characterized what conventional masculinity is, a prominent theme regarded size—supposedly, hegemonic masculinity is characterized by physical fitness and a correct stature. This correlates blatantly with those deemed desirable by gay men in gay spaces.

Kevin confirmed this in the following quote from his discussion on the ideal form of gayness: “I mean, the ideal gay man is muscular as fuck. I mean, he is very much in shape . . .” He further stated, confirming the conflation of physical fitness with gay desirability: “I have been going to the gym a lot and I have been getting more in shape and I can feel other gay men treating me differently.”

James spoke about a “positive feedback” for gay men that are “more masculine” and “take care of their body.” In the following quote, he conflates conventional masculinity with physical fitness and physical fitness with desirability, and further, lack of physical fitness with femininity and undesirability:

I would say there is more acceptance for something like that [more masculine], there is more positive feedback. Like if there was a more masculine gay man on Grindr or Jack'd or anything like that, he would probably get more replies or messages wanting to have sex than say somebody who maybe doesn't take care of their body as much or somebody who acts a little bit more feminine or something like that.

Further, Adam stated that gay men that “are more muscular are put on more of a pedestal,” while Brenden acknowledged that “it’s considered more attractive to be really butch and have a big beard and be very muscular [in the gay community].”

4) *Racism*. Lastly, hegemonic masculinity, per this study’s participants, is also characterized by whiteness—i.e. white men are those that are capable of embodying hegemonic masculinity. These gay men further suggest that conventional masculinity’s standard for whiteness is engrained within gay spaces. That is, these men suggest that white gay men are more desirable and more superior than gay men of color.

Chandra notes that on gay dating apps, men will “exclude racial groups,” further sharing, “I find it hard as a queer person of color to integrate myself into the mainstream gay experience.” Adam supported this, additionally, as he recognized: “In terms of masculinity, if you are masculine you are definitely favored more in the gay community—especially if you are white.” Correspondingly, Kevin posited that some of the most marginalized within the gay community are “men of color,” while James purported that supposedly more masculine gay men are “probably more okay with making fun of race or other minorities.”

Through explication of the glorification of white gay men, physically fit gay men of correct stature, “straight-acting” gay men, and non-effeminate gay men, and through highlighting the prejudicial treatment of gay men of color, unfit gay men, and effeminate gay men, these participants develop and illustrate a narrative of masculinity hierarchy within gay spaces—a masculinity hierarchy within gay spaces that is directly defined by the criteria of hegemonic

masculinity. The arrangement that these men define, in many aspects, directly mirrors the arrangement they characterized at the beginning of their interviews—the masculinity hierarchy in the gay spaces these men occupy mirrors the overarching ideals of hegemonic masculinity to a blatant extent.

Gay Health Narratives

This study's aim is to conceptualize gay men's health behavior within the structured arrangement of masculinities in gay spaces, investigating specifically how the establishment of hegemonic masculinity may be influencing gay men's health outcomes. These gay men spoke extensively on the significance of masculinity arrangements within gay spaces, and in order to conceptualize their health within those arrangements it was necessary to discuss their impressions of gay health and its disparities. It was necessary, furthermore, to determine whether the narratives expressed by these participants relating to gay men's health finds meaningful congruence or analogy with the overarching narrative of masculinities in gay spaces. The specific disparities that were prompted to the participants related to gay health inequalities in three prominent arenas: sexual health; substance use; and mental health.

Sexual health and risky sex

Risky sex was a most prominent theme in these the participants' discussions of sexual health. That is, all of these men spoke of their awareness of risky sex's prevalence in gay spaces and further their perspectives on why it maintains such a prevalence. According to these gay men, the predisposition of gay men to risky sexual behavior stems from the following: 1) desirability, 2) hypersexuality, 3) biological determinism, 4) compensation, 5) lack of sexual education, and 6) immunity.

1) *Desirability*. Almost unanimously, these participants suggested that gay men partake in risky sex because, simply, it is desired behavior; they desire it because it is more intimate and more pleasurable. While providing his input on risky sexual behavior in the gay community, Chandra stated: “Maybe it’s the desire to be intimate with someone. Maybe it is the desire to be that close to someone without a barrier in between.” Brenden agreed, noting:

I think a lot of gay guys think it’s more attractive, it’s hotter, it’s what you want to be doing, so a lot of people want to do it. It’s not like a taboo thing . . . it’s just a ‘oh we shouldn’t be doing this but it’s way hotter if we do.

William concurred when discussing gay men and risky sexual behavior, saying, “I think that there are a lot of gay men out there that are really yearning for love and there is also a certain yearning for sexual intimacy.” Lawrence commented that risky sex, or sex without a condom specifically, is less “pleasurable.” He noted that many gay men do not feel concerned about the lack of safety in risky sexual behavior: “It’s not necessarily about safe or unsafe, it’s about pleasurable or non-pleasurable.” In sum, these participants posit that gay men partake in risky sexual behavior prevalently because it is more physically and emotionally desirable and pleasurable, regardless of its potential consequences.

2) *Hypersexuality*. In discussion of gay sexual health these gay men also spoke extensively on the significance of hypersexuality in gay culture; that is, these participants suggest that gay men have a unique predisposition to a heightened libido and a higher sexual partner count, which is supposedly related to their partaking in risky sexual behavior. For example, Kevin noted in this discussion:

I’ve had sex more than, I think, every straight man that I know. I don’t think that I know any straight man that has had as many sex partners as I have. It’s difficult for me to even discuss sex with straight people because I have had so many . . . straight people that have said something along the lines of ‘I think it’s so amazing that some people have had more than 20 partners in their life.’ It’s like ‘wow, I’ve had more than 20 partners this month.’ I don’t need that.

Here, Kevin is noting that his sexual partner count is specifically related to his gayness, and further uses his sexual partner count to exemplify an aspect of his identity that stands apart from his heterosexual counterparts; he suggests that heterosexual men engage with their sexualities differently, with homosexual men having more active sexualities, leading to greater sexual partner counts. William further emphasizes this notion while saying the following,

Straight people can't go to a bath house and pick somebody that's walking around in a town and then if there's a connection, BOOM, you know, that doesn't happen for straight people. We skip the whole courtship thing and go straight to sex.

Further in agreement, Lawrence stated: "Gay men are just hornier, I feel like. I mean, I'm not saying that straight guys aren't horny... but gay men are more sexually driven." He additionally noted that, in the gay community, "bagging as many guys as you can is a right of passage" and that "gay people are less partner inclined." Brenden similarly said, "I do think it is more commonplace to be a sexually active person within the gay community."

Thus, these participants suggest that gay men are more inclined to be *hypersexual* and engage in more sexual behavior than straight men. This hypersexuality is suggested to be an integral aspect of gay identity; this being an aspect of homosexual identity that stands in direct contrast to heterosexual identity, further emphasizing its significance.

3) *Biological determinism*. While discussing sexual health and gay men's predisposition to risky sexual behavior, these participants unveiled a theme of biological determinism—they suggested that gay men's predisposition to risky sexual behavior can be explained, in some way, by their male biology. These explanations, mostly, supposed that because male biology naturally determines a heightened sexual prowess in all males, and because gay sex is between two men, gay sex encompasses twice the sexual prowess and is thus riskier.

During his discussion on risky sexual behavior in gay spaces, Brenden noted this, specifically suggesting that gay men are uniquely capable of expressing the heightened sexual desire of males because sex between two men carries no biological risk of pregnancy:

I think there is also this idea that two gays can't get each other pregnant so there is not as much of a risk as a man and a woman, or someone with a penis and vagina having sex. I think there is just, kind of, "oh, what's the worst that could happen."

