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TONGUES UNTIED TRUTH REVEALED: BODY IMAGE, SOCIAL MEDIA, IDENTITY DEVELOPMENT, AND MEANING-MAKING IN OVERWEIGHT AND OBESE BLACK GAY MSM

by

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A dissertation submitted to the Graduate College in partial fulfillment of the requirements for the degree of Doctor of Philosophy Counselor Education and Counseling Psychology June 2015

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This phenomenological study explored the meanings attributed to internalized messages about body image within the context of identity development from the perspectives of overweight/obese men of African descent (OMAD) among a group of 6 men who have sex with men (MSM). I was interested in those messages that have been incorporated, adopted, or integrated into OMAD-MSM’s sense of self. Informants shared body image-related experiences from interactions with family, friends, dating/sex partners, and the media/social media.

Academic literature has explained identity development processes among African Americans through various lenses but research has not adequately explored the convergence of multiply oppressed social identities (gender, race, sexual orientation/behavior) in a manner that includes the potential impact of sizeism, intra-group fragmentation, and stigma on identity development. This study focused on men who have had voluntary sexual experiences and the sample was drawn from a metropolitan area in the South.

Data was collected via qualitative interviewing. Using phenomenological data analysis, 10 essences of experience were identified. The essences/themes give insight into informants’ perspectives regarding: 1) obesity; 2) body image; 3) identity
development; 4) how sense of self is shaped by the regional Black gay culture of the
South; 5) social media in their lives; 6) emotional health; 7) rejected bodies; 8) the impact
of not having the types of intimate partner relationships that they desire; 9) body
acceptance experiences; and 10) resilience. Collectively, the informants provide both
concrete and implied understandings about meanings attributed to their lived experiences.
Counseling/research implications applied to OMAD-MSM related to holistic
interventions; objectification; relational intimacy, black gay masculinity cultural
expectations; resilience; and eating disorder assessment; are also identified.
DEDICATION

Travon

AKA

Tray-Tray
ACKNOWLEDGMENTS

Out of the hundreds of pages that I have written for inclusion in this dissertation, this (the acknowledgments page) is the part of the writing that I have saved for last…I don’t know why…but maybe because now it feels like it’s easier to focus on saying those things that I have been too busy to acknowledge while in the throes of research.

The important people in my life have made their presence felt-through the blood, sweat, and the tears. I would not be here without the women who raised me

Susan—the role model for how to accomplish things even when those things did not always seem possible or within reach…after I earned my Associate’s degree, mom you nudged me into the Bachelor’s….and pulled me through the Doctorate.

Lena—the strong silent type—you say more with your silence than you do with your words.

Bernadette “Bernie”—you were willing to listen and you pulled me out of the darkness just in time.

Lord Bacon and Sir Roderick Wayne—you have offered continuous support from beginning to end—even when the happenings in my life began to eclipse the sun.

T-Smooooooove, Attorney at Law—Your accomplishments and strength of mind have been an inspiration.

Tray-Tray, if I need a pick-me-up, all I have to do is take a look at the pictures in my phone—whether it’s you at 2, or you at 20, it’s still the same smile!
Dr. Anderson-It's hard to believe that almost 2 decades have gone by—where did the time go—you helped me get through some of the worst days of my life.

Daniel and Moneta—you both helped me with this project in major ways…I am grateful.

I am appreciative for the opportunity given to me by the men who participated in this study to walk a mile in their shoes.

When I think about giving up I hear the simple yet powerful words of the late Bishop Alpheus Williams…”there is more in you” resonating in my mind.

In this world, so full of judgment, my sister LaTosha introduced me to someone who encouraged me to “live” despite what other people thought about my decisions because in his words…”at the end of the day its just you and your individual set of circumstances.” Those words continue to give me life.

It’s been a long road but Thank God for the journey…and for this temporary destination…as I plan to embark into a new phase of life.

Amari Ja-Lynn Enam
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CHAPTER I

INTRODUCTION

Once you have discerned the meaning of a label, it may seem to define you for others, but it does not have the power to define you to yourself (Baldwin, 1985, p. 681).

Freaks are called freaks and are treated as they are treated—in the main, abominably—because they are human beings who cause to echo, deep within us, our most profound terrors and desires. Most of us, however, do not appear to be freaks—though we are rarely what we appear to be (Baldwin, 1985, p. 689).

The object of one’s hatred ... is seated in one’s lap, stirring in one’s bowels and dictating the beat of one’s heart. And if one does not know this, one risks becoming an imitation—and, therefore, a continuation—of principles one imagines oneself to despise (Baldwin, 1985, p. 686).

Everybody’s journey is individual. If you fall in love with a boy, you fall in love with a boy. The fact that many Americans consider it a disease says more about them than it does about homosexuality (Baldwin, 1989, p. 184).

But love and sexual activity are not synonymous: Only by becoming inhuman can the human being pretend that they are. (Baldwin, 1985, p. 678).

…and so are the words of James Baldwin. Although he is now deceased, his words live on carrying multiple messages and layers of meaning. How much greater understanding does it bring to his-story, a description of an experiential reality, the capturing of an experience, to know a bit of something about the person from whom the words emanated?

James Baldwin (b, 1924; d, 1987) ventured to give voice to his story using his own frame of reference as a poet, novelist, and playwright (Baldwin, 2015). Through his artistic and creative utilization of words he was able to initiate dialogue about social
issues that many in his era did not speak about openly. In particular, his literary work challenged people’s assumptions and addressed issues such as identity, race, class, and sexuality (Baldwin, 2015). Increasingly over time, he became known as a social critic whose voice could not be ignored, and as such, his commentary on social issues extended beyond his literary achievements. His voice was unique in that he was a Black man born in Harlem, New York but lived in France at the time of his death, which afforded him experiences which he could draw upon from an international perspective (Baldwin, 2015). He also became increasingly outspoken over his lifetime about his experience of being gay but also shared the stories of other sexual minorities as well (Baldwin, 2015).

In interviews, he spoke openly about childhood experiences impacting his sense of self, particularly comments from other people in regard to his body. He was repeatedly told by his father, “You are the ugliest child I’ve ever seen” (Baldwin, 2015). He recounted experiences of boys in his neighborhood calling him “frog eyes,” older women saying to one another “that sure is a sorry little boy,” and girls imitating the way he walked, which led Baldwin to accept that “nobody would ever love me (Baldwin, 2015).” His mother was credited for giving him the message that he possessed inner beauty and it was her words that he reports “saved me (Baldwin, 2015).” Today James Baldwin’s words continue to resonate loudly and ever so deeply, but not unparalleled to the boldness displayed by the men, who through their participation in the present research study, have contributed to the further development and sharing of a history which would not have been told in this manner had it not been for their willingness to use their tongues to speak and give voice.
Organization of the Chapter

Within the context of this dissertation study, James Baldwin’s words, ideas and legacy help frame the connection with the dissertation topic and the selection of methodology. Just as James Baldwin’s voice was the catalyst for increased awareness regarding social issues and offered advocacy for change, I view the role and value of research informants’ voices in the present study as offering knowledge about their life experiences and furthering understandings about identity development. The purpose of this exploratory phenomenological dissertation research study is to develop an understanding of the meanings attributed to internalized messages about body image within the context of identity development from the lived experience perspectives of overweight and obese men of African descent (OMAD) who have had voluntary sexual contact with other men (OMAD-MSM).

The remainder of this introductory chapter uses 11 major headings. The Statement of the Problem; Central Research Question; Significance of the Study; and Rationale for Transcendental Phenomenology address the questions of both why the subject matter is important and why it is important to conduct the research in the manner outlined. Additional parameters and external influences on the study are discussed under the headings entitled Scope of The Study; Data Trustworthiness; Limitations; and Explicit Researcher Biases/Assumptions. The section titled Conceptual Framework of the Study uses sub-headings that address social constructivism, the importance of the cross-cultural lens, the influence of culture, and lexical etymology. The selected framework provides some discussion about how words, language, and culture impact labels and how things are described, and in particular how this potentially has some
impact on the various aspects of self which are embodied by OMAD-MSM in the present study. The final sections of the chapter, Definitions/Terminology and Tongues Untied, offers definitions of ideas and constructs (some of which have changed over the course of history) that will aid in further understanding the content of later chapters. The final section of the chapter, Tongues Untied, provides an explanation about the inspiration for the title of the dissertation.

**Statement of the Problem**

Academic scholarly literature has not adequately embraced the black male experience. Furthermore, when additional aspects of self beyond race and gender are considered, such as ethnic identification, sexual orientation, sexual behavior, and overweight/obesity, it becomes even more apparent that there is a significant absence within academic scholarship addressing this set of life conditions. The aforementioned are all potential statuses which could cause one to experience discrimination, oppression, marginalization, stigmatization, and other forms of disparate treatment. In any one of the aforementioned categories there is a significant lack in the extant body of literature which addresses the experiences of or the healthy developmental needs and adaptive functioning of these men, but when considered collectively, the literature which one could find is virtually non-existent. In considering the person who is black, male, overweight or obese, of African descent living in the United States, with a history of voluntary sexual contact with other men, a complete first-hand narrative historiography is not available. The informants in the present study, through the first-hand accounting of their experiences, offer valuable information, understanding and insight into their realities.
In reviewing the literature which explored the impact of singularly isolated instances of oppression and that of multiple oppressions (as applied to OMAD-MSM), it became quite apparent that there is limited qualitative and empirical data which addresses the experiences of sexual minority males of African descent. So while some attention, more recently generated in regard to these and related issues is warranted, appreciated, and long overdue, I cannot help but notice that there are wide disparities between the body of literature available to understand the White sexual minority male experience with far greater breadth and depth than that of the sexual minority male of African descent. This realization generates multiple questions for me in regard to wondering how important the experiences of sexual minorities of African descent are viewed by those with research-funding power.

OMAD-MSM have present-day experiences with multiple oppressions related to overweight/obesity, race, gender, sexual orientation, and being MSM. African Americans have a broader history of oppression which began with the dehumanization of Africans; enslavement of Black people in America; and lack of inclusion in White mainstream cultures, subcultures, and social justice-related movements. Despite having a collective history replete with examples of abuse, torture, and disparate treatment, there has not been significant enough mainstream priority given to the development of useful explanatory identity development-related theories or research geared at better understanding resilience and adaptive functioning of African American men.

Harris (2009) offers a comparative analysis of select 20th and 21st century stances on the oppression and marginalization of Black people that highlights the residual impact of oppression on the African American identity. The connection is made between this
history of oppression and marginalization which contributes to the challenge with an adequate understanding of the complexity of African American’s identities. Harris (2009) cites DuBois (1994) regarding the stance made in the introduction to his literary piece entitled, The Souls of Black Folk, which stated at the time of publication in 1903, that “the problem of the Twentieth Century is the problem of the color-line” (p. v), with explicit reference to oppression and racialized segregation. We are now in the 21st century and Harris (2009) posits that “the problem of the 21st century is the further marginalization within already marginalized groups” (p. 430) specifically in regard to race, homophobia, and heterosexism. While not dismissing discrimination and institutionalized racism as continuing to be problematic and oppressive, Harris (2009) identifies intra-group fragmentation within the African American community as being an additional challenge. Intragroup marginalization is defined as “the downgrading and discrimination that more privileged group members have toward other, less privileged group members” (Harris, 2009, p. 431). While Harris (2009) applies the concepts of intra-group fragmentation and marginalization to the African American community, I would suggest that it can apply to issues of body size as well. There is the potential for OMAD-MSM to experience maltreatment based on body size by other people who are overweight and/or obese.

Central Research Questions

The following research questions were aimed at soliciting data regarding the identity development-related experiences of OMAD-MSM to better understand their stigmatized statuses and experiences of oppression with a primary focus on body image.
As it relates to self-identified overweight and obese black males of African descent living in the United States who have had voluntary sexual contact with other men:

1) What are OMAD-MSM’s lived experiences in regard to the messages about weight and body image that have been received through interactions with family, friends/peers, dating/sex partners, and the media/social media which have to some degree been incorporated, adopted, or integrated into OMAD-MSM’s sense of identity (the way(s) in which OMAD-MSM identify/define who they are (both publicly and privately)?

2) What value or meaning do OMAD-MSM give to those messages received about their bodies and how do they describe the impact of those messages on their sense of identity?

**Significance of the Study**

This study is significant because it is the first of its kind to explore with a primary focus, the identity development of overweight and obese males of African descent who have had voluntary sexual contact with other men (OMAD-MSM). Through the use of phenomenological inquiry, I was able to generate information about the lived-experiences of men whose stories are generally not valued by American society. The phenomena of interest are the internalized messages OMAD-MSM have received regarding body image. Because the present study is exploratory in nature it allows for the elucidation of experiences and the generation of hypotheses about both the strengths and needs of these men as it relates to identity development, healthy functioning, resilience, and the many
unforeseen dimensions of their being which they will share. The data regarding their experiences are detailed in Chapters 4 and 5.

**Rationale for Transcendental Phenomenology**

Transcendental phenomenology (Moustakas, 1994) was chosen among the various phenomenological approaches as most befitting for the present study because of the particular attention given to developing an understanding of research informants’ experiences and attributed meanings in a manner that is not tainted by researcher or scientific bias while also giving strong credibility to the stance that experience is knowledge. According to Moustakas (1994),

> phenomenology is the first method of knowledge because it begins with “things themselves;” it is also the final court of appeal. Phenomenology, step by step, attempts to eliminate everything that represents a prejudgment, setting aside presuppositions, and reaching a transcendental state of freshness and openness, a readiness to see in an unfettered way, not threatened by the customs, beliefs, and prejudices of normal science, by the habits of the natural world or by knowledge based on unreflected everyday experience. (p. 41)

Of particular importance in transcendental phenomenology are not so much the facts related to an experience; but rather the attributed meanings, essences, and possible essences of experience which flow from reflective descriptions; and the embrace of subjectivity, combined with thought and reflection to obtain new knowledge (Farber, 1943; as cited in Moustakas, 1994). The strength of the phenomenological method in this regard, as applied to the present study, is that the experiences described bear the richness
of the men’s own self-ascribed meanings, particularly in regard to messages about body image that have been incorporated into their sense of identity. Osborne (1994) notes that in addition to phenomenological inquiry allowing for the first-person qualitative extraction of meanings from research informants, elucidating meaning is sometimes construed as having a broader explanatory function as well. Another way of thinking about the broader explanatory power of phenomenology is more implied rather than explicit and is captured by Danaher and Briod (2005) in their phenomenological approach to researching children’s experiences. Whereas individual experiences are first person accounts, “the shared structures of meaning” (p. 217) are implied in the collective stories. As applied to the present study, the shared structures of meaning are found in the collective stories of the informants and are detailed in Chapter 5. Neuman (2006) uses the term essence to describe phenomenological data. In the present study, essence is used synonymously with theme, and in most cases will replace its usage throughout the remainder of this dissertation study.

Scope of the Study

This exploratory qualitative dissertation study has an intentional focus on the internalization of messages regarding weight and body image that have to some degree been incorporated, adopted, or integrated into research informants’ sense of identity. Topics covered will include: 1) internalized messages about weight and body image received from oneself (self-concept), family, friends, dating partners, sex partners, social institutions, social networking websites, and the media; 2) standards of attractiveness and expectations about the appearance of one’s body based on sexual position; 3) the impact
of personal health conditions (overweight/obesity and any other health conditions) on body image; and 4) beliefs and descriptors about identity and the role of internalized messages about one’s body in relation to how one describes his identity or aspects of self.

**Data Trustworthiness**

A parallel to reliability, validity, and objectivity found in quantitative research data analyses, trustworthiness of qualitative research data is measured in terms of credibility, triangulation, transferability, dependability, and confirmability (Lincoln & Guba, 1985; Patton 2002). Multiple techniques were used to increase the trustworthiness of findings and conclusions in the present study. More specifically, the study employs: 1) lived experience interviews and member check interviews with verbatim transcription; 2) triangulation of multiple sources of data; 3) use of both an internal and external auditor; 4) peer debriefing accompanied by the use of a peer debriefing journal; and 5) maintaining a separate researcher journal. The aforementioned are discussed in greater detail in Chapter III.

**Limitations**

Limitations as applied specifically to the present study of OMAD-MSM include: 1) the degree to which the experiences and attributed meanings are generalizable beyond the informants of the study; 2) the possible impact of informants using self-preservation techniques in the sharing of information by attempting to portray themselves in a more positive light; and 3) the potential for researcher subjectivity to bias results. A more
detailed discussion of the limitations and the measures taken to minimize the impact of the aforementioned issues is discussed in greater detail in Chapter III.

**Explicit Beliefs**

In regard to researcher-held beliefs related to the present study, I am aware that I will be collecting data about a group of individuals who are quite similar to myself, which makes it all the more imperative that I minimize the degree to which my subjectivity unethically shapes the findings of the study and conscientiously recognize my responsibility to maintain appropriate boundaries with research participants. The explicit beliefs which I hold about OMAD-MSM prior to any data collection are as follows:

1. Many have experienced discrimination, stigma, or ostracism based on others’ assumptions or knowledge about their sexual orientation/sexual behavior.
2. Many have experienced differential treatment; discrimination; and overt or covert racism.
3. Many have been stigmatized by individuals in American society at large; by individuals in White gay culture communities; and by individuals in Black gay culture communities based on their overweight/obesity.
4. There are perceptions or expectations about appearance (how one should look) based on expressed sexual position.
5. Those who are ashamed of their same-sex feelings, attractions, and behaviors may have limited emotional support systems in place to buffer self-deprecating internalized cognitive scripts.
6. Many have experienced stigma or discrimination related to the convergence of race, sexual orientation/sexual behavior, and overweight/obesity.

7. Many experience conflict about the moral/spiritual rightness of their same-sex feelings, attractions, and behaviors.

8. Many believe their choices in dating partners are limited within the Black “gay” community because of their overweight/obesity.

9. The negative and non-affirmative messages which have been internalized regarding sexual orientation and overweight/obesity feel more painful most of the time than negative messages about race.

10. The full spectrum of one’s identity is difficult to define, embrace, or show with transparency in most contexts.

11. There is value in understanding the life experiences of OMAD-MSM to better inform everyone’s knowledge about the nature of the human condition. The life experiences of OMAD-MSM offer potentially transferable understandings about healthy and optimal human functioning.

12. Ending marginalization and stigmatization of OMAD-MSM is desirable.

**Conceptual Framework**

**Social Constructivism and Cross Cultural Lens**

Given that the present study is an exploration of the lives of OMAD living in the United States who have had voluntary sexual contact with other men, it is important for the reader of this manuscript to embrace a willingness to view this population and research from a cross-cultural perspective. By cross-cultural I mean, a recognition that
ethnocentrism, the belief that one’s own ethnic culture is the standard by which other cultures should be judged (Hutchison, 2008); sizeism, discriminatory treatment based on one’s body size (Kingsbury, 2008); cultural heterosexism, the ideologies and institutional societal structures which prize heterosexuality over any other sexual orientation; and psychological heterosexism, anti-gay attitudes and behaviors (Herek, 1992); all perpetuate the message that certain individuals are hierarchically more inferior than others. Hutchison (2008) notes that cultural relativism is a more appropriate way of understanding cultural differences because it calls for the understanding of an individual’s beliefs based on his or her own culture, “with reference to their own histories and culture traits understood in terms of the cultural whole” (Nanda & Warms, 2007, p. 21). The present study provides additional context about how OMAD-MSM view various aspects of their culture. Informants verbally shared the meanings attributed to their experiences regarding the transmission of messages from others in relation to body image.

The Role of Culture

When comparing operational definitions of culture in quantitative versus qualitative research, Yeganeh and Su (2006) suggest that the term “culture” be replaced with more refined constructs when conducting empirical research so that culture can be better operationalized. This suggests that there may be some degree of objective measurement possible. Park (2005), however, cautions about conceptualizing culture as a completely objectifiable entity. In her examination of the use, inscription, and deployment of the term culture in social work scholarly discourse, it is argued that
“culture is inscribed as a marker for difference…largely replac[ing] the categories of race and ethnicity as the preferred trope of minority status” (Park, 2005, p. 11). Park (2005) also explicitly states that “the concept of culture, constructed from within an orthodoxic, hegemonic discursive paradigm, is deployed as a marker of deficit” (p. 11). To the degree that within the present study research informants have described their life experiences to be cultural in nature, I implore the reader to keep in mind the importance of laying aside judgments which unfairly and detrimentally cast their experiences as being deficient in comparison to others’ cultural experiences.

In the present study, I envision the reader using the term culture in the broadest sense imaginable to allow for a greater breadth of exploratory understanding given its qualitative phenomenological focus. Tillman (2002) defines culture as “a group’s individual and collective ways of thinking, believing, and knowing, which includes their shared experiences, consciousness, skills, values, forms of expression, social institutions, and behaviors” (p. 4). Tillman (2002) also notes that her definition of culture “does not presuppose a singular view of African-American culture…[and] the concept of culture can exist along many dimensions and considers the commonalities as well as the differences among African Americans” (p.4). As applied to the present study, the stories shared by the informants represent both individual and collective ways of thinking, believing, and knowing. Some of the known dimensions of the informants’ culture beyond race include overweight/obesity, ethnic identification, and being MSM. Commonalities are reported as themes or essences.
Lexical Etymology

Critical awareness and analysis of the etymology of both words and phrases is crucial in the discussion of and consideration about how word meanings have changed over time; the manner in which various terms are applied; to whom and by whom they are applicable; and who is granted privilege to assign labels, for what purpose, and to what end. These considerations are particularly important as you navigate through the remainder of this manuscript. You will notice that in regard to the historicized contextual information presented about blackness; sexual behavior definitions and attributed meanings; civil rights; gay rights; and personality/identity theory, that words and behaviors have at times simultaneously and concurrently held different meanings based on social location.

Here I provide an example of how word meaning and usage has shifted over time using the word queer. Initially queer was defined in non-sexual terms to mean strange, odd, or peculiar (Brontsema, 2004). By the 17\textsuperscript{th} century, queer began to take on a sexual connotation and was equated with “things pleasurable” or something regarded as an “immoral” pleasure. By the 1920s the use of the word queer became increasingly pejorative. Queerness was equated with being effeminate, flamboyant, people who were considered to be “flaming faggots,” or mentally deranged (Brontsema, 2004). The latter definition was a precursor to homosexuality being viewed as a mental disorder until this diagnosis was removed from the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1973 (Herek, 2012). Present day usage of the term is controversial given its history of negative associations and meanings (Brontsema, 2004). While some within the LGBTQ community have reclaimed the word
queer (Brontsema, 2004), others still view the word within its historical context. The
evolution of the various meanings of queer shows how the word has led both toward
linguistic reclamation and opposition (Brontsema, 2004).

**Terminology/Definitions**

The following definitions are included here to aid in the process of better understanding OMAD-MSM as well as to explain some of the ideas and concepts repeatedly addressed throughout the dissertation or for which there is a need to differentiate terminology or to reflect the degree to which certain terms are used interchangeably and/or have changed over time:

_Affectional Orientation_ is a term that reflects whom we are comfortable with and close to in a primarily non-erotic way (Rochlin, 1982). Many people have a _bi-affectional_ orientation – reflecting closeness with males and females (Ho, 2004).

_African American, “of African descent”, and Black_ are terms which have sometimes been used interchangeably throughout this dissertation. They are operationalized utilizing the definition provided by Wright (1993), as the heterogeneous group of individuals who are descendants of various historically oppressed ethnic groups within Africa, involuntarily brought to the United States, and further experienced subsequent oppression after arriving in the Americas. Also included in this definition are Black people who are of African descent who both voluntarily or involuntarily migrated to other parts of the world. The focus of this dissertation research will be those who now live in the United States.
Gender Identity The Egan and Perry (2001) model of gender identity is a multidimensional construct which defines gender identity based on a) knowledge of membership in a gender category, b) felt compatibility with his or her gender group, c) … felt pressure for gender conformity, and d) attitudes toward gender groups” (p. 451).

Gender Role Expectations (male) are “the social behavior templates to which men are expected to adhere” which impact men’s feelings, thoughts, and actions (Pederson & Vogel, 2007, p. 373).

In the Life is a term which denotes that one is gay, as such, in the life is a reference to being a participant in gay life (Beam, 2008).

Men Who Have Sex With Men (MSM) is a term used “to refer to all men who have sex with other men, regardless of how they identify themselves” (Centers for Disease Control, 2009b).

Obese/Overweight- Overweight and obesity are both labels for ranges of weight that are greater than what is generally considered healthy for a given height. The terms also identify ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems. For adults, overweight and obesity ranges are determined by using weight and height to calculate a number called the body mass index (BMI). BMI is used because, for most people, it correlates with their amount of body fat. An adult who has a BMI between 25 and 29.9 is considered overweight. An adult who has a BMI of 30 or higher is considered obese (MacMillan, 2014).

Same Gender Loving (SGL) “is a term coined within the African-American LGBT community. The term is preferred [by some] because it is seen as separate and distinct from queer slang that is seen as white dominated. The term is also popular among people
of color because it emphasizes emotional relationships and not just relationships purely based on sexuality” (Queers United, 2008).

*Sexual Minority* is a term used interchangeably with bisexuals, lesbians, and gay men. These groups have common characteristics (political, cultural, and social oppression) as other minority groups including the following: subordination to broader society; devaluation by dominant society; and differential treatment due to minority status (Herek, 1991; Ritter & Terndrup, 2002).

*Sexual Orientation* is the “constellation of affective, cognitive, and behavioral characteristics that constitute an individual’s sense of self as a sexual and intimately relational being” (Fassinger and Arseneau, 2007, p. 30).

*Sexual Position* (top, bottom, and versatile) as applied to two men engaged in sexual intercourse refers to one’s preferred sex role, with corresponding labels of top, bottom, and versatile. A top is the penetrative partner. A bottom is the partner being penetrated. Versatile individuals will at times be a top during sexual interactions and at times will be a bottom during sexual interactions (Johnson, 2015).

*Structural sexual stigma* is commonly referred to as *heterosexism* and is defined as “an ideology embodied in institutional practices that work to the disadvantage of sexual minority groups” (Herek, Gillis, and Cogan, 2009, p. 33).

*Transgender* is a term that “represents a broad group of people with a variety of gender identities (e.g., transsexual, gender queer, genderblend, drag king, drag queen, and adrogyne) and with separate and distinct sexual orientation identities (e.g., heterosexual, lesbian or gay, or bisexual)” (Moradi, Mohr, Worthington, and Fassinger, 2009, p. 7). Transgender refers to an experience of gender as different from that typically associated
with biological or chromosomal sex. The present study will not include transgender people in its sample.

*Tongues Untied*

Thirty three years after the birth of James Baldwin (quoted at the beginning of this chapter), Marlon Riggs was born. In 1994 he died of AIDS at 37 years old. The previously un-named “mysterious illness” was given its name, Acquired Immune Deficiency Syndrome (AIDS), in 1982 (Gavett, 2012). AIDS had prior been referred to as “gay compromise syndrome, GRID (gay-related immune deficiency), AID (acquired immunodeficiency disease), “gay cancer” or community-acquired immune dysfunction” (Gavett, 2012). Marlon Riggs, like James Baldwin, was outspoken in regard to illuminating the experience of Black gay men in an era wherein being gay was highly stigmatized and gay people were considered to be responsible for AIDS. As an Emmy Award winning film producer, he provided social commentary that was highly controversial and polarizing. His determination to give voice to a set of experiences of a marginalized group of which he was a part in the form of documentaries is part of the legacy he left.

The inspiration for naming this dissertation project *Tongues Untied*-Truth Revealed comes from Marlon Riggs’ and colleagues (1989) documentary film entitled *Tongues Untied.* The film portrays racism, homophobia, and violence. Some of the reality-based story lines include: a black gay man who is not allowed entry to a gay bar based on the color of his skin; a black college student who is left for dead in his own blood after being subjected to an anti-gay beating; and a self-described drag queen’s
intense sense of isolation, loneliness, and ostracism. Riggs’ and colleagues’ portrayal of these realities gave validation, voice, and affirmation to the experience or truth of what it was like to be black and gay in the 1980’s in the United States.

Much like the life stories illuminated by Riggs and colleagues, the informants in the present study, whose life experiences in large part have not been shared, validated, or spoken about, have been given the opportunity to narrate their own stories. Their sharing helps to give visibility and voice to their sometimes discriminatory, marginalizing, and stigmatizing experiences based on the characteristics of being black, MSM, being overweight or obese, and living in the United States. I view Marlon Riggs’ and his colleagues contribution as an example of an extension and continuation of the creative means used by James Baldwin and others to bring light to important social issues having a detrimental impact on Black gay men.

**Summary**

This introductory chapter outlined the rationale, purpose, and methodology for this exploratory phenomenological dissertation study. The purpose of the study is to develop an understanding of the meanings attributed to internalized messages about body image within the context of identity development from the perspectives of overweight and obese men of African descent (OMAD) who have had voluntary sexual contact with other men (OMAD-MSM). The literature review in Chapter II will provide information about social-historical contextual influences on OMAD-MSM, a review of literature applicable to the study topic, and a review of theory applicable to the present study.
Chapter III will provide detail about Transcendental Phenomenology and other aspects of the methodology for the study.
CHAPTER II

LITERATURE REVIEW

Introduction

The purpose of this phenomenological dissertation study is to develop an understanding of the meanings attributed to internalized messages about body image within the context of identity development from the perspectives of overweight and obese men of African descent (OMAD) who have had voluntary sexual contact with other men (OMAD-MSM). The purpose of the literature review is to contextualize and demonstrate the need for the study. This contextualization occurs in multiple ways: 1) contextualization of the population of interest (OMAD-MSM) within the broader African American experience and history; 2) contextualization of OMAD-MSM and their experiences within the conceptual literature concerning oppression and power; 3) contextualization of OMAD-MSM through discussing identity development models applicable to OMAD-MSM; and 4) contextualization of overweight/obesity as applied to OMAD-MSM through discussion of stigma, stigma management literature applicable to African American LGB people, and available literature on body image related issues and OMAD-MSM.

The population of interest is OMAD-MSM. There is limited research directly focused on this population. During the literature review process, I identified several bodies of scholarly literature applicable to developing a greater understanding about OMAD-MSM and their identity development within the context of body image. Some of
those bodies of literature were explicitly connected to various aspects of the lives of OMAD-MSM, whereas others were more loosely connected or even disjointed, but they were compiled here for the purpose of creating a contextualized view of the lived experiences of the research informants and how they conceptualize identity for themselves. The common thread among the various bodies of literature is their connection to identity development within OMAD-MSM. The next few paragraphs provide additional detail about the structure of the chapter as well as the rationale for selectively reviewing the various bodies of literature that follow.

In regard to the broad history applicable to OMAD-MSM, the first half of this chapter could be considered a contextual historical overview, inclusive of a brief description of civilizational historicism as a lens whereby one can evaluate the information in the first half of the chapter. To show some of the early historical influences on identity, contextual information is provided concerning Africa; the African Diaspora; the impact of the enslavement on the identities of Africans in America as explored through slave narratives. Knowing this history is important in understanding the circumstances under which black people were brought to America and how the impact of slavery continues to impact the descendants of slaves. To shed light on the African roots of same-sex sexual behavior and the degree to which it was accepted, information is provided regarding same-sex African behavior and relationship patterns dating back to the 16th century. After arriving in America and over the course of the centuries that followed there was and continues to be an evolution of Black gay culture in America. Whereas most of the information included here is historical, the present
research study is intended to offer additional insight into some aspects of present day black gay culture in America.

The second half of the chapter begins with a broad overview of the various 1960’s social justice movements that have impacted the identities, sense of self-efficacy and emotional health of black people living in America. Oppression is explored through providing some definitions and conceptualizations of oppression and power. A brief overview of racism and heterosexism are provided to give some sense of sources of structural oppression that OMAD-MSM experience. The exploration of oppression is followed by an overview of identity development models, inclusive of black identity development models, phenomenological identity models, and integrative/multidimensional models. Identity development models were reviewed because of this study’s focus on identification with a group (OMAD-MSM) and in a manner that has not been deeply explored in the literature. Although there is no one theory that adequately addresses the identity development of OMAD-MSM, the selected theories have components that speak to the importance and validity of historical/sociocultural influences on identity; individual perception about identity shaping experiences; complexity of identity in regard to multiplicity; integration of multiple cultural identities; shifting developmental tasks; and the impact of sexual orientation and cultural orientation on identity.

A broad overview of how stigma is defined is followed by the exploration of stigma focused literature applicable to African American LGB people. Considering the stigma literature as applied to OMAD-MSM are central to thinking about how overweight/obesity and related images of self can become a stable internalized part of
self-concept. The chapter ends with a broad overview of body image and body image-focused literature. The organization of the major sections and subsections of this chapter reflects the historical timeline and increasingly focused scope of the review noted above.

**Civilizational Historicism**

Munford (2009) acknowledges that there are a variety of perspectives that historians use to re-tell history. Because of the complexity associated with determining what constitutes an accurate account of history based on retrospectively analyzing culture, the development of a “useable past” (p.6) that takes into account the vantage point of the person telling the history is important. As applied to people of African descent, he describes *civilizational historicism* as the process whereby “historians craft interpretations of history as a product of their own contrivance and selection…conformable mostly to their [own] racial, ethnic, national, and religious identity” (p.6). He cautions that because it is not possible for any one person to articulate an exact history, that one should bear in mind the world view of the person telling the history to determine the validity of accounts the provided. Much of the historical contextualization that is included in the first part of this chapter is included to help the reader connect to the purpose of the study, which is to develop an understanding of the lived experiences of OMAD-MSM related to the internalization of messages about body image and the impact those messages have on identity development.
Africa: The Continent and Its People

Physical Geography

This section describes the demography of those who inhabit the African continent. It is included to provide a sense of the incredible diversity from which black populations of African ancestry within the United States descend. In regard to its physical geography, Africa makes up 20% of the land surface area in the world, which comparatively equates to being larger than Europe, the United States, India, Argentina, New Zealand, and China combined (Harper College, 2009a). Although the geographical boundaries of many countries within Africa have changed over the centuries, what remains the same is the part of the African continent which is considered “Black Africa” (Howe, 1966). With exception of the seven countries (Algeria, Egypt, Libya, Morocco, Sudan, Tunisia, and Western Sahara) in North Africa which comprise the area considered to be Arab, the remaining countries constitute sub-Saharan Africa. Sub-Saharan African countries are those which are geographically located either partially or completely south of the Sahara desert (US Department of State, 2009).

African Culture

In regard to its people, Africa has a population of 1,136,000,000 (Population Reference Bureau, 2014); an estimated 2000 to 3000 languages being spoken on the continent, possibly up to 8000 dialects (Joffe, 2009); as well as thousands of ethnic groups and subgroups (Joffe, 2009). There is great diversity of religion practiced in Africa. Prior to European colonization which brought with it Christianity, each tribal ethnic group in sub-Saharan Africa had its own set of religious practices, but a process of
transculturation occurred after arrival of Europeans “as Christian beliefs were combined with existing tribal religions creating different, unique, Christian, or African Christian religions” (Harper College, 2009b). There is also some influence from Islam on individuals in sub-Saharan Africa given that Islam is a primary religion in North Africa. In that regard, sub-Saharan Africa’s geographical borders are permeable when it comes to religion. In addition to religion, each societal group within Africa possesses its own infrastructure, political, economic, and social structures.

