

THE MENTAL HEALTH STEREOTYPE ABOUT GAY MEN: THE RELATION BETWEEN GAY MEN'S SELF-STEREOTYPE AND STEREOTYPES ABOUT HETEROSEXUAL WOMEN AND LESBIANS

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Implicit inversion theory suggests that stereotypes about gay men include beliefs that they possess certain mental health traits more characteristic of women than men. However, no research has explored gay men's stereotype about their own mental health or how their self-stereotype relates to stereotypes of women (i.e., heterosexual women and lesbians). Three studies documented gay men's self-stereotype about mental health and compared it to other stereotypes. Comparisons among stereotypes about gay men, heterosexual women, and lesbians suggested that the stereotype about gay men partially overlaps with the stereotypes about heterosexual women and lesbians but also has traits independent of those female stereotypes. Overall, there appears to be a prevalent stereotype about gay men's mental health that is partially explained by the implicit inversion theory.

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Stereotypes are generally considered to be “beliefs about the characteristics, attributes, and behaviors of members of certain groups” (Hilton & von Hippel, 1996, p. 240). More precisely, stereotypes center on the characteristics believed to differentiate one social group from another social group (Lee, Jussim, & McCauley, 1995; Ottati & Lee, 1995). The importance of stereotypes to social cognition includes their relation to prejudice, effects on perceptions of others, and ability to affect behavior without conscious awareness (Hilton & von Hippel, 1996). Furthermore, individuals can possess stereotypes about their own social groups that affect beliefs and behaviors (Burkley & Blanton, 2009). Gay men are a social group that is the target of many stereotypes (Clausell & Fiske, 2005), and research indicates that one set of beliefs about gay men surrounds their mental health (Boysen, Vogel, Madon, & Wester, 2006). However, previous research does not indicate whether gay men hold a stereotype about their own mental health, the content of such a stereotype, or how it compares to mental health stereotypes about other groups. The purpose of the current study is to explore these issues.

The mental health stereotype about gay men is relevant to both the social and clinical psychology research literature. With respect to social psychology, the gay male stereotype is an under-researched area that has only produced a few studies in the last decade (e.g., Clausell & Fiske, 2005; Fingerhut & Peplau, 2006), and only one previous study has specifically examined mental health stereotypes (Boysen et al., 2006). In terms of clinical psychology, some have argued that the lack of information about homosexuality is a hindrance to effective therapy with gay men (Eubanks-Carter, Burkell, & Goldfried, 2005). Furthermore, evidence exists that stereotypes about bisexuality and homosexuality influence clinicians’ judgments about clients (Eubanks-Carter & Goldfried, 2006; Mohr, Weiner, Chopp, & Wong, 2009). Gay men’s mental health is also relevant given recent increases in legislation focused on limiting or establishing their rights; such legislation has positive and negative correlations, respectively, with rates of mental disorders in the lesbian, gay, and bisexual populations (Hatzenbuehler, Keyes, & Hasin, 2009; Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010). Given this current social climate, clinicians should be aware of gay men’s self-perceptions concerning mental health.

STEREOTYPES ABOUT GAY MEN

Research on the stereotype about gay men has evolved with cultural changes in the acceptance of homosexuality. Studies from the 1960s and 1970s illustrated that individuals commonly perceived gay men as mentally ill or perverted (Levitt & Klassen, 1974; Simmons, 1965). Subsequent research has produced stereotypes about gay men that emphasize variations in normal behavior and personality (e.g., Madon, 1997). Contemporary research also illustrates that people do not perceive stereotyped groups, such as gay men, as being all the same; rather, they typically believe group members fall into several different stereotyped subgroups (Fiske, Cuddy, Glick, & Xu, 2002). The most commonly reported subgroups for gay men include closeted, flamboyant, feminine, cross-dressing, and activist (Clausell & Fiske, 2005). It is important to note, however, that these common subgroups frequently center on the ideal that gay men are somehow similar to women in behavior, interests, or personality. In fact, most stereotype research about gay men has indicated that people endorse what has come to be known as the implicit inversion theory. Kite and Deaux (1987) proposed this theory to account for the fact that people believe homosexuals possess characteristics of the opposite sex. In support of their inversion hypothesis, Kite and Deaux showed that the majority of traits attributed to gay men centered on their feminine characteristics (e.g., feminine, feminine walk, wears feminine clothing), and that the gay male stereotype correlated with the stereotype of heterosexual females but not the stereotype of heterosexual males. Later stereotype research supported the implicit inversion theory with regard to gay men; the content of the gay male stereotype consistently centers on their femininity or lack of masculinity (Jackson, Lewandowski, Ingram, & Hodge, 1997; Madon, 1997; Wright & Canetto, 2009).

SELF-STEREOTYPING

Stereotypes are ubiquitous. As such, individuals even hold stereotypes about social groups to which they belong. These self-stereotypes are more likely to emerge in minority groups than majority groups (Simon & Hamilton, 1994). One explanation for self-stereo-

types is that they are chronic, internalized beliefs that stem from cultural exposure (Burkley & Blanton, 2009), but most recent research has focused on how self-stereotypes can be functional cognitive tools that emerge as social situations demand protection of identity (e.g., Burkley & Blanton, 2009; Latrofoa, Vaes, Pastore, & Cadinu, 2009). To illustrate, in one telling study sorority members rated positive traits from the sorority stereotype as typical of themselves and their sorority, but they simultaneously rated negative traits from the sorority stereotype as typical of members of other sororities (Biernat, Vescio, & Green, 1996).

Although self-stereotyping can be motivated by a desire to maintain personal integrity, the effects are not uniformly positive. Simply activating a stereotype can lead individuals to conform to that stereotype, and the effect works with conscious or subconscious activation, positive or negative stereotypes, and self- or other-stereotypes (Wheeler & Petty, 2001). For example, simply making the stereotype of older individuals salient to late middle-aged adults can lead to a reduction in their memory performance (O'Brien & Hummert, 2006), and people with negative self-perceptions of aging have worse health than people with positive self-perceptions of aging (Levy, Slade, & Kasl, 2002). Self-stereotyping also plays a central role in mental illness stigma. People with mental illness are often aware of stereotypes, but this becomes especially problematic if they also believe the stereotypes apply to them personally (Rüsch, Angermeyer, & Corrigan, 2005). Specifically, self-stereotyping can lead to increased negative emotions and avoidance of treatment (Corrigan, Watson, & Bar, 2006; Fung, Tsang, & Corrigan, 2008). Gay men are known to have higher rates of some anxiety, mood, and substance use disorders (Herek & Garnets, 2007; Meyer, 2003), and it is possible that self-stereotypes play a role in the course of these disorders and the help-seeking behaviors related to them.