James proposed this same notion while discussing sexual encounters he has had with other gay men that discourage the use of prophylactic, specifically condoms: "They would often downplay it and say something like, 'oh, well you can't get pregnant' as a justification for wanting to pursue riskier sex; like the fact that we can't give birth to children somehow makes it better or easier."

William too spoke on this gay predisposition to riskier sexual behaviors, correlating it with male biology, saying it is "just the way we are built":

. . . there is also a certain yearning for sexual intimacy, that's just the way we are built. And so, women are constructed to have fewer sexual partners in order to observe child-rearing and stability to effectuate child-rearing, it makes some sense. I know I experienced it.

In agreement, Conner said that "men are more sexually driven than women."

With crediting biological determinism for gay men's predisposition to risky sexual behavior, these participants withdraw the influences of masculinity from the focus, suggesting that it is, rather, simply the way "nature" or "biology" set it to be.

4) *Compensation*. A further prominent theme extracted from this study's data on gay men's sexual health proposed that gay men use risky sexual behavior as a method of compensation for their gay identities. More specifically, it was suggested that gay men engage in risky sex as a way to compensate for the oppression and subordination of their sexual identities. A quote from Christopher well encompasses this notion, within which he explains the supposed

predisposition of gay men to be hypersexual, or to have excessive and an above average number of sexual encounters: “Hypersexuality comes out of being told for so long, and still told, that you’re not allowed, or you shouldn’t have sex with someone. It becomes like getting off on that... like resisting and being able to do that.” With this, he proposes that gay men respond to and compensate for their subordination by increasing their engagement with the aspect of their identity being directly oppressed—their sexualities—thus leading to riskier, heightened sexual behavior.

Ricardo spoke similarly, relating gay men’s risky sexual behavior as a compensatory behavior, as a method of “proving” something: “Maybe they just, it just might be a way of proving how unbreakable they are, you know, like ‘I’ve had so much risky sex and look at me, I’m still clean.’”

Brenden shared a more in-depth understanding of the relation between gay risky sexual behavior and compensation, using an example of a sexual relationship he had with someone who consistently discouraged safe sexual practices:

I was in a relationship with someone who was HIV+ and who described himself as “the assless bottom wonder of Portland.” So, he was super into bareback, unprotected sex that was his thing, and he was HIV+. . . I think that he was a feminine person trying to be masculine at times. I think a lot of stuff they were into was feminine, a lot of the stuff they liked to do were feminine, but they didn’t necessarily want to be feminine, they wanted to be strong, they wanted to be masculine.

Brenden is proposing with this that his partner lived a lifestyle in which he made active performative efforts to compensate for his effeminate, subordinated masculinity—efforts that specifically included frequently partaking in risky sex. Another quote from Brenden further supports this relationship between risky sexual behavior and compensation, in which he suggests the following:

I think that risky behavior is easier to partake in if you are a gay man, because, I don't know, I think it would be much easier for someone who is not out or someone who is not happy with themselves to partake in riskier sexual behavior because that's kind of an outlet or a way of acting out, I would say. I think that is extremely common, in everyone, especially in gay men.

This puts forth that a lack of happiness or comfortability with one's sexual identity encourages partaking in risky sexual behavior, furthermore suggesting it a mode of compensatory behavior.

5) *Lack of sexual education.* Additionally, these men spoke extensively on the absence of relevant sexual education provision throughout their lives, implying that this lack of necessary sexual education leads gay men to prevalently engage in risky sexual behavior. James suggested this straightforwardly, stating that "his partners that have wanted to pursue more risky sex" include those that "are unaware" and "not educated on STIs and health risks."

Brenden too attributed lack of formal education as a contributing factor to gay men's risky sexual behavior:

I also think it's a lack of education, too, because I mean, for me at least, I kind of had to take steps myself to find out what sex is and what safe sex is, and queer people aren't really given those opportunities at school or from their parents. I think most of my straight friends got a sex talk from their parents. I didn't get one. I don't think a lot of my queer friends got a 'queer sex talk' from any of their parents on how to have safe sex with a man if you're a man. So, I think education when you're younger is a big problem, too.

Conner, in further explication on gay sexual health and gay sexual education, analogously noted:

I do not think there is formal education for sex-ed with gay people. There's not. In my high school, the guy that taught sex-ed was Mormon, so he was able to choose not to talk about that at all. He didn't even want to talk about anal sex with heterosexual couples because he deemed it immoral and that it would lead to a question about gay sex.

In relating this phenomenon to risky sexual behavior, he shared examples of his gay peers lacking knowledge on the realities of sexual health:

They don't like to talk about it. And I have plenty of gay friends who sleep around and when you start to talk about, "oh you could potentially have something," they get anxiety about it and they're like, "oh I would rather just not talk about it." . . . And I am genuinely speaking from experience. I have multiple friends who, like, they have slept around with multiple guys in a week—unprotected with each guy. I have literally had conversations where I say, "That's unfair to the people you are sleeping with because you could be a carrier." I feel like a lot of them aren't aware that they could be a carrier without having signs and stuff."

In other aspects of his interview, Conner spoke about how he learned about what safe, gay sexual practices are from his parents because he did not learn them from mainstream society. Within the above quote, he is exemplifying the potential harmfulness of its lack, detailing the behavior of his gay peers who are not aware of certain sexual realities, including the ability to be asymptomatic of an STI while still being capable of transferring it. He is implying, with this, that it is his gay peers lack of sexual education and their lack of awareness of the realities of sexual health that leads them to willingly and frequently partake in risky sexual behavior.

Lastly and analogously, when speaking on gay men's predisposition to risky sexual behavior, Lawrence posited the same notion, speaking about sexual education influencing the way gay men think about sexual health:

Sure, sex is it asked about, but like HIV and STDs aren't really talked about, like I didn't know what HIV undetectable was until last year, when someone was telling me about it, and I was like, "whoa." I didn't even know that was a thing. I guess there's not as much coverage on it. I guess, because like in health class in school you always learn about, I guess it's almost more traditional, they don't talk about gay sex, really—they never did talk about gay sex or about HIV.

Lawrence went on to describe high school sex-ed as "straight-oriented," noting that even when anal sex—a non-conventional form of penetrative sexual intercourse associated primarily with homosexual men—is mentioned, it is still within the context of "male and female." In speaking about lack of sexual education whilst discussing gay men's risky sexual behavior, he credits the lack of inclusion of gay sexual realities into formal education in the same way that are straight sexual realities as a force causing gay men to partake in risky sex.

6) *Immunity*. An additional noteworthy concept frequently mentioned by these participants when discussing sexual health in gay spaces was that of *immunity*—many of these participants suggested that gay men are predisposed to risky sexual behavior because they, for whatever reason, think themselves immune to its consequences. Conner's discussion on the

prevalence of risky sex in gay spaces, as exemplified through his gay peers' behavior, purported this narrative of immunity: "With my friends, I would say it is very common [to not use condoms]. And I say, they kind of turn their noses up to the whole conversation about contraception, almost like they're immune to it." He continued, specifically mentioning his younger gay peers: "I think that young gay men having sex, they feel like they are invincible, and they think that certain things don't apply to them." In further example, Ricardo expressed the following:

Like I said, they [conventionally masculine gay men] feel like this all-powerful being [when engaging in risky sex] . . . They feel like nothing bad could ever happen to them, they don't really care, they don't really think about those kinds of things. Because everybody, I think, feels like they're so immune, that nothing will ever happen to them, so then, why?