**African Diaspora**

The term *African Diaspora* is a reference to the waves of black people from sub-Saharan Africa who migrated, both voluntarily and involuntarily, to other regions of the world. Migration outside of Africa began seventy thousand years ago to areas in tropical regions of the Old World, was followed by settlement in Oceania, Eurasia, and the Americas, and continues through present day (Manning, 2009). *Diaspora*, as translated from Hebrew to Greek, is an ancient term which means from the sowing of seeds and historically had been applied almost exclusively to the dispersion of Jewish people throughout the world (Manning, 2009). Specifically applicable to the present study is the African Diaspora which refers to the dispersion or involuntary migration of Africans to America. Munford (2009) compares the Jewish Holocaust to the atrocities perpetrated against Africans and refers to the centuries-long slave trade as its own Holocaust.

The definition of what constitutes slavery depends on whom you ask, who responds to the question, which time period in world history one is referencing, and why an answer to the question is being sought. Although the term *slavery* as we now know it
may have been labeled using other terminology denoting various other forms of involuntary servitude at different points in history, a slave is defined as someone who is owned as property, who has no choice in whether or not to remain enslaved, no freedom or money, is forced by another person to do whatever form of labor is demanded (History on the Net, 2009), and whose behavioral compliance is enforced through violence and brutality (Knowledge Rush, 2009). As it relates to traditional slavery amongst or between Africans, slaves were generally battle prisoners or enslaved as punishment for some criminal act (Horton, 2006). This was in sharp contrast with American style slavery which kept Africans enslaved based purely on race (Horton, 2006).

Whereas the first European contact with Africa was around 1450 which yielded trade in various goods; in the period beginning around 1600, world commerce experienced a major shift through the advent of commercial shipping and use of the waterways for trading, buying, and selling people for the purpose of providing cheap labor (Manning, 2009). Much of the slave trade that occurred happened specifically in conjunction with Africans on the West Coast of Africa. Other slave captures occurred directly by Europeans through raids on the continent beginning with coastal regions. Over time, as the demand for slaves continued to increase, raids on the inner regions of Africa occurred as well (Manning, 2009; Munford, 2009). The countries that participated in the Trans-Atlantic African slave trade are Portugal, France, Great Britain, Spain, the Netherlands, Denmark and the Americas (Manning, 2009; Munford, 2009; Trans-Atlantic Slave Trade Database, 2009).

It has been estimated that between 9 and 12 million Africans were enslaved, not counting the untold numbers who died during attempted capture and transport (Ewald,
1992; Lovejoy, 1983; Manning, 2009; Munford, 2009; Trans-Atlantic Slave Trade Database, 2009). Many Africans died in transport from Africa to the Americas. Slaves were transported aboard schooners and ships designed to pack in as many slaves as possible, while being shackled, and forced to travel in conditions wherein they lay in the fecal matter of their own and others (Manning, 2009; Munford, 2009). Those Africans who arrived in America endured what became a multi-generational, multi-century, governmentally sanctioned, transcontinental and interstate system of forced commerce and labor, the American brand of slavery.

The present study will draw its sample from the South. Historically this region was known for both its active participation in the slave trade and its staunch opposition to the abolition of slavery. Some of the coastal states had slave ports on the Atlantic Ocean. While it is not possible to fully understand the depth and breadth of the impact of slavery on enslaved persons without personally having had the experience of being enslaved, the following anecdotal and first-hand accounts of brutality, oppression, and dehumanization found in the slave narratives and slave advertisements that follow offer additional insight into some of the ways in which slaves’ maltreatment shaped their sense of identities.

**Slave Narratives**

**Master’s Surname and Identity**

“My mammy told me that the reason why her and my paw’s name was Moore is because afore to the time they b’longed to Marse Tom Waller, they b’longed to Mr. Moore (Mellon, 1988, p. 328).” –William Moore (Slave)
Slave Families as Wedding Gifts

“Our master, Mr. Hall was a merchant and operated a clothing store. Because Mr. Hall lived in town he did not need but a few slaves. My family which included my mother, father, sister, and myself were his only servants. Originally, Mr. Hall did not own any slaves, however after marrying Mrs. Hall we were given to her by her father as a part of her inheritance (Rawick, 1972, p. 19).”—Hannah Austin (Ex-Town Slave, Georgia)

Runaway Slave Advertisements

Savannah Georgia Gazette, 1763

“RUN AWAY from my plantation about eight days ago, A TALL Negro Wench named Jeanie, this country born, and speaks good English. Whoever delivers said Wench to me shall have ten shillings reward.”

JOHN SACHEVEREL. (Windley, 1983)

Beating, Torture, and Intimidation

John Brown, a fugitive slave, born in Virginia, sold twice (once according to weight, and in his words “by the pound”), the first time at 10 years old, who eventually was sold and worked on a plantation in Milledgeville, Georgia, tells a story of how he bore witness to a form of punishment called bucking. Another slave, John Glasgow tried to sneak away to see his girlfriend Nancy who lived on a nearby plantation. He was observed leaving the plantation of his master, allowed to get a distance away from the property, and was subsequently captured at the behest of his master who brought along
with him 3 other slaves to witness and participate in what was to follow. John was placed in a makeshift body brace to immobilize him; flogged with willow switches and cowhide for 3 hours until blood ran down in streams making puddles of blood under his body as his master chuckled. His lacerated body was then washed down with salt, red pepper and water (Brown, 1854).

**Descendants of Slaves**

The aforementioned accounts were offered to illuminate dehumanization; the manner in which slaves were treated as property; and how new identities were imposed on slaves based on their master’s surname. The experience of inflicting emotional distress, physical brutality, and deprivation of basic human rights was legal and was experienced by Africans brought to America for several centuries. In regard to the descendants of African slaves in America, Andrews and Gates (1999) acknowledge that presently (late 20\textsuperscript{th} century) “the emotions of anxiety, bitterness, anger, regret, complicity, and sadness continue to permeate the emotions expressed by African Americans in their writings about “the complex heritage of a system of slavery” (p. vii).

Intertwined in this heritage is the awareness that one’s African ancestors participated complicitly in the slave trade and are viewed as partially responsible for their situation of being in the United States as descendants of slaves (Andrews & Gates, 1999). In expressing his view of the effects of this history on black people in America, Munford (2009) states:

The emotional maladjustment of some black people in white American society, drug addiction, the mental disturbances that plague the more vulnerable in our
community, the ill-at-ease of some black males and females with current gender and family relations, the now-famed “black rage”; all are fallouts of the catatonic shock of the Middle Passage, two hundred and fifty years of chattel slavery, deculturalization, the attempted dehumanization, the brusque change of rural for urban scenery. However, by the same token those catastrophic legacies make the present intelligible. The stolid refusal of white racist America to banish the “racial problem” by purging itself of its essence—racism—strikingly re-presents the whole history of the centuries-long martyrdom of Africans.” (p. 7)

The accounts of the aforementioned black scholars, Henry Louis Gates, Jr., and Clarence Munford, affiliated with Harvard University and the University of Guelph, respectively; highlight the emotional and psychological impact of slavery on the descendants of slaves in America. Because the present study is also focused on Black men who have sex with men (MSM), the history of same-sex behaviors and relationship patterns which began in Africa is shared in the next section of this chapter.

**Same-Sex African Behavior and Relationship Patterns**

In writing about both the relationship patterns and sexual behaviors that occurred between men in various African cultures, I have attempted to be particularly sensitive to the language used to describe the people and their behaviors. In my estimation I have heeded the advice of Gays and Lesbians of Zimbabwe (2008) to be “careful in our use of words that imply or impose false dichotomies on complex social relations” (p. 11). In regard to this discussion of same-sex behaviors within various African cultures, the
complexities lie in the convergence of social relations, politics and history. Gays and Lesbians of Zimbabwe (2008) suggest that when one makes reference to discussing the issue of *homosexuality* in regard to Africans, that one instead should speak of *homosexualities*, to better encompass the broad range of expressions of same-sex sexuality, intimacy, gender, behavior, and relationships both presently and historically.

Dependent upon region, language, ethnic group, and historical period examined; there have been different words used to describe African homosexualities in their various forms with varied degrees of social acceptance including terms such as *hungochani*, *ubunkotshani*, *nkoshana*, *tinconcana*, *bukhonxana*, *maotoane*, *matanyera*, *mashoga*, *misago*, *mabashaa*, *sesnge*, *eshengi*, ‘yan daudu*, *woubi*, *oubi*, *ibbi*, and *kuchu* (Gays and Lesbians of Zimbabwe, 2008). While I do not suggest that the afore-stated list of terms is a completely exhaustive list of all terms used within Africa to describe the varied homosexualities, it is provided to give some sense of the lack of singularly defined way of labeling various behaviors and expression of relationships. In the remainder of this discussion of Africa’s homosexualities, I will present a few examples of the varied types of expressions of homosexualities. I would like to emphasize that paying close attention to the context in which the expressions occur is of significant importance. Where possible I attempt to preserve the language used by a given author to describe the specific homosexualities being discussed in order to help the reader have a better sense of the writer’s perspective rather than unthinkingly converting all related terminology to the term homosexualities. Because of the desire to preserve the original language, direct quotes are utilized to capture the flavor of the various writers used herein.
Much of the following information about culture in the context of sexuality and sexual behaviors is drawn from historical ethnographic research dating back to the 16\textsuperscript{th} century with Africans in Africa. Sweet (1996) notes that in regard to the evaluation of this data one must recognize that there are methodological issues associated with attempting to retrospectively study 16\textsuperscript{th} century cultures and attitudes using anthropological lenses from the 19\textsuperscript{th} century and beyond. For example, there is disagreement between scholars about the degree to which core cultural values and attitudes toward same-sex behaviors remained unchanged between the 16\textsuperscript{th} and 20\textsuperscript{th} centuries given that there were a multitude of socio-political changes in the 17\textsuperscript{th} and 20\textsuperscript{th} centuries (Sweet, 1996). The arguments are related to the question of whether Africa’s cultures did or did not remain static in their beliefs toward same-sex behavior over time (Sweet, 1996).

An additional methodological concern is the degree to which there has been the propensity by some students of African history to incorrectly homogenize all of Africa into one ethnic group (Sweet, 1996). Another major consideration is the evaluation of potential biases and critically analyzing one’s perspective, given that many writings about African same-sex behaviors were from European slave traders and missionaries accounts (Sweet, 1996). Because of the gaps and ambiguities in recounting an exact history, Sweet (1996) suggests that using Jan Vansina’s notion of a “probable past” is the best way of reconstructing a past consisting of what is likely to have been true. Finally, although not least importantly, Gays and Lesbians of Zimbabwe (2008) discuss the work of historian Zackie Achmat, who “warned researchers against repeating negative stereotypes about gays and lesbians and against assuming that African men could not
love men out of sensual desire (rather than economic or cultural need)” (p.15). For me, the last point is particularly important given that much of what will be discussed here in the remainder of this section will be to provide breadth concerning the various types of relationships and expressions rather than explicitly recounting the depth of male to male love stories.

In order to place same-sex behaviors and relationship patterns between Africans in proper historical context, it is important to understand the link between gender, sexuality, and spiritism as it relates to cultural and social meanings (Sweet, 1996). As important as the attitudes of Africans in the 16th century toward the various homosexualities were the attitudes, judgments, and influence of European Christian morality in judging the appropriateness of these behaviors (Sweet, 1996). Some authors have used the broader term, *homosexual transvestism*, to refer collectively to sexual behaviors which were then called “sodomy,” or “the nefarious sin;” but also to make reference to “cross-dressing” or any behaviors which would suggest that a biologically born male has assumed the role of a female (Sweet, 1996).

*Jin bandaa.* In the 16th century Central African societies of Angola and Congo, *jin bandaa*, was the term used to describe those men who dressed in traditional female attire (Sweet, 1996). The literal translation of jin bandaa was “medicine man,” but the cultural and social meaning of jin bandaa, as interpreted by Africans were connected to their traditional spiritual beliefs (Sweet, 1996, p. 189). A 1681 report written by Portuguese slave trader, Captain Antonio de Oliveira Cardonega, provided a sense of the contemptuous and pejorative manner in which jin bandaas were viewed by him in his selection of words to describe the men’s cross-dressing behavior, calling them
“sodomites”, “dirty”, and “filthy”; but his report also provided important information which suggested that 1) jin bandaas were their own social group and maintained close communication with each other; 2) they were respected by other Africans in their community; and 3) that in addition to performing traditional burial ceremonies, that jin bandaas also were utilized in other spiritual roles as well (Sweet, 1996). This example suggests that in this case, the “link between homosexual transvestism and the spiritual world has enabled some Africans to resist the Western Christian notion that all homosexuality is sinful” (Sweet, 1996, p. 186).

A more in-depth look at the role of spiritism in cultural context is revealed in nineteenth and twentieth century West Central African spiritual beliefs as follows:

The universe is divided between the world of the living and the world of the dead. Separating these two worlds is a body of water. The dead are represented in the living world by spirit mediums. People, animals, and inanimate objects can all be possessed. And in the case of human possession, a being from the world of the dead enters the medium’s body and speaks with his or her voice. The dead are older and wiser than the living, and they are therefore more powerful. Since the dead have the power to transform the lives of the living, the mediums become the all-important link to the benefits (and the curses) of the spiritual world…Those who are endowed with the ability to give the spirits a voice are considered among the most powerful members of Central African society (Sweet, 1996, p. 190).

When biologically-born men have filled this role of being a spiritual medium through what Sweet (1996) refers to as cultural feminization and possible sexual feminization, it has allowed “transvestite homosexuals” (p. 192) access to religious power. It is not
certain the degree to which these individuals engaged in “homosexual behaviors” but it is suggested that “once a society has accepted a biological male as a woman, that person is tacitly understood to be sexually (and spiritually) penetrable” (p. 191).

Male-male marriages. At the beginning of the twentieth century it was common for male gold mine workers in South Africa who had temporarily relocated to the mining area, to take on a male husband in addition to the wife and family that he may have left at home (Gays and Lesbians of Zimbabwe, 2008). A detailed synopsis of these male-male relationship patterns is chronicled in the research of T. Dunbar Moodie and suggests that these relationships were functional, beneficial, and did not bring shame “as long as it was kept quiet” (Gays and Lesbians of Zimbabwe, 2008, p. 15). Gays and Lesbians of Zimbabwe (2008) characterize the multiple perspectives about these marriages in the following way:

The men liked it because they did not need to go to female prostitutes, with all the risks of disease and the high expense that that involved; their wives liked it because they did not need to fear their husbands would get a second family with town women; the youth or male wives accepted it because they earned money and gifts and acquired a protector in the violent surroundings of the mine compounds; and, of course, the mine companies liked it because it saved them from the expenses and higher wages that would need to be paid if women and children were allowed into the urban areas. Only the Christian missionaries protested, but without much effect (p. 15).

Bushmen and same-sex interactions. Although the following information is not cited in the original source material according to traditional style formats, I am including
it here and treating it as an oral history in written form. It is common practice in Africa that oral histories are considered a legitimate and traditional statement of fact (Wieder, 2004), so it is with that preface that I include the following information regarding the same-sex interactions of the Bushmen because of the stature of Gays and Lesbians of Zimbabwe (2008) and my acceptance of their reporting at face value with the same legitimacy as Africans would treat an oral history. An ancient Zimbabwean cave painting estimated to be between one and two thousand years old, found by archaeologist Peter Garlake, depicted “several males engaging in sex acts together” (p. 24). In seeking further understanding of the same-sex interactions, German anthropologist Kurt Falk conducted research regarding the “same-sex sexual relations” (p. 25) of Bushmen in remote areas of Angola and Namibia in the 1920s and found that a variety of same-sex interactions occurred, including married women engaging in the use of “artificial penises with female partners” (p. 24).

Historians have speculated that this female-female sexual practice may have reflected the reality of then-imminent perpetual risk of famine in Stone Age Khoi and Bushmen populations; and the women’s recognition that there was a need to reduce births during periods of food shortage (Gays and Lesbians of Zimbabwe, 2008). Others have speculated that because of the men’s seeming acceptance of their wives behavior that it was a reflection of women’s “relative freedom from male authority in these communal societies” (Gays and Lesbians of Zimbabwe, 2008, p. 25). In regard to male-male sexual behaviors, Falk’s research also found that the husbands “masturbated each other or had anal intercourse when they did not have access to the womenfolk” (p. 25). Another anthropologist in uncovering information about Bushmen of Botswana in the 1930s,
found that “intimate same-sex friendships including homosexual acts were considered quite normal and did not bring blame or shame to either the men or women who engaged in them” (p. 25). Of particular interest to me and also of relevance to the dissertation study would have been to find more information about unmarried men who engaged in same-sex interactions, and the degree to which they were accepted by their cultural groups. In my research, I was able to find one such example that is noted below in the discussion about the Shona people and sex role expectations.

*Shona and sex role expectations.* In ancient Shona societies, fertility and virility were of significant importance as manifested through rituals, symbolic imagery, and daily life.

The anthropologist Herbert Aschwanden found that amongst the Karanga there is a belief that a man’s semen “makes him immortal,” that “the act of procreation is a sacred event” and that the male orgasm is comparable to God descending to the people…A common belief amongst Shona men is that an orgasm without the goal of making children is meaningless. Many women also understand the need to receive sperm vaginally on a regular basis as a crucial part of maintaining their physical and emotional good health (Gays and Lesbians of Zimbabwe, 2008, p. 26).

As it relates to the socialization of boys and girls regarding sex role expectations, this occurred through observation and direct instruction from aunts, uncles, and elders in the community (Gays and Lesbians of Zimbabwe, 2008). Many of the messages given to children in regard to sex roles were geared toward preparation for marriage and pleasing one’s husband or wife (Gays and Lesbians of Zimbabwe, 2008). Furthermore, certain
forms of same-sex “experimentation” were condoned and considered a normal part of the process of preparing for marriage and are noted as follows:

Some societies in the region allowed girls and boys to practice their lessons or play together sexually as long as no pregnancy resulted. Among the Zulu, thigh sex was called *hblonga*…Homosexual experimentation amongst adolescents also took place as a normal part of this learning process. Boys did the herding. Out in the bush, sexual play with each other was actually expected at the age of puberty in order to prepare for marriage. An intimate friend- *sahwira*-could be trusted with this and other secrets…*Kusenga*, for example, was the practice of unmarried girls to manually stretch their labia majora through a daily exercise. A girl might spend hours at kusenga, alone or with help from a close friend. Not for a moment was this seen as masturbation or lesbian-like behavior. On the contrary, kusenga was thought to be primarily in the interest of pleasing the future husband (Gays and Lesbians of Zimbabwe, 2008, p. 27).

Community treatment of same-sex attractions and behaviors lasting beyond adolescence or the acceptable experimentation period occurred with a myriad of outcomes. Causal explanations about why someone would have adult homosexual desires included beliefs that evil or punishing spirits were the root of the issue or that homosexuality was the result of witchcraft (Gays and Lesbians of Zimbabwe, 2008). Instances where individuals were not personally blamed for their desires would include those intersexual persons with both male and female organs (Gays and Lesbians of Zimbabwe, 2008). As protection from the cold weather, unmarried men typically slept in the nude huddled together; and in many instances sexual behavior that was a result of this
type of physical closeness was not punished (Gays and Lesbians of Zimbabwe, 2008). In my reading of the information about their cultural norms related to same-sex sexual behavior, there was not only a taboo related to talking about sex publicly, but because people who were considered homosexual were also thought to be unstable with a propensity toward violence, many times they were left alone; partially out of fear of retribution. Many times elders “went to great lengths to avoid finding the proof needed to justify an execution” (Gays and Lesbians of Zimbabwe, 2008, p. 30).

So while it is clear that African homosexualities were met with varying degrees of acceptance, in many instances there is the appearance that heterosexuality may have been more prized overall, but the question remains about why this is so. One of the great debates both presently and historically has been in regard to the question of attempting to determine to what degree European influence is responsible for bringing any of the homosexualities to the continent of Africa as well as developing a better understanding of the manner in which any of the homosexualities that may have been present at the time of European arrival in Africa was subsequently shaped into new forms and variants of homosexualities (Gays and Lesbians of Zimbabwe, 2008).

This discussion of homosexualities in Africa is important within the context of the present dissertation study given that study informants will all be of African descent and have engaged in voluntary sexual contact with other men. The next section brings the lens closer to the experiences of informants, focusing on the evolution of Black gay culture in America. Literature reviewed in this section makes both indirect and explicit reference to the role of sexuality following the arrival of Africans in America in the 1600s through the 1950s.
Evolution of a Black Gay Culture in America

“African Americans who engage in same-sex sexual practices and/or who lead cross-gendered lives have always been a part of black and GLBTQ communities. However, at times their presence in both groups has either gone unrecognized or been highly contested” (Beemyn, 2004, p. 1). Although Beemyn’s (2004) aforementioned use of the term “African American” may be reflective of his attempt to use language that is politically correct and personally sensitive in describing people of African descent that were born Americans, I submit that temporally this term may not be highly applicable to people who perhaps at the time did not identify strongly with a personal sense of being American. In fact, the history of lack of inclusiveness of Blacks in a fully integrated way within the United States would suggest plausible rationale for why a person of African descent would not identify as African American and in particular those who also held some sexual minority status based on their same-sex attractions, feelings, or behaviors.

Upon arriving in the New World, some enslaved Africans continued the practice of engaging in consensual same-sex relationships and behaviors, but this behavior was not necessarily accepted or condoned by those in a position of power to judge the rightness of this behavior (Beemyn, 2004). Between the early 1600s and middle 1700s, it was documented that five men were executed for sodomy; one of which, Jan Creoli, was “choked to death and his body tied to a stake and burned” (Beemyn, 2004, p. 1). However, not all same-sex behavior in the New World was voluntary; there were instances where White slave owners raped their African male slaves and subjected them to varied forms of sexual violence (Beemyn, 2004). It was not until the mid 1800s that some free Africans in America began to have some minimal degree of comfort and space
to create for themselves Black sexual minority communities with a somewhat lesser degree of fear and a greater ability to engage in same-sex relationships (Beemyn, 2004).

An example of one such relationship in the 1860s is captured in correspondence between two freeborn Connecticut women, Addie Brown and Rebecca Primus (Beemyn, 2004). Beemyn (2004) characterizes their letters as describing “an intensely emotional friendship that involved at the very least the caressing of breasts. The nature of their relationship was recognized and even appreciated by their families, but to maintain social respectability, they were still expected to marry, and both women reluctantly did so” (p. 1). Further illustrative of the cultural milieu of the time in regard to the limited scope of acceptability with which non-heterosexuality was viewed is the life of former slave Frances Thompson who had been raped in the 1866 Memphis riots by White men (Beemyn, 2004). Her testimony to an investigational congressional committee which was designed to “call attention to the ongoing sexual exploitation of black women by white men” was discredited when it was later discovered that Frances Thompson had been born “male-bodied” (Beemyn, 2004, p. 1).

In regard to the development of cultural events or venues which gender non-conforming and same-gender loving Blacks of African descent could participate and gather, one of the first to emerge was the masquerade ball scene in Harlem, New York (Beemyn, 2004). While the Hamilton Lodge event in 1869 was the first and largest gathering of sexual minorities for this purpose, drag balls became more popularized by the 1890s in other mid-Atlantic and northern states (Beemyn, 2004). Despite these events eventually being eligible to be licensed, a permit of sorts, public cross-dressing was not tolerated, as was the case with Miss Maud. Miss Maud was a self-described drag
queen arrested for vagrancy in Washington D.C. in 1885 for being seen publicly in drag 
attire following a New Year’s Eve party. She was subsequently sentenced to three 
months in jail (Beemyn, 2004).

Because of the greater acceptance of people with same-sex attractions in the 
north, many sexual minority Blacks in the South migrated to cities in the northeast to 
seek a more liberated and lively existence with a hoped-for lessened sense of racial 
persecution (Beemyn, 2004). By the 1920s Harlem became “the center of both black and 
black GLBTQ culture” (Beemyn, 2004, p.2), and many GLBTQ persons were also 
leading figures in the Harlem Renaissance. An increased sense of race consciousness 
among Blacks coupled with an increased ability to be more of oneself among sexual 
minorities is thought to be a major reason for why the atmosphere in Harlem thrived in 
this way (Beemyn, 2004).

While the Great Depression, a worldwide economic recession occurring in 1929, 
slowed the migration patterns of African Americans coming northward to New York 
from the South, Black GLBTQ communities remained popular; Harlem’s balls increased 
in popularity; and from the 1930s through the 1950s there was the growth of visibility in 
drag balls in other major cities such as Chicago, Baltimore, and New Orleans (Beemyn, 
2004). There was “significant public attention” given to the ball scene, and in particular 
the more positive reports were in “Black” newspapers and the then-newly formed 
magazines, *Jet* and *Ebony* (Beemyn, 2004, p. 2). Although the drag events were more 
visible, many sexual minority Blacks still chose to socialize more in private homes than 
in public (Beemyn, 2004). The reasons for this practice continued to be tied to issues of 
inequality such as legalized segregation and continued prevalence of racism; in addition
to reduced fear of police harassment; and reduced fear of being publicly outed to family members or co-workers (Beemyn, 2004).

The previous sections of this chapter traced the impact of racism and other forms of disparate treatment perpetrated against Africans by Europeans dating back for several centuries. That time period reflected a sense of relative powerlessness for Africans living in America and their descendents. The next part of the chapter outlines the social justice movements that offered opportunities for the descendants of Africans living in the United States to have more of a voice regarding how they felt about racial discrimination and other forms of disparate treatment. Understanding the social justice movements related to racism and homophobia are important in further contextualizing the participants in the present study. More specifically, through the development of self-efficacy and engagement in collective action, descendants of Africans living in the United States were visibly working toward effecting social change that had the potential to positively impact sense of self and identity.

1960s Social Justice Movements: Civil Rights, Black Power, Stonewall

The varied social justice movements of the 1960s; civil rights; black power; and Stonewall are all intertwined with one another as it relates to the atmosphere then present in the United States which was conducive to activism and social revolution (Beemyn, 2004; Matzner, 2004). Those movements of particular relevance to sexual minorities of African descent were the civil rights, black power, and gay rights movements (Beemyn, 2004). Also of significant importance to the present day state of affairs in regard to the
social climate wherein sexual minorities of African descent exist are the myriad of events which have occurred since the 1960s as shapers of the environment.

Civil Rights Movement

In regard to the civil rights movement for racial equality, the Reverend Martin Luther King, Jr., has historically been credited with being the leader of this movement due to his public visibility (Jackson, 2004). However, multiple sources (Beemyn, 2004; D’Emilio, 2003; Jackson, 2004) have identified Bayard Rustin, a gay male of African descent, and principal advisor to Reverend Martin Luther King, Jr., as the person behind the scenes who taught King about nonviolent resistance. Bayard Rustin has been described as “a true disciple of Gandhian nonviolence and Quaker pacifism” (Jackson, 2004, p. 1); as someone who was “smart [and] studied the workings of insurgent movements around the globe so that he might better understand how permanently to alter powerful institutions and longstanding national policies” (D’Emilio, 2003, p. 2). It is acknowledged that Rustin never received full credit for the degree to which he was responsible for advancing civil rights while he was alive. Jackson (2004) uses the “separate and unequal” analogy to describe the manner in which key religious and political leaders in the civil rights movement who were intolerant of Rustin’s homosexuality were willing to utilize his ideas and strategies but because of his being gay forced him to be invisible.
**Black Power Movement**

There was also mixed opinion by those in positions of power within the Black Power movement about whether there was a role for gay individuals in the movement (Beemyn, 2004). On one end of the continuum there were people such as Eldridge Cleaver who was dismissive of James Baldwin’s (1963) critique of racism’s effects on both whites and blacks and Cleaver’s belief that same-sex relationships were the result of emasculation and white corruption; but on the other end of the continuum there were Black Power advocates such as Huey Newton who issued a 1970 statement “calling for members of the party to form coalitions with the gay liberation and women’s liberation movements, based on shared experiences of oppression and common revolutionary goals” (Beemyn, 2004).

**Stonewall**

The Stonewall Riots of 1969 are considered by many to be “a turning point in the struggle for GLBTQ equality” (Matzner, 2004, p. 1). The story of what happened at Stonewall is as follows:

In the early morning hours of June 28, police officers raided the Stonewall Inn, a small bar located on Christopher Street in New York City’s Greenwich Village…The Stonewall, like other predominantly gay bars in the city, got raided by the police periodically. Typically, the more “deviant” patrons (that is, drag queens and butch lesbians, especially if they were “colored”) would be arrested and taken away in a paddy wagon, while white, male customers looked on or quietly disappeared. Then, reflecting the system’s corruption, the bar owners
would be levied an insubstantial fine, allowing them to open for business the following day. On this night, the charge was the illegal sale of alcohol. The raid began in time-honored fashion, as plainclothes and uniformed officers entered the bar, arrested the employees, and began ejecting the customers one by one onto the street. But for some reason, the crowd that had gathered outside the Stonewall, a crowd that had become campy and festive and had cheered each time a patron emerged from the bar, soon changed its mood (Matzner, 2004, p. 1).

Exactly what happened next would depend on whom you asked. However, some of the subsequent events as reported by Matzner (2004) included: a crowd outside of the bar becoming angry and frustrated with police actions; followed by fist fighting; throwing coins at police officers (representative of the payoffs required by the police to keep bars open); throwing bottles and stones; to the point that police could no longer fight off the growing crowd with nightsticks; with the ultimate result being that police took refuge in the Stonewall Inn and locked themselves inside. The event at Stonewall later became pegged as a “riot” because of the defiance of police; attempts to set the Stonewall on fire; and use of a parking meter against the front door as a battering ram with chants of “Gay Power” (Matzner, 2004). Although riot police later emerged on the scene to quell the demonstration and rescue police from the Stonewall, this did not prevent a subsequent demonstration from occurring at Stonewall the same weekend. Thus, for many sexual minorities in the United States the events at Stonewall marked the beginning of a more organized approach to fighting for gay liberation which had ripple effects all around the world (Matzner, 2004).
The lesser known and lesser publicized story of Stonewall is that of historicized exclusion felt by many sexual minorities of color in regard to the events leading up to Stonewall and beyond. Although sexual minorities of African descent participated in the homophile movement of the 1950s and 1960s, “they often did not feel welcome in the predominantly white GLBTQ organizations, which rarely addressed members’ racism and which focused exclusively on GLBTQ rights, ignoring the multiple struggles of black GLBTQ people” (Beemyn, 2004, p. 3). The result was the development of independent Black gay and lesbian organizations and events as an attempt to address the perceived failure of predominantly White organizations “to address the multiple ways in which GLBTQ people of color are oppressed” (Beemyn, 2004, p. 3).

Further illustrating the disconnection and exclusion of sexual minorities of African descent from full cultural inclusion in a variety of contexts, those seeking to find a safe haven wherein to be accepted for their sexual minority status have historically been unable to find this safe space through participation in White gay culture. In an analysis of research regarding the role of Blacks in White gay culture utilizing data collected by Jonathan Katz, Icard (1985) reports that as recently as the 1970’s in “bi-racial homosexual gatherings, black gay participants were primarily employed as chefs, chauffeurs, and domestics” (p. 88-89), reflecting a lack of full inclusion in attending a gay event without being in some subservient role. Furthermore, Black gay participants were chosen based on their willingness to assume a more “feminine” role in their subservient participatory roles, creating for them the experience of a type of sexual racism within the White gay community which linked race to an expected feminized gender role portrayal as a prerequisite for inclusion (Icard, 1985).
Active discrimination within the White gay community against Black gay men explicitly reflected a sense of racial inferiority and deprivation of “positive psychological benefits” afforded Whites (Icard, 1985). Dion’s (2001) Attributional Hypothesis states that subordinate groups, when experiencing a negative experience perceived to be due to discrimination or prejudice, find themselves in a dilemma about whether to blame themselves for the incident due to not knowing whether their treatment is due to their own failings or flawed personality characteristics. As applied Black gay men in the civil rights and post-civil rights era it is possible that black gay men in subservient roles have experienced deleterious psychological effects on their development due of lack of inclusion (Icard, 1985).

The early sections of this chapter provided broad overviews of historical events. Those events were shared to illustrate the disparate treatment, discrimination, brutality, oppression and negative psychological impact of those events on Africans brought to America as well as their descendants. The next section of this chapter marks the transition into the second half of the literature review. Oppression is a recognized lens around racism and heterosexism, while stigma is more prevalent in discussions of obesity. In the second half of the chapter, the lens of oppression is explored first through providing definitions and conceptualizations of oppression and power. The exploration of oppression is followed by a discussion of the psychological literature that explores experiences of black gay men and experiences related to obesity. The remainder of the chapter moves beyond a discussion of historical influences on OMAD-MSM to develop an integrated understanding of scholarly inquiry on racial and sexual identity development within the context of body image. Most of the scholarship reviewed is
conceptual in nature, providing definitional, theoretical, and paradigm focused discussion of core study concepts. Three sections, LGB literature on impression management, African-American LGB stigma focused literature, and body image focused literature, provide a summary of selected empirical literature closely connected to the purpose of the study.

**Oppression**

The lens of oppression is yet another way to conceptualize the experiences of OMAD-MSM. Although multiple conceptualizations of oppression exist in scholarly literature, the conceptualizations described in the next few paragraphs were chosen because of their attention to the structural influences on oppression, the individual influences on oppression, the role of culture in oppression, the role of power in oppression, the psychological impacts of oppression, and the interactions between them. There is also a recognition that oppression can have multiple actors, is not static, and even when oppression is defined as a state there is the potential for fluidity. Given that OMAD-MSM likely experience multiple oppressions, these conceptualizations are helpful in understanding the role of history in oppression processes, the impact of internalized oppression on sense of self, and how internalized oppression impacts the multigenerational transmission of a White beauty standard in African American families. The present study has a focus on body image with OMAD-MSM. I believe that internalized oppression may have some degree of impact on body acceptance and self-criticism regarding OMAD-MSM’s bodies. There is strong applicability to OMAD-MSM given that the present study considers the degree to which research informants see
oppression related to body size as one of the oppressions they experience and whether they experience a sense of dehumanization as an outcome of being an oppressed.