Although little is known about self-stereotyping among gay men, there is some indirect evidence to suggest that gay men are likely to possess a self-stereotype. Large, web-based surveys of the lesbian, gay, and bisexual community indicate that these groups are aware of, and sometimes accept, the common belief that gay men and lesbians do not conform to traditional expectations about masculinity and femininity (Riggle, Whitman, Olson, Rostosky, & Strong, 2008; Sánchez, Greenberg, Lui, & Vilain, 2009). In addition, researchers have identified a self-stereotype among lesbians. Viss and Burn (1992) created a questionnaire consisting of 21 adjectives commonly

perceived to be stereotypical (e.g., masculine) or counterstereotypical (e.g., stable) of lesbians. A sample of lesbians and college students then rated how descriptive the adjectives were of lesbians. Significant differences emerged between the two groups for 16 of 21 adjectives. Taken together, these results suggest that gay men may not necessarily agree with the veracity of stereotypes about their subgroup even if they are aware of them.

THE CURRENT RESEARCH

One longstanding stereotype about homosexuality is that it is associated with mental illness (Levitt & Klassen, 1974; Simmons, 1965; Viss & Burn, 1992). Such a stereotype may reflect the historical period in which homosexuality was a diagnosable mental illness. Indeed, a recent study by Boysen et al. (2006) found a specific mental health stereotype about gay men. The researchers presented college students and counselor trainees with a list of symptoms of mental illness and had them rate how characteristic the symptoms were of gay men. Symptoms of anxiety, eating, mood, personality, and sexual disorders emerged as part of the stereotype content for both groups. Anxiety disorders, mood disorders, and substance disorders represent areas gay men have well-documented risk compared to heterosexual men (Herek & Garnets, 2007; Meyer, 2003), but both college students and counselor trainees endorsed symptoms of disorders that do not actually occur with increased frequency among gay men (i.e., eating, personality, and sexual disorders). The fact that this pattern occurred among individuals with different educational levels and knowledge about mental illness is noteworthy because it suggests a common mental health stereotype about gay men. Nonetheless, previous research on lesbians' self-stereotype indicates that gay men's self-stereotype may not correspond to others' beliefs about their mental health (Viss & Burn, 1992). In order to learn more about the mental health stereotype about gay men, the current research explored gay men's beliefs about their own mental health.

The purpose of Study 1 was to document the self-stereotype gay men have about their own mental health and compare it to the stereotype held by college students. Studies 2 and 3 further explored the mental health stereotype about gay men through comparisons to theoretically related stereotypes. The implicit inversion theory

(Kite & Deaux, 1987) posits that people perceive gay men as possessing the characteristics of heterosexual women, and this may extend to mental health symptoms. In order to test the effects of implicit inversion beliefs on mental health stereotypes, we included comparisons of stereotypes about gay men and women in Study 2. Gay men should not be perceived as similar to all women. For example, lesbians are a subgroup of women who, according to the implicit inversion theory, should be perceived as dissimilar to other heterosexual women and, therefore, dissimilar to gay men. At the same time, there may be a mental health stereotype generally related to homosexuality that leads to a similarity in stereotypes about both gay men and lesbians. As such, we included comparisons of the mental health stereotypes about gay men and lesbians in Study 3.

STUDY 1

Study 1 included an examination of the mental health stereotype about gay men endorsed by gay men and a comparison sample of college students. Participants rated symptoms of mental illness based on how characteristic they were of gay men. These ratings indicated the content and strength of each group's stereotype; *content* refers to the attributes believed to be stereotypical of a group and *strength* refers to the intensity with which individuals endorse these stereotypical beliefs. Content can be further broken down into stereotypes and counterstereotypes. Stereotypical and counterstereotypical content refer, respectively, to the traits perceived as characteristic and not characteristic of a certain group. For example, emotionality is stereotypical of gay men, and lack of emotions is counterstereotypical of gay men (Madon, 1997). Study 1 included the measurement of stereotypes, counterstereotypes, and stereotype strength so as to provide answers to three research questions: (1) Do gay men possess a self-stereotype about their mental health? (2) How does the self-stereotype about gay men's mental health correspond to disorders from the *Diagnostic and Statistical Manual of Mental Disorders (DSM; American Psychiatric Association, 2000)*? and (3) How does the content and strength of gay men's self-stereotype compare to the content and strength of the mental health stereotype endorsed by a comparison sample of college students? Understanding gay men's self-stereotypes about mental health, how the content

corresponds to specific disorders, and how similar their stereotype content and strength are to a comparison group will allow for a better understanding of how beliefs about mental illness are internalized by the targets of those beliefs.

METHOD

Participants

Participants ($N = 209$) were gay men ($n = 85$), some of whom were college students, and a comparison sample of college students that excluded gay men ($n = 124$). Obtaining large enough samples of gay men for meaningful analysis can be difficult due to the relatively low prevalence of homosexuality. Accordingly, we recruited gay men via several sources: the Internet ($n = 62$), social organizations ($n = 20$), and a psychology participant pool ($n = 3$). The online sample consisted of individuals recruited from Internet chat rooms (e.g., gay.com) for men with same-sex sexual orientations. Social organization participants were attendees at meetings for organizations focused on same-sex sexual orientation (e.g., LGBT Pride) in the northeastern United States. Neither of these groups received inducement for participation. The comparison sample included students enrolled in psychology courses at a medium-sized college in the northeastern United States who self-selected into the study in exchange for partial course credit. Three male students from the comparison sample reported same-sex sexual orientation, and they were included in the sample of gay men for all analyses.

The gay male sample included primarily European Americans (77%; Hispanic/Latino, 11%; African American, 5%; Asian, 1%; Native American, 1%; multiethnic or other, 5%). The average age was 32 ($SD = 12$), and the majority of participants had completed college (61%). A problem for research on homosexuality is that definitions of sexual orientation differ across researchers, participants, and cultures (Meyer & Wilson, 2009). As such, we adopted simple inclusion criteria for our gay male sample: self-identification as male and self-identification as gay ($n = 76$) or bisexual ($n = 9$). Although this study is about gay men, all analyses included bisexual men because the term *gay* is often interpreted as including all males who are attracted to the same sex and because comparisons of the gay men and bisexual men's responses yield no significant differences. The comparison sample was primarily European American (91%; Afri-

can American, 5%; Asian, 2%; Hispanic/Latino, 1%; multiethnic or other, 2%), female (73%), and of traditional college age ($M = 20$, $SD = 3$).