This quote has multifaceted implications. Firstly, Ricardo is suggesting that gay men engage in risky sexual behavior, in part, because they think they cannot be affected by its consequences. Secondly, he associates the phenomenon of gay men considering themselves immune with conventional masculinity performance. It is suggested that it is specifically the gay men that best perform conventional masculinity that think themselves too "powerful" to face repercussions for risky sexual behavior. He confirms this further in the following quote regarding conventionally masculine gay men who frequently engage in risky sexual behavior: "They are just like, 'I'm big; I'm strong; I'm this; I'm that... this all-powerful person.' They think, 'nothing will ever happen to me,' you know?"

In retrospect, all of the gay men interviewed for this study acknowledged the prevalence of risky sexual behavior and its significant harm on gay men's sexual wellbeing, providing a multitude of corresponding perspectives on the ideological forces propagating this phenomenon. The data suggested that gay men engage in risky sex because it is more desirable—"hotter" and

more intimate; they mentioned gay men's predisposition to hypersexuality, to seeking out an increased frequency and increased aggregate amount of sexual partners, as a factor that contributes to gay men's predisposition to risky sexual behavior; participants further claimed that risky sexual behavior is determined by gay men's biology as males, suggesting it is just the way men are "built," and gay sex is between two men; gay men's risky sexual behavior was also said to be utilized by gay men to compensate for the subordination of their sexual identities, a form of resisting and empowering gay men within their oppressed status; lack of formal sexual education was further a most prominent theme proposed by participants as a force fueling gay men's engagement in risky sexual behavior; lastly, it was expressed that the tendency of gay men to think themselves immune to the consequences of risky sexual behavior leads to their willful engagement with unsafe sexual practice.

Gay substance abuse

When interviewing these participants on their perspectives and experiences with substance use in gay spaces, it was unanimously reported that substances are significantly abused, rather than simply used, by gay men, which stands in congruence with scholarship on this issue. Their perspectives on the forces driving this abuse also corresponded. Many of these gay men felt that gay men abuse substances because gay culture is systematically established as a substance-centric space, thereby suggesting that the way the culture is structured encourages an intensified use of substances. Furthermore, these gay men also proposed that they themselves, or their gay peers, abuse substances as a method of self-medication for their social subordination and oppression as gay men.

Gay culture as substance-centric. In exemplification of the substance-centric nature of gay culture, Chandra described his feelings of alienation within the gay community while he was a minor:

I think that up until 21 I had still felt pretty lonely. Finding gay community as a youth in Portland is difficult because so many of the social spaces are bars. There isn't a youth experience here as much. I'm 25 now, I have been able to go out to bars or clubs with my friends. I think that threshold of 21 was a difficult one to pass.

Chandra figuratively asserts that the gay community possesses a “threshold of 21,” a threshold based on the age required to legally drink alcohol as well as simply enter bars and dancing clubs. His experience of feeling excluded from the gay community *because* he was unable to legally drink alcohol or enter other spaces that are embedded in substance use emphasizes the substance-centric nature of gay culture. Chandra further confirmed this perspective, suggesting that substance abuse is a problem because “there are so few gay spaces that are not held in the bars or in the clubs or other spaces where those things are not inherently apart of.”

Christopher shared a corresponding perspective on this ideological “threshold of 21” held by the gay community. During his interview, he spoke about his coming-out process and his experience of gay assimilation, a development he purported to be directly linked with substance use. This is expressed concisely in the following quote from Christopher: “So when I turned 21, I went out with some people to the gay bar, and I was formally invited to join the gay community.” With this, Christopher shared a near identical experience with Chandra—it was not until they reached age 21 and were legally able to use substances and enter substance-centered spaces, such as bars and clubs, that they were able to feel connected to and apart of gay culture. This emphasizes the intrinsic substance-centric nature of gay spaces.

Kevin and Lawrence concurred with this when speaking on substance abuse in the gay community, with Kevin stating:

I have never heard of any kind of gay event, with the exception of gay AA things, that don't involve booze. Gay men drink at brunch, gay men drink at art events in the afternoon, and gay men drink heavily at clubs in the evening. Drinking is a super big part of gay culture.

Lawrence purported the same idea, expressing: "I feel like a lot of gay culture is centered around partying, like all drag shows, all the gay events, eventually it all leads to partying." Both Kevin and Lawrence, thus, share Chandra and Christopher's perception that gay culture and substance use are intrinsically linked, a connection that certainly facilitates the predisposition of gay men to abuse substances.

Self-medication. An additional most prominent theme posited by these gay men whilst discussing gay substance abuse was self-medication—these participants proposed that gay men abuse substances as a method of self-medication for their subordinated and oppressed sexualities. In exemplification of this conceptualization, Adam shared the following:

I have had conversations with people that do—for example, growing up in homophobic settings—that they developed depression or anxiety, and to alleviate that they turned towards substance abuse. . . . substance use is definitely a thing they use to cope with that. I have had many conversations about people related to that, in which a person grew up in a homophobic home, and they developed a mental instability and they turned towards drugs to deal with those feelings.

This quote suggests a direct correlation between gay men's substance abuse and the oppression of their sexuality. Adam posits that subjection to "homophobic settings" leads gay men to abuse substances "to cope."

Speaking similarly to Adam within this narrative of self-medication and coping, Ricardo and William utilized the term "escape" while discussing gay substance abuse. Ricardo noted:

Maybe a reason why [gay men abuse substances] is that they are mentally messed up, so, you know? That's kind of their method of escape, you know? It helps them feel something that they don't usually feel so they keep doing these drugs to make them feel, I don't know, happier or better.

And William purported the same notion, saying, “I think they seek escape in drugs and sex and when you put the two together it’s risky.” This idea that gay men seek “escape” in substance abuse certainly confirms its utilization as a method of self-medication. Ricardo and William are suggesting that the ubiquitous oppression and discrimination socially projected onto gay men inevitably leads gay men to find methods of “escape,” of methodologically removing the reality of subordination from their conscience, through substance abuse.

Ricardo further explicates this narrative of self-medication, sharing the experience of his gay peer who abuses substances as a means to feel comfortable enough with his gay identity to engage sexually with other men:

I know one of my friends, he, I think he finds it easier for him to be intoxicated, to sleep with dudes . . . I think they abuse alcohol to sleep with people . . . he doesn’t get them intoxicated, he gets himself so he’s more willing, you know? But he doesn’t have that confidence, you know? But once he’s drunk, I feel like you’re very—your walls are kind of knocked down and you have no filter, you kind of say what you want, or be who you want. It’s easier for him, I guess.

The gay man in the above example from Ricardo is abusing substances to self-medicate for his lack of comfortability with his gayness. This exemplifies a more abstract form of gay self-medication, as it illustrates the use of substances not to simply “escape” the realities of gay oppression, but to enter an intoxicated mindset that empowers the expression of deviant sexuality.

These participants expressed an awareness of gay men’s predisposition to abuse substances. They suggested this to be because gay culture is, intrinsically, centered around substances; gay men are supposedly predisposed to abuse substances, in part, because most all gay spaces involve substance use—be it bars, clubs, or simply art events or dinner parties hosted by gay men. Indeed, if substances are ubiquitously available for *use*, they are too ubiquitously available for *abuse*. Further, in discussion of gay substance abuse, the participants emphasized

that gay men have a tendency to abuse substances to self-medicate for their ostracized sexualities, allowing them to either conscientiously “escape” from their subordination or to develop a false sense of confidence that encourages enactment of deviant sexual desire.

Psychological distress

Regarding these participants’ discussions on gay health, when discussing their perspectives and experiences related to gayness and mental health, they spoke significantly on the prevalence of psychological distress and mental health issues within gay spaces. These participants suggested that the prevalence of psychological distress in gay spaces is due to the framework of society subjecting gay men to oppression and alienation. Kevin blatantly stated this opinion: “Because being gay sucks. Because, especially if you live in Arkansas or a place where you are the only gay person you know, life sucks.” He exemplifies, here, that gay identity is associated with ideological isolation and difficulty in life, a certainly stark impetus of psychological distress. Furthermore, Kevin mentioned the consequences of this subjection to psychological distress, mentioning: “I know a lot of gay men that have committed suicide, and a lot of gay friends who have had partners that have committed suicide.”