**Psycho-political Analysis of Oppression**

In Prilleltensky’s (2008) psycho-political analysis of oppression he broadens the understanding of oppression. He takes the position that oppression can be either a process or a state. Oppression as a state is defined as “a state of domination where the oppressed suffer the consequences of deprivation, exclusion, discrimination, exploitation, control of culture, and sometimes even violence (Prilleltensky, 2008, p. 126). Mar’i (1988) defines oppression as a process in the following way: “Oppression involves institutionalized collective and individual modes of behavior through which one group attempts to dominate and control another in order to secure political, economic, and/or social-psychological advantage” (p. 6) (as cited in Prilleltensky, 2008). The crux of Prilleltensky’s (2008) stance is that oppression is always both political and psychological; and that political and psychological oppression both “coexist and are mutually determined” (p.127). Definitions of political oppression and psychological oppression are as follows:

Political oppression, which is the creation of material, legal, military, economic, and/or other social barriers to the fulfilment of self-determination, distributive justice, and democratic participation, results from the use of multiple forms of power by dominating agents to advance their own interests at the expense of persons or groups in positions of relative powerlessness. Psychological oppression, in turn, is the internalized view of self as negative, and as not
deserving more resources or increased participation in societal affairs, resulting from the use of affective, behavioral, cognitive, material, linguistic, and cultural mechanisms by agents of domination to affirm their own political superiority (Prilleltensky, 2008, p. 127).

As it relates to OMAD-MSM, I am most interested in learning from research informants about the degree to which psychological oppression impacts their sense of body image.

Prolonged Oppression Internalized

Descendants of Africans brought to America have experienced prolonged oppression in various forms (Parmer, Arnold, Natt, & Janson, 2004). OMAD-MSM share this history. The psychological impact of prolonged oppression on people of African descent has led to the internalization of oppression and the retransmission of oppression. In that process of internalization and re-transmission, there is the internalization of the oppressor’s culture, values, rules, prohibitions, social behaviors, and image (inclusive of the valuation and idealization of the oppressor’s physical characteristics and traits). Not only is this oppression dehumanizing (Freire, 1967) but one outcome is the creation of an inferiority complex within African Americans that has a negative impact on self-esteem (Parmer et al., 2004). Retransmission of the oppression acted out upon them occurs when African Americans act out against themselves and other African Americans in harmful ways. This re-transmission can take the form of behavior that is self-destructive or behavior that somehow injures other African Americans such as the people they love or other African Americans within their communities. This results in a group of people
who oppress themselves based on centuries of domination, oppression, and violence acted upon them (Parmer et al., 2004).

Parmer et al. (2004) applied the concept of internalized oppression to body acceptance. The preference for a White standard of beauty and the internalization of Eurocentric standards of physical attractiveness are viewed as being due to the multigenerational transmission of internalized oppression in African American families. Institutional practices and multigenerational family transmission have been cited as being responsible for oppression regarding body acceptance among African Americans (Parmer et al., 2004). There is virtually no programmatic research that systematically focuses on understanding the impact of oppression-related experiences on body image with OMAD-MSM. It is notable that in this regard, as compared with women, White men, and White gay men there is relative invisibility of OMAD-MSM’s experiences and discussions about healthy body image remains absent from scholarly discourse or expressed value within broader society.

**Role of Power in Oppression**

Given that power, the possession of and/or lack thereof, likely impacts OMAD-MSM’s personal agency and opportunities to influence structures, I am including Prilleltensky’s (2008) conceptualization of power here for further application to OMAD-MSM and their oppressors:

1. Power refers to the capacity and opportunity to fulfill or obstruct personal, relational, or collective needs.
2. Power has psychological and political sources, manifestations, and consequences.

3. We can distinguish among power to strive for wellness, power to oppress, and power to resist oppression and strive for liberation.

4. Power can be overt or covert, subtle or blatant, hidden, or exposed.

5. The exercise of power can apply to self, others, and collectives.

6. Power affords people multiple identities as individuals seeking wellness, engaging in oppression, or resisting domination.

7. Whereas people may be oppressed in one context, at a particular time and place, they may act as oppressors at another time and place.

8. Due to structural factors such as social class, gender, ability, and race, people may enjoy differential levels of power.

9. Degrees of power are also affected by personal and social constructs such as beauty, intelligence, and assertiveness; constructs that enjoy variable status within different cultures.

10. The exercise of power can reflect varying degrees of awareness with respect to the impact of one’s actions (p. 119).

In considering the application of the aforementioned conceptualization of power to OMAD-MSM, points 8 and 9 are particularly important (because of explicit attention to gender, race, and variable cultural standards of beauty), although the others have applicability as well. Point 7 is also of importance but its application is more nuanced. Without knowing in advance who the informants in the present study will be, it is not certain that informants will make statements that endorse a belief or perception that intra-
group fragmentation (discussed in Chapter 1) plays out in the form of within-group oppression. Prilleltensky’s (2008) conceptualization of power as applied to those who oppress OMAD-MSM based on body size, race, sexual orientation/behavior, gender, or any combination thereof; reflects the disproportionate imbalance of power based on the oppressors’ perceived higher social position or value in society as compared with OMAD-MSM.

**Race/Racism and Heterosexism**

Race, racism, and heterosexism are central to the experiences of study informants. Whereas the prior section of this chapter offered broad conceptualizations of oppression and its impact, this section makes an explicit linkage. Oppression is a recognized lens whereby racism and heterosexism are understood. The three concepts are provided here collectively for that reason. Having a broad understanding of race, racism, and heterosexism are important to better understand the LGB focused literature regarding multiple oppressed statuses.

Although there is more literature that exists regarding race, racism, and heterosexism, I will be presenting an overview of these concepts. The sources regarding race were utilized because they give a sense of how interpretations of race have changed over time to include broader ways to talk about the concept. The sources on racism were selected to reflect the ways that racism is differentiated from related ideas such as stereotypes, prejudice, and discrimination. The sources related to racism-related stress were chosen to illustrate the multiplicity of ways that stress related to racism can be manifested. There is also the recognition that to better understand racism it should not be
looked at in isolation, but rather it should be better understood in conjunction with multiple oppressions and their intersections. The overview of heterosexism is included because heterosexism, along with racism, are known structural influences impacting OMAD-MSM. Ideas related to considering the interactions of multiple oppressions offer a bridge to the literature concerning the ways in which African American gay/MSM-identified men manage and respond to multiple oppressions.

**Race**

*Race* is a socially constructed categorization schema which labels and differentiates people in ways that are usually prejudicial (Manning, 2009). Terms such as black, colored, Negro, African, Ethiopian, and Hamite are examples of some of those designations applied to people of African descent which also reflect the ever changing conception and interpretations of race (Manning, 2009). Activist and scholar W. E. B. DuBois (1915) (cited in Manning, 2009) in his publication, *The Negro*, took up exploration of the yet unresolved dilemma of “describ[ing] the shared experience of black people without accepting the essentializing and invidious concept of race” (Manning, 2009, p. 11). Over the course of time, the four overlapping ways in which racial differences have been defined are: phenotype (e.g., physical characteristics); lineage (e.g., blood purity); culture (e.g., religious affiliation or dress); and assumed biological differences (e.g., human subspecies variations) (Manning, 2009).
Racism

*Racism Defined.* Racism, a strong underpinning of both colonialism in Africa and slavery in the New World (Munford, 2009); was a word which was not used until 1936 in America (hundreds of years after the trans-Atlantic transport of Africans began) to describe its historical treatment of Africans (Davis, 2006). Bowser and Hunt (1996) describe racism as “an expression of institutionalized patterns of White power and social control that serve to subordinate People of Color because of their racial or ethnic group membership” (cited in Constantine, 2006, p. 3). Constantine’s (2006) analysis of the “disparate power and social control relative to People of Color” (p.4) that White Americans hold is the distinguishing feature between racism and other constructs such as stereotypes, prejudice, and discrimination. The nature of racism is such that it can be “overt or covert and intentional or unintentional” (Constantine, 2006, p. 5).

*Racism-related Stress.* Racism-related stress is caused by “race-related events that lead to a depletion of cognitive and emotional resources” (Constantine, 2006, p. 7). Harrell (2000) identified the following six variations of racism-related stress:

1. Racism-related life events (i.e., time-limited life experiences such as police harassment or housing discrimination).
2. Vicarious racism experiences (i.e., the observation and report of racist experiences of others, such as the beating of Rodney King).
3. Daily racism microstressors (i.e., everyday slights and actions, which are often unconsciously enacted but serve to remind one of their racial status in the world, such as the clutching of one’s purse when an African American male approaches).
4. Chronic-contextual stress (i.e., the result of institutional and systemic racism, such as the prevalence of liquor stores in low-income areas).

5. Collective experiences (i.e., perceptions of racism toward one’s group, such as media portrayals).

6. Transgenerational transmission or historical effects of oppression as transmitted from one generation to another (e.g., the slavery of African Americans in prior centuries and the contemporary effects of this system of domination in the lives of African Americans today). (cited in Constantine, 2006, p. 7).

In attempting to identify next steps to confront racism, White and Cones (1999) declares that race is “America’s unfinished business” (p. 289) and that the solution is one in which “Americans tend to shy away from” (p. 291) because it tends to make people uncomfortable. He suggests the following:

What’s needed in America today is an ongoing, candid Black/White dialogue about the role of race in society—a dialogue about how race covertly and overtly influences attitudes, perceptions, opinions, and behaviors, how race confers advantages and disadvantages, how race opens up or closes down opportunities, and why Black and White Americans have such different views of racially connected events (White, 1999, p. 291).

Although I view racism as also having negatively impacted other racial groups within the United States, White’s (1999) focus on “Black and White Americans” (p. 291) is critical as applied to OMAD-MSM given the history of relationships between both groups. Beyond those discussions that occur on a dyadic level between white and black
persons, Constantine (2006) states that “mental health practitioners are challenged to be vigilantly aware of their personal role in perpetuating racism” (p. 8) to avoid potentially reproducing “the racist structure inherent in society at large in their work with clients” (p. 8). This responsibility includes possessing an understanding of “multiple oppressions and the intersections of racism with sexism, classism, and heterosexism” (p. 8). The next section of this chapter discusses heterosexism which is one of the other forms of structural oppression that impact the lives of OMAD-MSM both individually and collectively as a group.

**Heterosexism**

Early scholarship regarding the concept of heterosexism focused on the structural ideology that made it possible for sexual minorities to be regarded as having less value than heterosexuals (Herek, 1992). Increasingly heterosexism is being understood through developing a deeper understanding of the prejudice and stigma that operate within heterosexist ideology (Herek, Gillis, & Cogan, 2009; Moradi, van den Berg, & Epting, 2009). *Structural sexual stigma* refers to the power differentials that exist between non-heterosexuals and the institutions which embody heterocentric values that legitimate such extreme disparate treatment of non-heterosexuals that it creates a group of people who are stigmatized (Herek, Gillis, & Cogan, 2009). The two processes involved in this type of stigma are 1) the overarching belief that everyone is presumed heterosexual which leads to invisibility; and 2) the problematization of visible sexual minorities. “They are problematized; this is, they are presumed to be abnormal, unnatural requiring explanation, and deserving of discriminatory treatment and hostility” (Herek, Gillis, &
Sexual stigma perpetrated against sexual minorities takes the form of malevolent stereotypes and violence (Herek, Gillis, & Cogan, 2009).

This section of the chapter provided a broad understanding of oppression and forms of structural oppression known to be experienced by OMAD-MSM. The next section of this chapter includes empirical literature reflective of the state of scholarship that could be directly applied to OMAD-MSM.

**LGB Literature on Multiple Oppressions**

At the time the present study was developed, research related to intersectionality and managing multiple oppressions was considered to be more cutting edge. Currently in the field of psychology, studies that focus on the simultaneous management of multiple oppressed identities is becoming much more common whereas earlier research tended to study identity management processes separately from one another. The next few studies reflect the limited research available at the time the present study was developed. They are included as part of the literature review because of their applicability to OMAD-MSM. All of the samples are either exclusively African American and gay; or African American and lesbian, gay, bisexual, or questioning. The studies directly connect with multiple, but not all aspects of the identity development of OMAD-MSM.

More specifically, the studies in the next section speak to the development of coping strategies as a response to oppressive experiences; the relationships between multiple internalized oppressions (racism and heterosexism), self-esteem, and psychological distress; and the interactions among internalized heterosexism, the exploration phase of sexual identity, and the importance of racial/ethnic identity to self-
concept. The studies are described individually rather than as a collective summary because each made its own unique contribution to the understanding of the impact of oppression on the identities of African Americans.

**Dually Oppressed Identities and African Americans**

Individuals from ethnic and racial minority groups within the United States, in order to survive, have had to develop “unique cognitive and behavioral strategies to manage stress, cope with institutionalized and overt racism, and mitigate the negative psychological outcomes that result from living in an oppressive environment” (Wilson & Miller, 2002, p. 372). Research on the social behaviors of African Americans has tended to focus on oppression and oppression management as a response to cultural conditions (Wilson & Miller, 2002). Coping responses to heterosexism has typically been understood in terms of identity management processes, making measured decisions about sexual identity disclosure and self-presentation, all in an effort to avoid stigmatization (Wilson & Miller, 2002). Dually oppressed groups (i.e., African American sexual minorities), must develop strategies that serve as a buffer to the distinct oppression experiences associated with both racism and heterosexism (Wilson & Miller, 2002).

There is no extensive body of literature which has explored specifically the heterosexism coping strategies of African American sexual minority men, but there has been extensive research on racism coping strategies (Wilson & Miller, 2002). It has been suggested that African American gay and bisexual men’s strategies for coping with racism are generalized to the experience of coping with heterosexism (Wilson & Miller, 2002). At the time of their research, an additional layer of complexity in understanding
this dual coping mechanism was the lack of an explanatory theoretical model which accounted for “the complex task of managing multiple types of oppressions in different contexts” concurrently (Wilson & Miller, 2002, p. 373).

Research on Strategies for Managing Heterosexism. In response to the aforementioned gaps in research and theory, Wilson and Miller (2002) conducted a qualitative research study utilizing open-ended in-depth interviews with 37 African American gay and bisexual men from Chicago. The informants were recruited from churches, bars, and parks, and ranged in age from 18 to 36 years old. The researchers used open coding to distill the themes and strategies that informants shared during their interviews regarding the coping strategies used to cope with heterosexism.

The results of the study suggested that participants chose their given coping response strategy based on the context of whether the setting was viewed as either gay friendly or non-gay friendly (Wilson & Miller, 2002). The five heterosexism coping strategies suggested by the participants are as follows:

1. Role flexing. Role flexing involves altering one’s “actions, dress, and mannerisms in non-gay friendly contexts” (p. 380). Role flexing functions to keep a distinct separation between existence in one’s “gay and heterosexual worlds” in situations perceived to be homoantagonistic or hostile. The four types of role flexing strategies identified were: a) Macho extreme strategy which is “characterized by exerting one’s manliness so that suspicions that the respondent is gay are eliminated” (p. 381) and exemplified by behaviors such as avoidance of male to male public intimacy, becoming homoantagonistic themselves and possibly taunting or
being violent toward gay men, or “acting like a thug” (p. 381); b) Sanctimonious strategy which is characterized by assimilating to group norms of one’s church that does not condone homosexuality by “being heavily sanctimonious” around “church friends” (p. 381) and altering ones behavior to play a certain role in order to fit in; c) Cover up strategy “involved using deceit to conceal one’s sexual identity from others” (p. 381), demonstrated by behaviors such as lying about male to male relationship involvement, one’s participation in night club life, avoiding discussions related to sexual orientation, identifying oneself as heterosexual when in the company of others who are heterosexual, or the maintenance of sexual interactions with women with the “primary purpose of concealing one’s sexual orientation” (p. 381), and d) Passivity which is characterized as “suffer[ing] in silence and be[ing] invisible” (p. 381) utilizing strategies such as maintenance of a reserved demeanor and remaining quiet even when demeaning or degrading anti-homosexual comments are made by heterosexuals.

2. **Faith.** Keeping the faith involved attempting to “cope with their sexual minority status by remaining close to God” and seeking “advice of ministers at Gay Christian organizations, attend[ing] church, and participat[ing] in worship practices/services. Ironically, the church also was identified as among the most oppressive of non-gay friendly contexts” (p. 382).
3. **Standing your ground.** This strategy involves standing up for oneself in the face of oppression by not denying one’s identity and active confrontation of heterosexism and oppression.

4. **Changing sexual behavior.** This strategy involves the avoidance of male to male sexual contact to “avoid the perceived negative consequences of being gay in an anti-gay society” (p. 383).

5. **Gay friendly contexts.** This coping strategy involves the creation of gay-only space which is defined as spending time in places, in activities, and with other sexual minority people with whom open identity expression is not negatively judged. These friendship circles were many times described as “alternative family” (p. 383). It is also important to note that the creation of gay space was sometimes used to help cope with racism; meaning that the creation of separate space for African American gay men “minimized their exposure to racism and heterosexism simultaneously” (p. 384).

6. **Accepting self.** “Accepting self was characterized by a respondents’ choices to replace negative attitudes about themselves as sexual minorities with positive attitudes…accept[ing] their sexual identity and [being] unwilling to change simply to fit in” (p. 384). Respondents discussed age as being a factor in their willingness to accept themselves, noting that as they got older, they became more accepting of their sexual identity.

The three main functions of the aforementioned strategies were: avoidance of stigma; buffering oppression; and attempts at social change (Wilson & Miller, 2002). In
In this study, the strategies of role flexing, changing sexual behaviors, and creating gay-only space, served to help avoid stigmatizing situations wherein participants would experience discrimination and rejection. Creating gay-only space and keeping the faith were buffers identified by the study participants related to their experiences of racism and heterosexism “within society as a whole and within the Black and gay communities;” experiences which were also described as “mentally, emotionally, and sometimes physically taxing” (p. 386). The strategies of standing their ground and self-acceptance challenged the status quo, and thus were aimed at social change through confrontation of oppression and bigotry.

This study is applicable to OMAD-MSM given that the informants in the present study likely have experienced disparate treatment related to racism and/or heterosexism. Although not a main focus of the present study, of interest to me would also be to find out if informants provide anecdotal data about strategies they use to avoid stigmatizing situations regarding rejection of their bodies.

**Multiple Internalized Oppressions, Self-Esteem, and Psychological Distress**

In their study which examined the relationship between multiple internalized oppressions in African American lesbian, gay, bisexual, and questioning person’s self-esteem and psychological distress, Szymanski and Gupta (2009) tested the following hypotheses:

*Hypothesis 1*: IR [Internalized Racism] and IH [Internalized Heterosexism] are negatively correlated with self-esteem and positively correlated with psychological distress.
Hypothesis 2: When examined concurrently, IR and IH will have direct and unique links to self-esteem and psychological distress (primary and additive perspectives).

Hypothesis 3: The interactions of IR and IH will account for variance in psychological distress beyond that accounted for by their unique links (interactionist perspective).

Hypothesis 4: Self-Esteem will mediate (either partially or fully) the relationships between IR and IH and psychological distress (p. 112).

To test their hypotheses, researchers utilized a sample of 106 African American women and men who either identified themselves as lesbian/gay (70 %), bisexual (26 %), or unsure (4 %); ranged in age from 18 to 60 years old; varied in levels of education, income, and social class; and in regard to geographic location represented the Northeast, Midwest, the South, and the West. They were recruited via email announcements of the study to various African American LGBQ Listservs, community organizations, university LGBQ centers, and university based African American studies programs. To collect the data a web-based Internet survey was utilized. Researchers included measures to assess internalized racism, internalized heterosexism, self-esteem, and psychological distress. Their study yielded the following results as it relates to the testing of their hypotheses:

1. When examined together, internalized racism and internalized heterosexism (also known as internalized homophobia) were both significant negative predictors of self-esteem, but only internalized heterosexism was a unique positive predictor of psychological distress.
2. The interaction of internalized racism and internalized heterosexism was not a significant predictor of self-esteem or psychological distress.

3. …Self-esteem partially mediates the relationship between internalized heterosexism and psychological distress. (p. 110).

The authors of the study identified the limitations of their study as being its convenience sampling, small sample size and correlational design. I view this study as important because it was an extension of prior empirical exploration of oppression which only looked at racism and heterosexism coping strategies separately, whereas the Szymanski and Gupta (2009) study explored more extensively the relationships between multiple internalized oppressions, psychological distress, and self-esteem. I view as a relative weakness of the study its generalizability to other groups. As it relates to applying their findings to the dissertation study, the use of a sample that was comprised of both males and females further limits the degree to which it would be potentially generalizable. I echo the authors’ sentiments in regard to the need for more research that examines “the impact of multiple minority statuses on mental health” (p. 116).

**Behavioral Escape Avoidance as Coping for AAMSM**

Tucker-Seeley, Blow, Matsuo and Taylor-Moore (2010) conducted an exploratory study utilizing 83 African American men who have sex with men (MSM) to “investigate differences…on psychosocial factors such as internalized homonegativity, exploration phase sexual identity, and the importance of race/ethnicity identity to self-concept…and the association of these factors on the likelihood of the use of behavioral escape avoidance coping responses” (p. 250). They further sought to compare “differences
between African-American men who have sex with men (MSM) who use behavioral escape avoidance coping responses and those who do not” (p. 250). Behavioral escape avoidance is defined as being a specific emotion-focused coping response captured by statements such as: “I wished that the situation would go away or somehow be over with; I tried to make myself feel better by eating, drinking, smoking, using drugs or medications, etc.” (Folkman and Lazarus (1988), p. 468; as cited in Tucker-Seeley et al., 2010, p.252). Emotion-focused responses include: “behavioral and cognitive strategies for escape-avoidance, distancing, keeping one’s feelings to oneself, seeking emotional support, and reappraising the situation in a positive light” (Folkman et al, 1993, p. 410; as cited in Tucker-Seeley et al., 2010, p. 252). Their sample was comprised of 83 African-American MSM who completed an online assessment which included the following measures: Sell Assessment of Sexual Orientation: Sexual Contact (Sell, 1996); Ways of Coping-Revised (Folkman, 1990), which utilized gay male-specific revisions; ten items from the Nungesser Homosexuality Attitudes Inventory-Revised (Shidlo, 1994) Personal Homonegativity and Global Negativity subscales; The Gay Identity Questionnaire (McCarn & Fassinger, 1996; Fassinger & Miller, 1996; Fassinger, 2001); and one subscale from the Collective Self-Esteem Scale-Revised (Luhtanen & Crocker, 1992).

Their hypotheses were tested using modified Poisson regression and chi-square tests with the following results for their sample: a) 57% used behavioral escape avoidance responses to manage situations that were reminders of their “double minority status” (Tucker-Seeley et al., 2010, p. 263); and b) there were significant differences between men who did and did not endorse behavioral escape avoidance responses with regard to exploration phase sexual identity, internalized homonegativity, and importance

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of racial/ethnic identity in self-concept. More specifically, evidence was found supporting that “men with higher internalized homonegativity and exploration phase sexual identity were more likely to endorse the behavioral escape avoidance response than men with lower internalized homonegativity and lower exploration phase sexual identity” (p. 263); “men who reported that race/ethnicity was not important to their self-concept were also more likely to endorse behavior escape avoidance response” (p. 263); and in regard to age, those who were over 35 “were more likely to endorse a behavioral escape avoidance response” (p. 263).

In identifying my thoughts about the aforementioned study as applied to the present study with OMAD-MSM, I have considered the question of whether behavioral escape avoidance responses are used as a coping mechanism in regard to being overweight/obese. I am hoping that informants in the present study will provide insight into whether they believe that the stigmatized conditions of being overweight/obese take on the qualities of an identity or some part of their conception of identity. It would further provide a contribution to the scholarship on OMAD-MSM if the present study could elucidate data about issues such as: whether overweight/obesity (if viewed as part of identity) is visible, hidden, masked, shamed, temporally fluid, internalized, or a primary identity. In addition, how multiple stigmatized statuses/identities (race, MSM, gender, overweight/obesity) interact, and how identity expression is externally manifested are of interest.

Collectively the aforementioned studies speak to the impact of oppressive experiences on various aspects of identity development with African American sexual minorities. They were selected for inclusion in the literature review because they could
shed light on lived experiences. The next part of this chapter focuses on identity development models. This review of identity development models focuses specifically on models giving explicit attention to African American identity development, sexual identity development, and to those models that integrate multiple dimensions of identity. Identity models are another way of conceptualizing the experiences of OMAD-MSM.

**Identity Development Models**

Early identity development literature has tended to treat racial identity development and sexual identity development as separate processes. Some conceptual perspectives have taken the form of stage models (Cass, 1979; Cross, 1971); others as life span developmental models (D’Augelli, 1994; Parham, 1989); and yet others describe identity development in terms of statuses or processes (Helms, 1995). More recently in the field of psychology, there has been focus on describing identity more complexly. Newer theories focus on multiple identities that intersect or overlap (Abes, Jones, & McEwen, 2007); multidimensionality of identity (Jones & McEwen, 2000); wholeness and adaptive functioning (Luyckx, Schwartz, Berzonsky, Soenens, Vansteenkiste, Smits, & Goossens, 2008); and identity that considers simultaneous processes and interactions that are contextually influenced (Thomas, Hoxha, & Hacker, 2013). There are no current identity development models which adequately describe the complexity associated with the entirety of the OMAD-MSM experience of identity.

In sorting through the various conceptions of how identity development occurs, I have created my own categorization of various models or parts of models based on their applicability to the OMAD-MSM experience. Those models reviewed here were include
based on this applicability as well as on their prevalence in the identity development literature; the novel manner in which identity development is described; or the degree to which a model has been validated.

Stage models which have been developed to explain Black identity development include Cross’s (1971) Model of Psychological Nigrescence and Jackson’s (2001) African American Identity Development Model. In 1989, Phinney offered an Ethnic Identity Development model designed to explain how one’s ethnic identity develops. Numerous linear sexual orientation identity development models (Cass, 1979; Coleman, 1982) exist and describe the emergence of a sexual identity without consideration of one’s racial identity. Troiden (1989) offers a model that is similar in its stage-like orientation, but differs in that it offers more fluidity in its notion that there is not a “certain” path to arrival at one’s gay identity, but still treats gay identity as separate from race or other aspects of a person’s identity. Other models view sexual identity development in terms of milestones or trajectories (Savin-Williams & Diamond, 2000); or consider the influence of ethnicity on sexual identity development (Dube & Savin-Williams, 1999). D’Augelli’s (1994) Lifespan Developmental Model is more social constructionist in nature and describes developmental processes which one moves through rather than fixed stages. Yet there are also other identity-related development models (Blumer, 1969; Erikson, 1959; Burke, 2006) and sexual orientation identity models (Goffman, 1967; Wilson, 2008) which suggest that a person has multiple identities which one navigates in different contexts; identities which emerge independent of one another; or identities which intersect or overlap.
Quite apparent to me in my review of the various theories is the lack of explanatory power that any one theory holds in describing the experiences of Black males with same-sex attractions, feelings, and behaviors. The next part of this chapter will detail the Cross (1971) theory of Nigrescence and the Cass (1979) model of homosexual identity formation. Both of the aforementioned early stage models of identity development have impacted subsequent conceptualizations of how Black identity development and homosexual identity development occurs. When compared side by side, both models reflect similarities in response to oppression and stages of development but neither of the early models adequately address the intersections of race and sexuality. The core of this section of the chapter will be contemporary models of identity development that take into consideration the complexity of identity in regard to their phenomenological focus; attention to intersectionality; and importance placed on understanding contextual influences on identity and the multidimensionality of identity. These models are important in the context of the present study given its phenomenological focus with OMAD-MSM.

**Black Identity Development**

Black identity development models were borne out of a recognition among black social scientists and psychologists that mainstream identity development theories primarily focused on the identity development of white males and did not take into account the unique historical, cultural and social conditions of African Americans (Akbar, 1984).
**Nigrescence paradigm.** The Nigrescence paradigm is one that states that an individual moves across sequential stages as a reaction to environmental circumstances and social pressures. One of the earliest and most often cited black identity development models is the Cross (1971) theory of Nigrescence. This model has served to significantly inform many of the subsequent identity development models that offer explanatory power about the African American experience of identity. Nigrescence refers to the process of becoming black or achieving blackness. In this theory, the 5 stages are a) pre-encounter; b) encounter; c) immersion-emersion; d) internalization; and e) internalization-commitment (Cross, 1971).

The pre-encounter stage is characterized by a race neutral “deracinated” perspective or anti-black attitudes based on a frame of reference that uses white as the norm (Cross, 1971). It is also characterized by the embrace of Western values, inclusive of a Westernized standard of beauty. In the encounter stage a person experiences a personal event which makes race personal and propels the person to start seeking a new identity. In this stage a person tries to test or make sense of the personalizing experience and prior perspective; decides to definitely develop a black identity; and possible feels anger or guilt about prior embracing Eurocentric values, which can also lead to anger against white people. In the immersion-emersion stage, the person actively tries to separate himself or herself from Eurocentrism and may embrace Blackness not because of strong knowledge of Black values but rather because it’s not white. During this stage, a person will typically begin to increase understanding of Black culture, reject things associated with Whiteness and identify exclusively with things that are considered Black (Cross, 1971).
The internalization stage marks the acceptance of a new view of self that is positive and the individual begins to accept that both white and black people can have good qualities or bad qualities. In the internalization-commitment stage the person broadens their perspectives and focus to things beyond themselves or their racial group and achieves self-confidence within their black identity. There have been multiple revisions to the Nigresence model since its inception. Initially it was called the Negro-to-Black conversion experience (Cross, 1971). Stage one was modified to acknowledge that not all individuals experience self-hate (Cross, 1995). Cross (1995) also later acknowledged that the stages portray development as more linear than it actually is, and that later stages have more flexibility in regard to how one develops within that stage. Not everyone progresses through all the stages of the model and it is also possible for a person to move back into earlier stages (Cross, 1995). The model has been lauded for bringing light to “the psychological significance of Black identity construction” when there is an encounter with racism and with whiteness (Mtose, & Bayaga, 2011, p. 508).

There have been a variety of conceptualizations about how Black identity occurs since the development of the Cross (1971) model. Collectively those early models speak to the intersections between racism and racial development; so in other words, what happens within the individual when there is tension between self-perception and the racial perceptions imposed by others (Mtose & Bayaga, 2011). The Cross (1971) theory offers a glimpse into the history and evolution of ideas and frameworks that helped to begin understanding the complexity of black identity. Black identity development models also reflect 1) an individual’s group belonging and a learning process about ones
group; and 2) that there are associations between cultural values and behaviors, perceptions of one’s group and responses to discrimination (Mtose, & Bayaga, 2011).

**Cass model of homosexual identity formation.** This model is similar to the Cross (1971) model in its stage-like orientation. This model was intended to be applied to both men and women. Cass (1979) identified six sequential stages that one passes through in the development of a homosexual identity. The stages are identity confusion; identity comparison; identity tolerance; identity acceptance; identity pride; and identity synthesis. During the identity confusion stage a person begins to recognize that he or she is different from others in regard to his or her attractions for others of the same sex, but is not likely to disclose his or her internal feelings to others regarding the turmoil that his or her thoughts and/or behaviors are causing. In the second stage, identity comparison, the person may rationalize that feelings of attraction are temporary, or that he or she may be bisexual rather than homosexual; or that his or her thoughts are specific to one particular person rather than a globalized attraction to people of the same sex. In the third stage a person begins to tolerate his or her identity and starts to accept that he or she “probably” is gay. During this stage the person also becomes more connected to other sexual minorities and feels less isolated, but at this stage has not adopted a gay identity.

During the identity acceptance stage, the person increasingly has contact with other sexual minorities, starts developing friendships, and has more positive evaluations of gay people, including self. This is when a person may also start to use coping strategies such as passing for straight or engaging in selective disclosure. A person in the identity pride stage has a positive self-concept but is aware of society’s rejection of a gay sexual orientation; which may lead to the person becoming angry toward heterosexuals.
He or she may also choose to become immersed in other aspects of gay culture such as activism or participation in the arts. In the final stage of identity synthesis, a gay identity becomes integrated into the individual’s personality. This may be reflected by the recognition that some heterosexual people can be supportive and he or she may also be willing to trust some heterosexuals again.

These early theories of Black identity development (Cross, 1971) and homosexual identity formation (Cass, 1979) both laid a foundation for understanding of identity development as a process of passing through sequential stages. Through critique of those models and a desire to better understand the complexities of identity, there are now conceptualizations of identity development that allow for a more in depth understanding of the multidimensional nature of identity and those theories that have the capacity to inform the understanding of identity among OMAD-MSM are included in the next section of this chapter.

**Overview of Contemporary Theories**

Because of the focused nature of the present study with OMAD-MSM, in the remainder of this section on identity development, I will only be reviewing those models that I believe have strong applicability to overweight and obese men of African descent who have had voluntary sexual contact with other men. The use of the term MSM to describe the sexual behavior of the informants that participated in the present study was intentional to allow inclusion of men who are non-gay identified (NGI). This in no way suggests that the men who participate in the study do not have emotional desires or strong interpersonal connections with the men with whom they have had sexual contact.
The first group of theories reviewed are classified as phenomenological theories. Phenomenological theories are important in the context of the present study given that the study has a phenomenological design and the research questions are aimed at eliciting responses from informants that reflect the meanings they attribute to their body image related experiences. The second group of theories are developmental and/or intersectionality-focused and/or multidimensional theories that consider the impact of contextual influences on development.

**Phenomenological Identity Theories**

The phenomenological identity theories which I believe hold some applicability to the present phenomenological dissertation study are the Multidimensional Model of Racial Identity (MMRI); Phenomenological Variant of Ecological Systems Theory (PVEST); and Adolescent Developmental Relational Systems Theory. Collectively the phenomenological identity theories hold an explanatory function but also allow for the elucidation of meanings attributed to experiences in a manner that takes into consideration race salience; systems operating in the lives of those the theories attempt to explain; and the impact of both developmental (adolescent development) as well as relational dynamics on identity.

**Multidimensional Model of Racial Identity (MMRI).** The Multidimensional Model of Racial Identity (MMRI) (Sellers, Smith, Shelton, Rowley & Chavous, 1998) was developed in response to a need for a more comprehensive understanding of African American identity development. This was accomplished through the synthesizing of the strengths of the two then-primary approaches to understanding the experiences of racial
identity development among African Americans. More specifically, the *mainstream* approach focused on “universal properties associated with [all] ethnic and racial identities” (p. 18). In contrast, the *underground* approach, typically associated with those writings by early Black psychologists and social scientists in response to lack of inclusion in mainstream identity theory, emphasized the documentation of qualitative meanings associated with being African American within the context of the unique historical and cultural circumstances under which identity is developed.

The Multidimensional Model of Racial Identity (MMRI) is different from prior stage models of racial identity and sexual orientation in a few significant ways. It is a phenomenological theory which focuses on an individual’s perception of his or her racial identity as “the most valid indicator” (Sellers et al., 1998, p. 23) of identity with an emphasis on the individual’s definition of Blackness. The MMRI does not make value judgments about what constitutes “a healthy versus an unhealthy racial identity…The MMRI does not propose that any identity is, in and of itself, good or bad” (p. 23-24). Another assumption of this model is that people have multiple identities which are situationally influenced, hierarchically ordered, and can also be “stable properties of the person” (p. 23). Although the focus of the model is on self-perceptions about race, it considers race “within the context of other identities” (p. 23) and how the individual hierarchically orders the identities.