Materials

Participants completed the mental health stereotype questionnaire (Boysen et al., 2006). The questionnaire includes 58 items that ask participants to identify symptoms of mental disorder that are seen as typical of gay men in comparison to heterosexual men. Symptoms listed on the questionnaire represent criteria and features of *DSM* Axis I and II disorders. Symptoms are listed using nontechnical terminology rather than the exact language of the *DSM*. For example, the *DSM* symptom "depressed mood most of the day, nearly every day, as indicated by . . . subjective report" is simplified to "often feels sad" (American Psychiatric Association, 2000, p. 356). Symptoms are rated on a scale from 1 (*much less characteristic of gay men than of heterosexual men*) to 5 (*much more characteristic of gay men than of heterosexual men*) with the midpoint indicating no difference between gay and heterosexual men. Previous research has indicated that the mental health stereotype questionnaire detects differences between perceptions of gay and heterosexual men's mental health as well as reliably identifies the mental health stereotype about gay men among participants with varying levels of knowledge about mental health (Boysen et al., 2006). Despite its utility, the original version of the questionnaire did not include symptoms of many of the more severe mental disorders, such as schizophrenia. Therefore, we developed 38 additional items using the same procedures as the original questionnaire and included them in the current study, thus providing better coverage of the symptoms. The updated 96-item questionnaire covered all 24 symptom types contained in the extensively used Brief Psychiatric Rating Scale (Ventura, Lukoff, Neuchterlein, Liberman, Green, & Shaner, 1993).

Procedure

Although all participants completed an anonymous survey, the administration of the survey varied for the different groups. For the online sample of gay men, we followed an established procedure for Internet surveys by having a researcher send a brief invitation

via chat functions imbedded in websites designed to be online communities for gay men (Mathy, Schillace, Coleman, & Berquist, 2002). If the participant was interested, the researcher sent another chat message with a link to the survey, which was completed online. The social organization sample completed a pen-and-paper version of the survey during a group meeting and returned them in individual, sealed envelopes. Finally, the comparison sample received an E-mail message indicating the opportunity for extra credit in their psychology courses. Interested individuals completed the survey online. At several points in the survey, participants in the comparison sample had to select a specific response to indicate that they were conscientiously processing the items. The analyses excluded eight participants who did not select the correct items.

RESULTS

Stereotype Content

We determined whether gay men possess a mental health self-stereotype by using the procedures outlined in previous stereotype research (Ashmore & Del Boca, 1986; Boysen et al., 2006; Madon, 1997; Madon et al., 2001). *Stereotype content* is defined as any symptom rated as *somewhat* or *much more characteristic of gay men than of heterosexual men* by 33% or more of participants (Ashmore & Del Boca, 1986). In addition, no more than 10% of the participants could rate the symptom as *somewhat* or *much more characteristic of heterosexual men than of gay men* (Madon, 1997). Using these standards, the content of gay men's stereotype about their own mental health included 27 symptoms (see Table 1). The stereotype questionnaire also allowed for the identification of counterstereotypic symptoms. Counterstereotypic symptoms are those viewed as less characteristic of gay men compared to heterosexual men. *Counterstereotypic content* is defined as any symptom rated by 33% or more of participants as *somewhat* or *much less characteristic of gay men than of heterosexual men* (Ashmore & Del Boca, 1986), and which less than 10% of participants rated as *somewhat* or *much more characteristics of gay men than of heterosexual men* (Madon, 1997). Gay men identified 12 symptoms as counterstereotypic (see Table 2). These results suggest that gay men do possess a self-stereotype about their own mental health.

TABLE 1. Content and Percent of Agreement for Mental Health Stereotypes

| Symptom | Gay men's stereotype | | Comparison groups' stereotypes | | |
|--|----------------------|----|--------------------------------|--------|---------|
| | Gay men | | Gay men | Female | Lesbian |
| Unsatisfied with appearance _f | 88 | | | 90 | |
| Is overly dramatic | 75 | 91 | | 83 | |
| Excessively emotional and attention seeking | 69 | 78 | | 84 | |
| Cries easily _{d,f} | 68 | 81 | | 98 | |
| Has poor self-esteem | 61 | | | 60 | |
| Overly talkative _{b,d} | 58 | 82 | | 78 | |
| Needs attention | 55 | 63 | | 64 | |
| Eats too little _{d,f} | 54 | 65 | | 90 | |
| Distorted body image _f | 53 | 50 | | 62 | |
| Feels anxious | 52 | 44 | | 63 | |
| Promiscuous | 50 | | | | |
| Moody _{d,f} | 49 | 62 | | 83 | |
| Unhappy _{a,f} | 48 | 45 | | | |
| Relives past trauma | 48 | 40 | | | |
| Binges/Purges | 47 | 57 | | | |
| Stands out due to odd behavior _{c,e} | 47 | 66 | | | 56 |
| Has relationship problems | 45 | | | 40 | |
| Fears abandonment _f | 45 | 44 | | 56 | |
| Abuses drugs _{a,c} | 44 | | | | |
| Engages in dangerous pleasurable activities _c | 40 | | | | |
| Envious | 40 | 36 | | 47 | |
| Feels worthless | 39 | 33 | | 46 | |
| Full of energy _e | 37 | 55 | | | |

| | | | |
|---|----|----|----|
| Often feels sad ^f | 37 | 56 | |
| Abuses alcohol ^{a,c} | 35 | | |
| Takes on lots of goals | 34 | 44 | |
| Distressed ^{d,f} | 33 | 56 | |
| Feels like a opposite gender ^{b,e} | | | 86 |
| Cross-dresses ^{b,e} | | 90 | 87 |
| Touches strangers ^e | | 89 | |
| Panicky ^{d,f} | | 58 | |
| Feels helpless ^d | | 44 | 67 |
| Worries all the time ^{d,e} | | 34 | 53 |
| Scared ^d | | 46 | 79 |
| Confused | | 38 | 57 |
| Feels sick when they are not ^{d,f} | | 40 | |
| Afraid of getting sick ^{d,f} | | | 34 |
| Feels guilty ^{d,f} | | 58 | |
| Bears grudges | | 57 | |
| Paranoid | | 51 | |
| Was abused in the past | | 51 | |
| Feels empty | | 48 | |
| Does not like going out in public | | 37 | 37 |
| Takes risks | | 35 | |
| | | | 44 |
| | | | 34 |

Note. ^a = gay men endorsed the trait significantly more than college students rating their stereotype about gay men; ^b = college students rating their stereotype about gay men endorsed the trait significantly more than gay men; ^c = gay men endorsed the trait significantly more than college students rating their stereotype about females; ^d = college students rating their stereotype about females endorsed the trait significantly more than gay men; ^e = college students rating their stereotype about gay men endorsed the trait significantly more than college students rating their stereotype about females; ^f = college students rating their stereotype about females endorsed the trait significantly more than college students rating their stereotype about gay men.