Ricardo spoke similarly to Kevin, suggesting that gay men’s psychological distress is rooted in their social isolation: “I think personally they [gay men that have mental health issues] really yearn for acceptance and that they succumb to that whole idea, so I feel like that too... they’re probably emotionally or mentally broken.” Correspondingly, Lawrence postulated: “half of the world hates us,” whereas “being straight is accepted everywhere,” highlighting the relationship between the oppression subjected upon gay men and gay men’s poor mental health.

William shared an encounter he had with his father when he was younger while discussing mental health in the gay community and its inherent predisposition to experiences of psychological distress: "I asked my father what a gay man was when I was a little kid and the answer was, 'hair raising.' . . . You know, all of the discrimination in the workplace, the hazing, the bullying... you know, I think that has damaged a lot of gay men." William is attributing the conventional consideration that gay sexual identity is "hair raising," and this oppressive consideration's reification through the systematic discrimination of gay men, with gay men being psychologically damaged. He continued in emphasis of this narrative: "There are damaged boys out there, gay boys, gay men out there. There just are. And that damage starts when they're boys and it escalates as they grow into adulthood, and, you know."

Christopher too spoke more personally on the connection between his mental health issues and his gayness:

I know most of my health problems, mental health problems, come from being in the closet. Like I can't walk into a room without knowing where everybody is and what everybody is doing. . . . I'm constantly thinking about where these people are in relation to me... like do I have to protect myself? So, I've just had a ton of anxiety about that, social anxiety and just general anxiety. And then of course just depression probably from the stress.

Christopher is directly relating his experiences of psychological distress to his nonconventional sexuality. He has developed anxiety and depression from the labeling of his sexual identity as "other," obligating a heightened cognizance of social surroundings due to felt insecurity. That, because he is gay, he feels he must "protect" himself emphasizes most acutely the perilous psychological reality of identifying as gay within the current framework of society.

Per these gay men, psychological distress is an unfortunately intrinsic component of gay mental health. This psychological distress is directly related to the ubiquitous oppression of gay sexual identity and its propagation of profound gay feelings of alienation, peril, and inferiority.

DISCUSSION

Hegemonic Masculinity, the Sustainment of Patriarchy, and Gay Subordination

Connell's theory of hegemonic masculinity (2005; 2009) finds much support and relevance within this study's data. The findings support Connell's (2005) notion that men are influenced by societal expectations of how all men must act and behave. This study's participants readily articulated the specificities of these expectations, suggesting that to be considered a "man," one must be dominant, white, physically fit, conventional in stature, wealthy, heterosexual, and unemotional; these criteria define hegemonic masculinity within these gay men's context of gender relations.

Furthermore, as is consistent with Connell's theory, hegemonic masculinity as illustrated by these participants correlates with the patterns and actions men must take to propagate the presently held patriarchal arrangement. As can be perceived, the "perfect man" characterized by these participants exemplifies the intersectional aspects that compose a privileged and powerful man within Western society. For example, according to these participants, the "perfect man" is dominant and exudes an entitlement to authority and control. Certainly, the association of dominating behavior with supposedly "perfect" manhood is an example of hegemonic masculinity functioning to fulfill its purpose to socially reproduce the dynamics of patriarchy—i.e. the structural domination of man over woman. Indeed, it is not mere coincidence that these participants espoused dominance, rather than submission, as a requisite of ideal masculinity, for submissive masculine behaviors do not propagate patriarchy and thus would not serve the function of hegemonic masculinity. Patriarchy is sustained by the association of submission with femininity and domination with masculinity—this ideology maintains such arrangements as the

sexual division of labor, in which women are expected to *submit* their economic autonomy and exclusively occupy the private sector while men are expected to *dominate* this sexual division by occupying the public sector and maintaining exclusive control of economic autonomy (Goffman 1997). That the “perfect man” is both wealthy and white, as these men also suggested, further illustrates the correspondence of idealized manhood with the dominant class of a white-supremacist, capitalist patriarchy.

Most importantly, that these participants associated heterosexuality with conventionalized masculinity is in agreement with previous theorizing on hegemonic masculinity (Connell and Messerschmidt 2005; Courtenay 2000; Donaldson 1993). A critical expectation within the requisites of hegemonic masculinity is that men will behave in modes that reinforce the ideology that women, exclusively, are the sexual objects of men (Donaldson 1993). To do hegemonic masculinity is thus to do a sexist form of heterosexuality, one which serves woman’s subordination and man’s dominance. The participant, Lawrence’s, suggestion that James Bond embodies ideal masculinity because “he’s, like, a womanizer,” and Ricardo’s statement that the ideally masculine man is “just a lot more straight-acting,” is in congruence with Connell’s theory of hegemonic masculinity. These participants credited heterosexuality with “perfect” manhood, and the sustainment of essentialized, sexist heterosexuality is an integral component to the reproduction of patriarchy, and thus is an integral component to hegemonic masculinity.

Furthermore, because hegemonic masculinity establishes itself as “normal” manhood, gay men are mandatorily understood in relation to it—i.e. understood as “abnormal” and thereby ideologically subordinated due to their lack of ability to comply with its heterosexual script (Connell and Messerschmidt 2005:832). This study exhibited this, and hegemonic masculinity

was an apparatus of oppressive subjection upon these gay men and was the mechanism of these gay men's subordination. The idea that hegemonic masculinity oppressed these gay men because of their "abnormal" sexualities is supportive of the notion that hegemonic masculinity creates a society of subordinate masculinities—subordinated masculinities being defined as those masculinities that are done in manners that are repository to the accepted ideals of hegemonic masculinity, including that of gay masculinity (Connell 2009). This systematic ideological subordination of gay masculinity by hegemonic masculinity is evident in Chandra's experiences of sexual alienation: "They [straight people] ask invasive questions regarding your sexual preferences."; it is displayed in Adam's feelings of emasculation: "I definitely did feel that because I didn't display certain behaviors or beliefs I was less of a man because of that."; and it is shown in the heterosexist discrimination Kevin experienced in the workplace: "I can think of specific situations where I have been denied positions of leadership because of being gay, where I have experienced harassment at work for being gay."

It is also critical to recognize that hegemonic masculinity functionally oppressed these gay men because of their identity as gay, *not* for their identity as men. Hegemonic masculinity, as defined by theorists, as well as by this study's participants, is an intersectional ideology responsible for the oppression found *between* groups of men. It must not, therefore, be understood as singular; hegemonic masculinity is not simply a mandate for men to be men, but instead, is a product of the mutual constitution of, and between multiple, referential, intersecting social identities (Connell 2009). It is for this reason that these gay men did not simply characterize the ideal man as "a man," but also characterized him as a "white man," a "physically fit man," a "wealthy man," an "emotionless man."

Gay Men's Integration of Hegemonic Masculinity: Cultural Consent

Further, the narrative of these data exemplifies hegemonic masculinity's integration into the values of gay culture. Within these interviews, these gay men illustrate a dynamic within which an already marginalized group marginalizes other groups with the very hegemonic lexicon that fuels their own marginalization. This oppressive language of mainstream hegemonic masculinity espouses dominance, sexism, sizeism, heterosexism, etc., all of which are extremely evident within this subordinated gay culture—that is, it has been integrated into their local narrative. This exemplifies that the idealizations and glorifications of gay culture and gay masculinity, as investigated in this study, overlap with the hegemonic masculinity that encompasses it. It matters not that the overarching ideology is functionally oppressing these gay participants; they remain complicit, as is expected of a subaltern class within hegemony (Gramsci 1971; Green 2002). This is not to say that all participants willfully praised this arrangement or felt they lacked agency to resist it, but that the overarching, influential values of gay culture remain complicit with hegemonic masculinity.