The MMRI proposes the following four interacting dimensions of identity (salience, centrality, racial regard, and ideology) which influence behavior “at the level of the event” (p. 18). Salience is defined as the relevance of race to self-concept. Centrality is described as the stable and normative definition of race across situations. Racial regard
is an individual’s evaluation of positive and negative feelings about being black. Ideology is comprised of “beliefs, opinions, and attitudes with respect to the way she or he feels members of the race should act…live and interact with society” (p. 27). Level of the event is a reference to a particular situation or event wherein the dimensions of racial identity are manifested.

The MMRI was operationalized through the use of the Multidimensional Inventory of Black Identity (Sellers et al., 1997) which assessed the dimensions of ideology, centrality, and regard. The measure was found to be both reliable and valid. The MMRI contributed to the black identity development scholarly literature because at the time it was a model which was not focused on identity development but instead on identity status (Sellers et al., 1998). While primarily a racial identity model addressing the significance of Blackness in one’s self concept, the authors critique the MMRI in their acknowledgment that even if the individual believes that one of his or her other identities other than race is more salient, that the MMRI does not address the significance or meaning of identity in this regard, but it is more useful in understanding other identities within the context of race. The MMRI could be helpful in understanding OMAD-MSM if any of the research informants identify race as their most salient identity which would allow for the identification of the hierarchy of their identities within the context of race.

Phenomenological Variant of Ecological Systems Theory. In the development of their Phenomenological Variant of Ecological Systems Theory (PVEST), Spencer, Dupree, and Hartmann (1997) utilize Bronfenbrenner’s (1979) ideas about the ecology of human development found in Ecological Systems Theory to further extend the
understanding of African American adolescent identity development. Bronfenbrenner’s (1979) theory outlines processes and bi-directional influences among and between five different layers of a child’s environment that interact, taking into consideration immediate environment, broader environment, biology, cultural contexts (e.g., school, home, community, peers) and how this influences the developing child. The layers of environment are the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. The microsystem is the direct contact environment where social interactions occur. The mesosystem is comprised of the relationships among the microsystems. The exosystem refers to settings, events, or contexts that indirectly influence the individual wherein he has no active participation. For example, the exosystem influences are commonly trickled down through interactions with others. The macrosystem is the actual culture of an individual and includes things such as race, ethnicity, SES, etc. The chronosystem reflects the socio-historical contexts that influence a person throughout a person’s life transitions and shifts over time.

PVEST utilizes Bronfenbrenner’s systems, but also takes the stance that “across the life course, experiences in different cultural contexts…influence how one perceives oneself” (Spencer, Dupree, & Hartmann, 1997). Beyond the suggestion that a relationship exists between self-esteem and one’s life experiences, the authors assert that “the processing of phenomena and experiences not only influences how much one feels valued or valuable…but it also influences how one gives meaning and significance to different aspects of oneself (e.g., abilities, physical attributes, behaviors, and activities) (p. 817).” Perceptions about one’s experiences in varied cultural contexts involve social-cognitive processes and the subsequent “meaning making processes include the responsive coping
methods or corrective problem-solving strategies pursued” (p. 817). For example, a person who repeatedly engages in reactive coping strategies when in a particular setting or context can over time, develop an emergent identity that is directly connected to those practiced reactive coping behaviors.

The stable self-perceptions over the course of future experiences can “influence whether one uses or downplays certain abilities, emphasizes or draws attention away from certain physical attributes, adopts or suppresses certain behaviors, engages in or shies away from certain activities (p. 817-818). This framework views self-perception as the organizer of thoughts, behaviors, and actions. Self-perception has a role in the engagement of cultural stereotypes that emerge as self-fulfilling prophecies.

The application of PVEST to the body image-related experiences of OMAD-MSM is very useful. In regard to the extraction of meanings attributed to the experiences of OMAD-MSM, PVEST aligns well with the phenomenological design of the present study. In regard to overweight/obesity, the internalized messages (from others) about body image can be accounted for by the explanation offered by Bronfenbrenner (1979) regarding the interactions between layers of environment and cultural contexts as well as Spencer, Dupree, and Hartmann’s (1997) explanation about the manner in which self-perceptions can become stable. PVEST opens the door for understanding how body image can be one of those aspects of self that begins to take on identity-like qualities.

**Adolescent Developmental Relational Systems Theory.** Another developmental systems theory which draws upon Bronfenbrenner’s (1979) Ecological Systems Theory as well as Spencer, Dupree, and Hartmann’s (1997) Phenomenological Variant of Ecological Systems Theory is Brittian’s (2012) Adolescent Developmental Relational
Systems Theory. Consulting developmental theory is important given the numerous changes that occur in the development of self during adolescence. Brittian’s (2012) contribution lies in the continued utilization of PVEST with African American adolescents while making clarifications about: 1) not overstating coping (reactionary identity formation) with stressful events versus adolescent active agency in shaping environment; 2) broadening understanding of the link between identity and the exhibition of productive versus unproductive behaviors (as coping outcomes); and 3) suggesting that there is more complexity with adolescent identity than suggested by Marcia’s (1966, 1980) identity statuses wherein it is assumed that individuals have fully explored their identities. Reflective of the possibility that identity has not been fully explored by adolescents, Brittian (2012) suggests that adolescents may have a foreclosed or diffuse identity as additional options regarding identity status.

Although this theory is focused on understanding African American adolescents, there may be some applicability to the present study with OMAD-MSM. There is also some literature in the career development domain which says holding an identity which is experienced as oppressed may shift the timing of when certain developmental tasks unfold, contributing to the understanding that some aspects of identity development may occur later than adolescence. Using OMAD-MSM as the sample in the present study, there may be additional understanding brought to how other aspects of self, embodied in the identities of OMAD-MSM can be explained or accounted for from these theoretical perspectives.
Integrative and Multidimensional Models

Integrative and multidimensional theories of identity development broaden the understanding of identity development in ways that take into consideration multiplicity of identity and contextual influences on identity. The Womanist model is included in this category because of its foci on the integration of multiple cultural identities and expressed importance of wholism. The development and enactment model is shared because an important component of this perspective is developing an understanding of the impact of contextual conditions on identity development. The intersecting identities model is an affirmative paradigm that strongly considers the impact of culture on identity, culture based ramifications about stigma, and offers important considerations about disability.

*African American womanist model.* Although Williams’ (2005) advocacy of the Womanist model was designed to aid in the understanding of identity in African American women, I believe there may be some applicability to OMAD-MSM as well. Williams (2005) evaluates the applicability of three multicultural counseling models: Feminist, Afrocentric, and Womanist, in regard to their ability to understand the integration of multiple cultural identities within African American women. Williams (2005) critiques Afrocentric and Feminist models as having a unidimensional focus, with neither examining the interactions of gender and race on identity. Williams (2005) takes the stance that of the three multicultural counseling models, the Womanist model is better suited to help one conceptualize the dynamic and interactive complexities of African American women’s identities, with particular emphasis on therapists helping their clients understand the sociocultural development and impact of homophobia, racisim, classism,
and sexism. Womanism is a term first coined by Alice Walker (1983). Womanist ideology focuses on a “commitment to survival and wholeness of self” (Williams, 2005, p. 280) without the forced imposition that sometimes occurs in discourse regarding identity development wherein individuals are described as having fragmented identities or attempts are made to delineate between multiple identities. Womanism also attempts to avoid essentializing “African American women’s pattern of behavior as inherent” (p. 280), but instead focuses on helping maintain “a sense of wholeness in an oppressive cultural environment…to separate what is personal from what is contextual…and to understand how social constructs are internalized by individuals” (p. 280).

As applied to OMAD-MSM, I believe the broad considerations articulated within the Womanist model could be a useful way of conceptualizing the integration of cultural identities with Black MSM. It is possible that similar to the ways in which African American women are at times forced to choose a particular dimension of their identity as core (Williams, 2005), OMAD-MSM may be pressured to choose one of those identities related to race, sexual orientation or MSM as core. To the degree that cultural oppression is addressed (Williams, 2005), it may be useful to understand from the perspectives of OMAD-MSM how their simultaneously oppressed statuses (race, sexual orientation, MSM, overweight/obesity) impact identity development. Womanism’s emphasis on survival and identity wholeness (Williams, 2005) may also be of use in conceptualizing OMAD-MSM in a manner that is validating of their personhood. Womanism’s considerations of the impact of racism, classism, sexism, and homophobia on African American women (Williams, 2005) could potentially be extended and also acknowledge
the interactive nature of race, gender, biological sex, sexual behavior, homophobia, and sizeism on OMAD-MSM.

**LGBT identity development and enactment model.** Fassinger and Arseneau (2007) utilize the commonly accepted sexual minority classification system which categorizes sexual minorities into lesbian, gay, bisexual, and transgender (LGBT), to articulate a conceptual model of identity development and identity enactment, which addresses both between-group and within-group differences among the four categories of people. The term *group-specific trajectories* (*p. 19*) is used to distinguish the differences in identity shaping attributable to differences in the path taken between members of each of the discretely labeled groups. The term, *particularizing individual experiences* (*p. 20*), is used to capture those differences in identity development and enactment resultant from demographic factors (e.g., gender, ethnicity, race, religion, social class, age, disability) shared by individuals who hold the same sexual minority status.

For the purpose of this literature review, I will be focusing on what the model offers in regard to gay men (rather than bisexual, lesbian, transgender) given the alignment of the definition with the target sample for the present study. Fassinger and Arseneau (2007) define gay men as “men whose primary emotional, erotic, and relational preferences are same-sex (homophilic) and for whom some aspect of their self-labeling acknowledges these same-sex attachments; designation as gay refers to the sex of one’s (actual or imagined) intimate partner choices, not gender expression, which may take a variety of forms (pp. 21-22). Further they note that aspects of sexual identity such as affectional and intimate preferences, affectional and intimate attachments, social sex roles, gender identity, erotic fantasies, sexual behaviors, sexual arousal patterns,
emotional arousal patterns, self-identification, community, lifestyle, political commitments, disclosure, and social preference, may vary in consistency over time.

**Contextual Influences**

Fassinger and Arseneau (2007) identify *temporal influences*, *sexual orientation*, *gender orientation*, and *cultural orientation* as the four contextual influences or domains which “create within-group differences across all four (LGBT) populations in predictable, describable ways (e.g., the experience of being wealthy confers certain privileges whether one identifies as L, G, B, or T)” (p. 25).

**Temporal Influences**

Something which is temporal pertains to or is related to time. Within this model, the two types of temporal influences which permeate the identity development process are *cohort experiences* and *age experiences*. A cohort is defined as “a group of people who share similar experiences…during particular historical periods. Cohort influences thus are broad historical conditions that shape the social, legal, and interpersonal context at any given point in time, and they act both at the societal level and within particular sexual minority communities” (p. 25). Historical conditions, such as a historical period of pervasive discrimination and stigma or a different historical period of increased cultural acceptance partially cultivated by exposure to sexual minority-related issues being illuminated in the media and access to supports, resources, and information via the Internet, shape identify in significant ways. Age experiences cause within-group
differences and by definition involve the “the actual age of an LGBT person at any given point in time” (p. 26).

For example, African-American LGBT youth under the age of 18 may be limited in their access to LGBT communities that are age-appropriate; may experience rejection from adult LGBT communities; and may realize further limits to autonomous decision making given their subjection to family, community, religious, and educational institutions. In further considering the interaction of age and cohort (historical) influences, it could be understood that the same African American LGBT youth would have a different experience in 2010 than they would have in 1912. The primary point made by Fassinger and Arseneau (2007) regarding temporal influences is that existing models were largely based on White male adult experiences of individuals living between the 1930s and the 1970s, and that accurate conceptions of identity formation rely on models and research being continually updated in order to maintain their practical utility. The other three contextual influences are further discussed in subsequent paragraphs.

**Gender Orientation**

Gender orientation is defined as:

the constellation of affective, cognitive, and behavioral characteristics that constitute an individual’s sense of self as male or female and masculine or feminine; factors include social expectations and roles, self-presentation and self-labeling, cognitive schemas and beliefs, feelings and values, and behavioral expression (p. 27).

An understanding of gender transgression is important in understanding the contextual condition of gender orientation. The broad definition of gender transgression developed
by the authors states that “all LGBT people are gender-transgressive sexual minorities … a subpopulation of individuals who challenge (deliberately and persistently or not) prevailing social conventions regarding the expression of gender and sexuality” (p. 28). The aforestated definition of gender transgression is defined broadly enough to be applicable to OMAD-MSM. Any person who identifies as lesbian, gay, bisexual, or transgender is engaging in a non-dominant expression of gender and sexuality.

**Sexual Orientation**

Sexual orientation is the “constellation of affective, cognitive, and behavioral characteristics that constitute an individual’s sense of self as a sexual and intimately relational being” (Fassinger and Arseneau, 2007, p. 30). Further illustrative of the difficulty with proscribing neat categorizations of intimate partner orientation and sexual behavior are the myriad possible combinations of variables which comprise the manner in which sexual orientation becomes enacted, further highlighting greater within-group differences.

**Cultural Orientation**

Cultural orientation is viewed in terms of understanding the role of the interacting demographic cultural variables found in multicultural psychology literature (e.g., religion, geographic location, disability, ethnicity, race, social class, socioeconomic status) on LGBT identity trajectories. Each combination of the aforementioned factors create “countless distinct cultural location for sexual minority individuals” (p. 32). Further complicating a neat categorization schema is the interaction of one’s own cultural
orientation with that of one’s romantic or sexual partners. Barriers to positive identity development include isolation as well as limited access to supportive communities and similar others. The aforementioned cultural variables (e.g., religion, disability) have the potential to stratify one from supports but also affect all LGBT people differentially based on the unique location of the convergence of all factors which can create greater variability in regard to within-group differences.

**Developmental Arenas**

Although Fassinger and Arseneau (2007) do not provide detailed information about the developmental trajectories of LGBT individuals in this manuscript, the hypotheses that they do provide are based on data gleaned from existing research. Between-group differences, highlighted by the specific paths within each sexual minority group, are “enacted within a broad array of arenas in which reference-group membership (whether acknowledged and embraced or not) presents a shared, unique set of tasks that need to be negotiated for optimal development to proceed” (p. 34). The developmental arenas are as follows: 1) Personal Arena of Health; 2) Interpersonal Arena of Relationships and Families; 3) Social Arena of Education and Work; 4) Sociopolitical Arena of Legal Issues. It is hypothesized that within each of the aforementioned developmental arenas that there are somewhat uniform and predictable tasks or experiences specific to lesbians, gay males, bisexual men and women, and transgender people.

Fassinger and Arseneau (2007) deliver a call to action to psychologists on multiple levels. In regard to conceptualization of LGBT individuals, they suggest that it
is important to consider those experiences which are common to most LGBT people, the unique reference group experiences of the individual before them, and to try and understand the role of the contextual influences on identity development and enactment. Their “sensitive approach” to practice includes a need for psychologists to “both suspend and sustain disbelief simultaneously in order to work effectively with the complex issues of identity embodied in these populations” (p. 43). Further, in regard to the power to educate, teach, and train others about sexual minorities, a social justice role is advocated to help banish discrimination and stigma through doing their part to assist others in appreciating and understanding the diversity of LGBT people.

As applied to OMAD-MSM I find this model’s focus on the importance of contextual influences on within-group differences to be useful, but for men of African descent who do not identify with the standard sexual orientation labels, lack of research to inform this theory, limits the ability to identify a predictable trajectory. Collectively, the identity development models, as a way of conceptualizing identity within OMAD-MSM, offer various lenses whereby identity statuses and development can be considered. The selected models offer greater capacity to understand the complexity of identity but there is no one unified model that can speak explicitly to the experience of OMAD-MSM. Collectively, there are elements of existing models that when pieced together speak more holistically to the identity development of OMAD-MSM. I believe that these models provide a more evolved way of thinking about identity rather than early identity-related theoretical notions of linearity, fractured identities, and identity development as solely being reactionary to perceived deficits. The next section offers a bridge between
the identity models and self-perception explicitly focused on the physical self as manifested through the experience of being overweight or obese.

**Intersecting Identities of Gender-Transgressive Sexual Minorities**

The intersection of identities paradigm advocated by Bieschke, Hardy, Fassinger and Croteau (2008) offers another lens with which one can conceptualize the experiences of OMAD-MSM. With this approach, it is important to understand “how the cultural location of LGBTQ individuals influences their personal, interpersonal, social, and sociopolitical experience as sexual minorities” (p. 177). Their affirmative psychology paradigm is grounded in the use of Fassinger and Arseneau’s (2007) Identity Development and Enactment Model and also utilizes a review of recent, though admittedly scarce, empirical literature (2000 and beyond) to discuss issues of intersections between sexual orientation with age, disability, race, ethnicity, social class, socioeconomic status, and religion.

In their review, Bieschke, et al. (2008) identify suggestions, written in the form of research and practice implications, which are aimed at highlighting current limitations of empirical research in the understanding of gender-transgressive sexual minorities while also identifying directions for future research. Given the generalized nature of this paradigm in combination with the focus of the dissertation study being OMAD-MSM, a full discussion of their review will not be provided here. Those points which are germane to the dissertation study are in relation to race/ethnicity and disability.

**Race and Ethnicity.** The authors of this affirmative psychology paradigm offer the caveat that there was little research available to review that was explicitly focused on
LGBTQ African Americans and that a major gap in the literature is the separateness created by the lack of studies which build upon findings of prior studies. Specific to African-Americans, the literature has suggested that gender transgression, broadly defined, is seen as counter to traditional African-American culture. Their review also suggests that African-American gender-transgressive sexual minorities are typically raised in homes by people who share the same racial identity but not the same sexual identity. Their findings could potentially offer insight into understanding and/or provide the rationale for asking informants in the present study about the acceptability of being gay in African American cultural communities and their responses could also help in developing an understanding about how being raised by people who share their race but not their sexual orientation impacts their identity.

According to the authors, the ramifications of one’s sexual orientation are culturally defined and play a role in determining which behaviors are stigmatized. It is also noted that there is variability of identity visibility and salience in different cultural communities. Research has shown that higher self-esteem is found in gay and bisexual men who positively identify as both African-American and gay; and that gay and bisexual men have developed heterosexism management strategies, most of which are patterned after racism management strategies. As applied to the present study, this speaks to the importance of learning about informants’ perspectives on stigma, coping strategies, and resilience.

Disability. In regard to disability, the authors state that connected to normal aging processes of gender-transgressive sexual minorities is the possibility of experiencing disability. Both sexual orientation and disability share the commonality that LGBTQ
individuals are typically not reared by others who share their minority identity status. This can be problematic because of following reasons: 1) potential disruption to family relationships when one seeks outside support; and 2) hampered or nonexistent intergenerational knowledge transmission (as a buffer to identity development problems). Further, the disabled LGBTQ person may experience barriers to receiving external support given that our society has generally desexualized people with disabilities in the face of having an oversexualized sexual minority identity, which is often reinforced by some health care workers who ignore attention to asking about the sexual needs of their clients. As it relates to couples within the context of their relationships, the issue of “when” the disability occurs further adds layers of complexity to those relationships.

The Intersecting Identities paradigm applied to OMAD-MSM could provide some utility in understanding the interactions between sexual orientation, disability, and identity. Disability was selectively chosen because of its likely potential generalizability to OMAD-MSM in the present study. Relatively new to being categorized as being a disabling condition, the obese men in the present study fit criteria for having a disability based on the United States Equal Opportunity Commission (EEOC) application of the Americans with Disabilities Act Amendments Act (ADAAA). “Basic obesity, without any other underlying condition, sufficiently impacts the life activities of bending, walking, digestion, cell growth, etc., to qualify as a disability or perceived disability” (DiversityInc, 2010).

The first part of this section on identity development focused on the Cross (1971) theory of Nigrescence and the Cass (1979) theory of homosexual identity formation, both of which served to inform subsequent theories. The second part of this section focused
on phenomenological theories which are important because of the explanatory power they offer in regard to better understanding not only developmental experiences but also the meaning individuals attribute to their experiences. The integrative and multidimensional theories broaden the understanding of identity development in ways that take into consideration multiplicity of identity and contextual influences on identity. The intersecting identities paradigm (Bieschke, Hardy, Fassinger, & Croteau, 2008) is useful because it gives explicit attention to research-based insights into the impact of disability, a condition many OMAD-MSM may experience because of obesity, on development. Because all of the men in the present study are either overweight or obese, the next part of this chapter provides an overview of what those terms mean.

**Overweight and Obesity**

This part of the literature begins with an overview of how overweight and obesity are defined. The associated health risks and prevalence data for African Americans are included within the overview. **Overweight** and **obese** are both terms used to label and identify weight ranges for a given height which are generally considered unhealthy (Karriem-Norwood, 2014; MacMillan, 2014). Collectively, the terms refer not only to a person’s overall weight, but also describe an attribution about where the additional unhealthy weight comes from. Whereas a person who is overweight has extra body weight from a combination of bone, muscle, water, and/or fat; a person who is obese has extra body weight from fat (Karriem-Norwood, 2014; MacMillan, 2014).

The primary cause of a person being overweight or obese is related to energy balance (Karriem-Norwood, 2014; MacMillan, 2014). When a person takes in more
calories than are used, over time the result is that one becomes overweight or obese. Calories ingested from food and drinks are considered energy IN, and the calories in the form of energy expended from activities such as being physically active, breathing, and digesting is considered energy OUT. Energy IN that equals energy OUT, over time yields an energy balance that helps one to maintain a healthy weight (Karriem-Norwood, 2014; MacMillan, 2014).

A commonly used and standard measure utilized by health professionals in the United States to determine whether one is obese, overweight, a healthy weight, or underweight is the Body Mass Index (BMI) (Karriem-Norwood, 2014; MacMillan, 2014). Although the BMI correlates with the amount of body fat a person has on their body, it is not a direct measure of body fat. Using a standardized weight to height ratio, a person with a BMI below 18.5 is considered underweight; a person with a BMI between 18.5 and 24.9 is considered to be within a healthy weight range; a person with a BMI ranging from 25.0 to 29.9 is considered overweight; and a person with a BMI of 30 or higher is considered to be obese (Centers for Disease Control, 2009a). It has been shown that having a BMI greater than 25.0 is potentially harmful and is a marker of being overweight or obese (Karriem-Norwood, 2014; MacMillan, 2014). The present study uses BMI (based on self-reported height and weight) as one of the participation criteria. One of the inclusion criteria is that a prospective informant would have a BMI of 25.0 or higher, which would classify him as either overweight or obese.

For some individuals, such as athletes, using BMI may incorrectly categorize them as overweight despite not having excess body fat (Karriem-Norwood, 2014; MacMillan, 2014). In these cases, other methods of estimating body fat distribution
should be used. These methods include measuring skinfold thickness, measuring waist circumference, calculating waist-hip circumference ratios, computed tomography, ultrasound, and magnetic resonance imaging. Of the aforementioned body fat estimation techniques, waist circumference measurement is the other quite widely used technique because it has been shown that a disproportionate amount of abdominal fat in relation to total body fat is a risk predictor for obesity-related diseases. More specifically, men with a waistline in excess of 40 inches are considered high risk for health problems (Karriem-Norwood, 2014; MacMillan, 2014). In the present study, a prospective informant may be included in the sample if his waist size is 40 inches or more even if his BMI is below 25.0, which would suggest that he has abdominal obesity.

It has been shown over time, that individuals whose weight falls into either of the aforementioned categories of overweight or obese have an increased likelihood of developing certain diseases and other health-related problems (Karriem-Norwood, 2014; MacMillan, 2014). These diseases and health problems include diabetes, heart disease, stroke, hypertension, cancer, sleep apnea, osteoarthritis, gall bladder disease, abnormal blood fat levels, metabolic syndrome, and breathing problems (Karriem-Norwood, 2014; MacMillan, 2014).

In addition to health consequences, individuals who are overweight and obese experience pervasive and serious social consequences as targets of stigma and bias (Obesity Society, 2009). The negative attitudes which overweight and obese individuals become vulnerable to occur in multiple life domains including educational settings, the employment arena, the mass media, medical facilities, and interpersonal relationships. In
its most extreme form, the treatment of overweight and obese individuals leads to both subtle and overt discrimination (Obesity Society, 2009).

Some of the other potential causal risk factors are physical inactivity (Centers for Disease Control, 2009a); environmental issues such as unsafe neighborhoods, work schedules, oversized food portions, lack of access to healthy foods, and food advertising; genetics; family history; metabolism; taking certain medications such as corticosteroids, antidepressants, and anti-seizure medications which cause weight gain. Emotional factors include things such as eating more food when angry, bored, or stressed; and eating more food following smoking cessation. With increasing age comes natural muscle loss and a slowed rate of calorie absorption. Lack of sleep, more specifically, those people who only sleep for a few hours are more likely to become obese (Centers for Disease Control, 2009a).

Overweight and obesity affects Americans across the spectrum of age, sex, race/ethnicity, and educational level (Karriem-Norwood, 2014; MacMillan, 2014). Once considered a serious health problem, the health conditions of overweight and obesity have been upgraded in their seriousness and are now considered to have reached epidemic proportions in the United States and throughout the world because their incidence has substantially exceeded what was anticipated. As a result, obesity is now classified as a disabling condition (Karriem-Norwood, 2014; MacMillan, 2014). Of significant importance to the present study are the interactions of overweight/obesity with self-concept and identity development.

The National Center for Health Statistics (2015), used BMI data (nationwide) collected between 2009 and 2012 for adults aged 20 and over, to report prevalence
information related to sex, race, overweight and obesity (combined totals). Nationally, 70.2% of black men are overweight or obese. In the 20 to 34 year old age range, 60.9% of black men are overweight or obese. In the 35 to 44 year old age range, 78.9% of black men are overweight or obese. In the 45 to 64 year old age range, 79.3% of black men are overweight or obese. The aforementioned statistics are important because the sample for the present study is being drawn from the United States. OMAD-MSM in the present study have also self-identified as being African American. The data identifies race (Black) and gender (men), both of which are sample characteristics for the present study, as being significantly impacted by overweight and obesity (National Center for Health Statistics, 2015).

The data noted above is important in providing context about the prevalence of overweight and obesity among black men; environmental conditions; and both the emotional and physical health outcomes that OMAD-MSM likely encounter related to overweight/obesity. Rivera (2014) notes that ethnic-racial groups carry the burden of obesity stigma disproportionately and that this is reflective of the health disparities that exist as compared with other racial groups. OMAD-MSM may be stigmatized due to body size, being MSM identified, being African American, or any combination thereof. The next sections of this chapter focus on defining stigma and highlighting stigma-related literature applicable to LGB African Americans. The literature also makes connections between stigma and body image-related issues.
Stigma

Stigma has been differentially defined by various scholars as “an identity discrediting mark on someone of questionable moral status” (Goffman, 1963; as cited in Meisenbach, 2010, p. 268). Other scholars suggest that a person can be branded with not only stigma related to perceived moral deficits, but that there is also the potential for experiencing physical and social stigma as well (Meisenbach, 2010). Stigma management refers to the idea that a person who holds stigmatized social identities may engage a variety of interpersonal communication strategies to reduce the social cost of holding those stigmatized “identities” (O’Brien, 2011). As applied to OMAD-MSM, the types of stigma experienced can be moral, physical, and social. In regard to moral stigma, there is the potential of encountering individuals and institutions that view men having sex with men as immoral or contrary to religious beliefs. In regard to physical stigma, there is the potential of being stigmatized based on being overweight/obese or being a male of African descent. In regard to social stigma, OMAD-MSM can potentially experience stigma based on gender, sexual behavior, race/ethnicity, and being overweight/obese.

OMAD-MSM hold multiple social identities, some of which are likely invisible or stigmatized. The stigmatized identities addressed by the identity models earlier in this chapter will be explored further through the lens of stigma. The questions of who to trust, with whom to share, and safety, are likely issues that OMAD-MSM must consider. LGBT focused stigma literature applicable to African Americans will be covered in the next section of this literature review. This literature will also provide insight into how stigma is managed.
African American LGB Stigma-focused Literature

The LGB stigma-focused literature most applicable to OMAD-MSM is scholarship that addresses possible layered/co-occurring stigma related to body size, sexual orientation/behavior, gender, and race. In examining the breadth of this literature, I was disappointed to find that there is a near exclusive focus on using samples that consist of people living with HIV/AIDS. Although research using people living with HIV/AIDS stigma is important given the disproportionate HIV infection rate in the Black MSM community, there has not been enough attention given to utilizing other samples. I suspect that so much of this literature with HIV seropositive men is available because of the convenience associated with finding HIV seropositive people who are available to participate in research; the monetary incentives associated with participating in research studies; and the Centers for Disease Control funding that is allocated to understanding HIV infection rates in the African American community. However, the near exclusive research focus on people living with HIV/AIDS is potentially stigmatizing in itself, because it would leave one with the impression that the Black gay community is comprised of only people who are HIV seropositive. I take the position that there are other sub-groups within the Black LGB community that are deserving research funding and attention, particularly OMAD-MSM. The lack of research that does not have HIV seropositive status as one of the participation criteria is the reason why I have reviewed the particular body of literature noted in the next section of this chapter.
Stigma and HIV/AIDS

The stigma-focused literature applicable to African American gay, bisexual, and MSM-identified men is largely focused on samples that utilize individuals who are HIV seropositive or AIDS diagnosed. Within this body of stigma-focused literature, the literature can be further sorted based on articles that focus on: 1) sources of HIV stigma; 2) HIV stigma in medical settings; 3) prevention of HIV sexual risk behavior; 4) stigma associated with bisexuality; and 5) stigma management among HIV positive individuals.

In regard to sources of stigma, societal judgments that stereotype gay men and African Americans as immoral have been implicated in stigmatizing black gay men (Sawaoka, Newheiser, & Dovidio, 2014). Other structural sources of stigma that serve to marginalize HIV seropositive African American men that are gay and/or MSM-identified are racism and homophobia (Arnold, Rebchook, & Kegeles, 2014). Additionally, black MSM and gay men have acknowledged receiving messages they view as stigmatizing from their families, churches (Arnold, Rebchook, & Kegeles, 2014; Bird, & Voisin, 2013) and the gay community (Bird, & Voisin, 2013). Collectively the impact of receiving those messages plays a role in the choices men make regarding HIV disclosure decisions. An additional source of self-stigma emanates from pre-infection internalized stigma about those who are HIV seropositive (Bird, & Voisin, 2013).

In health care-related settings LGBT youth report experiencing stigma, homophobia, and health care disparities (Christmas, 2013). On the opposite end of the age spectrum, African American gay and bisexual men living with HIV/AIDS over the age of 50 report feeling “dehumanized” in health care settings and describe the stigma they experience to be “all consuming” (Haile, Padilla, & Parker, 2011). The quality of
experience in health care settings and retention in HIV treatment is connected to
perceptions about healthcare provider attitudes toward patients. Providers who do not
listen carefully and those who leave patients living with HIV/AIDS feeling as if they
“dislike” providing care to them are the interpersonal characteristics impacting retention
in HIV treatment. Additionally, barriers such as stigma, homophobia, lack of medical
insurance and transportation issues have also led to breaks in receiving treatment
(Magnus, Herwehe, Murtaza-Rossini, Reine, Cuffie, Gruber, & Kaiser, 2013). In
addition, negative self-image has been identified as a component of HIV stigma that
impacts treatment adherence (Hussen, Harper, Bauermeister, & Hightow-Weidman,
2015).

Studies related to HIV risk reduction reflect another category in which stigma
literature has been published applicable to black gay and MSM-identified men. Among
black MSM, unprotected anal intercourse (UAI) as the receptive partner, use of the
internet to seek sex, and low HIV knowledge were suggested to be HIV risk factors
(Washington, Robles, & Malotte, 2013). Internal judgments and unfavorable attitudes
toward homosexuality such as the belief that homosexuality is “always wrong” has been
associated with a history of never being tested for HIV (Glick & Golden, 2010).

**Stigma, Non-Gay Identified (NGI) Men, and Bisexuality**

The stigma literature explicitly focused on African Americans who are NGI or
bisexual exists but is very limited in scope.

*Non-gay identified.* NGI black men who have sex with both men and women
(MSMW) who use substances have been studied in regard to HIV transmission risks and
disclosure of HIV status to their female partners (Benoit, Pass, Randolph, Murray, & Downing, 2012). Caution should be used when researching this population so as not to further stigmatize an already marginalized group. In popular culture, *Down Low (DL)*, is a term which refers to private sexual behavior that differs from public sexual identity/behavior. This terminology has been used in a stigmatizing manner. In some research studies, DL has been operationalized to refer to African American men who self-identify as heterosexual, yet have sex with other men but do not disclose their same-sex sexual behaviors to their female sex partners (Icard, 2008). The mainstream media has tended to portray men on the down low as being: “1. Black, 2. Male, 3. HIV positive, 4. In relationships with women, and 5. Secretly having sex with men” (Boykin, 2005, p. 14).

David Malebranche (2011), Assistant Professor of General Medicine at Emory University, offers an alternate conceptualization about Black MSM who don’t disclose their same-sex sexual behavior as representing “a version of masculinity that is faithful to traditional Black male expectations while also representing an alternative version of homosexuality — clandestine and without any ‘gay’ or other sexually identified political aspirations or affiliations.” Further, he suggests that these men may be using a stress-coping mechanism. “In the face of persistent racism and other forms of social oppression, Black MSM who view being gay as a lifestyle associated with effeminate behavior, displacement from the Black community, and HIV may consciously choose not to identify as such.”

**Bisexuality.** The research related to bisexuality and stigma is also limited. A participant observation study (Callis, 2013) in Lexington, Kentucky was conducted to better understand how bisexuality is conceptualized. Bisexuals were characterized as
“hypersexual” and “dangerous.” Bisexuality was described to be both illegitimate and limiting. The study reflected the process of how construction of identity by others can result in having a stigmatized identity. The aforementioned constructions of bisexuals and bisexuality perpetuates stigma by 1) discouraging people from identifying as bisexual and 2) making it easier for others to not accept bisexuality in others.

Zamboni, Robinson, and Bockting (2011) used samples of African American gay and bisexual men examining the relationship between HIV status and several variables such as: levels of internalized homonegativity, use of mental health services, stigma associated with same-sex sexual behavior, and disclosure to family and friends about their same-sex behavior. In comparing groups of men with and without HIV, the African American HIV seropositive MSM 1) used more mental health treatment services, 2) had lower internalized homonegativity, 3) experienced less stigma regarding same-sex sexual behavior. Disclosure was positively associated with duration of being diagnosed as HIV positive in a more pronounced way than with those bisexualy identified. The authors suggest that HIV status disclosure is associated with mental health benefits associated with coming out but that that minority stress may account for a reduced level of potential benefits among the bisexual men.