Next, we examined whether the self-stereotype about gay men's mental health corresponded to disorders from the *DSM*. According to previous research (Boysen et al., 2006), stereotype content identified using the mental health stereotype questionnaire can also be examined based on the *DSM* disorder category and mental disorder it falls under (American Psychiatric Association, 2000). Among the mental health characteristics endorsed by gay men, 11 disorders from five disorder categories were present (see Table 3). The counterstereotype included nine disorders from five disorder categories (see Table 4). Overall, most of the identified symptoms represented fluctuations in mood, anxiety, and personality, but other symptoms represented more distinct variations from normality, such as substance abuse and eating disorders.

Comparison of Stereotypes

The final analyses addressed similarities and differences between the self-stereotype of gay men and the stereotype endorsed by the comparison sample. Comparison of stereotype content and strength helps to determine if gay men's stereotype is unique. The content of the comparison sample's stereotype about gay men's mental health included 24 stereotypic symptoms (see Table 1) and 14 counterstereotypic symptoms (see Table 2).

Among the stereotype content, 15 disorders from four disorder categories were present (see Table 3). The disorders overlapped extensively with gay men's self-stereotype, but there were notable exceptions. The comparison sample did not perceive any substance use disorder symptoms as characteristic of gay men, but they did perceive three sexual/gender identity disorders as characteristic of gay men (gender identity disorder, frotteurism, transvestic fetishism). Among the counterstereotypic content six disorders from five disorder categories were present (see Table 4). Again, the content overlapped extensively with gay men's counterstereotype; however, the comparison sample did not perceive any anxiety disorder symptoms as counterstereotypic but did perceive an impulse control disorder (intermittent explosive disorder) as counterstereotypic.

We used chi-square analysis to test for significant differences in the frequency with which the two groups endorsed symptoms as stereotypical. Separate tests occurred for each of the 35 identified symptoms, which necessitated correction of the p value for multiple

comparisons (.05/35 = .001). Significant differences emerged for six symptoms, all χ^2 s > 13.33, all ps < .001 (see Table 1). Similar analyses occurred for counterstereotype content with the significance level adjusted for the 18 separate tests (.05/18 = .002). Six significant differences emerged, all χ^2 s > 11.10, all ps < .001 (see Table 2).

Although content reflects the attributes believed to be part of a stereotype, strength reflects the intensity with which those beliefs are held. Strength is computed by averaging the ratings of all symptoms that are part of the stereotype content (see Table 5 for means and standard deviations), which provides a mean group rating that can be compared between groups using an independent samples t test. No significant differences emerged between gay men's and the comparison sample's stereotype strength or between their counterstereotype strength, all ts < 1.26, all ps > .198. Overall, it appears that the self-stereotype of gay men overlaps extensively with the stereotype held by a comparison sample of college students, but there are exceptions. Most notably, gay men held unique beliefs about their social group's tendency to abuse substances, and they did not share the comparison sample's perceptions about the presence of sexual and gender disorders.

DISCUSSION

The results of Study 1 provided initial answers to several research questions. Do gay men possess a self-stereotype about their mental health? Yes, gay men did possess a self-stereotype about mental health that included 27 stereotypic symptoms and 12 counterstereotypic symptoms of mental illness. How does the stereotype about gay men's mental health correspond to disorders from the *DSM*? Symptoms of mood, personality, eating, substance, and anxiety disorders all emerged as part of gay men's self-stereotype. How does the self-stereotype of gay men relate to the stereotype held by a comparison sample of college students? Few differences emerged in the content of the two groups' stereotypes. Although gay men endorsed three symptoms significantly more frequently than the comparison group (abuses alcohol, abuses drugs, unhappy), and the comparison group endorsed three symptoms significantly more frequently than gay men (cross-dress, feels like a woman, overly talkative), 83% of the stereotype content was endorsed with similar frequency across groups. Both groups perceived gay men to be

TABLE 2. Content and Percent of Agreement for the Mental Health Counterstereotypes

| Symptom | Comparison groups' counterstereotype | | |
|--|--------------------------------------|---------|--------|
| | Gay men | Gay men | Female |
| Has poor grooming habits | 84 | 80 | 77 |
| Has few emotions ^d | 52 | 66 | 80 |
| Sexually attracted to children ^{a,df} | 50 | | 68 |
| Not interested in sex ^{a,c} | 50 | | |
| Emotionally cold | 50 | 49 | |
| Does not like going out in public ^a | 49 | | |
| Performs poor sexually ^a | 48 | | |
| Unfriendly ^e | 46 | 50 | |
| Sexually enjoys hurting others ^{df} | 41 | 38 | 67 |
| Abuses others ^{df} | 39 | 52 | 71 |
| Has no remorse ^{df} | 37 | 45 | 65 |
| Eats too much ^d | 34 | 55 | 56 |
| Quick to anger ^{b,d} | | 67 | 71 |
| Irresponsible ^{df} | | 36 | 70 |
| Behaves recklessly with self or others ^{df} | | 34 | 71 |
| Arrogant ^{b,d} | | 50 | 63 |
| Gives in to aggressive impulses ^{df} | | 47 | 74 |
| Lacks close friends | | 34 | 34 |
| Enjoys voyeurism or "peeping" ^{df} | | | 73 |
| Takes risks ^{df} | | | 68 |
| Abuses alcohol ^{c,f} | | | 66 |
| Unable to control impulses ^{df} | | | 62 |
| Not willing to confide in others ^{df} | | | 65 |

| | |
|---|----|
| Has inappropriate thoughts ^{df} | 57 |
| Has inflated self-esteem ^e | 62 |
| Cannot control their behavior ^f | 58 |
| Behaves inappropriately ^{df} | 59 |
| Sleeps too much ^{df} | 57 |
| Engages in dangerous pleasurable activities ^{df} | 53 |
| Uncooperative ^d | 46 |
| Has trouble concentrating ^{df} | 43 |
| Stands out due to odd behavior ^{df} | 38 |
| Abuses drugs ^{c,e} | 53 |
| Judgmental | 54 |
| Eats too little | 47 |
| Overly dramatic | 36 |
| Dependent | 35 |
| Overly talkative | 35 |
| Binges/purges | 33 |
| Cries easily | 33 |

Note. ^a = gay men endorsed the trait significantly more than college students rating their stereotype about gay men; ^b = college students rating their stereotype about gay men endorsed the trait significantly more than gay men; ^c = gay men endorsed the trait significantly more than college students rating their stereotype about females; ^d = college students rating their stereotype about females endorsed the trait significantly more than gay men; ^e = college students rating their stereotype about gay men endorsed the trait significantly more than college students rating their stereotype about females; ^f = college students rating their stereotype about females endorsed the trait significantly more than college students rating their stereotype about gay men.

emotional, overly expressive, and overly concerned with appearance and weight, and the shared counterstereotype content generally focused on the opposite characteristics. In addition, stereotype strength did not differ between the two samples. It is important to note that the content of the current stereotype was largely consistent with previous research on the mental health stereotype about gay men (Boysen et al., 2006), suggesting that the stereotype is widely endorsed and that the internalization of societal beliefs is a likely explanation for the consistency.