This implementation of mainstream, hegemonic masculinity into gay men's masculinity dispositions is evident across these data. For example, James notes that, for gay men, there exists a “drive to be more masculine [conventionally],” while Ricardo states that gay men are “so obsessed and consumed by it [conventional masculinity] and just want to fulfill it as much as possible.” This gay culture, thus, idealizes the conventional masculinity that encompasses it; those gay men deemed “most” conventionally masculine are glorified, while those gay men deemed “effeminate” are ostracized (e.g. gay men of color and supposedly physically “unfit” gay men are marginalized). The following statement from Chandra further exemplifies this dynamic:

“The gay men that fit into the framework [of conventional masculinity] are very high up on the hierarchy, and the farther you get away from the ideal the lower you are on the totem pole of idealess of gay masculinity.”

Hegemony, as proposed by Gramsci, is the process by which the ruling class fabricate an illusory framework in which the subaltern—in the case of this study, gay men—are manipulated into consent of their own subordination through ideological processes that normalize and popularize the oppressive ideas of the ruling class (1971; Green 2002). Thus, as suggested both within the literature and this study’s data, hegemonic masculinity is not solely maintained via a top-down approach, functioning also to elusively coerce subaltern groups into a culture of consent. Gay culture’s glorification of hegemonic masculinity makes evident that the participants are propagating and reinforcing the same narrative of privilege and oppression that fuels their very own oppression, as gay men. For example, Christopher proposed: “I would say the ideal gay man, within the gay community, seems to be, and not for everyone, someone who is masculine or more masculine. There is this idealization of someone who can be more masculine.” This idealization of gay men that are “more masculine” is essentially the idealization of hegemonic masculinity, and therefore it is idealization of the ideology that subordinates gayness.

Despite these participants’ expressed awareness that hegemonic masculinity mandates an exclusively heterosexual masculinity from men, the gay culture described in these interviews serves as a space of glorification and propagation of its ideas and values. That hegemonic masculinity is the foundation of inequality within gay spaces is evident in the appearance of “masculine for masculine” or “no fems” in gay dating networks, as shared by Adam and Chandra. Hegemonic masculinity normalizes its criteria; therefore, when a gay man purports that

he is a “masculine” man who is exclusively interested in “masculine” men, he is propagating the notion that conventionally masculine men are more desirable and superior than non-conventionally masculine men—the marginalization of the latter is emphasized in the proclamation: “no fems.” Furthermore, hegemonic masculinity—characterized by these gay men with physical fitness, correct stature, and whiteness—is reinforced by gay culture through its rampant sizeism and racism, as made evident through Kevin’s recognition that “the ideal gay man is muscular as fuck” and Chandra’s experiences with racial exclusion in gay online dating networks. These findings suggest that inequality in gay spaces is founded in the standards of hegemonic masculinity, and that gay men actively reinforce the ideology of hegemonic masculinity through glorifying their gay peers that best embody hegemonic masculinity and marginalizing those that cannot or will not embody its criteria.

Health: The Institutionalization of the Male Sex Role and Risky Gay Sex

This study’s aim was to contextualize gay health narratives and gay health disparities within the complex masculine dynamics of gay culture. This research yielded conflicting data regarding gay men’s sexual health, mental health, and substance use—the three health arenas of this study’s focus. However, the gay health narratives espoused by the participants of this study are connected to the role hegemonic masculinity has within gay culture.

Risky sexual behaviors were found to be evident consequences of the systematic institutionalization of naturalized hegemonic masculinity—i.e. heterosexual masculinity. Because hegemonic masculinity is accepted as biologically determined, its criteria are supposed to be “natural” expressions of male biology, thereby establishing a societal gender framework

founded in sex roles. This ideology, that gendered behavior is simply a “natural” expression of sex roles, was found to contribute to these gay men’s risky sexual behaviors.

Connell’s original formulation of the concept of hegemonic masculinity stemmed from a critique of sex role theory (Connell and Messerschmidt 2005). Sex role theory explains gender as social determinism—that a man, because he is a man, is expected to enact the role of a man, whereas a woman, because she is a woman, is expected to enact the role of a woman (Connell 2009). Connell criticizes this theory for its failure to comprehensively account for the implications structure and agency have within the sociology of sex and gender (2009). Sex role theory posits that there are social expectations of men and women, and in order for these expectations to be reified, interpersonal interaction within which an agent’s behavior is sanctioned by an “occupant of the counter-position” must occur (Connell 2009). Because the reification of gender expectation requires the *will*—i.e. the will of the counter-position occupants to sanction or ridicule behavior within terms of role enactment—the role of structure is dissolved. Since personal agency is involved in the reification of supposed sex roles, the structure of sex roles remains to be named. Ultimately, in sex role theory, biological determinism is utilized in supplication of the social structure. As Connell notes, “The very terms ‘female role’ and ‘male role’, hitching a biological term to a dramaturgical one, suggest what is going on” (2009). Hegemonic masculinity embodies this critique of sex role theory, for it is the ideology of the male role—the *expectation* of men—framing its ideals as the supposedly natural expression of male biology.

The gay health narratives shared by these participants, specifically relating to gay sexual health and risky sexual behavior, revealed a theme of biological determinism; these gay men

suggest that gay men are predisposed to riskier sexual behavior because of the nature of their maleness. For example, Conner suggested that gay men are uniquely predisposed to risky sexual behavior because “it is two men having sex and men are more sexually driven than women.” In proving the same point, William stated: “And when you have men and men together and you have all of that sex drive that is built into us through evolution I think that has a lot to do with it.” Other participants proclaimed that it is because two men cannot biologically become pregnant from penetrative sexual intercourse that they do not take the same precautions. With these suggestions, these gay men are simultaneously explaining and excusing the prevalence of risky sexual behavior in gay spaces as a mere consequence of men enacting their natural role. There is a supposition here that, in a certain aspect, gay sexual intercourse is frequently made to be risky simply because it is a space occupied by two men and men are, by nature of their biology, more sexually driven and more sexually risky.

Indeed, the way in which these participants absolve gay men from responsibility for their risky sexual behavior and instead suggest it to be simply a consequence of men enacting their natural role can be theoretically related to hegemonic masculinity. The suggestion that gay men—and all men for that matter—lack a certain gendered agency and are sentenced, instead, to enact manhood solely as dictated by the structure of biology is the founding supposition of hegemonic masculinity (Connell 2009). In this study’s narrative, this supposition is revealed to have a harmful influence upon the mindset of gay men—they understand their risky sexual behavior disparity to be simply inevitable rather than, more accurately, a product of the socially constructed expectations of hegemonic masculinity.

A further noteworthy theme present in these data related to hegemonic masculinity's "male sex role" is the supposition that gay men engage in risky sexual behavior because they think themselves immune to its consequences. These data did not support the supposition that gay men think of themselves "immune" due to a belief in the predisposition of male biology to "immunity," but rather that gay men simply do consider themselves immune to the consequences of sexual risk taking. For example, while discussing this subject, Ricardo notes, "Because everybody, I think, feels like they're so immune, that nothing will ever happen to them." In correspondence, Conner said, ". . . they kind of turn their noses up to the whole conversation about contraception, almost like they're immune to it."