**Stigma, LGB and Obesity/Body Image**

The available stigma literature regarding black men, stigma, LGB people, and obesity/body image is virtually non-existent. The stigma literature available exploring LGB people, obesity/body image, and explicit attention to stigma is largely focused on the reduction of stigma through legislation and civil rights. LGB people have been
identified as a population at risk for multiple mental health concerns as compared with heterosexuals (Hatzenbuehler, 2011). Furthermore, living in states that do not give legal protections to LGB people reflected a stronger association between sexual orientation and mental health concerns. Although many studies exist that explore stigma among groups with legal protections, more study is needed with groups that do not have legal protection such as gay/lesbian people and larger framed people (Barron & Hebl, 2010). In their review of existing research, Barron and Hebl (2010) conclude that on some level, discrimination with LGB people and larger framed people is acceptable in the sense that it is socially supported and that legislation could serve to help remediate interpersonal and structural discrimination.

**Stigma Management**

This section explores studies which reveal insights into how stigma is managed that would potentially be applicable to OMAD-MSM.

**Incorporation of HIV/AIDS as an identity.** In a qualitative study investigating 1) how African American men living with HIV/AIDS incorporate HIV/AIDS into their identities; and 2) how the incorporation process is impacted by contexts, Baumgartner (2014) found that participants engaged in a 4 to 5 step incorporation process. The phases were: “diagnosis, post-diagnostic turning point, immersion in or consultation with the HIV/AIDS community, a post-immersion turning point for those who were immersed in the community and integration” p. 5. Examples of post-diagnostic turning points were HIV education, living with HIV, and participation in a support group for people living with HIV/AIDS. An example of a post-immersion turning point is: medication extending
one’s life which subsequently led to believing that life did not have to be HIV/AIDS focused. Integration refers to a HIV/AIDS identity that had become integrated into sense of self.

Throughout the stages of incorporation, HIV status was disclosed, initially to doctors and later in public settings (for some people). Disclosure was treated as its own process. The contexts influencing the incorporation of HIV/AIDS identity into sense of self were 1) interpersonal (e.g., stigma and support); 2) sociocultural (e.g., sexual orientation, race, class); 3) temporal (historical time); and 4) situational (e.g., chemical dependency history) (Ickovics, Thayaparan, & Ethier, 2001; as cited in Baumgartner (2014). The potential applicability to OMAD-MSM could be for people who are living with HIV/AIDS or more broadly as applied to obesity and/or health conditions associated with obesity. There is the potential that OMAD-MSM could go through similar stages regarding physical health conditions other than HIV/AIDS.

**Emergent models of identity negotiation.** Fifty self-identified gay black men participated in in-depth interviews in a study (Hunter, 2010) that posed the following four questions regarding black men: 1) is there closer identification with sexual identity or racial identity; 2) what types of experiences influences racial and sexual identity salience; 3) how do day-to-day interactions impact sense of self; 4) how are stigmatized identities negotiated. The results yielded three emergent identity negotiations models: 1) interlocking identities; 2) up-down identities; and 3) public-private identities.

Interlocking refers to a united race and sexual identity, characterized by “Blackgay.” In the up-down trajectory, the person preferred one identity over another and is characterized by “Black then gay” or “gay then Black.” Public-private refers to
viewing race as a public identity and sexuality as a private identity and is characterized by “Black and gay.” Twenty four percent of participants endorsed interlocking; 50 percent endorsed up-down; and 26 percent endorsed public-private (p. 85). Hunter (2010) suggests that his models are three separate models but all speak to racial and sexual stigma experienced by black gay men. He further notes that in his models, a person is not fixed within one particular model; that identity is fluid which allows individuals to “float” between models.

As applied to OMAD-MSM, the models may have applicability given that subjects in the present study mirror the race and sexuality demographics of the Hunter (2010) study. Because the model is a stigma model there is value in its application but it is unclear how it would account for other stigmatized or oppressed identities that are salient for an individual.

Applicable Findings from Other Stigma Research

The following research article is being included because it highlights stigma management strategies that may be helpful in the identification of strategies that could be utilized by OMAD-MSM to practice responses to anticipated stigma.

Spoiled group identities and backstage work. Another example of theory that addresses the issue of stigma management is outlined by O’Brien’s (2011) work on spoiled group identities and backstage work. In this theory, a person responds to stigma through anticipating inevitable stigma and practicing prepared responses to stigma incidents. O’Brien’s (2011) research in the areas of spoiled group identities, stigma management rehearsals (p. 291), and backstage work is drawn from 3.5 years of
ethnographic research with Muslim American youth. The research focus was on understanding how people with the stigmatized identity of being Muslim American are socialized to learn responses to harassment, and discrimination, and to learn strategies for stigma management. *Stigma management rehearsals* are “small group interactions through which leaders and members encourage their peers to adopt normative stigma responses” (O’Brien, 2011, p. 291) described as being practiced healthy responses. O’Brien’s (2011) findings led to the identification of two types of stigma management rehearsals: *direct preparation rehearsals* and *deep education rehearsals* (p. 291).

*Direct preparation rehearsals* occur when “individuals anticipating a stigmatizing encounter are quickly taught the normative response” (p. 291). For example, if an obese man starts going to the gym to work out in a body-focused part of the country (e.g., Hollywood), he may anticipate that someone there will stigmatize him because of his body. A direct preparation rehearsal would occur before he goes to the gym. A group leader responsible for teaching people how to respond in stigmatizing situations teaches him to ignore the comment rather than to get into an argument with the stigmatizer because that is what would be the expected normative response. In a *deep education rehearsal*, “stigmatizing incidents set in the past or hypothetical future are used to teach justifications underlying local responses and to allow for the private expression of publicly inappropriate responses” (p. 291). The privacy in which the practice for either type of rehearsal occurs is referred to as *backstage space*.

As applied to OMAD-MSM, the development of group-specific stigma management strategies may aid in the identification and practice of short-term responses to discrimination and harassment. Although there is research regarding the management
of race-related stigma and discrimination, there is less research regarding African American males and stigma related to sexual orientation or being MSM-identified and the interactions of multiple stigmas being engaged simultaneously. Given the stigmatized nature of overweight/obesity; being a male of African descent; and being a man who has sex with other men, OMAD-MSM embody what scholarly literature refers to as layered stigmas (Henkel, Brown, & Kalichman, 2008). As has been done with other groups, research about the dimensions (Bresnahan & Zhuang, 2011) which encompass stigma for this group is important. Future scholarship with OMAD-MSM should focus on exploratory findings; development of theory; and use of qualitative and quantitative research as a mechanism for increasing breadth and depth of knowledge about OMAD-MSM, but to also use those findings to inform other areas of identity development, stigma management and body image-related scholarship.

Relative Strength of Obesity Stigma

In offering an alternative conceptualization of obesity stigma as compared with other forms of bias, Latner, O’Brien, Durso, Brinkman, and MacDonald (2008) developed three psychometrically reliable and valid versions of the Universal Measure of Bias (UMB) focused on targets who were either gay, fat, or Muslim. The UMB is the first to measure the “relative strength of bias” (p. 1145) against different targets. The sample for this study included 368 university students from New Zealand and the United States; 75.4% of whom were women; and 47.6% were White; with a mean age of 21.53 years; and a mean BMI=23.01 kg/m2. Findings indicated that: “Homosexual orientation was associated with lower gay bias…[while] greater BMI was not associated with any
decrease in weight bias… [and comparatively] weight bias was significantly greater than bias against both gays and Muslims” (Latner, O’Brien, Durso, Brinkman, & MacDonald, 2008, p. 1145). The research reflects that when utilizing the aforementioned international sample (with individuals whose mean BMI falls at the upper end of the healthy body mass index range) that weight bias was stronger than bias against gay people and Muslims. It is not clear the degree to which research informants who were overweight or obese would have yielded different findings if their UMB responses were analyzed separately from those whose BMI was not in the overweight or obese ranges.

As applied to OMAD-MSM and the present study, the UMB was not a measure that was used, but there is potential that in the present study, informants would provide anecdotal data regarding their experience of receiving bias from other members of other groups that also reflect at least one aspect of self. Examples of those groups could include non-black MSM; black non-overweight/obese MSM; non-black non-overweight MSM. This could provide useful information in regard to the internalized dimension of weight bias/stigma, intra-group fragmentation and identity development with OMAD-MSM. The next section will review available literature on body image applicable to OMAD-MSM.

**Body Image**

While I acknowledge that there is a vast body of literature which explores the issue of body image, most of the early research in this area has been in relation to body image and Caucasian women (McCabe & Ricciardelli, 2004). More recently there has been some focus on body image in men and boys (Cohane & Pope, 2001; McCabe &
Gay men and body image have been studied as one of the sub-groups of men in body image-related research, but this research has largely included participants who are Caucasian males. There is sparse research related to body image and African Americans, but most of this research has focused on African American women (Baturka, Hornsby, & Schorling; Patton, 2000). Included in the remainder of this section on body image will be a summary of the research that I have found related to body image in men, but more specifically those pockets of research that have potential applicability to OMAD-MSM. At the time that the present study was developed there was limited scholarly data available about body image and African American gay/MSM-identified men.

The empirical study of the body image construct initially was unidimensional and focused either on perception, cognition, affect, or behavior (Banfield & McCabe, 2002), but more recent research and assessment measures accept body image as being multidimensional (Heinberg & Kraft, 2008) and consider the interacting nature of perceptual body image and attitudinal body image (Keeton, Cash, & Brown, 1990). Perceptual body image refers to body size estimation as perceived by self and others and attitudinal body image encompasses thoughts, emotions (Keeton, Cash, & Brown, 1990), and behaviors experienced in relation to one’s body (Brown, Cash, & Mikulka, 1990). There is no consensus within body image literature about the names of each domain, which makes comparisons across studies challenging given that perception, cognition, affect, and behavior are sometimes given other names or are collapsed differently (Banfield & McCabe, 2002). Research by Feingold (1992; as cited in Heinberg and Kraft 2008) found that one’s subjective perception of attractiveness was “significantly
associated with self-esteem” p. 67). Prior to beginning any research with OMAD-MSM, I wonder how perceptual body image, attitudinal body image, and self-esteem manifest themselves in the experiences of OMAD-MSM.

Although there are varied definitions of the term *body image*, one which I have found to be useful in conceptualizing both its fluid and concrete elements is the definition of body image offered by Lightstone (2015) which states:

Body image involves our perception, imagination, emotions, and physical sensations of and about our bodies. Its not static but ever changing; sensitive to changes in mood, environment, and physical experience…It is psychological in nature…it is not inborn, but learned. This learning occurs in the family and among peers, but these only reinforce what is learned and expected culturally.

While the aforementioned definition of body image is comprehensive, it is not known due to lack of research, how OMAD-MSM experience body image. In the next section of this chapter, the limited literature available on African American MSM and body image is identified. The literature provides insight into: 1) men who have a distorted image of their bodies; 2) body image and eating disturbance in African American MSM; and 3) body image and HIV sexual risk behavior in Black gay and bisexual men.

**Body Image Focused Literature**

**Body Image Disturbance (BID)**

When a person’s view of his or her body (body image) involves a distortion of “perception, behavior, or cognition related to weight or shape” this is illustrative of
someone who has Body Image Disturbance (Posavac & Posavac, 2002, p. 153; as cited in Pimenta, Sanchez-Villegas, Bes-Rastrollo, Lopez, & Martinez Gonzalez, 2009). The issue of Body Image Disturbance (BID) can be conceived as falling on a range “from none to extreme with most people falling somewhere in the middle.” For example, an affective body image disturbance could take the form of anxiety about waist size; a cognitive body image disturbance could take the form of internalized appearance-focused negative self-statements such as “the cellulite on my arms makes me look disgusting” (Eating Disorders Review, 2014); a perceptual body image disturbance occurs through misperception of how others see you and could be exemplified by a man with a 10x6 inch penis thinking it is too small to be sexually satisfying to his male partner when the reality is that prior sex partners believe his penis is too big to make sex enjoyable.

Because of the increase in clinically significant levels of body image disturbance and eating-related issues in boys as well as men, there has been more recent epidemiological study of men and boys. Gay men have been identified as one of the subgroups that are more at risk for being closer to the extreme ends of the body image disturbance continuum. The information shared here is a synopsis of Heinberg and Kraft’s (2008) review of research studies about body image and body image disturbance that used men who self-identified as gay rather than MSM, so caution should therefore be used in generalizing the findings to MSM. In addition, there has been even less research about body image and body image disturbance with racial minority men, which adds an additional cautionary concern about the generalization of findings about research with primarily Caucasian men to other racial groups.
Diagnosis of body image and eating-related issues continues to be more difficult with men because of many men’s perceptions that an eating disorder is a woman’s issue; historic emphasis within diagnostic criteria have focused on identification of women’s symptoms; and bias held by clinical treatment professionals which don’t screen appropriately for body image issues and eating disorders in men. In the limited research available about the connection between sexual orientation, sex role orientation and BID risk, sexual orientation has been identified as a “potent gender specific risk factor for eating disorders (ED) and [BID] in men” (Andersen 1999, as cited in Heinberg & Kraft, 2008, p.70). Other research has shown that in regard to BID risk, self-reported femininity is “a relevant risk factor for both heterosexual women and homosexual men” (p. 70) and that masculinity offers a protective effect. The findings of this study as applied to OMAD-MSM suggest a need to screen for body image and eating disorders, particularly in regard to men who self-report having feminine characteristics because that quality places them at risk for body image disturbance.

Body Image and Eating Disturbance in African American MSM

One study was identified that specifically examined the experiences of body image and eating disturbance in African American men. Heinberg, Pike, and Loue’s (2009) quantitative research study examining body image symptomatology and eating disturbance in African American men who have sex with men (AAMSM) utilized 18 participants who were administered four measures which asked various questions about eating-related behaviors and perceptions about their bodies.
Collectively, the measures assessed for “eating disordered cognitions and behaviors” (Heinberg, Pike, & Loue, 2009, p. 842). The cognitions assessed by the measures include: desire to look masculine; body satisfaction related to upper body strength, physical attractiveness, and physical condition; body dysmorphic emotions in specific situations; and body image. The behaviors assessed by the measures include: restrictive eating; binging and purging; utilization of prohormones; diet pill and supplement usage; use of hormones (both female and androgenic); use of silicone or collagen to change appearance; and the use of OTC endurance boosters or fat burners. The findings of this preliminary study indicated that among the 18 participants, 19% possibly meet the clinical diagnostic criteria for an eating disorder; 25% reported occasional or frequent vomiting after meals; the use of appearance changing supplements/substances was reported frequently; and present self (body)-ideal (body) discrepancy for muscularity was almost 3 times greater than for that of male weight lifters.

The findings of this study as applied to OMAD-MSM suggests some connection between body image and eating disorder-related behaviors in African American MSM. Although the present study is not explicitly focused on eating disorders with OMAD-MSM, it does highlight the need for future study in this area. The final section of this chapter addressing scholarship on body image in Black gay and bisexual men focuses on the connections between body image and HIV sexual risk behavior.
Body Image and HIV Sexual Risk Behavior

One study was identified that examined the relationship between HIV sexual risk behavior and body image among Black gay and bisexual men. Wilton’s (2009) exploratory study sought answers to the following research question: To what extent is body image predictive of sexual risk behavior? The research participants were drawn from a community sample of 481 Black Gay & Bisexual Men (BGBM) in the New York City metro area who were attending a Black gay pride event and were asked to complete an anonymous questionnaire. Body image was the predictor variable and unprotected anal intercourse (UAI) was the dependent variable. Covariates were: 1) perception of HIV risk, 2) HIV testing patterns, 3) number of sex partners, and 4) demographic variables. The data was subjected to multivariate analysis and the findings of the study indicated that for this sample “men with negative body image were less likely to use condoms during anal intercourse with a male sexual partner as compared to those with a positive body image.”

As applied to the present study with OMAD-MSM, the findings of the Wilton (2009) study could hold some applicability to research participants who endorse having a negative body image. If there are OMAD-MSM who have negative body image, which I believe could be highly likely, this could suggest the possibility of an additional health risk beyond being overweight/obese, which is the engagement in unprotected anal intercourse, a HIV transmission risk factor. At the time the present study was developed, the aforementioned were the only two studies that were directly applicable to OMAD-MSM. Since that time there has been some limited additional attention to this
understanding the dimensions of this group’s oppressed identities but the literature continues to be very sparse. A summary of that newer literature occurs in Chapter 5.

Summary

The purpose of this phenomenological dissertation study was to develop an understanding of the meanings attributed to internalized messages about body image within the context of identity development from the perspectives of overweight and obese men of African descent (OMAD) who have had voluntary sexual contact with other men (OMAD-MSM). Contextualization of OMAD-MSM occurred through 1) the identification of significant historical events that shaped the identities of African Americans; 2) contextualization of OMAD-MSM and their experiences within the conceptual and empirical literature concerning oppression and its long term impact; 3) contextualization of OMAD-MSM through discussing identity development models applicable to OMAD-MSM; 4) contextualization of overweight/obesity as applied to OMAD-MSM; 5) discussion of stigma and stigma management literature applicable to African American LGB people; and 6) review of available literature on body image related issues and OMAD-MSM.

In Chapter III, the methodology for the present study is outlined and covers issues related to: the central research question; study design; Transcendental Phenomenology; sampling; recruitment; data collection; data analysis; role of researcher; data trustworthiness; and ethical considerations.
CHAPTER III

METHODOLOGY

Introduction

This chapter focuses on the qualitative research design and methodological approach utilized in the present exploratory phenomenological study. In particular, I was interested in understanding the meanings attributed to internalized messages about body image within the context of identity development from the perspectives of overweight and obese men of African descent who have had voluntary sexual contact with other men (OMAD-MSM). This inquiry focused on elucidating detailed descriptions of research informants’ life experiences. They provided a first-hand account of their interactions with other people wherein they have received body image-related messages.

Informants shared experiences that have come from their interactions with family, friends/peers, dating/sex partners, and the media/social media. There were questions asked about those body image-related messages that have had such a lasting impact that they have now become incorporated into the informant’s sense of identity. Informants were asked to differentiate between how they view (think and/or feel) about themselves (privately); how informants describe themselves to others (publicly); and how others describe them. Ultimately, I was interested in developing a deeper understanding about how the research informants make sense of those messages received about their bodies and the impact of those messages on their sense of identity. My intent in conducting this study was to allow research informants the opportunity to share their voices and add to
scholarly literature about identity development and body image through the sharing of their experiences. It was further desired that this research would help to understand in an exploratory way the manner in which the various topical areas found in the literature review have explicit connections to one another in the lives of OMAD-MSM.

Through the use of Moustakas’s (1994) Transcendental Phenomenological design, I was able to explore the phenomenon of interest. By enlisting the voices of research informants as “informants” (Neuman, 2006, p. 410) to provide a descriptive reality of their personal experiences offer greater understanding to consumers of this research about their lived experiences and to the meanings attributed to their experiences as well. The subject matter (the meanings attributed to internalized messages about body image from the perspectives of OMAD-MSM) within academic scholarship has not been researched. The use of Moustakas’s (1994) transcendental phenomenological design provides reliable and valid data regarding “the data of experience” (p.59).

In regard to the organization of the remainder of this chapter, the following issues will be discussed in greater detail: identification of the central research questions; philosophical underpinnings of qualitative research; description of the phenomenological design; participant/informant selection criteria; study recruitment methods; data collection considerations; protocol development; interview procedures; phenomenological data analysis; the role of the researcher; data trustworthiness; and ethical considerations. Following the discussion of the aforementioned issues, I have identified other research-related concerns not addressed elsewhere related to personnel, financing, and the time line for the research.
Central Research Questions

As it relates to self-identified overweight and obese black males of African descent living in the United States who have had voluntary sexual contact with other men:

1) What are OMAD-MSM’s lived experiences in regard to the messages about weight and body image that have been received through interactions with family, friends/peers, dating/sex partners, and the media/social media which have to some degree been incorporated, adopted, or integrated into OMAD-MSM’s sense of identity (the way(s) in which OMAD-MSM identify/define who they are (both publicly and privately)?

2) What value or meaning do OMAD-MSM give to those messages received about their bodies and how do they describe the impact of those messages on their sense of identity?

Design

Qualitative Research Description and Rationale

Denzin and Lincoln (2005) define qualitative research as an interdisciplinary approach to exploratory inquiry wherein the researcher attempts to elucidate an in-depth understanding of some phenomenon about which there is limited information. QSR International (2012), producers of the NVivo qualitative research and data analysis software, also note that in addition to exploring phenomena, qualitative research is concerned with exploring issues and finding answers to questions for the purpose of gaining “insight into people’s attitudes, behaviours, value systems, concerns, motivations, aspirations, culture or lifestyles.” Creswell (1998) has identified the following five
qualitative approaches to inquiry as follows: 1) narrative research, 2) phenomenological research, 3) grounded theory research, 4) ethnographic research, and 5) case study research.

In the present study, phenomenological research is the qualitative tradition that has been selected for use because of the alignment between core tenets of qualitative research and my own paradigmatic world view. The five philosophical assumptions reflective of a qualitative researcher’s paradigmatic worldview which guide inquiry into the subject matter are issues related to ontology, epistemology, axiology, rhetoric, and methodology (Creswell, 1998). Phenomenology also makes sense within the context of the present study because of how the five philosophical assumptions identified by Creswell (1998) are defined and captured through the phenomenological approach.

Ontology, as applied to qualitative research seeks to answer questions about the “nature of reality” (Creswell, 1998, p. 75). It is characterized by a subjective experience of multiple realities as multiple sources of truth as articulated separately by each research study participant. It has implications for the researcher in regard to the manner in which themes and quotes, “in the words of participants” (p. 75), give evidence of varied perspectives and multiple sources of truth. Using the words of the informants and allowing research informants to verify the meanings and themes is consistent with phenomenology. Epistemology, as applied to qualitative research seeks to answer questions about “the relationship between the researcher and that being researched” (p. 75). It is characterized by a researcher who seeks to reduce the distance between himself and that which is researched. It has implications for the researcher in regard to the manner in which the researcher is collaborative with the research informants in an
attempt to understand from more of an insider perspective (Creswell, 1998). As a researcher who at one time met the criteria for study inclusion, I have a vested interest in the research informants’ perspectives and have explicitly acknowledged the degree of closeness between me and that which is being studied.

**Axiology**, as applied to qualitative research seeks to answer questions about the role of values in the research process (Creswell, 1998). It is characterized by a researcher who openly acknowledges the value-laden nature of research as well as the reality that there are biases. It has implications for the researcher in regard to his willingness to discuss and interpret his own values which shape the narrative in addition to the informants’ interpretations (Creswell, 1998). My values and biases are explicitly stated in Chapter 1. **Rhetoric**, as applied to qualitative research, has to do with the language of the research. It is characterized by writings which take the form of a more informal literary style using one’s personal voice. It has implications for the researcher in regard to use of a first-person pronoun in an “engaging style of narrative,” (Creswell, 1998, p. 75) and utilizing qualitative instead of quantitative research terms. Throughout the manuscript I have integrated my own personal voice in conjunction with scholarly information to create more of a narrative.

**Methodology**, as applied to qualitative research, seeks to answer questions about the research in terms of process or how research is conducted (Creswell, 1998). It is characterized by the researcher’s use of inductive logic; utilization of an emergent design; and study of the subject matter within its natural context without manipulation of variables or the conditions under which the subject matter is being studied or experienced. It has implications for the researcher in regard to analyzing details before
making generalizations, the use of contextual detailed descriptions, and ongoing question revision based on field experiences and interviews (Creswell, 1998). In regard to the present study, I employed a process which used an emergent design, encouraged rich descriptions by the study informants, and allowed openness to revise interview questions in an ongoing manner based on field experiences.

In determining whether there is a strong rationale for engaging in qualitative inquiry, Creswell (1998) suggests that the eight compelling reasons for conducting qualitative research are: 1) when a researcher is concerned with answering questions of how or what more so than questions of where, why, or when; 2) when there is a topic that needs further exploration because the variables are not easily identifiable or when there is lack of theory available to explain the informants of the study; 3) because the topic being explored needs a detailed view in order to understand it; 4) when there is a desire to understand and study people in their natural settings (In the present study, the research can be considered naturalistic because there are no variables and there is no manipulation of the conditions under which the phenomenon is being studied); 5) when the researcher is interested and willing to write using a literary style that could be somewhat akin to storytelling or narration; 6) when there is “sufficient time and resources” (p. 18) to spend on data collection and data analysis; 7) when there is a receptive audience to qualitative research; and 8) when the researcher is willing to be an “active learner who can tell the story from the participants’ view rather than as an expert who passes judgment on participants” (p. 18). As it relates to the present study, all of the preceding eight reasons are true of the research process, the researcher, and the
informants themselves and thus provide strong rationale for a qualitative approach. This study is intended to increase receptivity to qualitative research with OMAD-MSM.

**Transcendental Phenomenology**

Phenomenology is both a philosophy rooted in 20\textsuperscript{th} century European philosophical thought (Smith, 2013) and a science (Moustakas, 1994). It is an outgrowth of the discontent with a view that scientific knowledge can only be derived from the study of material things with outcomes that are empirical and objectively measureable. The emergence of transcendental science came about as a result of the desire to understand the subjective realm of experience and mental processes in a way that legitimized the value of knowing subjective truths as sources of knowledge. Because of the view that empirical science “failed to take into account the experiencing person and the connections between human consciousness and the objects that exist in the material world” (Moustakas, 1994, p. 43), researchers sought new ways of understanding those more physically intangible phenomena. The term transcendental refers to a science that transcends the study of only material things but also takes into account mental processes (Moustakas, 1994).

According to Moustakas (1994), “transcendental phenomenology is a scientific study of the appearance of things, of phenomena just as we see them and as they appear to us in consciousness. Any phenomenon represents a suitable starting point for phenomenological reflection. The very appearance of something makes it a phenomenon” (p. 49). The subject matter of phenomenology makes it amenable to developing a greater understanding of the human experience from social science.
perspectives given its attention to: stream of consciousness, perception, attention, self-consciousness, self-awareness, the different roles and contexts of self, kinesthetic awareness, purpose, intentionality, other-awareness in intersubjectivity, communication, social interaction, and everyday activity within the context of cultural conditions (Smith, 2013). In the present study, the phenomena of interest are: the internalized messages about body image that have shaped definitions of identity from the perspectives of OMAD-MSM. In regard to the aforementioned and in consideration of OMAD-MSM life experiences, I initially anticipated that research informants would share stories with strong emphasis on perception, self-consciousness, self-awareness, the different roles and contexts of self, social interaction, and everyday activity within the context of cultural conditions, and that ultimately their sharing would reveal how internalized body image messages shape identity development.

Moustakas (1994) identifies the core principles, processes, and methods of transcendental phenomenology as applied specifically to human science research as follows:

1. The “appearance of things” (p. 58) is the focus of phenomenology. Given the breadth of the range of things that can appear both similarly and differently depending upon the individual or one’s vantage point makes it possible to study multiple perceptions, appearances, and realities held by multiple people.

2. Phenomenology focuses on wholeness. A phenomenon is examined utilizing multiple lenses to view its many angles, sides, and perspectives to reach a whole, or “unified vision of the essences” (p. 58).
3. Phenomenology seeks to arrive at meanings held about the appearances being studied. The utilization of intuition and reflecting about “conscious acts of experience” (p. 58) leads to the development of ideas, judgments, concepts, and understandings, which are referred to as essences.

4. Phenomenology is focused on descriptions rather than analyses or explanations of experiences. Descriptions are thought to preserve the “original texture of things” (p. 59), inclusive of both the phenomenal qualities of an experience and the material properties of an experience. Descriptions present vividly, accurately, and completely “what appears in consciousness and in direct seeing—images, impressions, verbal pictures, features of heaviness, lightness; sweetness, saltiness; bitterness, sourness; openness, constrictedness; coldness, warmth; roughness, smoothness; sense qualities of sound, touch, sight and taste; and aesthetic properties (p. 59).

5. The questions asked in phenomenological inquiry seek to “give a direction and focus to meaning; [reveal] themes that sustain an inquiry, awaken further interest and concern, and account for our passionate involvement with whatever is being experienced” (p. 59). It is expected that the researcher’s personal interest will yield an intimate connection with the phenomena being studied and result in a puzzlement that is autobiographical. History and memory are both viewed as being “essential dimensions of discovery” (p. 59) in both the present understanding and the extensions one makes about and through the future.
6. In phenomenology there is the integration of the subjective and objective. In other words, what is seen is “interwoven with how I see it, with whom I see it, and with whom I am. My perception, the thing I perceive, and the experience or act interrelate to make the objective subjective and the subjective objective” (p. 59).

7. At every point within the investigative process intersubjective reality is present. “Every perception begins with my own sense of what an issue or object or experience is and means” (p. 59).

8. Thinking, reflecting, intuiting, and judging are collectively referred to as “the data of experience” and are considered to be “the primary evidences of scientific investigation” (p. 59).

9. Guidance about the construction of the research question suggests that it must guide and focus the investigation; utilize every word chosen in a deliberate manner; and that the words be “ordered in such a way that the primary words appear immediately, capture my attention, and guide…the phenomenological process of seeing, reflecting, and knowing” (p. 59). Every method should relate to the research question, be developed “solely to illuminate the question…provide a portrayal of the phenomenon that is vital, rich, and layered in its textures and meanings” (p. 59).

Contemporary researchers have described phenomenology as “the study of how people describe things through their senses” (Ford, 2007, p. 73); it involves articulation of domains such as memories, perceptions, images, cognition; it focuses on finding essences of experience (Willis, 1991); and on understanding the meaning people make of
their subjective experiences (Creswell, 1998; Van Manen, 2014), in the development of a world view (Marshall & Rossman, 2006). In addition to describing one’s experience, phenomenology requires that a person also explain and interpret his or her experience (Patton, 2002). In this type of research it is important for the researcher to highlight not only the outward appearance of a informant’s experiences but the inward consciousness of their experience as well (Creswell, 1998). The researcher must accept the informant’s experiences as truth (Patton, 2002) and bracket out personal and societal biases in order to try and view the phenomenon in as pure a form as is possible (Patton, 2002). In the phenomenological theoretical orientation, “phenomenology can be referred to either as the subject matter of inquiry or as the methodology of the study” (Marshall & Rossman, 1995, p. 82). In the case of the present study it will serve as methodology.

**Sampling**

**Informant Overview**

All 6 informants met the minimal criteria for participation in the study. More specifically, informants described themselves as Black (of African descent); overweight or obese; over 18; and residing in the United States. In addition informants acknowledged being impacted by body image messages; having prior voluntary sexual contact with another male; and being free of acute physical or emotional health concerns that would make study participation unsafe for them.

In addition, all of the informants were recruited using a social media android app. They ranged in age from 22 to 50 years old, with a modal age of 22, and four of those informants ranging in age from 22 to 25 years old. Body mass index (BMI) was
calculated for each informant using their self-reported height and weight. One of those informants was morbidly obese (BMI>40); 4 informants were obese (BMI=30-39.9); and 1 informant was overweight (BMI=25-29.9). In regard to waist size, the two informants with the lowest BMI had a self-reported waist size of 36 inches or below and the other four informants had a self-reported waist size of 40 inches or more. In regard to level of formal education, all informants reported attending some college, with two possessing Bachelor’s degrees.

**Informant Motivation for Study Participation**

All of the informants were recruited into this study using social media. In regard to their interest in this study, informants talked about the study as being an opportunity to share their voices. For example, one informant said “I’m always open to participate, to give you know, insight for research and just share an opinion for what it’s worth.” Informants also identified benefits of participating including helping others and themselves. For example, another informant said “I hope that this research just helps to open people’s eyes and their minds to what effect they are having on people, the things they’re saying as well.” Other informants hoped to get insight into how other people cope with loneliness and how they find relationships. Finally, another informant highlighted the uniqueness of the study, saying “What initially attracted me is that it seemed so fresh and new…a lot of like in terms of body image…[and] women…but it’s not in regards to like…being okay with your sexuality and being targeted so like I just thought that it was totally like I wanted to be a part of it”.

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**Purposive Sampling**

Purposive sampling was particularly valuable in the context of the present study because it provides the rationale for selecting a homogeneous sample based on the characteristic of being OMAD-MSM (Patton, 2002). McCracken (1988) suggests that in exploratory research the quality of an interview experience is more important than the quantity of interviews. Qualitative research is not reliant on large sample sizes (Patton, 2002). It is appropriate to have anywhere between one and ten informants in a phenomenological study (Creswell, 1998). Given the qualitative, phenomenological and exploratory nature of the present study with OMAD-MSM, I was interested in obtaining six to eight meaningful accounts of experiences with the phenomenon which would provide depth yet will also make it possible for consumers of the research findings to connect broadly with that set of experiences.

**Discontinuation Criteria**

Lincoln and Guba (1985) identify redundancy as the point wherein no new information is garnered from interviewing additional people. I assessed redundancy by interviewing and reviewing data for six informants to gain an overview of the core results. I did not select informants based on a desire to achieve heterogeneity within the sample. If there would have been some important consideration within the emergent themes which suggested that specific considerations or voices should have been included, then more targeted recruitment would have occurred. This issue was discussed by the student investigator and the dissertation chairperson after the first 6 interviews were conducted and it was determined that more targeted recruitment was not necessary.
Sampling was discontinued by taking into consideration the balancing of continued data collection with completion of analysis and dissemination of results. The commonalities and differences among research informants offered sufficient breadth. The factors that I considered were ages of the informants; number of informants in the various categories of overweight, obese, and morbidly obese; and range of developmental experiences related to the internalization of messages impacting body image and identity.

In this regard I utilized a traditional qualitative perspective, which suggests that I should be informed by the data and let the data tell me whom I should talk to more in selecting subsequent interview informants. Traditional qualitative perspective also suggests that if there are more potential research study informants than needed, that I would need to choose among the informants, and in the present study, this would have been done utilizing practical considerations such as geographical proximity (e.g., if a potential informant lives in the same zip code as the researcher he may not be chosen to reduce the potential of seeing one another in common settings which could give rise to confidentiality concerns or if a potential informant lives a significant distance from the recruitment area and there are other potential informants who live closer, the person who lives outside of the recruitment area may not be selected to reduce the travel burden).

**Selection Criteria**

The following were the minimal criteria for inclusion in the present study: a) being biologically born male and currently considers himself to be male; b) being at least 18 years of age at the time of recruitment; c) having at least one prior voluntary sexual contact with another male; d) self-identification as being African-American, Black or of
African descent; e) presently overweight (BMI=25.0-29.9) or obese (BMI > 30.0) according to Centers for Disease Control (2009a) or waist circumference of 40 inches or greater (height, weight, and waist size data was taken from informant self-reported responses on the demographic questionnaire); f) living in the United States; g) capable of providing informed consent; and h) screened as not being in acute psychological, substance use-related, or medical distress.

After obtaining informed consent, each informant was provided with a resource list that provided information about accessing sliding fee scale counseling and medical care services; HIV testing and HIV support service contact information; and eating disorder treatment agency information. I verbally told informants that the resource list was being given to everyone and that he was not being singled out as being referred to an agency or implying in any way that they were in need of those specific services, but that he could use the information if he chose to do so.