Mental health stereotypes about gay men seem to include a mix of accurate and inaccurate information. Gay men have higher rates of some anxiety, mood, and substance use disorders than heterosexual men (Herek & Garnets, 2007; Meyer, 2003), and some of the stereotype content matched these disorders. Despite this apparently accurate content, inaccuracies emerged as well. Given that the mental health stereotype about gay men cannot be solely explained by accurate perceptions of differences between gay and heterosexual men, alternative explanations for content must be sought. Much of the stereotype content suggests that individuals perceive the mental health of gay men as reflecting general stereotypes about the sexes. Classic research on sex stereotypes has documented common perceptions of men as instrumental and women as warm and expressive (Broverman, Vogel, Broverman, Clarkson, & Rosenkrantz, 1972). Despite cultural changes, these sex stereotypes have been remarkably consistent over the decades (Prentice & Carranza, 2002). Heterosexuality is implied in these sex stereotypes, and according to implicit inversion theory, people believe that gay men possess characteristics of heterosexual women. As such, it is possible that the perceived similarity between the characteristics of gay men and heterosexual women explains the mental health stereotype about gay men.

STUDY 2

The stereotype about gay men's mental health may simply reflect people's beliefs about the mental health of heterosexual women. In order to explore this possibility, in Study 2 we included an assessment of college students' mental health stereotype about heterosexual women so that it could be directly compared with the previously established stereotypes about gay men's mental health. In addition,

we explored perceptions of the gay male and heterosexual female stereotype content. Specifically, participants rated how positive or negative each symptom was so that an overall negativity rating for each groups' stereotype content could be computed. Such a rating allowed the stereotypes to be compared beyond just content and strength. Specifically, it provided a measure of how problematic individuals perceive the content of each stereotype to be.

METHOD

Participants

Two new samples of participants from the same college outlined in Study 1 participated in Study 2. One sample ($n = 151$) rated the mental health stereotype of women. These participants were predominantly female (67%) and European American (89%; African American, 4%; Hispanic/Latino, 3%; Asian, 1%; multiethnic or other, 3%). The other sample ($n = 132$) rated the positivity/negativity of each mental health symptom. These participants were also predominantly female (68%) and European American (92%; Hispanic/Latino, 3%; African American, 2%; multiethnic or other, 3%). Participants in both samples had an average age of 19 ($SD = 3$) and had completed an average of 2 years of college. All participants volunteered for the study in exchange for partial credit in psychology courses.

Materials and Procedure

The 96-item version of the mental health stereotype questionnaire was used for Study 2. However, rather than participants rating how characteristic the symptoms were of gay and heterosexual men, participants rated how characteristic the mental health symptoms were of men and women using a scale from 1 (*much less characteristic of women than men*) to 5 (*much more characteristic of women than men*). As in previous research on general sex stereotypes (e.g., Prentice & Carranza, 2002), we did not specify a sexual orientation. Participants evaluating the positivity/negativity of each of symptoms rated them on a scale from 1 (*extremely negative*) to 5 (*extremely positive*). All participants completed the measures anonymously online. The analyses excluded 14 and 13 participants from the female mental health stereotype and negativity samples, respectively, who failed

TABLE 3. The Mental Health Stereotype About Gay Men and DSM Diagnoses

| Symptom | DSM Diagnosis |
|--|-----------------------------------|
| Substance Use Disorders | |
| Abuses alcohol _a | Substance abuse |
| Abuses drugs _a | Substance abuse |
| Engages in dangerous pleasurable activities _a | Substance abuse |
| Anxiety Disorders | |
| Distressed _b | Generalized anxiety disorder |
| Feels anxious _c | Generalized anxiety disorder |
| Worries all the time _b | Generalized anxiety disorder |
| Scared _b | Phobia |
| Relives past trauma _c | Post traumatic stress disorder |
| Panicky _b | Panic disorder |
| Mood Disorders | |
| Full of energy _c | Bipolar disorder |
| Moody _c | Bipolar disorder |
| Overly talkative _c | Bipolar disorder |
| Takes on lots of goals _a | Bipolar disorder |
| Cries easily _c | Major depression |
| Feels worthless _c | Major depression |
| Has poor self-esteem _a | Major depression |
| Often feels sad _a | Major depression |
| Unhappy _a | Major depression |
| Sexual and Gender Identity Disorders | |
| Feels like a woman _b | Gender identity disorder |
| Touches strangers _b | Frotteurism |
| Cross-dresses _b | Transvestic fetishism |
| Eating Disorders | |
| Binges/purges _c | Bulimia nervosa |
| Unsatisfied with appearance _a | Bulimia nervosa |
| Eats too little _c | Anorexia nervosa |
| Distorted body image _c | Anorexia nervosa |
| Personality Disorders | |
| Fears abandonment _c | Borderline personality disorder |
| Has relationship problems _a | Borderline personality disorder |
| Promiscuous _a | Borderline personality disorder |
| Excessively emotional and attention seeking _c | Histrionic personality disorder |
| Needs attention _c | Histrionic personality disorder |
| Overly dramatic _c | Histrionic personality disorder |
| Envious _c | Narcissistic personality disorder |
| Stands out due to odd behavior _c | Schizotypal personality disorder |

Note. _a = stereotype held by gay men only. _b = stereotype held by the comparison sample only. _c = stereotype held by both gay men and the comparison sample.