The dismissal of health risks, and the lack of acknowledgment of weakness, has been largely associated with men's subjection to conventional gender conditioning under the expectations of hegemonic masculinity (Courtenay 2000). Further, that gay men partake in an increased rate of risky sexual behavior and, according to these data, that this is influenced by considerations of the self as immune and fearless could be argued to be an example of a microlevel power-practice. Meaning, when gay men are denied social power and status, they are made to construct their masculinity through mechanisms to which they have access (Courtenay 2000). With regard to enacting hegemonic forms of masculinity, demonstrating the masculine self as "immune" is accessible to all men, including subordinated and disempowered classes of men such as that of gay men (Messerschmidt 1993). Thus, "dismissing the risks associated with high numbers of sexual partners or unprotected anal intercourse"—and gay considerations of the masculine-self as immune and fearless—can be connected to hegemonic masculinity (Courtenay 2000:1392).

Perhaps the most obvious relationship between hegemonic masculinity and these data on risky sexual behavior in gay spaces was the overarching finding that the lack of formal sexual education gay men receive contributes prominently to their partaking in risky sex. Certainly, the systematic withholding of formal sexual education from these participants is a consequence of hegemonic masculinity and its institutionalization of heterosexuality. Hegemonic masculinity is accepted as biologically determined, thus leading the structure of mainstream educational institutions to accommodate first that which is “natural” and to consequently deprive young gay men of critical and relevant sexual education. For instance, in his interview, Conner spoke about his sexual-education in high school; his teacher was Mormon and was able to choose not to educate on supposedly “immoral”—i.e. homosexual—sexual practices. Conner discusses the consequences of the systematic withholding of gay sexual education through his account of his gay peer’s sexual risk taking: “I have multiple friends who, like, they have slept around with multiple guys in a week—unprotected with each guy . . . I feel like a lot of them aren’t aware they could be a carrier without having signs and stuff.” Lawrence, similarly, described his formal sexual-education as “straight-oriented,” noting he was never formally educated on the physiological manifestations of HIV and its statistical correlation with gay sexuality. Evidently, these findings are influenced by the institutionalization of hegemonic masculinity, and therefore the institutionalization of heterosexuality.

Health: Hegemonic Masculinity, Hypermasculinity, and Gay Risky Sex

Here, too, there is a connection being made between hypersexuality in gay spaces and risky sexual behavior in gay spaces; while discussing risky sex, these gay men discuss gay sexual drive as a pertinent contributor. In the above-mentioned points, the narrative suggested that this

heightened sexual drive was simply an embodiment of natural, biological manhood. In other parts of these data, these participants suggest that gay men—set apart from heterosexual men and therefore set apart from maleness—have a unique predisposition to hypersexuality *because* of their gayness. This is not to say that gayness and maleness are exclusive things, but rather that in certain sections of the data in which these participants discussed gay risky sex they emphasized their gay identity rather than their identity as men, whereas in other moments they credited their manhood. For example, when discussing gay sexual health, Kevin noted: “I’ve had sex more than, I think, every straight man that I know.” William emphasized correspondingly: “We [gay men] skip the whole courtship thing and go straight to sex.” Lawrence blatantly stated: “Gay men are just hornier.”

“A ceaseless interest in sex” has been characterized as requisite of hegemonic masculinity (Courtenay 2000:1389). However, if a form of sexual compulsivity is an expectation of conventional manhood, it is not satisfactory to suggest that gay men are sexually compulsive simply because they are enacting the role of their manhood; it is not simply that gay men are sexually compulsive, but that gay men are sexually compulsive to an extent deemed *risky*, predisposing them to sexual health disparities to which heterosexual men are not subjected (Benotsch et al. 1999; Grov et al. 2014; Reid and Carpenter 2009).

When defining normative masculinity in their interviews, these participants did not mention, to a significant extent, that an exaggerated interest in sex is requisite. It seems, rather, that they are associating this exaggeration specifically with gay masculinity, going even so far as to immediately place it in contrast to heterosexual masculinity: “Gay men [as opposed to straight men] are just hornier” (Lawrence). The question remains as to why, supposedly, gay men are

sexually compulsive to the extent that that their health is subjected to disparity, as shown by this study's narrative and the previous literature.

Much scholarship suggests that masculinity-related behaviors, such as this sexual prowess, are exaggerated by gay men, and other subordinated classes of man, as a means to compensate and proclaim the legitimacy of their masculinity (Courtenay 2000; De Visser et al. 2009; Fields et al. 2015; Willer et al. 2013). Themes of compensation reoccurred within this study's data on sexual health and, specifically, sexual compulsivity and risky sex in gay spaces. For example, Christopher stated: "Hypersexuality comes out of being told for so long, and still told, that you're not allowed, or you shouldn't have sex with someone. It becomes like getting off on that—like resisting and being able to do that." This protest, this compensation, is connected to hegemonic masculinity's systematic subordination of gay masculinity and the phenomenon of sexual compulsivity and risky sexual behavior within gay spaces. In conversation with previous literature and with the narrative of this study, it seems that these gay men, and their gay culture, are embodying hegemonic masculinity's expectation of sexual prowess as a mode of both validation and compensation for their subordination to noxious extent. Hegemonic masculinity's function here is multifaceted and intersecting: it provides the expectation of sexual prowess, it subordinates and invalidates gay masculinity as an acceptable enactment of manhood, and further leads gay men to embody sexual prowess in a uniquely exaggerated manner as a means to socially validate their manhood within the sanctioned terms of mainstream hegemony.

Health: Gay Masculinity, Internalized Heterosexism, and Psychological Distress

The relation between the strain of hegemonic masculinity upon gay men and the prevalence of psychological distress in gay men is perhaps the most apparent. It is clear both within the data of this study and previous literature that hegemonic masculinity functionally subordinates and oppresses gayness as an unconventional and deviant enactment of manhood (Connell and Messerschmidt 2005; Courtenay 2000; Donaldson 1993). These gay men shared instances in which their gay identity was alienated, discriminated against, and policed by the ideals of hegemonic masculinity. For example, in explanation on the poor mental health of gay men, Kevin stated: “Because being gay sucks. Because, especially if you live in Arkansas or a place where you are the only gay person you know, life sucks.” William noted, too: “There are damaged boys out there, gay boys, gay men out there. There just are. And that damage starts when they’re boys and it escalates as they grow into adulthood...”

In many aspects of this study’s narrative, it is apparent that gay culture has internalized the values of hegemonic masculinity, and therefore has internalized gay inferiority. For example, the finding that gay culture desires and glorifies gay men that best embody the expectations of hegemonic masculinity—while marginalizing gay men of color, effeminate gay men, and physically unfit gay men—portrays this internalization. Hegemonic masculinity, as espoused by these participants, as well as shown within theory, is characterized by heterosexuality (Connell 2009; Courtenay 2000; Donaldson 1993). If a gay man is to internalize hegemonic masculinity, he is to internalize the heterosexist mores of a society defined by hegemonic masculinity, and thereby is to also internalize his own inferiority, his own deviance, his own devaluation (Williamson 2000).

The systematic internalization of heterosexism—and thus the internalization of hegemonic masculinity—has been conceptualized within many terms, including *internalized homophobia*, *homonegativism*, and *internalized heterosexism* (Williamson 2000). Though internalized homophobia is the concept in most widespread use, it has been criticized for its emphasis on individual pathology rather than institutionalized oppression (Kitzinger 1996). As this study is entirely focused on the oppressive effects of institutionalized hegemonic masculinity within the gay experience, internalized heterosexism is used instead. Internalized heterosexism, put simply, is a gay persons' inward projection of heterosexist, or "antihomosexual," societal values (Meyers and Dean 1998). The psychological consequences of internalized heterosexism are numerous, including depression, anxiety, and demoralization, as well as more complex ideological affects such as discomfort with same-sex sexual activity (Newcomb and Mustanski 2010; Williamson 2000).