**Exclusionary Criteria**

If any potential informant would have been determined to not be appropriate for the study due to acute mental health, substance abuse, or other self-reported medical health issues, brief crisis intervention would have been provided if necessary and measures would have been taken to make an appropriate resource referral from the written community resource list that all informants were given. There was the potential that not all individuals who expressed interest in study participation would have been selected. There were only a few informants in this study and decisions about those selected was determined by the Dissertation chairperson and the Student Investigator.
Those individuals who were not selected for participation and were not told in person would have been notified using the contact method of their choice (phone call, text message, email). There were no individuals excluded from participation in the study for any of the above noted reasons.

Because of the limited data about OMAD-MSM body image-related experiences and identity development, I sought informants who were able and willing to talk about their lived experiences related to the messages about weight and body image received through their interactions with family, friends, dating/sexual relationships, and media/social media that have to some degree have been incorporated, adopted, or integrated into the informant’s sense of identity. This was achieved through sampling in places where potential informants are likely to be found and by choosing who to interview based on determinations about how to broaden the sample if initial analyses suggested benefit in doing so.

**Recruitment Process**

Initially informants were recruited into this study via 1) Internet social networking and dating sites; 2) Android social media apps; 3) a study-specific web page designed exclusively for recruitment and providing information about the study as well as contact information for the researchers; and 4) approximately 25 HSIRB-approved flyers (see Appendix) posted in gay-friendly neighborhoods which provided study information and contact information for prospective informants’ use in contacting the researchers. The information that follows details 1) the uniform response procedures used when contacted
by a prospective informant and 2) additional information about each of the aforementioned recruitment methods.

**Uniform Response Procedures**

Whenever a potential informant initiated contact with me I thanked him for his interest and I responded to any questions posed related to the study (see appendices for examples of verbal and written scripts). For those potential informants expressing interest in participating in the study, I stated the criteria without asking the informant for confirmatory information from the potential informants. Provided that the potential informant believed he fit the criteria and remained interested in participating, I offered to set up a meeting time to meet to review and discuss the Informed Consent document.

Those potential informants expressing interest in participating were also directed to the student researcher’s webpage so that they could have the option of reviewing the informed consent document and interview questions posted on the student researcher’s homepage prior to agreeing to the initial meeting. If any potential informant would have decided not to participate in the study after reviewing the Informed Consent document during the informed consent meeting, I would have thanked him for his time and provided him with the $10 gesture of gratitude for coming to talk with me, but this scenario (individuals declining participation during informed consent) did not occur because all 6 informants who came to their individual informed consent meetings gave their informed consent. (Please see Appendices D, E, and F for various email and telephone scripts for individuals who are not interviewed immediately).
The purpose of providing access to both the informed consent document and interview questions in advance on the student researcher’s webpage was to increase the awareness of potential informants about what was being agreed to and to allow potential informants to understand the types of questions that would be asked about their life experiences during an interview. After obtaining informed consent: 1) informant eligibility was confirmed, 2) mental health screening questions were asked, and 3) the demographic questionnaire was completed. In all 6 instances the interview was conducted immediately following the informed consent meeting.

Following initial contact with the researcher, those individuals agreeing to be scheduled for an Informed consent meeting were contacted (phone call, text, social media site or email) via the contact method of their choice to set up a time that was mutually agreeable. Informed consent meetings and subsequent interviews took place in safe, secure, public transportation accessible locations such as library meeting rooms or accessible office spaces at community agencies. The dissertation chairperson was kept apprised of any scheduled face-to-face contact with potential research informants via telephone or email prior to meeting with the potential informant. I provided the dissertation chairperson information about all meeting locations and times.

As a gesture of gratitude for coming to the Informed Consent meeting, all six informants were offered (and accepted) $10 at the beginning of each Informed Consent meeting. The money could potentially have been used by informants to help defray the cost of transportation to and from the interview meeting site. (For example, round trip public transportation costs $5). There was also a raffle for a 1 week unlimited public transportation card. For those informants completing only the initial interview, that
informant’s name was entered once into a raffle for the card which had a cash value of $23.75. For those informants completing both the initial interview and the member check interview, their names were entered into the raffle twice (once for each interview completed). The raffle occurred after all initial interviews and member check interviews were completed.

Internet Chat Site and Android Phone App Social Networking Recruitment

The primary method of recruitment for the present study was the use of Internet based and Android phone app social networking websites specifically created for “gay” men. To participate in a chat room environment one must create a user profile which includes basic information about the user and a unique user name which is used each time the user logs into the website. There are also optional categories that provide additional user information and the option to include photographs on the user profile. The information provided on a user’s profile is information available in the public domain.

For the purpose of this research study, variations of the screen name “Body Image Study” were created and used solely for research purposes. I posted information about the study on my social media profiles using the “Body Image Study” screen name. The Body Image Study social media user profile explicitly stated that communication via the chat/social networking site could compromise the individual’s confidentiality so they were encouraged to contact the student researcher via one of the alternate confidential contact methods (phone, email, text message) if interested in more information about the study. Based on the student researcher receiving messages that appeared to be more of a personal socialization nature by social media users with no interest in study participation,
an explicit statement was added to the Body Image Study profiles which indicated that the site was not being used for socialization purposes.

Initially there were several social media sites/chat rooms identified as places for both general (population at large) and targeted recruitment of people potentially meeting the target sample criteria. Most of those sites were exclusive for gay men. There were a total of 3 sites where Body Image Study profiles were created. Although there was some limited contact (2 inquiries) initiated from social media users on two of those sites, none of the informants were drawn from those. All 6 informants were selected from their initiation of contact with the student researcher on an Android social networking phone app exclusive for gay men.

When a social media user (prospective informant) on an Internet-based social media website or Android app would click on the “Body Image Study” screen name/profile, information about the research study such as a summary of the study, informant selection criteria and a hyperlink to the student researcher’s web page that contained the Western Michigan University HSIRB approved Informed Consent document as well as the interview questions for the first interview appeared. Both on the consent form and in the user profile, the reader was provided with additional information about how to contact the researcher for possible participation in the study. I checked and responded to messages at minimum three times per week during the active recruitment process. Please refer to the Uniform Response Procedure noted earlier in this chapter and Appendices for an explanation and example scripts of how the student researcher responded to inquiries about the study.
Web Page

A web page was created exclusively for the posting of information about the body image study. Most people who visited the page would have likely done so via a hyperlink that was accessible on the Body Image Study social media profiles, but because there was no hit counter on the page it is not possible to know how many times the page was viewed. There was no mechanism for direct communication to the researcher on the website, but contact information was provided for both the Dissertation chairperson and the Student Investigator. Also contained on the website was an introductory “Thank You” page; criteria for study participation; interview questions for the initial interview; and the information contained in the Informed Consent document.

Flyers

Twenty-five HSIRB-approved flyers (see Appendix F) advertising the research study were posted in areas which have traditionally been considered gay-friendly environments. There were no inquiries from potential informants who reported hearing about the research study via a flyer in the community.

Special Ethical Considerations

“Ethical considerations are important when designing and conducting any kind of research” (Ford, 2007, p. 81). In the present study all Human Subjects Institutional Review Board guidelines and American Psychological Association ethical guidelines were followed. Because I used social networking sites to recruit individuals with stigmatized statuses additional care was taken to address the following concerns
identified by Moreno, Frost, and Christakis (2008); 1) weighing the social value of the research; 2) subject selection; 3) privacy; 4) confidentiality; and 5) informed consent. The U.S.-based Office for Human Research Protections (OHRP), does not offer standardized guidance about how to conduct research with human subjects on social networking sites despite the increase in recruitment of people for research via this medium (Shapiro & Ossorio, 2013). For this reason I further consulted with my dissertation committee and WMU’s HSIRB prior to submission of the research proposal.

Other specific considerations related to the OMAD-MSM study include recognition that informants could be considered a vulnerable population; informants may experience a heightened level of sensitivity given the issues being discussed and the applicability to their lives; that great care should be taken to remove the possibility of informants being coerced into study participation; and given the researcher’s integration into the community both personally and professionally that future care will need to be taken in preserving informant confidentiality and limiting the issues that could arise from being involved in dual relationships.

Some of the additional measures that were taken to preserve informant confidentiality and privacy during the recruitment and data collection processes included:

1. Screening the names of interested potential informants for recognizable names to determine whether there is name familiarity. During the course of recruitment and data collection there were no recognizable names.
2. If there would have been name familiarity, I would have discussed with the dissertation chairperson the appropriateness of including the person as
a study informant before making a determination about the individual’s inclusion or exclusion.

3. Provided disclosure to informants about the possibility of seeing me in other professional and social settings and discussing the limitations that places on our future interactions.

Sources of Data

The sources of data for the present study come from: 1) Demographic Questionnaire; 2) Initial Interviews/Transcripts; 3) Member Check Interviews/Transcripts; 4) Researcher Journal; and 5) Peer Debriefing Journal. Each will be discussed in greater detail.

Demographic Questionnaire

After obtaining informed consent, each person was asked a few pre-interview questions from the written demographic questionnaire (see Appendix C) to ensure that they met criteria for participation. The questionnaire asked demographic information about gender, biological sex, age, country of residence, nationality, race, height, weight, waist size, MSM confirmation, sexual orientation, level of education, and ability to safely participate in the interview process. Each informant was provided with the option of answering the questions in written form, or having them read to them with responses being filled out by the researcher. One informant asked that the interviewer read the questions to him.
Qualitative-Phenomenological Interview

In the present study a semi-structured interview was utilized. This section provides details of how interview questions were developed and implemented.

**Interview Protocol Development.** In an adaptation of Yin (1984) and Marshall and Rossman’s (1989) qualitative research question type schemata, Shkedi (2005) suggests that instead of classifying types of qualitative research questions as exploratory, descriptive, and explanatory; that when there is a narrative component to the collection of information questions instead be classified as exploratory, first order, and second order. Exploratory questions precede first and second order questions and are “appropriate when little is known or understood about the phenomena or people being studied, in pilot case studies, or in the first stages of the research” (Shkedi, 2005, p. 36). First order questions are those in which information is directly gathered from the research informants; can take the form of stories, descriptions, or explanations; can focus on gathering descriptive information, special relationships related to cause and effect; and the “interest is in the phenomenon as it is seen, told, described and explained by the informants themselves” (Shkedi, 2005, p. 37). Second order questions are those in which indirect information is gathered either through “tacit understanding…or based on informants’ disjointed anecdotal narratives, and/or data that are expressed more in the informants’ behavior than by their words” (Shkedi, 2005, p. 38).

In the present study, the development of interview protocol questions was focused at all levels. Exploratory questions are the questions which I as the researcher asked myself as I developed the specific protocol for interviews. First order questions are the questions that served as the interview guide (see Appendix C). Second order questions
were used to clarify or gain deeper understanding from informants and emerged during the interviewing, data collection, and data analysis. During the interview, second order questions may take the form of questions about observed shifts in the informant’s non-verbal behavior or affect.

To fit the requirements of phenomenological interview development, I considered a few different perspectives on what constitutes appropriate questions in a phenomenological interview. Moustakas (1994) states that a phenomenological question guides the investigation and must be “carefully constructed, every word deliberately chosen and ordered in such a way that the primary words appear immediately…and guide in the phenomenological process of seeing, reflecting, and knowing…[to] provide a portrayal of the phenomenon that is vital, rich, and layered in its textures and meanings” (p. 59). Creswell (1998) suggests that the investigator in a phenomenological study develops questions that explore meanings of a phenomenon or experience from the perspective of an individual who has experienced the phenomenon by asking questions which ask them to describe “their everyday lived experiences” (p. 54). Van Manen (1990) believes that “before we ask others to furnish us with a lived-experience description about a phenomenon that we wish to examine, we might do well to try such descriptions ourselves first” (p. 64).

Van Manen’s (1990) six suggestions for producing lived-experience descriptions are as follows: 1) “describe the experience as you lived through it” (p. 64), avoiding generalizations, causal explanations, and abstract interpretations; 2) describing the experience “from the inside…almost like a state of mind: the feelings, the mood, the emotions, etc.” (p. 64); 3) focusing on a particular incident or example of the experience,
being descriptive of specific events; 4) focusing on an example that stands out because it was vivid; 5) paying attention to how the body felt from the perspective of all of one’s senses; and 6) avoidance of “fancy phrases or flowery terminology” (p. 65) to make the account sound more beautiful. As it relates to the present study, I informally engaged in the process of writing about my own experience of being overweight and obese, which gave me some practice producing lived-experience descriptions to aid in interview protocol development. This could also be an example of *bracketing* of pre-data collection preconceptions about the phenomenon and serve as an example of how the researcher journal (described in greater detail later) would be utilized throughout the process of engaging in this research endeavor.

**Initial Interview/Structure.** The semi-structured interview, defined by Patton (2002) as a form of interviewing that “provides topics or subject areas within which the interviewer is free to explore, probe, and ask questions that will elucidate and illuminate that particular subject” (p. 343), was the primary data collection source in the present study. As is tradition in phenomenological interviewing, the interviews were designed to go into great depth (Marshall & Rossman, 1995). In the present study, topic areas were developed as springboards for open ended questions, guided by development and modification of the interview protocol as needed and also took into consideration exploratory, first order, and second order levels of questions as well as phenomenological lived-experience questions.

In keeping with the spirit of qualitative in depth interviewing, Patton’s (2002) recommendations of maintaining structure while allowing for flexibility, individual differences, and situational changes, were followed. I also took into consideration
throughout the interview process feminist considerations identified by Parker (2005) related to power differentials between researcher and the informant; and given the potential of both similarities and differences between the researcher and informants, the impact that these issues may have on the interview process. In regard to how this impacted my actions in the data collection process, I explicitly encouraged informants to inform me about any discomfort experienced during the interviews and also asked informants an open-ended question near the end of the interview that would allow them to bring up any other issues not asked about during the interview. One informant openly talked about the impact of the interviewer’s appearance (not having the same body type) regarding initial perceptions of the interviewer. To minimize the impact of my influence on informant openness, I engaged in self-monitoring regarding both my verbal and non-verbal communication; and utilized the researcher journal (described later) and peer debriefing to reflect about the degree to which biases have impacted a given interview.

**Shared Context of Informant Interviews.** In regard to length of the interviews, they ranged from 45 to 90 minutes for the initial interviews and 30 to 45 minutes for the member check interviews. The interviews were held in public places that also offered some degree of privacy to protect informant confidentiality such as university library group meeting rooms or unused office spaces in local businesses that were easily accessible through public transportation. The interview locations were intentionally selected as places with which the researcher was not formally affiliated to further reduce the potential for confidentiality-related issues.

In regard to the pre-interview Informed Consent process, a few informants were up to 45 minutes late due to transportation issues or lack of familiarity with how to find a
particular meeting space because of the neighborhood and/or geographic location. To develop rapport with informants, the researcher initially talked more informally with them by inquiring about their ability to find the meeting location and their general well-being. Before beginning an interview, the researcher reviewed Informed Consent by giving informants a hard copy of the document to read for themselves and by summarizing and/or reading the document with them (one informant asked the researcher to read the document to him), followed by answering any questions. Before beginning an interview, all informants completed the demographic questionnaire and verbally confirmed that there were no acute physical or emotional health concerns that would make study participation unsafe for them. All 6 of the people that went through the informed consent process, opted to participate in the study.

During the interview, informants were asked questions from the Interview Guide. In those instances where running out of time was an issue, priority was given to asking the questions most central to the research questions. For some informants, talking about their body-image related experiences seemed to be an easier conversation than it was for others. In regard to the tone of the interviews, the emotion shared and shown by informants ranged from matter-of-fact type responses, pauses in speaking while thinking about questions, laughter, and tears. Informants also reported some of their reactions to the interviewer. Some examples of things informants said about the interviewer were: having an initial concern about being judged negatively by the interviewer but noting that by the end of the interview that they felt more comfortable because of the interviewer’s non-judgmental responses to their experiences and the interviewer’s use of non-verbal behavior that did not make them feel judged. One informant talked openly at the end of
the initial interview about how it made him feel “disgusting” to talk about his life experiences with an interviewer who did not have his same body type but could understand the researcher’s interest in the study given the prior disclosure about the interviewer’s history of obesity. Included in the next section are the actual questions used for the interview guide.

**Interview Guide As Used in Research**

To follow is the interview guide as used in the research:

Before reading each question, I will say a few words to summarize what the question is about:

1. **INTEREST IN THIS BODY IMAGE STUDY.** What attracted you or caused you to be interested in this study or topic of body image?

The next set of questions will be about things that have been communicated to you or that you learned about your body at a young age. It may be helpful to think about a specific experience and tell me a story about it.

2. **EARLY MEMORIES.** Think about when you were younger…What is your earliest memory of something someone said about your body? Where did these messages come from? Were those things said directly to you or did you overhear them being communicated to someone else about you?

For the next few questions I will encourage you to think of specific experiences related to the question asked, providing as much detail as possible about the event, your thoughts, emotions, and meanings of the experiences. Another way to think about your responses to the questions is to try and re-create the scenario as if you were back in the situation or
in a manner that you were telling a story to one of your best confidantes, friends, or Good Judys.

3. MY MIRROR REFLECTION. Did you look at yourself in the mirror this morning? (If the informant says no then ask why). (If the informant responds yes then ask the following) Was there anything in particular that you were looking for or trying to see about your reflection? Clothed or unclothed? Likes? Dislikes? Certain times of day or situations that you like looking at your body more? Duration of time spent looking at oneself? What were you thinking? What were you feeling?

4. MESSAGES FROM DATING AND SOCIAL WEBSITES. What messages have you received (from advertisements, profiles, articles, chat lines and online conversations with people) on gay/MSM-specific sources such as the Internet and social media (BGC, A4A, Grindr, Jack’d, Facebook groups, etc.) about the qualities or attributes that make your body attractive? What do people tell you that they like when they see a picture of you? Is there a different reaction (about what they like or they don’t like) when people see you in person?

5. EXPECTATIONS, STEREOTYPES, AND SEXUAL POSITION. Are there stereotypes, standards or expectations about physical attractiveness or other aspects of one’s body based on a person’s sexual position? If so, what are those stereotypes, standards or expectations? How does this apply to you (specific experience that you are willing to talk about)?

Prompt (for additional information): For example, a person would be prompted to identify his sexual position. If he identifies himself as a bottom (or whatever is
his sexual position) are there certain expectations about how a bottom should be in regard to:

- weight/physical attractiveness?
- perceived masculinity or femininity?
- body proportions?
- cleanliness in preparation for sex?
- Where do these standards/expectations come from?
- How did you come to know or learn about these different standards (How does this apply specifically to you)?

6. POSITIVE DATING EXPERIENCE. Think about one specific experience that occurred in an in-person dating or sexual interaction wherein you are sure that your body was being judged in a positive way. Tell me the story of what happened or how you knew that your body was being judged positively.

7. NEGATIVE DATING EXPERIENCE. Think about one specific experience that occurred in an in-person dating or sexual interaction wherein you are sure that your body was being judged in a negative way. Tell me the story of what happened or how you knew that your body was being judged negatively.

8. FRIENDS AND BODY IMAGE. What role do your friends, good Judy’s, or people that you socialize with play in helping you to understand how others see your body (What kinds of things do your friends say about your body or your body in comparison to theirs)?

9. OTHER OVERWEIGHT PEOPLE AND BODY IMAGE. What messages have you received from other overweight people about your body?
10. HEALTH CONDITIONS. Do you have any health conditions which impact how you feel about your body? What are the conditions and how do they impact the way you feel about yourself?

11. THE STRONGEST BODY IMAGE MESSAGES. We have talked a lot today about different places that messages come from others about weight and body image.

- Which of those messages do you believe have most strongly impacted you most strongly?
- Which of those messages have you adopted or believe are true about your body and/or weight?
- How do the beliefs that you or other people have about your body impact your day-to-day life interactions such as in recreation or social activities?

12. MY IDENTITY. When you think about your identity (how you think about yourself), what words or phrases come to mind? When you think about your identity (how you describe yourself to other people), what words or phrases come to mind? Are there any differences between how you think about yourself and how you describe yourself to others? When other people describe you what words or phrases do they use? When you consider how other people describe who you are, does that line up with how you think about yourself and how you describe yourself to other people? Please explain.

13. Are there any other important things regarding your body image or weight that is important for me to know that I didn’t ask about?
14. How have you felt talking about these issues today?

15. What advice would you give to another Black MSM person who is struggling with issues related to their weight/body image about how he can positively deal with his concerns?

Member Check Interviews

At the end of the initial interviews, I reminded informants that I would re-contact them (as indicated in the Informed Consent document) for a follow up face-to-face member checking interview. Those interviews were approximately 45 minutes in duration and occurred approximately 6 months after the initial interviews. Lincoln and Guba (1985) suggest that a member checking interview is one wherein study informants will be able to provide commentary about the researcher’s summary of information gathered during the initial interview, clarify the degree to which the information is accurate, and provide reactions to the collective stories. This also provided an opportunity to further elaborate on issues not previously explored in depth. During the member check interviews, informants were provided with a summary of initial interview findings. They shared their opinions about the accuracy of the summaries (See Results and Discussion). Some of the issues emergent in the initial interviews that were explored in greater depth during member check interviews were related to perceptions about obesity; obesity stigma; and body alteration as a reaction to body discontent. Due to lack of responsiveness by informants or inactive social media profiles, only 2 of the initial 6 informants participated in member checking interviews. Another informant initially
expressed willingness to participate but ultimately did not participate in the member checking interviews due to multiple failed attempts to schedule with him.

**Researcher Journal**

Creswell (2003) identifies the use of a researcher journal as a method of collecting data. In the present study, a researcher journal was used to highlight my own subjectivity and reflect upon my experiences throughout the process. Following HSIRB approval to conduct this study, I began using the journal to capture my thoughts, emotions and reactions throughout this process. For example, I used the journal to bracket out my own and societal biases; to make notes any time contact with a potential research informant was made; prior to and after interviews to document ideas that began unfolding about themes; and throughout the data analysis process to capture emerging ideas and analysis decisions.

The primary value of using the researcher journal was a general organizational function. The journal is data in the present study and was used to bracket biases; clarify thoughts, ideas, and reactions to informants. An expanded sample of the content found in the researcher journal can be found in Appendix F. It helped to identify and illuminate the unspoken impact that I as the researcher had on the study. In the data analysis process, the use of the journal helped me to differentiate between my prior experiences as an OMAD-MSM and that of research informants.
Peer Debriefing and Peer Debriefing Journal

*Peer Debriefing* is a methodological technique used in social sciences qualitative research aimed at increasing the credibility of research findings (Creswell, 2003; Lincoln & Guba, 1985; Spillett, 2003). Because of the subjectivity inherent in the researcher-as-instrument nature of qualitative research, Lincoln and Guba (1985) recommend the use of peer debriefing as an “external check on the inquiry process” (p. 301) with the end goal of increasing the truth value or the degree to which the findings resonate as true to research informants themselves. This can be facilitated through the use of one or more peer debriefers at various stages in the research process to fulfill multiple functions toward the end of increasing credibility (Erlandson et. al, 1993; Spillett, 2003). In the present study a peer debriefer was used during the recruitment, data collection and data analysis processes. The timing of when the peer debriefer began to be utilized was following HSIRB approval for the research study and after HSIRB acceptance of the peer debriefer’s credentials, so the peer debriefer did not have a role in the initial research design process.

A peer debriefer is someone, “a peer…who has some general understanding of the study [sufficient enough] to analyze materials, test working hypotheses and emerging designs, and listen to the researcher’s ideas and concerns” (Erlandson et. al, 1993, p. 140). The peer debriefer’s role is also to play devil’s advocate, ask probing questions, and offer alternative explanations (Erlandson et. al, 1993). The peer debriefer that was used in the present study has background in conducting research and analyzing research data. The peer debriefer for this study filled all of the previously discussed roles (devil’s advocate, probing questions, alternative explanations).
More detailed information about how peer debriefing impacted the research process is found in the peer debriefing journal. Following is an example of an instance where the peer debriefer’s thoughts and questions prompted me to consider an alternative explanation. I was sharing my reactions to the emotional intensity present while conducting an initial interview with an informant who is HIV positive. The informant was intermittently tearful during the interview and at the end of the interview hugged me and held the embrace for several seconds while he was waiting on the elevator. I thought that a plausible explanation for the hug was that he was emotionally drained from the interview. The peer debriefer asked me to consider whether his hug could also be interpreted as a thank you hug. Given the peer debriefer’s significant history of conducting qualitative research with people who are HIV positive, I broadened my conception of what the hug could have meant for the individual. Because the informant did not participate in the member check interview I was not able to ask him more about the meaning of the hug for him.

Spillett (2003) suggests that trust between the researcher and debriefer, as highlighted in Spall’s (1998) study, is essential to the development of an effective peer debriefing relationship. In particular because within this relationship there is a need for mutual respect of ideas, a relationship that allows for challenges to the researcher’s interpretations in a non-threatening or judgmental manner, and the facilitation of bias awareness within the researcher (Spillett, 2003). In regard to researcher bias in qualitative research, the sometimes conflicting views are that a) bias and subjectivity should be avoided (Spillett, 2003) and b) that researcher subjectivity is what forms the basis of one making a distinct contribution that yields greater awareness about that which
is being researched (Peshkin, 1988). In regard to the interactions between me and the peer debriefer, there was prior established mutual trust and respect for one another based on our interactions within the community. Our ability to challenge one another in non-threatening ways was tested in other contexts prior to the peer debriefing relationship. Within the context of our debriefing sessions, one of the ways the debriefer challenged me was in regard to biases about obesity based on his knowledge of my prior being obese when we first met one another a few years ago.

Spillett (2003) suggests that when peer debriefers are used in dissertation research, debriefers who bring balance to the process can be useful in that capacity, given that many dissertation researchers are novices in the area of conducting research. Spillett (2003) also suggests that “debriefers may be insiders or outsiders to the discipline, topic or context for the research” (Spillett, 2003, p. 37). It is incumbent upon the researcher to consider where the potential debriefers fall on the continuum of insider and outsider considerations (Spillett, 2003). Although in the present study I would have preferred to utilize a variety of peer debriefers to encourage a broad range of perspectives and expertise, I utilized one peer debriefer who has primary research expertise in the area of HIV prevention with African American males. With exception of not being overweight or obese, he otherwise met the criteria of the sample in the study. Because of my closeness to the phenomenon being studied (OMAD-MSM), utilization of an outside debriefer who can question and challenge my assumptions and biases is of greater importance than being an insider to the topic (messages about body image) or the context of the research. The primary reason for only using one debriefer in the present study is
because of the feasibility issues identified by Spillett (2003); commitment, availability, and dependability of utilizing multiple debriefers.

Spillett (2003) differentiates peer debriefing from peer support. The major defining characteristic of peer support is the researcher’s seeking of emotional support, companionship, “continuous affirmation, encouragement, and commitment to [the student researcher’s] success” (p. 39) from supportive people in their lives. In peer debriefing the researcher’s goal is credibility enhancement through the use of more evaluative interventions from the debriefer and even if this is done from a psychological focus in a manner that encourages more clear-headedness and increased awareness of personal biases, the outcome should be that peer debriefing leads to a more critical review of the research process. Student researchers “should reconsider their priorities if emotional support becomes the overriding purpose for the debriefing process” (Spillett, 2003, p. 39). During the peer debriefing process in the present study, the focus remained on debriefing rather than support.

In regard to when within the research process peer debriefing should begin, there is much flexibility in this regard based specifically on the role delineated for the peer debriefer. Spillett (2003) notes that many doctoral students have a preference for utilizing peer debriefers at the research planning stage given that subjectivity is present from the beginning. Other researchers begin utilizing peer debriefers at the design stage given the numerous decisions that are made which could impact validity including: “developing research questions, defining criteria to select the research context or informants, and choosing data collection and data analysis techniques” (Spillett, 2003, p. 38). Spillett (2003) suggests that it is during data collection and analysis that most
potential validity issues occur and that this is also the period wherein there is the “most pressing need for debriefing” (p. 38). As it relates to the present study, peer debriefing occurred after HSIRB approval was received and the selected peer debriefer was provided with training designed to protect research informant confidentiality and promote adherence to ethical standards. Debriefing was used during data collection and analysis.

“A single meeting with a debriefer, perhaps at the data analysis stage, provides less compelling evidence to argue for the validity of the researcher’s methods” (Spillett, 2003, p. 38). Therefore, it was initially my intent that multiple debriefing meetings would occur but not on a specific standing meeting schedule. Debriefing meetings were arranged throughout the inquiry process in an emergent manner via a step-by-step process and continued through the data analysis process. At the start of the debriefing relationship, specific tasks (i.e., bracketing, horizontalizing data) wherein it was be important to minimize validity threats were identified by the researcher and the peer debriefer as a starting point for making determinations about when it would be important to meet for debriefing.

In speaking to the question of what occurs during a debriefing meeting, Lincoln and Guba (1985) state that “there is no formula to prescribe how a debriefing session should be conducted” (p. 308). It is through Spillett’s (2003) research about and experiences with peer debriefing that several ideas about the content of a peer debriefing session were developed as applied to dissertation studies. Broadly speaking, “all of the standards for good practice in qualitative research can be reviewed and evaluated” (Spillett, 2003, p. 38) during a debriefing meeting. Examples of activities that could occur in a debriefing meeting include reviewing an interview transcript to search for
moments “when the student researcher overlooked the informant’s perspective, failed to elicit more concrete descriptions, or did not manage the interview well” and discussing “how to improve” moving forward in the research process (Spillett, 2003, p. 38). Other potential activities that could occur in a peer debriefing meeting during the write up of results might include discussing and debating tentative conclusions; and/or the debriefer encouraging the researcher to broaden the manner in which results are presented through the use of creative and literary expression via “alternative forms of representation” (Spillett, 2003, p. 38).

In the present study, one example of an activity that occurred was reviewing the transcript of an interview that I perceived to have yielded little useable information about meanings the informant ascribed to their body image-related experiences. The issue that I was having was due to the informant responding to interview questions in a manner that was unanticipated. Some of his responses were more implied or nuanced. He provided less detail about scripted questions but what seemed to be of importance to him was answering questions that were not explicitly asked. It was through the peer debriefing process that I began to understand that the informant used the interview as an opportunity to talk about his experience of being raped as a child. For him, this experience shaped his sense of self, body, and social interactions from an early age. For him, he could have potentially perceived this as being the most important message that he shared during the interview process although there were not specific questions asked about rape or sexual assault.

Spillett (2003) cites Maxwell (1996) as noting that to address validity concerns in qualitative research, one must be able to “trace the researcher’s effect on the study” (p. 38).
39). How this is reported takes the form of notes and a final debriefing report (Spillett, 2003). It is recommended that during debriefing meetings that the researcher takes detailed notes. After debriefing meetings, the researcher should document whether there will be any modifications to the research process resulting from the debriefing meetings. Further, it is suggested that the final peer debriefing report addresses answers to some of the following questions: 1) who the peer debriefers were; the expertise and the perspectives they brought to the research; and the how the debriefer’s values and skills balanced with that of the student researcher; 2) the number of debriefing sessions held; the time span over which the sessions were held; the stages in the research process wherein debriefing occurred; which aspects of research were discussed; concrete items reviewed; and how the debriefers engaged in exploring the role of subjectivity on the research process; and 3) the specific outcomes of peer debriefing; things which were changed or confirmed; emergent decisions about methodology and the process by which these were reached; the relationship between the researcher and the peer debriefer; and the ways in which debriefing activities facilitated awareness about the researcher’s subjective effects.

Spillett (2003) further recommends that in the outcomes section of the report that “it is particularly effective to walk readers through an example or two of an important decision, change, or realization resulting from the debriefing sessions (p. 40). In regard to the present study, Spillett’s (2003) recommendations were followed for how debriefing meetings were conducted and reported. A peer-debriefer journal was used to keep track of peer-debriefing related activities. Although more detailed information can be found in the peer debriefer journal, an example of how the research process was modified as a
result of peer debriefing occurred during recruitment will follow. In came to my awareness that while in the recruitment phase, that there were two black gay men who were murdered in a different part of the country after meeting someone on a gay dating Android app that they later met in person and killed them. Although it was a different app than the one used to recruit in the present study, talking about the incident with the debriefer allowed the opportunity to increase researcher safety by deciding to explicitly discuss with the dissertation chairperson any safety concerns and to notify the chairperson in advance of meeting times and locations with prospective informants.

**Phenomenological Data Analysis**

Moustakas (1994) identifies the steps of phenomenological data analysis as: 1) Epoche, 2) Phenomenological Reduction, 3) Imaginative Variation, and 4) Synthesis. *Epoche* is a Greek word which means “to stay away from or abstain” (p. 85) and is in reference to the process of the researcher setting aside preconceived ideas about the phenomenon as he or she prepares to derive new knowledge but also is an experience in and of itself. The steps of *phenomenological reduction* include: 1) placing into brackets the phenomenon one is researching and putting everything else out of play; 2) horizontalizing every statement and treating each with equal value and then removing statements irrelevant to the research topic, and removing statements which are repetitive or overlapping; which only leaves the *horizons* which are described as the “textural meanings and invariant constituents of the phenomenon” (p. 97); 3) clustering the horizons into themes (Moustakas, 1994) is sometimes referred to as developing “clusters of meaning” (Creswell, 1998, p. 55); and 4) “organizing the horizons and themes into a
coherent textural description of the phenomenon” (Moustakas, 1994, p. 97), of which a
textural description is analogous to the “what” of the experience (Creswell, 1998;
Moustakas, 1994). Imaginative variation is related to using one’s imagination in the
process of creating a structural description of “how” the phenomenon was experienced
(Creswell, 1998; Moustakas, 1994). The final step of synthesis (of meanings and
essences) integrates the textural and structural descriptions into “a unified statement of
the essences of the experience of the phenomenon as a whole” (Moustakas, 1994, p. 100)
and when produced in report form should leave the reader with the sense that “I
understand better what it is like for someone to experience that” (Polkinghorne, 1989, p. 46).
From a methodological standpoint, phenomenological data analysis in the
investigation of human experience should lead the researcher to learn “to see naively and
freshly again, to value consciousness experience, to respect the evidence of one’s senses,
and to move toward an intersubjective knowing of things, people, and everyday
experiences” (Moustakas, 1994, p. 101).

As it relates to the present study, the phenomena are: the messages about weight
and body image from family, friends, dating partners, sex partners, social institutions,
social networking websites, and the media which to some degree have been incorporated,
adopted, or integrated into one’s sense of identity from the perspective of OMAD-MSM.
In applying the steps of phenomenological reduction to the present study, the epoche
process began in the pre-data collection process by identifying my biases and
assumptions about OMAD-MSM (noted in Chapter 1), but additional biases and
assumptions are identified in both the researcher journal and the peer debriefing journal.
After interviewing each informant and both transcribing and analyzing the transcripts I
was also able to *bracket* or separate the statements that are relevant to the research topic from those that are not, and begin the process of *horizontalization* by removing non-relevant statements, overlapping statements, and repetitive statements. In the present study, the removal of non-relevant, overlapping, and repetitive statements was done by creating individual and collective transcript summaries that excluded non-phenomenon related data.