TABLE 4. The Mental Health Counterstereotype About Gay Men and DSM Diagnoses

| Symptom | DSM Diagnosis |
|---|-----------------------------------|
| Schizophrenia Disorders | |
| Has poor grooming habits _c | Schizophrenia |
| Anxiety Disorders | |
| Doesn't like going out in public _a | Agoraphobia |
| Sexual and Gender Identity Disorders | |
| Not interested in sex _a | Hypoactive sexual desire disorder |
| Performs poor sexually _a | Erectile dysfunction |
| Sexually attracted to children _a | Pedophilia |
| Sexually enjoys hurting others _c | Sexual masochism |
| Eating Disorders | |
| Eats too much _c | Binge eating disorder |
| Impulse Control Disorders | |
| Quick to anger _b | Intermittent explosive disorder |
| Personality Disorders | |
| Abuses others _c | Antisocial personality disorder |
| Behaves recklessly with self or others _b | Antisocial personality disorder |
| Gives in to aggressive impulses _b | Antisocial personality disorder |
| Has no remorse _c | Antisocial personality disorder |
| Irresponsible _b | Antisocial personality disorder |
| Arrogant _b | Narcissistic personality disorder |
| Emotionally cold _c | Schizoid personality disorder |
| Has few emotions _c | Schizoid personality disorder |
| Lacks close friends _b | Schizoid personality disorder |
| Unfriendly _c | Schizoid personality disorder |

Note. _a = stereotype held by gay men only. _b = stereotype held by the comparison sample only. _c = stereotype held by both gay men and the comparison sample.

to select the correct responses on items assessing attention to the materials.

Results

Analysis of the content of the mental health stereotype about women followed the procedures outlined in Study 1. The female mental health stereotype contained 30 symptoms (see Table 1), the female counterstereotype contained 28 symptoms (See Table 2). Next, we compared the female stereotype to the self-stereotype of gay men established in Study 1 in terms of content and strength. We used chi-square analyses to determine if the frequency of stereotype en-

dorsement among the symptoms was significantly different between the two groups. All analyses utilized a p value of .001 to adjust for multiple comparisons. Sixteen symptoms emerged as significantly different between the groups, all χ^2 s > 10.59 , all $ps < .001$. Gay men endorsed four symptoms significantly more frequently as part of their self-stereotype than college students endorsed for the female stereotype, and college students endorsed 12 symptoms more frequently for the female stereotype than gay men endorsed as part of their self-stereotype (see Table 1). In terms of stereotype strength, the strength of the college students' stereotype about women was significantly lower than the strength of gay men's self-stereotype, $t(199) = 3.24$, $p < .002$ (see Table 5 for means and standard deviations).

We performed analogous comparisons of content and strength for college students' stereotype about women and their stereotype about gay men. Once again, we used chi-square analyses to compare the frequency of stereotype endorsement between the groups. Nineteen symptoms emerged as significantly different between the groups, all χ^2 s > 11.16 , all $ps < .001$. Six symptoms were more frequent in the gay male stereotype, and 13 symptoms were more frequent in the female stereotype (see Table 1). Comparison of strength indicated that the mean of college students' female stereotype was significantly higher than their gay male stereotype, $t(199) = 6.75$, $p = .001$ (see Table 5 for means and standard deviations). Overall, comparison of the mental health stereotypes about gay men and women showed some overlapping symptoms, but significant differences in the frequency with which those symptoms were endorsed and in stereotype strength indicates that the stereotypes are at least partially distinct.

The analysis of gay men's counterstereotype and college students' female counterstereotype followed the previously established procedures. Chi-square analyses indicated significant differences in endorsement frequency for 27 of the symptoms, all χ^2 s > 10.20 , all $ps < .001$. Three symptoms were more frequent in gay men's counterstereotype, and 24 were more frequent in the female counterstereotype (see Table 2). Comparison of strength indicated that the mean of college students' female counterstereotype was significantly lower than gay men's counterstereotype mean, $t(189) = 11.94$, $p < .001$ (see Table 5 for means and standard deviations). For ratings of counterstereotypes, low scores are indicative of greater strength.

TABLE 5. Means and Standard Deviations for Ratings of Stereotype and Counterstereotype Content

| Group | Stereotype <i>M(SD)</i> | Counterstereotype <i>M(SD)</i> |
|--|----------------------------|-----------------------------------|
| Study 1: Strength | | |
| Gay male self-stereotype | 3.26 (0.36) | 2.68 (0.39) |
| Comparison gay male stereotype | 3.32 (0.27) | 2.74 (0.32) |
| Study 2: Strength: Gay men vs. college students | | |
| Gay male self-stereotype | 3.25 (0.35) | 2.84 (0.31) |
| College student female stereotype | 3.24 (0.24) | 2.27 (0.33) |
| Study 2: Strength: College students | | |
| College student gay male stereotype | 3.24 (0.23) | 2.81 (0.31) |
| College student female stereotype | 3.47 (0.27) | 2.39 (0.33) |
| Study 2: Negativity | | |
| Gay male self-stereotype | 2.10 (0.23) | 1.79 (0.28) |
| College student gay male stereotype | 2.18 (0.27) | 1.73 (0.28) |
| College student female stereotype | 2.16 (0.26) | 1.89 (0.26) |
| Study 2: Femininity | | |
| Gay male self-stereotype | 3.57 (0.25) | 2.38 (0.35) |
| College student gay male stereotype | 3.60 (0.27) | 2.21 (0.38) |
| College student female stereotype | 3.77 (0.32) | 2.27 (0.34) |

The next analyses compared college students' counterstereotypes about women and gay men. Chi-square analyses indicated significant differences in the frequency of endorsement for 21 of the symptoms, all χ^2 s > 10.20, all *ps* < .001. Three symptoms were more frequent in the gay male counterstereotype, and 18 were more frequent in the female counterstereotype (see Table 2). Comparison of strength indicated that the mean for the female counterstereotype was significantly lower than the gay male counterstereotype, $t(212) = 9.71$, $p < .001$ (see Table 5 for means and standard deviations); once again, low scores are indicative of greater strength for counterstereotypes. In summary, analysis of the counterstereotypes produced similar results as with the stereotypes; despite some important overlapping content, the counterstereotypes about women

and gay men have clear differences suggesting that they are at least partially distinct.

Negativity of the Stereotypes

In the final analysis we examined perceptions of the stereotype content identified for each group; specifically, we compared content in terms of perceived negativity. A separate sample of participants rated the symptoms from the mental health stereotype questionnaire based on how negative or positive they were, and this allowed for computation of a negativity score for the symptoms that make up the content of each stereotype. For example, college students' mental health stereotype about gay men consisted of 24 symptoms, and the negativity score for that group's stereotype content consisted of the average rating of negativity for those 24 symptoms (a score of 1 being the most negative). Computation of the negativity scores for college students' gay male counterstereotype, female stereotype, and female counterstereotype followed the same procedures, as did computation of negativity scores for gay men's self-stereotype and counterstereotype. Means and standard deviations can be seen in Table 5. Repeated measures analysis indicated that the negativity scores were significantly different, $F(5, 500) = 595.27, p < .001, \eta p^2 = .86$. Paired samples t tests indicated that all of the means were significantly different from each other, all t s > 4.31 , all p s $< .001$, with the exception of the difference between the college students' female and gay male stereotype, $t(107) = 1.83, p = .071$.