The narrative of this study consistently revealed a gay culture embedded with these consequences of internalized heterosexism. For example, Chandra stated: "[heteronormative comments] make me feel marginal—like I'm not worthy of taking up the same space. . . ." Ricardo shared the experience of a gay peer, who does not possess enough conformability to engage his homosexual desires unless intoxicated: "he, I think, finds it easier for him to be intoxicated... to sleep with dudes... he doesn't have that confidence, you know? But once he's drunk I feel like you're very... your walls are kind of knocked down." Christopher spoke about how he has used academic success to compensate for his feelings of abnormality: ". . . where can I fit? Where can I be normal? And I think for some reason it was like, 'okay, I guess I'm going to

get good grades.’’ These narratives exemplify internalizations of heterosexism in gay psyches and the very real, degradative psychological consequences of this internalization.

Intellectualizing internalized heterosexism as a consequence of hegemonic masculinity, and thus gay men’s psychological distress as a consequence of hegemonic masculinity, is no complicated theoretical endeavor. Hegemonic masculinity functions to institutionalize heterosexuality as standard, and in consequence, homosexuality is understood as deviant, abnormal, and subordinate (Connell 2009; Donaldson 1993). Minority stress—the chronic stress gay men are subjected to within a heterosexist society, and of which internalized heterosexism is apart—is a consequence to the normalization of heterosexuality within society (Hamilton and Mahalik 2009). Thus, the role of hegemonic masculinity within the development of internalized heterosexism in gay spaces is most evident, as hegemonic masculinity propagates the heterosexist lexicon that gay men internalize, contributing to their prevalent psychological stress.

Health: Substance Abuse, Normalization and Internalized Heterosexism

The supposition that substance use is a form of both conventional and gay masculinity that constructs gendered manhood has been explored within masculinities discourse (Courtenay 2000; Peralta 2007; West 2001). This literature asserts, primarily, that gay men abuse substances because it is appropriate masculine behavior—i.e. appropriate behavior as defined by hegemonic masculinity—as well as a facet of hegemonic masculinity that gay men, regardless of their disempowerment, have the means to enact (Messerschmidt 1993).

The narrative of this study strays from this assertion, somewhat, as the gay men from this study primarily postulate that gay men abuse substances at a higher rate than heterosexual men not simply because it is “appropriate” masculine behavior, but rather because gay men have a

tendency to use substances as an apparatus of self-medication for their gay-related psychological distress. In other words, within the gay culture explored by these participants, substance abuse appears to be more related to the prevalence of gay men's psychological insecurity, rather than as a demonstration of conventional masculinity. For example, Ricardo stated: "Maybe a reason why [gay men abuse substances] is that they are mentally messed up... so, you know? That's kind of their method of escape." Adam stated: "I have had conversations with [gay] people that do—for example, growing up in homophobic settings—that they developed depression or anxiety, and to alleviate that they turned towards substance abuse..." According to these participants, therefore, it is not so much that they are abusing substances as a mechanism of masculine gender validation, but rather that substance abuse is a consequence of gay oppression and gay mental health crises.

Relating internalized heterosexism to gay men's utilization of substance abuse has been explored within the literature (Hamilton and Mahalik 2009; Lick et al. 2013). For example, multiple studies have shown that historical, institutional discrimination against sexual minorities, specifically within the same-sex marriage debate, is positively correlated with psychiatric disorders, including internalized heterosexism and substance abuse within gay communities (Hatzenbuehler et al. 2010; Riggle et al. 2005; Riggle et al. 2010)—these studies are consistent with the narrative espoused by the participants of this study. Adam stated that it is because gay men grow up "in homophobic settings" that they develop "depression or anxiety" and therefore turn toward substance abuse. A state that does not legally recognize same-sex relationships could certainly be characterized as a "homophobic setting," and while same-sex marriage is now legalized in all 50 states, when these gay men were "growing up" it was not so. They were

subjected to the institutional discrimination explored in the above research, which was found to correlate with internalized heterosexism and substance abuse. This study's data adds to the previous literature, emphasizing the interdependence of hegemonic masculinity, institutional discrimination, internalized heterosexism and gay men's substance abuse—all of these variables are of mutual influence.

Lastly, these gay men espoused that it is because substances are intrinsic to gay culture that gay men abuse substances more. For example, Kevin noted: "I have never heard of any kind of gay event, with the exception of gay AA things, that don't involve booze." Lawrence agreed: "I feel like a lot of gay culture is centered around partying." This supposition, that gay men abuse substances because they observe many other gay men abusing substances, has been explored in the literature from a social norms approach. This perspective suggests that health behaviors are positively influenced by what is perceived to be "normal" health behavior (Schultz et al. 2007). The gay men from this study suppose that it be a gay social norm to abuse substances, using this rhetoric to explain gay men's substance abuse—"gay men abuse substances *because* it is normal for gay men to abuse substances." Previous literature supports these data, finding that gay men's perception of substance abuse as *normal* gay behavior correlates to the prevalence of gay men's substance abuse (Hamilton and Mahalik 2009).

The question of what role hegemonic masculinity has in constructing a frame of reality in which substance abuse is normalized within gay spaces, and substance abuse is reproduced in gay spaces, is multifaceted. Indeed, the ideal normalized by hegemonic masculinity is associated with substance abuse—i.e. hegemonic masculinity normalizes the expectation of substance abuse for all men (Courtenay 2000). It is much less clear why, within gay spaces, substance abuse is

normalized to a greater extent—why is it “more normal” for gay men to abuse substances than heterosexual men?

This may be a result of a multiplicity of intersecting forces from hegemonic masculinity upon gay masculinity. Firstly, hegemonic masculinity instills the societal conception that men abuse substances—this is considered normal (Courtenay 2000). Secondly, hegemonic masculinity oppresses gay masculinity, leading to internalized heterosexism that is often expressed in depression, anxiety, and demoralization (Williamson 2000). Thirdly, in consistency with this study’s narrative and with previous literature, gay men’s internalization of heterosexism prompts gay men to abuse substances to “cope” with feelings of inferiority and trauma (Hamilton and Mahalik 2009; Hatzenbuehler et al. 2010). Gay men are, thus, encouraged to abuse substances both because hegemonic masculinity conditions them to assume that substance abuse is normal behavior for men (regardless of sexuality), as well as internalized heterosexism constructing a gay culture in which “coping” with substances is standard. The data from this study seems to emphasize the influence of the latter—i.e. gay men abuse substances because of internalized heterosexism and because the ubiquity of gay psychological distress prompts the development of a gay culture in which substance abuse as a coping mechanism is normalized.

Much of the literature on the prevalence of substance abuse in gay spaces suggests that gay men abuse substances as a demonstration of hypermasculinity, or to overcompensate for the subordination of their masculinity (Courtenay 2000; Peralta 2007; West 2001), which was not evident within the narrative of this research. These gay men suggested that gay men abuse substances to escape from the realities of hegemonic masculinity, and also simply because it is “normal” for gay men to abuse substances, not to seek gendered validation through embodiment

of hegemonic masculinity. Regardless, both of these explanations—that substance abuse is utilized by gay men to validate gay masculinity as “real masculinity” and that substance abuse is utilized by gay men to cope with the psychological distress of internalized heterosexism—are clear consequences of the strain of hegemonic masculinity and its institutional oppression of gay masculinity.