By clustering the horizons into themes or *clusters of meaning* I was able to develop the textural description of the phenomenon (the what). I also created an integrated structural summary that incorporates how the phenomenon was experienced by the informants as a group, further illuminating the meanings and connections among ideas embedded in informants’ discussions of themes. The structural summary is detailed in Chapter 5. Initially the descriptions took the form of a list of more than 30 big ideas gleaned from what informants had shared. As months elapsed during the data analysis process, both the interconnectedness and relative disconnect between those big ideas became more apparent and definitions of those ideas became more refined. There were a total of 10 essences. Those themes are detailed in Chapter 4. When considered collectively, both the textural (essences) and structural summary (meanings) offer greater insight into the phenomenon.

**The Role of the Researcher**

**Researcher as Instrument**

In naturalistic qualitative research, the researcher is expected to be the primary instrument of data collection (Miles & Huberman, 1994). In the present study I was the
primary instrument of data collection. The three characteristics of an effective researcher as instrument are: 1) familiarity with the phenomenon; 2) good communication and investigative skills; and 3) utilization of a multidisciplinary approach (Miles & Huberman, 1994). As it relates to the present study, I have some familiarity with the phenomenon through my prior lived experiences as someone who has met the selection criteria for the study. My notations about this are included in the researcher journal. Additional familiarity with the phenomenon was attained through interviews with research informants regarding their personal experiences. Through refinement of interview protocol questions as necessary and active listening I was able to show my investigative skills. As discussed prior, the use of the researcher journal assisted with introspection. The extent of informant observation in the present study was limited to interviews.

**Researcher Subjectivity and Insider Research**

“Subjectivity is always a part of research from deciding on the research topic to selecting frames of interpretation” (Glesne, 1999, p. 105). As it relates to the present study, I chose to share with informants that I at one point in life met the criteria for the study. I thought it was important that there be a reasonable amount of transparency in regard to my interactions with the informants as better explanation for why I am interested in their particular experiences. As it relates to increasing the integrity of the data analysis process, this disclosure is potentially important for consumers of the data.

Insider research refers to the special role that a researcher has in the research process when he or she is also considered to meet the criteria of a study’s target sample
(Darra, 2008). There are both potential drawbacks and positive advantages to having a researcher who is considered an insider. Advantages to insider research include: an ability to find hidden populations; more rapid trust building; and the likelihood of being able to generate research questions not based on stereotypes or misunderstandings (Hartman, 2008).

One potential drawback related to assumptions, is that meanings associated with what a informant has said, or vice versa, is thought to be understood because of one’s assumed insider knowledge (LaSala, 2003). Another drawback, related to the first, is that the researcher may assume that because he or she is an insider that other differences such as socioeconomic status or educational background will not serve as a barrier to being fully accepted as an insider by the research informant (Hartman, 2008). The issue of professional boundary quandaries may come into play if the researcher’s thoughts, emotions, or behaviors during the research process would cause there to be a sense of obligation to research informants that goes beyond what would occur in other research relationships (Baca Zinn, 1979).

As it relates to the present study, there was one informant who told me at the end of the initial interview that I was not fully viewed as an insider because I was not obese. Although the aforementioned disclosure about prior meeting criteria for the study was made to informants, this knowledge did not necessarily translate to acceptance or inclusion by all of the research informants. Some research informants acknowledged perceiving me as an insider because of my disclosure and demeanor which they reported helped allow for greater depth in sharing their descriptive experiences applicable to the study. The potential drawbacks related to researcher subjectivity and assumptions about
meanings of informant statements based on assumed insider knowledge, were buffered through the use of the researcher journal, self-reflections, peer debriefing, peer debriefer journal and ongoing contact with the dissertation chairperson. I remained conscientious of the reality that my own subjectivities could cause contamination of the data if not monitored.

About the Researcher

At an earlier point in life I would have fit the criteria for participation in the study. More specifically, I am a gay male of African descent with a history of overweight/obesity. This disclosure was made to research informants prior to their participation in the study. Presently I am considered to be average weight according to BMI standards. I was raised primarily in the Midwest but have also lived in the South. I have experienced disparate treatment as well as acceptance based on my race, sexual orientation and body size.

My graduate training has been in the field of Counseling Psychology. I have had a variety of professional work-related experiences in various settings such as university-based counseling centers; private practice; non-profit counseling centers; and a community based health center. I have worked with a range of clients including adolescents; adults; voluntary clients; and mandated clients who have had a variety of presenting concerns ranging from day-to-day life adjustment issues; substance use; depression; PTSD; SPMI diagnoses such as Bipolar Disorder and Schizophrenia; and co-occurring mental health and substance use disorders.
I have conducted presentations and participated in community events on topics such as understanding mental illness; mental health stigma; the importance of self-care for rural mental health practitioners; healthy sleep; and HIV treatment disparities with African Americans. The present study related to body image and identity development among African American MSM has given me greater appreciation for the richness of this culture and increased an awareness about aspects of the culture that I previously did not have. The process of discovering these new ideas and the distinctions between informant experiences and my own is documented in the researcher journal.

**Data Trustworthiness**

A parallel to reliability, validity, and objectivity found in quantitative research data analyses, *trustworthiness* of qualitative research data is measured in terms of credibility, triangulation, transferability, dependability, and confirmability (Lincoln & Guba, 1985; Patton 2002). Qualitative rigor is defined by Morse, Barrett, Mayan, Olson, and Spiers (2002) as the trustworthiness of conclusions. In regard to data trustworthiness and to ensure qualitative rigor, the researcher in the present study included the following as measures aimed at minimizing the impact of qualitative research limits and increasing the trustworthiness of the findings: 1) clarifying during initial interviews; 2) member check interviews; 3) triangulation; 4) illustration of results with extended quotes to allow the reader to gain a strong and in-depth appreciation of informant stories; 5) use of a peer debriefer, 6) peer debriefer journal; 7) researcher journal; 8) internal auditor and 9) external auditor.
Credibility

Sandelowski (1986) suggests that a credible study can be measured by the degree to which the research informants themselves are able to recognize their own experiences when reading about them in the research study. Lincoln and Guba (1985) define credibility as the probability that “credible findings and interpretations will be produced” (p. 301). As it relates to the present study, credibility was enhanced through clarifying during initial interviews, member check interviews, and triangulation. Those informants participating in member check interviews verified that they recognized themselves in the summary of initial findings.

Triangulation

Patton (2002) suggests that methodological triangulation strengthens a study through utilization of multiple methods to gather data about the phenomenon of interest. In regard to the present study, research informants participated in an initial interview, a second member checking interview, completion of a basic demographic questionnaire; and the researcher also utilized a researcher journal. These sources of data serve to triangulate by giving enough information among varied sources.

Transferability

When using purposive sampling, transferability refers to provision of “the widest possible range of information for inclusion in the thick description” (Lincoln & Guba, 1985, p. 316). As it relates to the present study, thickness of description is enhanced through open ended questions, phenomenological interviewing techniques, verbatim
transcription of informant interviews less personally identifying information, verbatim transcription of member check interviews less personally identifying information, and use of the demographic questionnaire. Study results are illustrated with extended quotes to allow the reader to gain a strong and in-depth appreciation of informant stories. A major goal here is to provide enough contextual information about informants so that consumers of the results can consider which could be expected to be applicable to other informants in other contexts. Each user of the research will need to determine the transferability for their own purposes. Characteristics of informants in the present study are detailed earlier in this chapter.

**Dependability**

Dependability is established through creation of audit procedures and maintenance of raw data and records (Lincoln & Guba, 1985). The researcher journal was used to keep record of all materials and any questions or reactions that developed throughout the course of conducting the study. Each informant’s name was replaced with a pseudonym and any reference to specific places or people was changed to further protect confidentiality. The key to the match of pseudonyms and informants’ real names was kept at the student investigator’s home in a locked file cabinet during data collection. Likewise, audio tapes of interviews and transcripts were also kept separately in a locked file cabinet in the student investigator’s home. Upon completion of the study, audio recordings of interviews from the voice recorder will be erased and/or destroyed, but transcripts and all other data will be stored in a secured locked file cabinet in the Dissertation chairperson’s office in the Counselor Education and Counseling Psychology
Department at WMU or in the University Archive for a minimum of three years after the study closes per university regulations.

In the present study, the dissertation committee chairperson served as an internal auditor by assisting with development of the study design, reading transcripts, discussing emerging understandings, assisting in the development of initial interview and member checking interview questions, providing ongoing consultation regarding the process, and auditing study findings and conclusions. To complement to the roles of the internal auditor and peer debriefer, I also utilized an external auditor to evaluate both the product and the process to further ensure the accuracy of the findings, interpretations and conclusions.

The external auditor utilized for the present study was an African American, heterosexual, married female. She is a doctoral level Licensed Professional Counselor with graduate-level university teaching experience background. In her current position at a non-profit mental health and substance abuse treatment agency, she has acquired several years’ experience with providing mental health and substance abuse treatment to individuals with chronic illness. She has also worked in both program administration and clinical supervision capacities within that setting. Prior to conducting the audit, she was not knowledgeable of my research. The aforementioned considerations made her a suitable person for conducting the external audit.

Based on feedback from the external audit in December 2014, there were changes that occurred in regard to how the data is now being presented. More specifically, the auditor suggested that there was some overlap among some of the essences. She recommended that I provide more detailed definitions of the essences in order to more
clearly differentiate between the differences and reduce the overlap. The auditor also identified a couple of places where quotes that I selected to illustrate specific ideas were not appropriate because what the informant was saying was too unclear and required that too many assumptions be made on my part about what the informant meant. In those instances, I selected more appropriate informant quotes and removed any statements that could not be appropriately substantiated. There was also an instance where the auditor identified an overstating on my part of the strength/frequency of an idea by informants. It also later became clear that the label I created for that idea made too specific of a reference to the geographical location of the informant which could pose confidentiality issues. To remedy the issue, I modified the label to reflect the geographical location in a broader manner which would pose less risk of the informant being unintentionally identified.

**Confirmability**

Confirmability relies on the use of research informants to review and clarify data (Lincoln & Guba, 1985). In the present study, informants were asked clarification questions during the initial interview; and informant involvement during the member check interviews explicitly allowed informants to respond to the initial collective results, which helped to aid in confirmability. Those participating in the member check interviews verified the accuracy of the initial results.
Chapter Summary

This chapter focused on the qualitative research design and methodological approach utilized in the present exploratory phenomenological study. In particular, I was interested in understanding the meanings attributed to internalized messages about body image within the context of identity development from the perspectives of overweight and obese men of African descent who have had voluntary sexual contact with other men (OMAD-MSM). This inquiry focused on elucidating detailed descriptions of research informants’ life experiences. They provided a first-hand account of their interactions with other people wherein they have received body image-related messages.

Through the use of Moustakas’s (1994) Transcendental Phenomenological design, I was able to explore the phenomenon of interest. By enlisting the voices of research participants as “informants” (Neuman, 2006, p. 410) to provide a descriptive reality of their personal experiences, OMAD-MSM had the opportunity to share their lived experiences and the meanings attributed to their experiences as well. The subject matter (the meanings attributed to internalized messages about body image from the perspectives of OMAD-MSM) within academic scholarship has not been researched until now. The use of Moustakas’s (1994) transcendental phenomenological design provides reliable and valid data regarding “the data of experience” (p.59). The methods used allowed me to gather rich data and I was also able to develop a meaningful understanding of the phenomenon of interest. The next chapter focuses on providing a detailed presentation of the results.
CHAPTER IV

RESULTS

Introduction

*Tongues Untied* Truth Revealed is a phenomenological study of body image within the context of identity development from the perspectives of overweight and obese men of African descent (Black) men who have sex with men (OMAD-MSM). The purpose of this chapter is to report and summarize the main findings of the study. Given its phenomenological nature, results are presented utilizing extended quotes to convey both content and the meanings that informants have assigned to their experiences. The remainder of the chapter offers a re-articulation of the research questions and provides data about the significant findings.

The data are reported in the form of essences of experience. The essences that were distilled from the informant experiences shared during this process provide insight into their: 1) perspectives on obesity; 2) sense of body image; 3) identity development; 4) understanding of how their sense of self has been shaped by the regional Black gay culture of the South, arts, and pop culture; 5) the place that social media holds in their lives; 6) emotional health; 7) experiences with having their bodies rejected; 8) the impact of not having the types of intimate partner relationships that they desire; 9) experiences with having their bodies accepted; and 10) demonstrations of informant resilience. The chapter concludes with a broad summary of the findings.
Research Questions

The following are the broad research questions that helped to guide the inquiry:

As it relates to self-identified overweight and obese black males of African descent living in the United States who have had voluntary sexual contact with other men:

1) What are OMAD-MSM’s lived experiences in regard to the messages about weight and body image that have been received through interactions with family, friends/peers, dating/sex partners, and the media/social media which have to some degree been incorporated, adopted, or integrated into OMAD-MSM’s sense of identity (the way(s) in which OMAD-MSM identify/define who they are (both publicly and privately)?

2) What value or meaning do OMAD-MSM give to those messages received about their bodies and how do they describe the impact of those messages on their sense of identity?

The Essences

Neuman (2006) uses the term essence to describe phenomenological data. In the present study, essence is used synonymously with theme, and in most cases will replace its usage throughout the remainder of this chapter. The lived experiences that were shared by the informants provide their personal insight into how their lives, sense of self, view of the world, social development and identities have been impacted or shaped through their interactions with others in regard to the messages they have received about their bodies.
The remainder of this chapter will focus on the essences of what was learned from the informants about their lives. The 10 essences provide the piece by piece understanding of the research findings while the structural summary which is presented in the discussion chapter provides an integrative summary of the informants’ experiences. The following essences are described in further detail below: Perspectives on Obesity; Body Image; Identity; Black Gay Culture, Arts, and Pop Culture; Social Media; Emotional Health; Rejected Bodies; Unattained Intimate Partner Relationships; Acceptance; and Resilience. Through the use of extended verbatim quotes, the depth and richness of the informant’s own words about their experiences are captured. The depth and richness of the lived experiences is further reflected in the multifaceted nature of many of the essences. For those essences with multiple aspects, smaller themes or sub-essences are identified with subheadings (See Table 1).

### Table 1

**Essence and Sub-essence Quotes and Descriptions**

<table>
<thead>
<tr>
<th>ESSENCE/SUB-ESSENCE</th>
<th>SUB-ESSENCE QUOTES AND/OR DESCRIPTIONS</th>
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<tbody>
<tr>
<td><strong>1. PERSPECTIVES ON OBESITY</strong></td>
<td></td>
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<tr>
<td>A) OBESITY DEFINED</td>
<td>“you can’t see their neck”; “can’t fit in regular type chairs, breaking stuff”</td>
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<tr>
<td>B) IMPACT OF LABELING AS OBESE</td>
<td>“obese” label as hurtful</td>
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<tr>
<td>C) STIGMA OF OBESITY</td>
<td>“there was guy there he was bigger than me he was a large guy and they said you know him did yall come together. I’ve never seen this guy before in my life and I was like no I don’t know him they are like well yall big boys stick together so I thought yall might of have been you know”</td>
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Table 1—Continued

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<tr>
<th>2. BODY IMAGE</th>
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<tbody>
<tr>
<td>A) VULNERABILITY AND LOW SELF WORTH</td>
<td>“during sex I do wear a shirt”</td>
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<tr>
<td>B) BODY ALTERING STRATEGIES</td>
<td>“let me take this butcher knife…I’m just gonna cut the fat off”</td>
</tr>
<tr>
<td>C) SELF-REPRESENTATION AND IMPRESSION MANAGEMENT</td>
<td>“my weight on [social media] though does say 260 but I’m actually 285 so there’s that but I mean 260 and 285 is not much of a difference you know like so you still gone come over and see a big man”</td>
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<tr>
<td>D) BODY-ACCEPTANCE</td>
<td>“As I’ve gotten older I’ve learned to accept my body and accept the things that come with me a little bit bigger”</td>
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<tr>
<th>3. IDENTITY</th>
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<tr>
<td>A) PERSONALITY AND PHYSICAL CHARACTERISTICS</td>
<td>Personality Characteristics: “caring, helping, compassionate, friendly, loyal”/Physical Characteristics: “chocolate [laughter], big eyes, nice lips, curly hair, stocky, broad shoulders, big ass, big legs, nice, stuff like that”</td>
</tr>
<tr>
<td>B) RELATIONAL AND SOCIAL ASPECTS</td>
<td>“I’ve tried to do the whole being a cub or whatever … and even in that…it was looked at as like oh you’re not big enough to be considered this…and I kinda was like wait a minute hold on, y’all telling me I’m not fat enough to be considered fat and it’s like for me I’ve always been put in the in-between of the two so it’s always been either I’m too thick for one side or I’m not thick enough for the other.”</td>
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<tr>
<td>C) HIERARCHICAL ORDERING OF SOCIAL GROUP MEMBERSHIPS</td>
<td>“gay goes first, and then black and then [profession] and then resilient and then comes unattractive”</td>
</tr>
<tr>
<td>D) SOCIAL MEDIA IDENTITY</td>
<td>a social media identity that may differ from how self-presentation is managed in other contexts/situations</td>
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<tr>
<th>4. REGIONAL BLACK GAY CULTURE OF THE SOUTH, THE ARTS, AND POP CULTURE</th>
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<tbody>
<tr>
<td>A) BODY IDEALS</td>
<td>“at the end of the day 80 percent of these people are just looking for sex so and they’re not looking for a relationship or commitment it’s just sex so I guess it just needs to be as visually appealing as they need it to be for that purpose”</td>
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<tr>
<td>B) SEX AND SEX ROLES</td>
<td>“itis made to seem like most bottoms have to be short, skinny, and light-skinned and most tops have to be butch, masculine, thug, or muscular”</td>
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<td>Table 1—Continued</td>
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<tr>
<td><strong>C) INFLUENTIAL ICONS</strong></td>
<td>THOSE ICONS THAT RESONATED WITH INFORMANTS BECAUSE OF BODY TYPE SIMILARITIES ARE BUFFIE THE BODY AND LAUREN LONDON. THE ICONS THAT MOST STRONGLY RESONATED WITH INFORMANTS BECAUSE OF VALUES ARE BY OCCUPATION MUSICIANS, DRAMATIC ARTISTS, AND DRAG PERFORMERS.</td>
</tr>
<tr>
<td>5. SOCIAL MEDIA</td>
<td></td>
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<tr>
<td><strong>A) FILTERING ON SOCIAL MEDIA</strong></td>
<td>“no fats-no fems” on a social media profile, suggesting that if a person is overweight or has feminine characteristics that the social media user that has that statement on his profile does not want to have contact</td>
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<tr>
<td><strong>B) BODY OBJECTIFICATION ON SOCIAL MEDIA</strong></td>
<td>“when the thick chasers came along and I saw that like I can get these attractive men, I stopped being attracted to bigger men…that’s the epitome of attractive, like not skinny, but like you have a 6-pack and then you have you know a penis the size of an elephant”</td>
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<td><strong>C) OTHER USES OF SOCIAL MEDIA</strong></td>
<td>“I use Facebook [as my] personal diary because it’s my way of venting”</td>
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<td>6. EMOTIONAL HEALTH</td>
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<tr>
<td><strong>A) COMPARISON TO FEMALE BODIES</strong></td>
<td>“I was in middle school. I was a heavier set boy and I had a chest. It wasn’t formed. It was like breasts and my middle school teacher was talking to my mom and she was like well he needs to go work out. He’s starting to get little boobies and you know it’s always been things like that”</td>
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<tr>
<td><strong>B) PEER PRESSURE, CONFORMITY, AND INTERNAL CONFLICT</strong></td>
<td>“here I am sitting there…actually way bigger than her, so like if they were gay [fraternity brothers] and some of them were gay that of course they would never approach me cuz I’m this whale so yeah…[I] was like feeling very very sorry for these girls and like more and more disappointed in myself that…I would kinda joke and laugh around with it…and then like saying it later on, like [to] some of my pledge brothers…Aha you slept with a whale last night…Thinking back on it like how was I so offended but yet I said it as well”</td>
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<td><strong>D) TRAUMA OF RAPE AND MOLESTATION</strong></td>
<td>“I was molested when I was 5, five to eleven and nobody knew… the two people that were doing it said nobody’s ever going to believe you…they would do stuff to me while I was sleeping. I would wake up with cum in my draws…it was a lot of pain I used to hide…people always thought I was okay…I used to lie to everybody…I wasn’t given a chance”</td>
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<tr>
<td>7. <strong>REJECTED BODIES</strong></td>
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<tr>
<td><strong>A) INTERNAL SCRIPTS</strong></td>
<td>“The second before I go in [the night club] I’m like I’m not here to find anybody I’m never at the club to find a man cuz I won’t find a man whereas the skinny one will get all the numbers”</td>
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<tr>
<td><strong>B) CONDITIONAL ACCEPTANCE</strong></td>
<td>“My hope would have been that we were together because we both accepted the fact that our bodies are going to change…we should be able to close our eyes and remember what we had we met on the inside and he was just like no…I’ll tell you now, you gain 30 pounds we’re gonna break up…like I could see that if he was 20 but you know he’s he had children a few years younger than me so he should have known better.”</td>
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<th>8. <strong>UNATTAINED INTIMATE PARTNER RELATIONSHIPS</strong></th>
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<tr>
<td><strong>A) UNATTRACTIVE AND UNDESIRABLE</strong></td>
<td>“I must be unattractive. I’ve never been on an official date like, I’ve never been to the movies with a guy or I’ve never been to dinner with a guy…and I say that has to be because I’m unattractive”</td>
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<tr>
<td><strong>D) DISCOMFORT WITH PHYSICAL INTIMACY</strong></td>
<td>“I just do not like when people rub my stomach. It kinda like you know makes me feel like a Tele-tubby”</td>
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<th>9. <strong>ACCEPTANCE</strong></th>
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<tr>
<td><strong>A) VALIDATION AND REASSURANCE</strong></td>
<td>“he…says…your body’s perfect the way that it is…you’re a thick guy you know and I like it and at first I was just like ok he’s saying this cuz he’s just trying to hook up and this is so not true but even when we spent time together like you know he rubs my back, he rubs my stomach, he rubs you know, he’s just very affectionate and…it’s the first in a long time and I think that it’s a great thing”</td>
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<tr>
<td><strong>B) SOCIAL ACCEPTANCE</strong></td>
<td>Informant describes a particular “queer bar” as “a place where you know quote unquote all the freaks and geeks go and so anybody can be approached”</td>
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| 10. **RESILIENCE** | “I was in a abusive relationship…and after getting out of that relationship stepping out of the lifestyle and taking care of myself and learning who I am and loving me I now embrace who I am as a person…I took the time to learn who I was and stop letting people dictate my happiness…Once you step back and learn your own boundaries…and the things you’d like to do…you start going around people with the same kind of likes and interests” |
Perspectives on Obesity

*Obesity defined.* Throughout the interview process, informants provided contextual information about how they define overweight and obesity. Most of their responses however focused on obesity specifically. Informants described their perception of obesity in ways which illustrate the extreme differences between what they would consider to be obese and non-obese. Some informants described obesity as “someone who is greatly over the body weight they should be at” and “people who are you know 100 like 200 pounds like way overweight.” Other examples include describing obesity as people who are over “300 something pounds” or “you can’t see their neck” or “these kids who are like 12 and weigh...250 pounds.” Informants also indicated that they saw obesity as being a “medical term.” They further talked about obesity in terms of the real life outcomes with examples about obese people being those who “can’t fit in regular type chairs breaking stuff” or “the people you like you see who can’t get out of bed.”

*Impact of labeling as obese.* Overwhelmingly, informants rejected the term obese as a label they would willingly apply to themselves and found it to be hurtful in some way. Informants expressed greater comfort or willingness to refer to themselves as overweight. There was no absolute consensus among all of the informants about definitions of overweight and obesity. Some of the more personally accepted or less stigmatizing ways that individual informants described their body size include: “thick; “shapely big”; and “big.”

*Stigma of obesity.* Informants also provided insight into how they see the judgment imposed by others in the form of weight/body size stigma and assumptions about their sexual behavior based on body size. When informants talked about the stigma
of obesity they associated stigma with words such as: bad, wrong, sounds dirty, and negative. The experience of being stigmatized is described by one informant as: “…a lot of staring, a lot of pointing, a lot of laughter, it’s a lot of not being secure with yourself.”

**Body Image**

**Vulnerability and low self-worth.** Informants shared a multi-layered and multi-faceted story about body image. They talked about their bodies in ways that revealed feelings of vulnerability and low self-worth. One informant captured this poignantly saying “[I’m] not a very comfortable person when it comes to nudity…during sex I do wear a shirt. The only time I take off the shirt is when they take it off and then I still feel insecure…like I’m sucking in, tucking, trying to make sure there are no bad angles if that makes any sense.” Another informant talked further about the impact of internal feelings of body image on how he seeks affection from others: “I’ve done the paying for dates. I’ve done the just being with somebody just to be with somebody…I’ve done the whole being surprised that someone wanted to be with me…I know how that feels and it … is a place of self-worth and … not knowing not being secure in yourself to understand that you’re worthy of being with someone not just because of what they look like but you are worthy of being with a person that you find attractive.”

Informants talked about judgment as being part of their lived reality. Sometimes their experiences involved judging themselves negatively, while many times the judgment came from others. One informant described his self-criticism in the following way: “There’s times when I’m um looking, looking in the mirror I was unclothed sometimes yes but…I’m not gonna give the mirror that long when I’m unclothed…In the
Body altering strategies. Informants’ discomfort with their bodies was further reflected in their discussion of various body altering strategies. Some informants identified everyday healthy ways of altering their bodies such as increased physical activity or healthier eating while others considered more radical procedures sanctioned by the medical community such as lap band surgery, liposuction, fat transfer from stomach to the buttocks, and use of Fenermin while being medically monitored. Although denying actually attempting to do so, one informant reported “I thought about it…let me take this butcher knife and just like I’m just gonna cut the fat off,” a potentially fatal approach to changing his body. Most informants readily identified the desire to have a more ideal body shape, stating for example, “If I could be the type of bottom I would [want to be], I would be 5’8”, 125 [pounds], light-skinned, brown hazel eyes…[because] that’s what I see moreso getting the attention from the type of guys that I like.” For some informants this was about social ideal and for others their own ideal.

Self-representation and impression management. Informants talked about self-representation strategies with a strong focus on presenting the physical self in positive ways. The way informants represent themselves are designed to manage other people’s impressions about them. When asked by the interviewer why there is a discrepancy with the body weight posted on his social media profile and his actual weight, an informant responded by saying “my picture is not false right, so you know if you come to my house or you’re into me you know what size I am. My weight…it does say 260 but I’m actually
285…but I mean 260 and 285 is not much of a difference you know like so you still gone come over and see a big man.”

**Body-acceptance.** Informants talked about the importance of moving toward self-acceptance of their bodies and selves. This was identified as important for personal well-being as well as development of positive relationships. One informant described how he has changed in his level of self-acceptance over time. His experience was captured through the statement: “As I’ve gotten older I’ve learned to accept my body and accept the things that come with me a little bit bigger. I’ve learned that I have to actually take extra care and put more into my looks…I’ve accepted the fact that not everyone is going to like what I look like. It just comes with growth over time.” Another informant expressed the belief that his body does not need to change, stating “when I was younger…I was like oh my gosh I don’t wanna go swimming without a shirt on…but now I’m just like I don’t care, it’s me. I’m at a point right now where I’m just I’m loving myself you know…This is the biggest I’ve been but I’m fine…If you don’t like bigger people maybe I’m not the one for you.”

**Identity**

Informants shared a variety of ways that they define their identities. They illustrated how their identity or identities have multidimensional characteristics. Their stories were also reflective of identities that are fluid and have group membership defined aspects. They also reported how their identities are impacted by intra-group fragmentation (race and body size). As informants described their online/social media
networking behaviors and interactions, they also demonstrated that they have social media identities.

**Personality and physical characteristics.** When first asked to describe themselves, most informants initially focused on personal characteristics including personality and physical aspects. For example, an informant reported that the following are characteristics that he possesses: “caring, helping, compassionate, friendly, loyal…I try to always…[“intentionally”] describe myself in ways that have nothing to do with my image or my appearance…its just about like traits and characteristics…A few times I’ve met people from like chat lines or whatever over the years and they would say like, you know I had no idea who to look for because you didn’t say you know you’re dark skinned or light skinned.” Informants that talked about their identities in regard to physical characteristics used descriptors such as “chocolate, big eyes, nice lips, curly hair, stocky, broad shoulders, big ass, big legs.”

**Relational and social aspects.** Informants also acknowledged important relational components of their identities. One informant described himself as a “very good friend,” highlighting that one of the ways he understands his sense of self is in relation to others. Some informants talked about social group membership/subculture participation. “I’ve tried to do the whole being a bear, not bear but a cub or whatever … and even in that…it was looked at as like oh you’re not big enough to be considered this…and I kinda was like wait a minute hold on, y’all telling me I’m not fat enough to be considered fat and it’s like for me I’ve always been put in the in-between of the two so it’s always been either I’m too thick for one side or I’m not thick enough for the other.”
Another informant talked about having an overweight/obese body-image related social identity that was initially ascribed by others but later was personally adopted for himself. “That’s how my college friends would describe me as the big, gay, black man and then I think…if you have to use an adjective to describe me to get somebody to remember who I was you would use gay, you would use big, you would use black, and you would use loud and funny, like one of those but you would definitely use big, like that would be in there…I think of myself as a big, gay, black, loud, funny, man like perfect. That is who I am.”

Hierarchical ordering of social group memberships. The multidimensionality of informants’ identities was also reflected in their self-descriptions. They acknowledged a hierarchical ordering of socially ascribed group memberships. One informant’s hierarchy included his sexual orientation, race, profession, self-described resilience and a globalized body-related negative self-judgment as aspects of his sense of self. “The first word that comes to my head is gay and it always comes before black probably because I’ve done so much research in terms of like black masculinity…I’m not into political social constructs and so I don’t fit easily within it and so it goes gay, and I was like, oh that’s the one I always go with the identity that I feel like it is most marginalized, and it’s marginalized in terms of my family cuz they are very religious and so there’s that. It’s marginalized in terms of my job cuz I’m [profession omitted] so I can’t really be fully out though I try to give as much as I can. I really like to remain professional especially not being protected you know in terms of rights so gay, and it’s the hardest thing to get over. Like being black yeah, like I got profiled you know a couple of times, but I’m able to not fit those constructs I’m able to code switch. I’m able to do those things like they did
early on because I had grandfathers to teach me this is what you know you have to do and it sucks to be successful, so gay goes first, and then black and then [profession] and then resilient and then comes unattractive.”

Informants spoke about the impact of intra-group fragmentation related to body size within the gay community. “I used to have a I guess a friend…he used to call me twin and I might add I was much smaller than he was. We’re opposites but we kinda looked alike but I really didn’t see it. We were just dark-skinned and big…One day I was chillin on campus and he walked by with somebody whose also big and was like …they said whose that big bear-fish [referring to informant] and I was like what the fuck does that mean and he was like, oh who him, and I was like dude just like insulted me because I don’t know what the fuck that means…so I instantly go to like gay lingo. Well fish means you know somebody whose kinda feminine or honestly when I think of fish we’re talking about a real woman and then the bear is a slang for a big burly guy, so I was like big burly woman or you know…so I was going through things like that in my head.”

Informants spoke about how they are impacted by intra-group fragmentation by African Americans in potentially dehumanizing ways regarding skin complexion and hair. “With my hair, my complexion, I do get oh either, you’re not all black or you have a kit in your head, or you’re too dark to have such beautiful hair, or oh my gosh I’d have babies with you because of your hair, I get those things oh you’re very attractive to be a dark skinned guy or things of that nature…We as African Americans have been through a lot and to still see that Jim Crow mentality is just it’s, it’s hurtful. It’s crazy because …we already go through so much so then to for you to be my brother or to be my sister and to throw out that stigma, it’s ignorant yes, but it’s still it’s sad at the same time.”
Social media identity. For this sample of informants, their identity and feelings about self were also reflected in their online interactions. Multiple informants engaged in online behaviors suggesting that they have a social media identity that may differ from how self-presentation is managed in other contexts/situations and is reflected in the following story. “When certain guys hear certain weight sizes [on social media sites] they automatically have a image in their head about what it looks like and they get pretty standoffish when you give them the correct weight size because in their mind when you say 5’11”, 245, you see a mid-size short fat man. You wouldn’t see someone whose height and weight proportionate being 5’11” and 245 so I usually give them the semi-size of how I’m how the closer looking size to what I am…In my mind I am a bottom. I am a full out bottom [but I tell people that I am] a versatile bottom to intrigue and entice the guys that I want to be with [but] … I get hit up more so by people of the bottom nature because of my stature, my look, and my build because they think that I’m a top because of the way I come across, look, dress [and] act…I always get stereotyped as being … a hard core, kind of swagged out, deep voice having thug which is totally not me.”

Regional Black Gay Culture of the South, the Arts, and Pop Culture

Informants reported that the regional Black Gay Culture of the South, the arts, and pop culture are external influences that have impacted their view of their bodies, self, and the world.

Body ideals. One informant associated regional Black Gay Culture of the South with body focused judgment where people focus on your physical appearance. “Living in this city…body image is so important…people are always harping on your looks…you
know like the people that turn you away without even knowing anything about you...at
the end of the day 80 percent of these people are just looking for sex so and they’re not
looking for a relationship or commitment it’s just sex so I guess it just needs to be as
visually appealing as they need it to be for that purpose.” Informants also associated
regional Black Gay Culture of the South with having a hurtful gay scene. One informant
described his experience when he “came out at a early age, dealing with guys around
14/15…I was literally growing up in the most trying confusing times of my life in this
scene and this scene is a very hurtful place...the gay scene in [city name omitted] is very
hurtful and it’s very cut throat...I still re-live some, I can still you know I still keep in the
back of my mind some of the things that were said to me because it’s like you, you
always, you’ll never forget, you always remember what, what has been said or what has
been done to you.”

Sex and sex roles. Informants also associated regional Black Gay Culture of the
South (sexual behavior and sex roles) with sexual openness. One informant said “I’m a
bit of a prude...I find it enjoyable now being in [city] I feel more apt to be more sexually
open. That’s actually like a resolution.” In regard to sex role stereotyping, one informant
said, “That’s just something that comes with [city]...its made to seem like most bottoms
have to be short, skinny, and light-skinned and most tops have to be butch, masculine,
thag, or muscular...that’s the ideal look in [city]...when it comes to what the roles of
positions are supposed to look like here in [city].” This was illustrated by another
informant who said, “I really feel like society tells you that no one close to overweight or
overweight are gonna be top. They’re all just to be power bottoms...they’re to be more
effeminate, they’re to be more submissive...I can sit around people that I know and we’ll
have conversations and they’ll say well he must be a bottom, like why is he a bottom, look at his big ass or look at you know, he’s a big guy. That’s what they do.”