In order to help interpret the negativity ratings, we also calculated a femininity score using participants' ratings of how characteristic the symptoms were of women (i.e., the same ratings used to identify the female stereotype) and the same computational procedure as the negativity scores. All means (see Table 5) were significantly different, all t s > 2.81 , all p s $< .006$. Close examination of the negativity and femininity scores illustrates that as femininity tends to decrease, negativity tends to increase. Generally speaking, participants perceived the mental health of women and gay men as most feminine and least negative. Importantly, however, even the most positive stereotype content still had a mean that fell on the negative side of scale, which is an indication that the symptoms are indeed perceived negatively.

DISCUSSION

Study 2 included a direct comparison of the mental health stereotypes about gay men and women. The results indicated that the gay male and female mental health stereotypes significantly differed on about 50% of symptoms and also in terms of overall strength. In comparison, Study 1 indicated that gay men and the comparison sample differed on only 17% of the symptoms and did not differ in strength. Counterstereotypes about gay men and women showed differences in Study 2 as well. As such, despite some overlapping content, it appears that the mental health stereotype about gay men is not entirely accounted for by the mental health stereotype about women.

Additional analyses in Study 2 provided insight into how the content of the mental health stereotypes is perceived. Participants perceived all of the mental health stereotypes as negative on average. Interestingly, perceptions of negativity were related to perceptions of femininity. Participants perceived the mental health stereotypes about gay men and women as the most feminine and the least negative. However, there were significant differences between the stereotypes about gay men and women both in terms of negativity and femininity, and this indicates that, much as with stereotype content and strength, the gay male stereotype cannot be fully explained by the female stereotype.

STUDY 3

One possible criticism of Study 2 is that there is no way to know what to expect in terms of a baseline amount of overlap between mental health stereotypes. Despite significant statistical differences in frequency of endorsement, over 40% of symptom content was shared across all three samples. Perhaps the similarity between mental health stereotypes is a product of the assessment method and not the groups being compared. A solution to this problem might be to assess the mental health stereotype about a third group that is stereotypically different from gay men. Lesbians stand out as such a group. Previous research has indicated that the content of the stereotype about lesbians is different from that of gay men or

heterosexual women (Kite & Deaux, 1987). As such, the overlap between the mental health stereotypes should also be minimal. Symptoms that do overlap between gay men and lesbians, however, may provide some indication about the symptoms of mental illness associated with homosexuality in general. Because lesbians and gay men do not stereotypically share gender roles, any similarities in their mental health stereotype could be a result of their same-sex sexual orientation. The purpose of Study 3 was to establish the similarities and differences between the mental health stereotypes about gay men and lesbians; in order to accomplish this task, we included an assessment of college students' mental health stereotype about lesbians and a comparison of that stereotype with the previously established stereotype about gay men's mental health.

METHOD

Participants

Participants ($N = 207$) consisted of college students who volunteered for the study in exchange for partial credit in psychology courses. The typical participant was female (69%), European American (87%; African American, 2%; Hispanic/Latino, 2%; Asian, 1%; multiethnic or other, 8%), 19 years old ($SD = 3$), and had completed 2 years of college. We retained 11 women and 6 men who self-identified as either bisexual or homosexual in all analyses to increase statistical power and because their inclusion did not alter the identified stereotype. In order to provide a comparison for the lesbian stereotype, We also included a reanalysis of the college student sample from Study 1.

Materials and Procedure

Participants completed the 96-item mental health stereotype questionnaire anonymously online. The questionnaire asked participants to rate how characteristic the items were in relation to lesbians and heterosexual women using a scale from 1 (*much less characteristic of lesbians than heterosexual women*) to 5 (*much more characteristic of lesbians than heterosexual women*). The analyses excluded 22 participants who failed to select the correct responses on items assessing attention to the materials.

RESULTS

Analysis of the content of the stereotype about lesbians followed the procedure outlined in Study 1. Seven symptoms emerged as part of the content of the lesbian stereotype, and seven symptoms emerged as part of the content of the lesbian counterstereotype (see Tables 1 and 2). Four symptoms were present in both the gay male and lesbian stereotypes: cross-dresses, feels like the opposite gender, stands out due to odd behavior, and confused. No content was shared between the lesbian and gay male counterstereotypes. In fact, five of the symptoms that emerged as counterstereotypical for lesbians were part of the gay male stereotype (binges/purges, cries easily, eats too little, overly dramatic, overly talkative). The largely dissimilar content of the lesbian and gay male stereotypes suggests that they are at least partially distinct.

In order to document the statistical differences between the stereotype content, we used chi-square analysis to examine the frequency with which the two groups rated each of the 27 total symptoms as stereotypical. The p value, adjusted for multiple comparisons ($.05/27$), was $.002$. Nine symptoms did not significantly differ between the gay men and lesbian stereotypes (feels like the opposite gender, cross-dresses, feels worthless, scared, confused, relives past trauma, stands out due to odd behavior, takes risks, was abused in the past), all χ^2 's < 8.16 , all $ps > .004$ (all other χ^2 's > 13.17 , all other $ps < .001$). It is worth noting, however, that all but four symptoms reached significance at the less conservative significance level of $p < .05$ (confused, cross-dresses, feels like the opposite gender, was abused in the past). In all cases except "takes risks," significant differences emerged because participants endorsed symptoms more frequently for gay men than for lesbians.

A final analysis compared the strength of the gay male and lesbian stereotypes. Ratings of strength consisted of the average ratings of all symptoms that were part of both groups' stereotype content. An independent samples t test indicated that college students held the gay male stereotype ($M = 3.62$, $SD = 0.30$) more strongly than they held the lesbian stereotype ($M = 3.06$, $SD = 0.26$), $t(318) = 16.63$, $p < .001$. Overall, the results of Study 3 suggest that individuals possess partially distinct stereotypes about the mental health of gay men and lesbians.

DISCUSSION

The results of Study 3 illuminated major differences and some important similarities between the mental health stereotypes about gay men and lesbians. Consistent with previous research indicating that the stereotype about women contains fewer traits than the stereotype about men (Kite & Deaux, 1987; Rosenkrantz, Vogel, Bee, Broverman, & Broverman, 1968), only seven symptoms emerged as stereotypical of lesbians compared to the 24 that emerged for gay men. These results indicate that the stereotype about gay men is largely independent of the stereotype about lesbians. In fact, there were five symptoms from the gay male stereotype that were viewed as counterstereotypical of lesbians. Considering the differences between the gay male and lesbian stereotypes, the overlap of stereotypes in Study 1 and Study 2 can be interpreted as meaningful and not an artifact of the assessment method. In contrast to the relative independence of the gay male stereotype from the lesbian stereotype, the lesbian stereotype was almost entirely encompassed by the gay male stereotype. Only three symptoms in the lesbian stereotype were not part of the gay male stereotype, and the majority of the symptoms endorsed for the lesbian stereotype were endorsed with similar frequency for the gay male stereotype. Symptoms that showed no significant difference between the groups—confused, cross-dresses, feels like the opposite gender, abused in the past—seem to indicate common beliefs about homosexuality.