LIMITATIONS

The primary limitation of this study is that, because of the intention of this research to serve as a broad exploration of hegemonic masculinity and health behavior in gay spaces, the methodology did not control for many significant variables of social identity. *Masculinities* is a pluralized conception whereby all men engage the gender order idiosyncratically (Connell 2005). In the same way that the implications of heterosexual masculinity and homosexual masculinity are significantly varied, there also exists a multitude of intersecting social identities within the social group of gay men that affect the comprehensive implications of gay masculinity. Indeed, a gay man is not exclusively performing gay masculinity, he is also simultaneously performing the masculinities of his other social identities—e.g. white masculinity or black masculinity, disabled masculinity or able-bodied masculinity, upper, middle, or lower-class masculinity, trans-gendered masculinity or cis-gendered masculinity. As this study was exploratory and did not control for exclusive criteria of identity, the intersectional implications of the participants’ masculinities were not the primary focus of analyses. Rather, this research emphasized the prevailing, overarching narrative that is broadly peculiar to gay masculinity.

Therefore, this study served to explore the health disparities among men, i.e. between homosexual men relative to heterosexual men, but further studies are necessary to explore the

health disparities among homosexual men, e.g. between white gay men and black gay men.

Black gay men, for example, are disproportionately affected by HIV relative to their white gay peers (Malenbranche 2003; Millet et al. 2012). Exploration of this disparity has found it to be influenced by black gay men's "triple curse"—subjection to the internalized heterosexism of gayness, the social stigma of HIV, all within a context of institutional racism (Arnold et al. 2014). Fields et al. (2015) investigated this phenomenon within a masculinities framework and found that black gay men are subjected to uniquely rigid gender expectations, thus encouraging black gay men to compensate for said extraordinary rigidity with compensatory masculine demonstrations that contribute to the sustainment of their HIV disparities. This is but one example of masculinity variation among gay men, and emphasizes the necessity of further studies on gender, masculinity, and health behavior that control for variables of social identity, including, but most certainly not limited to, control of race.

CONCLUSION

This study finds hegemonic masculinity to significantly affect the lived experience of gay men. Hegemonic masculinity is rampant in the narrative of these interviews, an ideological force influencing the self-worth, desires, and overall social engagement of these gay participants. This influence was, most importantly, prevalent within the gay health narratives of these data: hegemonic masculinity *institutionalizes* heterosexuality, thereby serving as the apparatus of gay men's formal sexual education deficit; hegemonic masculinity *naturalizes* men's heightened sexual prowess, supplying gay men with a rhetoric that excuses their risky sexual behaviors as inevitable expressions of biology; hegemonic masculinity *normalizes* men's substance abuse as standard, a normalization embedded in these participants' explanations of gay substance abuse;

hegemonic masculinity *constructs* a heterosexist framework of reality within which gayness is abnormal, providing gay men an oppressive lexicon that they can inwardly project, contributing to the prevalence of internalized heterosexism, psychological distress, and substance disorders in gay spaces. Most insidiously, the ubiquity, primacy, and irrefutability of hegemonic masculinity *manipulates* gay men into consent and reinforcement of the values of hegemonic masculinity, therefore manipulating gay men into consent and reinforcement of the very mechanism of their own oppression.

These findings could be meaningfully applied to sociopolitical interruptions of gay men's health disparities. For example, these gay men asserted emphatically that the lack of formal sexual education provided to gay men—a consequence of hegemonic masculinity's oppressive institutionalization of heterosexuality—contributes to their apathetic engagement with risky sexual behaviors. Lawrence stated: “. . . because like in health class in school you always learn about, I guess it's almost more traditional, they don't talk about gay sex, really. They never did talk about gay sex or about HIV.” A most obvious intervention to this strain of hegemonic masculinity would be, simply, the provision of relevant and adequate formal sexual education to gay men—i.e. provision of formal sexual education on gay sex and HIV that Lawrence, and his gay peers, are systematically lacking.

An additional area, apparent in these findings, that could be implemented with impactful intervention is the lack of awareness these gay men had for the affect social arrangements and hierarchies have on their attractions and desires, as shown in Lawrence's recollection:

I was having this same conversation with someone else yesterday. They were talking about how they weren't into relationships in the same way that someone just doesn't like a certain vegetable. I guess that's the same way that I am. I'm just not attracted to feminine men in the same way that I am attracted to straight guys, or more masculine men.

The gay culture of this study reflects the standards of hegemonic masculinity—i.e. this gay culture consisted of racist, sexist, heterosexist, and sizeist desires. This sexism, for example, is exemplified in the above statement from Lawrence, for he supposes that he’s “just not attracted to feminine men.” That the prevailing narrative of desire in gay spaces reproduces a hierarchy that directly reflects the values of hegemonic masculinity is certainly enough to speculate whether these desires truly are, as suggested, as simple as not liking “a certain vegetable.”

Han (2008) explored this phenomenon of intracultural marginalization and narratives of gay desire with regard to the treatment of gay Asian men by other gay men, finding that gay men of color often “confront racial hierarchies that mirror the straight mainstream” (11). Specifically, Han’s (2008) finding that the gay Asian men of his study were systematically understood, by gay White men, as associated with femininity and undesirability *because* of their Asian race, exemplifies an integration of the racist, wide-spread narrative of hegemonic masculinity—that of which idealizes whiteness—within gay culture’s narratives of desire and attraction. This emphasizes that social attractions cannot be understood within a vacuum, and the sociocultural forces that influence desires must be acknowledged. As this study found gay men’s desires and attraction to be a formidable factor in the reproduction of hegemonic masculinity, meaningful interruption of this narrative could take form in increasing social awareness of the role oppressive hierarchies have in human desires and attractions, thereby providing gay men a foundation to reflect critically on why they desire certain demonstrations of manhood over others.

Lastly, a space in these data with much opportunity for interruption is the prominent underlying theme regarding biological determinism and the male sex role. These gay men

excused their risky sexual behaviors as a natural expression of their maleness, as exhibited when William purported: “We know that men are constructed biologically to spread their seed far and wide.” This explanation is evident of gay men’s internalization of hegemonic masculinity and the male sex role; when this ideology is internalized, it strips gay men of gendered agency, instead alleging that all men are destined to naturally express certain, sometimes noxious, behaviors as expressions of their biology. Sociological insight reveals all forms of ruled gendered doing, i.e. the allegedly “natural” behavioral divisions between the sex binary, not as expressions of distinctions in physiology but rather as socially implemented arrangements (Butler 1988; Goffman 1977; West and Zimmerman 1987). Intervening in this apparently degradative narrative of hegemonic masculinity, and gay men’s internalization of it, could take form in increasing awareness that the supposed societal “standards” of gender are socially implemented, and that explanations of biological determinism falsely condition gendered beings into an perilous existence that lacks gendered agency.

This research emphasizes the significance masculinity discourses have within inquiries of identity construction, health behavior, and gendered existence, and therefore this research, too, highlights the significance masculinity discourses have within the phenomenon of gay men’s health disparities. This study portrays just how complex these questions are, finding that hegemonic masculinity constructs a multitude of masculine dynamics that affect how gay men construct their gendered existence in a primarily degradative fashion. While empirical research has made it clear, quantitatively, that gay men are subject to a multitude of specific health disparities, continued development of a sophisticated social science on the interplay and interdependence of hegemonic masculinity and gay masculinity is of utmost necessity to a

heightened intellectual understanding of this phenomenon. As the literature on gay masculinity, hegemonic masculinity, and gay men's health disparities continues to explore the contentious sociocultural arrangements of gendered existence, society will be increasingly afforded the requisite ideological foundation to systematically interrupt and deconstruct the oppressive notions of hegemonic masculinity—in its place, constructing an arrangement of masculinities free of essentialism and determinism, within which all gendered men, including gay men, are relieved of oppressive conditioning and instead allowed to embody a genuinely empowered form of gendered agency.

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