GENERAL DISCUSSION

The central purpose of the current research was to identify the self-stereotype gay men hold about their own mental health and to explore its relation to other gender-related stereotypes. Previous research documented a commonly held mental health stereotype about gay men (Boysen et al., 2006), and our studies replicated and extended those results. Gay men's mental health self-stereotype shared much of its content with the stereotype about gay men held by a comparison group of college students. The stereotype contained a large number of stereotypically feminine characteristics such as emotionality and expressiveness that are consistent with previous stereotype research. For example, Madon (1997) found that the stereotype about gay men included feminine characteristics

such as emotional, sensitive, and talkative. In addition, the stereotype found by Madon also included violations of the male gender role such as feminine, walks like a girl, and cross-dresses; similarly, college students in the present study believed that feeling like the opposite gender and cross-dressing were part of the gay male stereotype. Overall, the results of this study suggest that the mental health stereotype about gay men is at least partially consistent with the implicit inversion theory (Kite & Deaux, 1987).

Despite some consistency with the past research and the implicit inversion theory, the mental health stereotype about gay men also included some previously undocumented content. Most notable were symptoms that emerged in gay men's self-stereotype such as engaging in dangerous pleasurable activities and substance abuse. None of these symptoms emerged as part of the previous research on the gay male mental health stereotype (Boysen et al., 2006) or as part of the female mental health stereotype in the current study; in fact, alcohol and drug abuse were part of the female counterstereotype.

Considering differences between the gay male and female stereotypes, factors other than implicit inversion theory are needed to explain the stereotype content. Participants perceived gay men and lesbians as sharing some characteristics (i.e., cross-dressing, feeling like the opposite gender, standing out due to odd behavior, and confusion), and some of these (i.e., cross-dressing and feeling like the opposite gender) are clearly linked to implicit inversion theory. However, odd behavior and confusion appear to be stereotype content that is gender neutral and specific to homosexuality. There is also the possibility that the gay male stereotype contains a kernel of truth about their mental health (Campbell, 1967). The base rates of anxiety, mood, and substance use disorders are elevated among gay men (Herek & Garnets, 2007; Meyer, 2003), and the stereotype content may represent this fact. Unfortunately, perception of anxiety and mood symptoms among gay men is confounded by gender due to increased prevalence rates of some anxiety and mood disorders among women (American Psychiatric Association, 2000). Perceptions of gay men as stereotypically having anxiety and mood disorders could reflect accurate perceptions of gay men's mental health, or it could reflect individual's concomitant beliefs that (a) women have high prevalence rates of anxiety and mood disorders and (b) gay men are similar to women.

The results of this research have several implications for the mental health treatment of gay men. Clinicians should know that their stereotypes about gay men's mental health, which are likely to be similar to those identified in this research (Boysen et al., 2006), may not be accurate. Such inaccuracies are especially important to be aware of given the evidence that stereotypes about homosexuality can influence clinical judgments (Eubanks-Carter & Goldfried, 2006; Mohr et al., 2009). In relation to gay men's behaviors as clients, a large body of research indicates that activation of a stereotype, consciously or unconsciously, can lead to behavior that is consistent with that stereotype—even if that behavior negatively impacts health (Levy et al., 2002; Wheeler & Petty, 2001). Thus, clinicians should know that gay men's self-stereotype could influence how they present symptoms in treatment or even their likelihood of seeking treatment. For example, a gay man who believes that drug abuse is stereotypical may not mention the distress or dysfunction his own drug use is causing. What can clinicians do if they discover inaccurate and self-defeating stereotypes among their clients? Research suggests that confrontation is necessary. Monteith and Mark's (2005) model of self-regulation of prejudiced responses indicates that people must become aware of stereotypes before they can abandon them. Although confrontations are likely to temporarily increase negative affect among clients, that negative affect motivates later reductions in stereotyping (Czopp, Monteith, & Mark, 2006).

This research offers the first evidence for a self-stereotype about the mental health of gay men, but some limitations must be acknowledged. The sample of gay men, although taken from a national pool, self-selected into the study and may not be representative of the population. The sample of gay men tended to be older, more educated, and more ethnically diverse than the comparison samples; as such, it is possible that significant differences between the gay male and comparison groups were a result of these demographic differences rather than sexual orientation. In addition, the college student samples had a high proportion of young adult, European American women. There are systematic demographic differences in attitudes about homosexuality, and young, educated, European American women are likely to possess more positive attitudes about homosexuality than other groups (Herek, 2000). Therefore,

caution should be taken in attempting to generalize the stereotypes and attitudes identified in these studies to other populations.

Future research should first attempt to address the limitations of the current study. Replicating the self-stereotype with a representative sample is essential. A large, representative comparison sample would also offer the opportunity to explore differences in attitudes among men and women; men, on average, have more negative attitudes about homosexuality than women (Herek, 2000), and this may translate into stereotype differences. Another area of possible expansion of this research topic is into subgroups of gay men. Groups of people are not viewed as being all the same, and this results in subgroup stereotypes (Fiske et al., 2002). People have specific beliefs about closeted, flamboyant, feminine, cross-dressing, and activist gay men (Clausell & Fiske, 2005). As such, researchers could examine the mental health stereotype as it specifically relates to subgroups. For example, the mental health stereotype about activist gay men is unlikely to include symptoms such as feels worthless or has poor self-esteem; likewise, the closeted gay male stereotype is unlikely to contain symptoms such as overly dramatic and promiscuous. Additional research is also needed on the mental health stereotype about lesbians. Few symptoms emerged as part of the lesbian stereotype and it would be helpful to determine if this is a reliable result and if lesbians' self-stereotype is similarly narrow.

In conclusion, our research offers the first evidence of a self-stereotype among gay men about their own mental health. The content of that stereotype shares many similarities to the stereotype others' hold about gay men's mental health and heterosexual women's mental health. Despite this apparent belief in the inversion of gender among gay men, some aspects of the mental health stereotype about gay men appear to have their origins in beliefs about homosexuality and others appear to be unique to gay men. Such results are informative for clinicians who want to be aware of their gay clients' self-perceptions and social psychologists who seek to understand the nature of stereotypes.

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