To illustrate the stereotyping and attitudes others articulate about his value or worth, an informant shared examples of things people have said to him about his lack of sexual desirability. “Society tells you that no one close to overweight or overweight is gonna be top…all just to be power bottoms…effeminate…more submissive…Before I lived in [city]…the guy all but said well you must [have] low self-esteem, so you wouldn’t mind doing this threesome with me and my homeboy.” The same informant also shared the following experience: In [city] guys would hit me up…I was naive to the fact that when they would say looking for generous guys…and then I figured out they’re talking about money but it’s like, Oh you’re a big guy so you gotta be willing to pay.”

**Influential icons.** Informants reported that icons, pop culture, the arts, and media impact their view of their bodies, self, and the world. The characteristics of the influential icons identified by informants had similarities in regard to race, gender, occupation, body type, and values. Most of the icons they identified were African American females such as Buffie the Body, Lauren London, Nicki Minaj, and Delicious or drag performers such as RuPaul. All of the icons were involved in modeling, the entertainment industry, dramatic arts, or otherwise in roles that place them in the public eye in a very visible way. Those icons that resonated with informants because of body type similarities are Buffie the Body and Lauren London.

The icons that most strongly resonated with informants because of values are by occupation musicians, dramatic artists, and drag performers. One informant felt particularly connected to India Arie’s music that talks about appreciating skin tone, unity
among Black people and world peace. A film called Dear Dad was described by one informant as “a documentary that a guy did, letters that same gender loving men wrote to their fathers you know about their coming out and about their sexuality and how their fathers made them feel.” It shared the stories of 8 guys, “two that were overweight.” The film was described as “moving” because it validated and gave voice to the informant’s reality of living as a bigger person. The informant further stated, “I was really glad that he included them in this project.” Another message that one informant applies to his life about self-love comes from RuPaul’s Drag Race. The message at the end of every show is as follows, “If you can’t love yourself how in the hell you gonna love somebody else [and the informant applied the message in the following way] so it’s just like you can’t love yourself if you don’t like yourself and what you don’t like about you change it.”

When differences between icons and informants were reported, they were characterized as being unrealistic portrayals of black gay culture, unattainable goals, idealized images, or dichotomous comparisons. For example, one informant compared his attractiveness to the perceived attractiveness of an icon by saying, “I’m not putting myself up there with Channing Tatum [implied attractiveness] and saying oh I wish I looked like him. I do not …so I must be unattractive.” An example of how an informant expressed his sense of concern about the unrealistic portrayal of black gay men on television is highlighted by his perception of “In the Life Atlanta, you know the gay reality series…I saw the first episode of the trailer. I was just like are you serious…I know that’s what people think the lifestyle…looks like but that is such a small demographic of what’s really going on…you know help the young people who you know gonna struggle and have a hard time finding their way…being gay and being in the life,
being black…you got enough to deal with so please show them a true perspective of what’s going on.”

**Social Media**

Informants reported that they use a variety of social media sites, inclusive of Internet and Android Apps such as Jack’d, Grind’r, Growl’r, adam4adam, Facebook, and Instagram to meet people in virtual and real-time. For some informants, their use of social media was about an openness to meeting and/or connecting with new friends. Other informants indicated their purpose for using the social media sites was for dating/sexual purposes.

*Filtering on social media.* Informants identified *filtering* as a primary role/use of social media sites in regard to their attempts to meet people. An example of how a person can use filtering to limit contact from other social media users by using narrative profile statements for other social media users to read before contacting him would be a narrative statement such as “*no fats-no fems*, that’s going on in every site so being…in both categories I would have a hard enough time if I was stout getting somebody if there’s no fems but then also but then the real impediment is you know no fats, which I know I fall in that category…I’m very league based which means when they say you’re out of your league I stay in my lane, I stay in my league.” In this example the social media user is attempting to filter out people who have a larger framed body and people who possess feminine characteristics through the use of a narrative profile statement before any contact is made.
Filtering also occurs during real-time virtual interactions between users on social media sites. “When I think of 300 [pounds] and if somebody approaches me on [android app] who is 300 or 290, I’m not going to respond to you because, one, I don’t find that attractive cuz I don’t find myself attractive so why would I bring you over here and you are you know 300 and I know this. Like if a big man does, they will say 250 or 260, you say 275 and it’s a guarantee you’re about 20 pounds higher than that. You know there’s like a default of 20 pounds. If you’re over 250 you’re going to say you’re 20 pounds less.” In this example the informant is filtering out a specific individual (social media user) by refusing to respond after the other social media user has initiated contact.

At times informants have agreed to meet up in person with someone they initially met on a social media site after passing the other social media user’s online filtering process/initial criteria for meeting. An example of how this can play out is as follows: an informant with pictures on his social media profile recounted an “instance of meeting a guy off of [social media], he invited me over to come hang out, watch movies, chill, which entailed we were supposed to have sex, and I got there things completely changed because of…my size and stature and he told me later on…you just a lil bit too big for me but you cool people”. In this example the informant was filtered in (accepted) by the other social media user during their virtual interactions. This led to an in-person meeting wherein the informant was rejected based on his body size after being seen in person.

Informants also talked about how social media is used to publicize social events prior to, during, and following an event. In one example shared by an informant, Facebook was used to send the informant and other prospective party attendees an electronic invitation to a party which required an advance RSVP. After arriving at the
party, “all of a sudden…all of these pictures start flying up at the party…and probably 40 people showed at the party and I may have been in 2 pictures, and this is like a house party so it, there ain’t too many places you could have been that you weren’t you know [in a picture]…In a way I think it was a good thing so I wouldn’t just judge myself like oh God you know, but then at the same time I was just kinda like did, did they purposely try not to photograph [me].”

**Body objectification on social media.** The social media environment was characterized as a place where body objectification occurs by users of the sites via the information that people choose to share on their individual profiles. Some of the information voluntarily provided by a social media user which is noted on profiles could include but is not limited to: 1) photos ranging from face pictures, partial nudity to full nudity or the option to include no photo at all; 2) information about their body stats inclusive of age, height, weight, race, and other optional categories; and 3) narrative statements that indicate their specific criteria for socially engaging with someone for virtual and/or face-to-face meeting.

Informants illustrated how *objectification* plays out in their use of social media in a few different ways. One example which illustrates objectification of the informant by another social media user is captured by the statement, “the majority of my pictures on [website] are head shots…The first thing they wanna do is see a full body picture…I always get the thick which is cool…the most attractive attribute of my body is my butt for the most part…I have a weird kind of proportion…the only two areas that are kind of big…I have a slight stomach and I have a huge butt which entails why I get majority of the attention that I do.”
Another informant uses social media in a way that objectifies other social media users. He said, “When the thick chasers came along and I saw that like I can get these attractive men, I stopped being attracted to bigger men…That’s the epitome of attractive, like not skinny, but like you have a 6-pack and then you have you know a penis the size of an elephant.” In this example the informant talks about “thick chasers.”” This is the phenomenon wherein an idealized fit person actually prefers to date and/or have sex with men who have a larger framed body such as the informant. The person is called a thick chaser because “they are chasers after us.”

**Other uses of social media.** Informants noted that they have other uses for social media such as: 1) personal self-expression (“I use Facebook [as my] personal diary because it’s my way of venting”); and 2) seeking support/Validation (“I probably have this one pair of jeans that I have not been able to fit into since…[military] basic training…I grabbed them by accident…I had put them on and I could fit them which was shocking and then…I was like super excited [and] posted a photo on Instagram”). These examples are important because they provide insight into the importance informants place on well-being; the value of emotional release; and not only the joy of weight loss but the validation that is acquired via the use of social media in non-dating/non-sexual contexts.

**Emotional Health**

Informants reported that their experience of being black/gay, inclusive of body image/body size-related experiences, have had variable degrees of impact on their emotional health and self-esteem. “The gay lifestyle…can break you down and mentally
mess you up…People are gonna say what they feel and don’t care and keep going and you have to learn how to deal with it and how to cope with it…I hadn’t coped or dealt with any of it so I lost myself and I felt bad, I downed myself, I have tried committing suicide.”

There is a sustained impact of messages from friends, family members, and authority figures, ranging from childhood messages through adolescence and adulthood. The examples which follow illustrate the impact of those messages but also share the commonality of the informant engaging in self-criticism. The impact of messages from dating/sex partners will be discussed later in this chapter and can be found under the Rejected Bodies heading.

Comparisons to female bodies. The following is an example of an interaction that occurred between an informant and family members during childhood that led to a change in his emotional state and behavior: “I had to be about maybe like 9 or 10…It was me and two of my sisters and we were all joking and laughing…and having a good time…so um my sister said something to my other sister, her bra or something and then I guess she was joking and trying to be funny and she was like…yeah [informant’s name] what’s your bra size or something like that…you know I laughed a little ha ha but then you can slowly, they didn’t know this, but you could slowly, slowly see how I stopped laughing as much with them. After we changed subjects and everything and then finally I was just like okay well I’m going in my room…and that just really changed my whole mood for that day.”

The following is an example of an interaction that involved an authority figure during adolescence wherein a body-related message was received by an informant that
compares his anatomy to that of a woman and also mirrored messages he received from other people in his life. “I was in middle school. I was a heavier set boy and I had a chest. It wasn’t formed. It was like breasts and my middle school teacher was talking to my mom and she was like well he needs to go work out. He’s starting to get little boobies and you know it’s always been things like that.”

Another story involves an interaction that occurred between an informant and friends/peers in *early adulthood* wherein the informant experiences emasculation and settles for having less than favorable attention from others rather than to have no attention. “In my fraternity…I went to a all men’s college and so they’d be like hey girl [referring to informant] or like oh this is my boyfriend, like you know the straight people would say that cuz it’s like I can say that about [ informant’s name] because like it’s him, like he’s loud and he’s you know the really flamboyant one, the big boy, like there’s no way I could be into him so I can play around with it…and I’d rather have that than not have any sort of like attention at all.”

**Peer pressure, conformity, and internal conflict.** Informants were also affected by more indirect communications concerning the limits body acceptance. At times this resulted in *internal conflict experiences* with subsequent impact on emotional well-being. In regard to his “fraternity of about 70 guys, mainly white…the perception on what big is, is different than I think African Americans but they are so adamantly against fat, like I would sit at lunch…and they would just harp on these women… oh so and so slept with a whale, so and so slept with a big fat nasty girl blah blah blah, and these girls are maybe like 160 pounds…To me that’s not big, like growing up my family is all big…but to see them so you know vehemently attack somebody…here I am sitting there…actually way
bigger than her, so like if they were gay and some of them were gay that of course they would never approach me cuz I’m this whale so yeah…[I] was like feeling very very sorry for these girls and like more and more disappointed in myself that…I would kinda joke and laugh around with it…and then like saying it later on, like [to] some of my pledge brothers…Aha you slept with a whale last night…Thinking back on it like how was I so offended but yet I said it as well and then I guess in the moment you don’t think about yourself but [you do] in the privacy of your own room”.

*Trauma of rape and molestation.* Some informants reported having *traumatic experiences.* Various types of sexual assault was one of the types of traumatic experiences that informants talked about. Two informants reported having singular or repeated instances of being “raped” or “molested.” One informant described the impact of his experience of being molested in the following way: “I was molested when I was 5, five to eleven and nobody knew… the two people that were doing it said nobody’s ever going to believe you…they would do stuff to me while I was sleeping. I would wake up with cum in my draws…it was a lot of pain I used to hide…people always thought I was okay…I used to lie to everybody…I wasn’t given a chance…I got high for 15 years” and the informant reported that as an adult he continues to avoid the people who molested him.

Another example wherein an informant talked about his experience of being raped also highlights how the perpetrator also used manipulation, threats, and demeaning name calling: “Remember when I mentioned the rape, so my cousin used to rape me and he used to say I’m just giving you what you wanted…I think that is the major part why I was insecure. He would still be like you’re fat and you’re flamboyant so this is what you
want. I’m just giving you what you want…and that played a major part as well as being teased…which is also why I was a late bloomer…when it came to guys and sex…people used to talk about having sex at a early age, a real early age, not myself…I started when I was like 20.”

Rejected Bodies

*Internal scripts.* Informants talked about what it means to have a rejected body. Their stories illuminated both historical and/or present impacts on full social functioning and/or social risk taking. They spoke about: 1) rituals in preparation for social events; 2) experiences in social settings; and 3) dating/sexual experiences. An example of how prior body rejection and exclusion experiences can play a role in preparing for going out to social settings is as follows: “Yesterday night [I looked in the mirror] when we were on our way to the club…looking at myself in the mirror several times making sure that my shirt, my stomach wasn’t protruding or that you know the shirt was big enough but not like a blanket and changing you know 3 or 4 times and reaching further and further into the back of the closet where like they are reserved for the Thanksgiving shirts…I remind myself if I’m going out…when I get dressed it’s like don’t get too dressed up cuz no one will try to talk to you like no one has and no one ever will…The second before I go in [the night club] I’m like I’m not here to find anybody I’m never at the club to find a man cuz I won’t find a man whereas the skinny one will get all all the numbers. …but then going to the club and being the one whose just kinda dancing crazy but you know that you’re dancing crazy because that’s the only way that someone will look at you because they don’t want to look at you romantically in that setting.”
Conditional acceptance. Informants talked about body rejection experiences that occurred in dating/sexual contexts. The first example highlights an experience of conditional acceptance wherein there are constant reminders of the unacceptability of his body in a sexual context. “I met a guy who was into me, interested in me, but the first thing he says and it’s on his [social media site name omitted] profile, he does not deal with thick boys at all. He wants skinny waist, big butt, all he deals with. He had sex with me and he basically told me I don’t fuck fat boys but your sex is good and he kept me around and every time we had sex he reminded, he remind [me] I couldn’t be with him until I lost a certain amount of weight…Its people like that that that keeps the thought in my mind that I am overweight.”

Another example highlighting conditional acceptance of an informant’s body by a dating partner is noted here but in this example the informant expressed having a different expectation for body size acceptance and emotional caretaking because the person he was dating was 20+ years older than the informant. “My hope would have been that we were together because we both accepted the fact that our bodies are going to change…we should be able to close our eyes and remember what we had we met on the inside and he was just like no…I’ll tell you now, you gain 30 pounds we’re gonna break up…like I could see that if he was 20 but you know he’s he had children a few years younger than me so he should have known better.”
Unattained Intimate Partner Relationships

Informants expressed a desire for both emotional and physical dating/intimate partner relationship connections but also expressed some challenges associated with attaining the types of relationships that they desire.

Unattractive and undesirable. Informants talked about the scarcity of deep relational connections and the resulting internal experiences. One informant shared how he has started to internalize messages about not being attractive. “I must be unattractive. I’ve never been on an official date like, I’ve never been to the movies with a guy or I’ve never been to dinner with a guy, I’ve never done any of that and it always and I say that has to be because I’m unattractive. I think I’m unattractive and every day it’s like I want somebody…I know in my heart that when I get to a certain weight I may not find that love immediately but I will have me a possibility to find it.”

Additional ways that informants expressed their desire for deep emotional connections with an intimate partner include one informant who tearfully talked about feeling sexually undesirable, “Everybody wants to be my friend. Nobody wants to be my lover.” Another informant expressed a sense of being exasperated with his limited number of experiences of people wanting to get to know him since gaining weight. “I can count on one hand the number of times the comments are oh let’s meet for coffee and get to know one another.” A final example that will be shared is an informant who went about seeking love using sex and his imagination. “At one point the only way I thought I could feel love is by having sex with multiple people and envisioning for those 30 minutes or 30 seconds that someone cared and that we were in a relationship.”
Discomfort with physical intimacy. Some informants talked about the challenges/insecurities they have about engaging in physical relationships with an intimate partner. The following example talks about the logistical difficulties that are sometimes present when engaging in sexual intercourse, “It’s a whole lot easier for you to be…laying down taking it…If I was a top would I be able to you know really please them when my stomach in the way of you know my penis…we’re probably boring bottoms but it like the real fun stuff is…like riding you know like being on top of them. It’s just like if you’re 300 pounds are you going to be able to ride somebody without crushing them or you hurting yourself.”

In expressing his discomfort with physical touch, one informant said, “I was with my ex-boyfriend…he was rubbing on my stomach which I hate when people do…I just do not like when people rub my stomach. It kinda like you know makes me feel like a Tele-tubby…I don’t like it you know like when people, like a dog lays down and people just rub their stomach.” Another informant highlights how clothing during sexual interactions provides a sense of safety for him and is noted as follows, “I think I enjoy oral so much cuz that’s a little bit more safer cuz when I’m doing oral I have my clothes on.”

Acceptance

When informants talked about acceptance, their narratives recounted times when they have felt accepted regarding their body size in: 1) sexual/dating contexts, 2) social settings, 3) social media, and 4) by friends. The range of informant experiences were described as affirming their sexual desirability; surprising because of having new
experiences with having a body type that is now more accepted in his present city as compared with his other living places; feeling a sense of security after finding a safe place to socialize where judgment was not feared; and having friends who help one another to accept their insecurities.

**Validation and reassurance.** In discussing a sexual/dating experience where an informant felt validated and reassured, an informant he described himself as “insecure” when he is unclothed. He talked about having a sexual experience with someone heavier and bigger than the informant. The informant stated that the other person appreciated every aspect of the informant’s being; not only emotional and personality characteristics but his body as well. The informant, in that situation felt as if the other person helped him to see what acceptance feels like without being insecure. He describes that feeling as “the fullness of who I was, like no shirt on, the lights on, nothing hidden and it was so it was beautiful. It was really reassuring. It was probably the nicest thing in terms of being out of the clothes I’ve ever experienced.” The same informant also talked about having a new experience, that of being more accepted on social media sites and feeling desired in his current city as compared with other places that he has lived. “Now that being in [city] there I’ve met online, I haven’t really approached anybody but a lot of men approach me who quote unquote like thick men.”

**Social acceptance.** One informant talked about finding acceptance at a queer bar which he described as “a place where you know quote unquote all the freaks and geeks go and so anybody can be approached.” In regard to finding support among friends, one informant talked about a helpful technique that they use with one another to improve their own self-acceptance and how to buffer negative comments from others. In speaking
about his friends he said, "we all tend to joke or joke with each other and call each other fat asses and uncomfortable but that’s just something between us…because we know what the other one is sensitive about and we feel like well if we play with it then you wouldn’t mind someone else saying it or roll off your shoulder and you’ll keep going because it doesn’t make me take my weight seriously…It takes the sense of shock off of it when somebody says something about your weight."

Resilience

Informants talked about multiple ways in which they either presently or in the past have exhibited resilience. The first example highlights the value of introspection and building of self-confidence through the use of journaling for self-expression. “I’ve been journaling every day of my life since I was 11…that has helped me vent so much and like helped me vent even when it’s not something that somebody else said but you’re saying about yourself… say it in a journal cuz a journal is just so you know, objective it just does not have an opinion and it just really just sums it up.” Another informant talked about how involvement in structured activities helped build self-confidence and also changed the way other people looked at him. His experience in the military was described as “one of the best experiences of my life…you know going through the whole becoming a soldier thang you know the leadership, the responsibility, like it makes people look at you differently and then it made me look at myself differently.”

Informants displayed resilience through the use of introspection in working toward achieving their goals in multiple ways. One informant talked about how he is working toward positive change first by admitting that he has problematic behaviors
related to coping skills and emotion management. He said, “I go to the extremes when it comes to my emotions. If I’m happy, I’m extremely happy. If I’m sad, I’m extremely sad. If I’m mad angry, I’m extremely angry…like I said there’s no middle ground. I’m learning how to build that middle ground and it’s a learning process day by day.”

Another informant talked about how choosing to refocus his priorities after experiencing trauma helped him to learn more about himself. “I was in a abusive relationship…and after getting out of that relationship stepping out of the lifestyle and taking care of myself and learning who I am and loving me I now embrace who I am as a person…I took the time to learn who I was and stop letting people dictate my happiness…Once you step back and learn your own boundaries…and the things you’d like to do…you start going around people with the same kind of likes and interests.”

An informant talked about how he is able to find opportunities in adverse situations. For example, “If something happens to me or if I get rejected it pushes me to do something…bigger and better…I always have to prove that one door didn’t close….I will when one door close I literally go looking for 7 others.” Another example of how an informant worked toward problem solving is through professional help seeking. He reported that participation in counseling had the outcome being that “[it] got me to realize some things about myself.”

There are also examples of resilience that show how informants have been rebuilding themselves and working toward healthier social interactions. One person talked about the value of emotional investment and trust building in his dating relationship. “I’m in a place where I am in love and it’s the most wonderfullest thing on earth because I allowed it to happen…allowed myself to feel like I was worthy of it
instead of trying to run from it…I’ve allowed myself to open up…I’ve never let anyone into that.” The same informant reported that over time he has learned to accept vulnerability as strength. “It’s very hard for me to cry. Well it used to be but now it’s like boo-hoo at the sight of anything but it’s a sign of vulnerability for me…I don’t allow people to witness what I really feel so for me to cry is to let down my wall for just a moment to just vent…it’s not a weakness…it’s a moment of vulnerability.”

Chapter Conclusion

This chapter reported the findings of the present exploratory study with OMAD-MSM. Using phenomenological data analysis, themes were identified and reported in the form of essences of informants’ experiences. Those essences provided insight into informants: 1) perspectives on obesity; 2) sense of body image; 3) identity development; 4) understanding of how their sense of self has been shaped by the regional Black gay culture of the South, arts, and pop culture; 5) the place that social media holds in their lives; 6) emotional health; 7) experiences with having their bodies rejected; 8) the impact of not having the types of intimate partner relationships that they desire; 9) experiences with having their bodies accepted; and 10) demonstrations of informant resilience. Informants’ stories have contributed to scholarly knowledge about the meanings made of their lived experiences regarding identity development within the context of internalized messages about body image. The findings of this study are potentially transferable to other OMAD-MSM.

This chapter provided the piece by piece understanding of the results. The discussion chapter will discuss and critically examine the key findings found in the
informants’ structural summary. The discussion chapter will also provide a contextual understanding of what the findings might mean; and how and why the findings are important. Limitations of the study and implications of its findings are also identified in the next chapter.
CHAPTER V

DISCUSSION

Purpose of Chapter

The purpose of the discussion chapter is to provide a cohesive narrative that connects study findings with the various research threads (Azar, 2006) in a manner that goes beyond a re-articulation of the piece by piece results noted in the previous chapter. This chapter provides a brief overview of study findings and research questions but the core of the chapter is the discussion and application of the structural summary to counseling practice and research. The discussion which follows provides a contextual understanding of what the findings might mean; and how and why the findings are important. Specific discussion is given to what was learned concerning the research questions. The chapter also illuminates some of the key ways that the new data produced via this study connects back to the Chapter 2 literature review. More recent literature has emerged since the initial design of the present study that is applicable to body image and African American men. The broad scope of this new research is identified and connected with the present findings. The discussion chapter concludes with a summary of limitations.

Context for Understanding Study Results

Academic scholarly literature has not adequately embraced the black male experience. Furthermore, when additional aspects of self beyond race and gender are
considered, such as sexual orientation, sexual behavior, and overweight/obesity, it becomes even more apparent that there is a significant absence within academic scholarship addressing this set of life conditions. This exploratory qualitative dissertation study has an intentional focus on the internalization of messages regarding weight and body image that have to some degree been incorporated, adopted, or integrated into research informants’ sense of identity. Informants’ stories demonstrated OMAD-MSM’s experiences with discrimination, oppression, marginalization, stigmatization, and other forms of disparate treatment.

After conducting my initial literature review, I found that there was no available scholarly literature explicitly addressing the identity development of OMAD-MSM. At that time I believed that the identity development of OMAD-MSM was potentially impacted by racism, sizeism (Kingsbury, 2008); cultural heterosexism; psychological heterosexism (Herek, 1992); ethnocentrism (Hutchison, 2008); and intra-group fragmentation (Harris, 2009). The message communicated by these -ism’s is that certain individuals are hierarchically more inferior than others. The experience of holding multiple oppressed identities leads to individuals needing to find ways to deal with what Henkel, Brown, and Kalichman (2008) refer to as layered stigmas.

Some of the early identity development theories tended to focus on identity development in reaction to problems and various types of oppression (Greene, 2012). These theories typically focused on a specific dimension of identity without considering the interactive nature of a person’s multiple identities (Greene, 2012), apparently viewing the self as partitioned. Some of those early models sought to answer the question of “what’s bad and how bad is the bad.”
More recently there has been a shift from deficit-based conceptualizations of identity development. Presently there is more focus on adaptive functioning conceptualizations of identity development that speak to why and how is it that people are so resilient given life circumstances (Greene, 2012). This exploratory study indirectly asked this question, while directly exploring whether OMAD-MSM view being overweight/obese as one of their social identities (Ferguson, 2006). Through the use of phenomenological inquiry, research informants talked about their lived-experiences regarding body image and shared the meanings they assign to how internalized messages about their bodies impact how they view themselves internally and how they describe themselves to others.

The purpose of this phenomenological dissertation study was to develop an understanding about the meanings attributed to internalized messages about body image within the context of identity development from the perspectives of overweight and obese men of African descent (OMAD) who have had voluntary sexual contact with other men (OMAD-MSM). This exploratory study used lived-experience interviewing and traditional qualitative interview techniques to explore identity development from the perspectives of 6 adult overweight and obese men of African descent (OMAD) living in the United States who have had voluntary sexual contact with other men (OMAD-MSM). More explicitly, this study had an intentional focus on learning about the internalization of messages regarding weight and body image that have to some degree been incorporated, adopted, or integrated into research informants’ sense of identity.

Topics covered in the semi-structured interviews included: 1) internalized messages about weight and body image received from oneself (self-concept), family,
friends, dating partners, other overweight/obese people, social institutions, social networking websites, and the media; 2) standards of attractiveness and expectations about the appearance of one’s body based on sexual position; 3) the impact of personal health conditions (overweight/obesity and any other health conditions) on body image; and 4) beliefs and descriptors about identity and the role of internalized messages about one’s body in relation to how one describes his identity or aspects of self (both publicly and privately). This study identified both the essences of individual informant experiences as well as the meanings they attribute to their experiences.

**Summarizing the Results with a Structural Summary**

The section that follows provides the structural summary as a means of integrating and summarizing the essences of experience as described by the informants as a group. A structural summary reveals commonalities across informant experiences in narrative form, providing the reader with a more integrated understanding of the findings. In Transcendental Phenomenology, (Moustakas, 1994) the structural summary can also be referred to as the shared structures of meaning. The essences of experience (detailed in Chapter 4) that are reflected in the structural summary are: perspectives on obesity; body image; identity; regional Black gay culture of the South inclusive of arts and pop culture; social media and social media identity; emotional health; rejected bodies; unattained intimate partner relationships; acceptance; and resilience. The structural summary is the first place in this chapter that some of the questions behind the study start to be answered. The order in which the essences of experience are presented in the
structural summary reflects connectedness of ideas moreso than hierarchical importance of the content.

As the student researcher, it is my desire that people who read about the life experiences of the men who participated in this research study are able connect with their set of experiences. They talked about the impact of rejection, exclusion, judgment, conditional acceptance, trauma, self-criticism, thoughts of altering their bodies in dangerous or unhealthy ways, suicide attempts, overt and subtle forms of discrimination, marginalization, prejudice, bias, dating relationship challenges, insecurity, racism, sexism, sizeism, homophobia, depression, intimate partner violence, body objectification, and so on. Even for those consumers of this data who are not overweight or obese black men who have had voluntary sexual contact with other men, I believe that there are parts of the informants’ story that can speak to a variety of people based on their similarities, differences, parallel experiences and emotional responses. Any person who can connect with any of these experiences potentially has the capacity to empathize with OMAD-MSM’s life experiences. The textural description of essences and sub-essences that serve as the foundation for this structural summary are presented in the results chapter.

**Structural Summary**

The experience of being overweight black men who have had voluntary sexual contact with other men is not an easy road to travel. As reflected in these OMAD-MSM interviews, how these OMAD-MSM see themselves is connected to but not wholly defined by body image. Although individually these OMAD-MSM expressed a variety of reasons for being interested in this research, collectively, they expressed being inspired to
participate by a desire to help others who have encountered similar life issues and circumstances -- in other words, people like them. These OMAD-MSM emphasized the importance of wanting people who are both directly and indirectly connected to them to understand the far reaching impact of their words and actions on how these OMAD-MSM feel about themselves. The stories shared by these OMAD-MSM are grounded in past experience and continue to be reinvented in the present. These OMAD-MSM were clearly very resilient people. This structural summary of study findings provides an integrated illustration of the meanings attributed to internalized messages about body image within the context of identity development for these OMAD-MSM.

**Body Image**

The stories that these OMAD-MSM shared about their body images do not absolutely define the wholeness, breadth, or depth of their existence. The internalized messages about the worth or value placed on their physical bodies are the result of repeated bombardment with socially derived projections and opinions about what is liked or not liked in regard to their physical attractiveness and sexual desirability. Over the course of time, many of these OMAD-MSM’s experiences have left them feeling ugly and unattractive. These OMAD-MSM feel stigmatized when other people label them as obese. In regard to their interactions with others, some have been positive, but some of the most memorable negative body image-related experiences with the strongest messages have been tied to one-on-one interactions with family, friends, dating partners, sex partners, and users of social media.
Rejected Bodies

This research has caused these OMAD-MSM to think about their body rejection experiences in a very intentional way. For some of them, talking about those experiences appeared cathartic, but for others, talking about their experiences was more difficult and led to emotional activation and tears both during and after the interview. Early developmental experiences with having their bodies rejected were primarily the result of interactions with family and friends. These OMAD-MSM have experienced rejection within the home, neighborhood and school settings. Although their specific experiences differ in regard to who has rejected them and how they have been rejected, their commonality is that all of these OMAD-MSM have experienced having their bodies rejected at an early age by people with whom they shared close emotional ties and physical proximity. These OMAD-MSM wish that body rejection had not occurred via people and places that were supposed to be safe.

Most of these OMAD-MSM also began to experience body rejection from social media, dating partners, and/or sex partners by the time they were in their mid-teens. This rejection came in the form of outright rejection, conditional acceptance, innuendo and exclusion. Although most of them are in their 20s, all of these OMAD-MSM have had memorable instances of people making disparaging remarks about their bodies and engaging in actions that exhibit their dislike and maybe even disgust of these OMAD-MSMs’ bodies, going back for at least 10 years. They have endured face-to-face rejection; rejection in social settings; rejection before, during, and after sex; and rejection by users of social media. The primary distinction between in-person rejection by a dating/sex partner and rejection by a social media user is the speed with which rejection
occurs. Many times, social media users reject them before even giving them a chance. Over the course of their lives these OMAD-MSM began to reject their own bodies.

**Social Media**

These OMAD-MSM use a variety of social media outlets and Android phone apps to attempt to make connections with others by creating an online profile that includes personal information and pictures. A social media profile page can be considered a personal advertisement wherein these OMAD-MSM are attempting to sell their positive qualities and attributes. Some of the social media outlets have a broad target audience and are made for the population at large but others are more specifically targeted to their race, sexual orientation, and body size. Some of these OMAD-MSM are hopeful that the sites can be used to make friends. Most of these OMAD-MSM also use social media for dating and/or as a vehicle by which they can obtain sex.

Body objectification is very common on some social media outlets. People can be so demanding and insist on seeing full body pictures and/or nude photos as a requisite for talking to these OMAD-MSM on social media. Other social media users filter by the demographics of the type of person they are interested in corresponding with and/or meeting. Filtering allows a social media user to narrow down their people search options by identifying search criteria for age, weight, height, and other characteristics. Many times bigger people are not what a lot of people desire on those outlets, and thus these OMAD-MSM are filtered out before a conversation even has the chance to begin.
Social Media Identity

Every social media user that creates a profile with personal information has an online persona or social media identity. Some social media outlets allow more avenues for creating an actual social media identity/online persona because there is the option of chatting with virtual people in real time, whereas other social media outlets use a delayed message relay system. These OMAD-MSM’s social media identities may or may not be aligned with various aspects of their physical characteristics, personalities, traits, or who they project themselves to be in the real world. The physical characteristic that some of these OMAD-MSM might under-report or under-state is their weight while also over-stating their height. In these OMAD-MSM’s set of experiences, people have made assumptions about their height-weight proportionality when they see height and weight statistics alone. Although these OMAD-MSM have had some positive experiences meeting people on social media venues, some of their most memorable and hurtful dating/sexual experiences have been by people that they met on social media.

Emotional Health

These OMAD-MSM’s body image-related experiences have impacted their emotional health in a variety of ways. Developmentally speaking, for most of these OMAD-MSM, the issues that other people had with their bodies began during childhood and continued through adulthood. Some of these OMAD-MSM have repeatedly been raped as a child, which led to changes in how they socialize with people and also led some of them to attempt suicide or participate in mental health therapy. These OMAD-MSM still feel emotional pain as a long term reaction to their traumatic body image-
related experiences. These OMAD-MSM have considered altering their bodies through medical procedures such as liposuction and body fat transfer; but at times they have considered or attempted more extreme measures such as using a butcher knife to cut their fat off; using drugs; inflicting bodily self-harm; and intentional vomiting. Finding a healthy emotional way to deal with hurtful experiences remains a struggle at times for these OMAD-MSM.

**Unattained Intimate Partner Relationships**

Judgment plays a role in intimate partner selection opportunities. People make decisions about qualities or attributes that they see as desirable and body size always seems like it’s a major factor. These OMAD-MSM have a desire for emotional connections, physical connections, and love, but many times they feel like it will never happen for them. A major barrier to attaining intimate partner connections is the judgment that these OMAD-MSM face from other people who are potential dating/sex partners. Some of these OMAD-MSM have never been on a date. They have been explicitly rejected because of their bodies. Some of these OMAD-MSM don’t have any experience or only have limited practice with being in intimate dating partner relationships.

When it comes to sex, another challenge that sometimes arises is managing the insecurities that these OMAD-MSM have about the shape and weight of their bodies. There are extra things that they report having to consider as bigger people that smaller framed people may take for granted such as spending extra time on grooming and clothing selection. In regard to both sex and sex role, these OMAD-MSM may wonder
about which sexual positions they can engage in without hurting themselves or someone else. These OMAD-MSM think about the degree to which they should attempt to mimic heterosexuals in regard to masculinity, femininity, and sexual position. These OMAD-MSM sometimes wonder whether or not they can please a sexual partner as a top if their stomachs get in the way of their penis. These OMAD-MSM also contemplate whether they would be boring as bottoms because of limits on how much they are able to safely move to and from various sexual positions. These OMAD-MSM actively decide whether or not to only engage in oral sex because they feel less vulnerable if their clothes remain on.

Because of these OMAD-MSM’s insecurities and experiences with not having their bodies desired, these OMAD-MSM report that it is difficult to allow someone to actually enjoy their bodies. Even when it’s a boyfriend or sex partner that rubs their stomachs as a gesture of appreciation of their bodies, sometimes these OMAD-MSM may either internally wish they would stop touching them or verbally tell their boyfriend or sex partner to stop because they associate having their stomach rubbed as being comparable to how people interact with their dogs. To these OMAD-MSM that type of touch may make them feel dehumanized.

Black Gay Culture of the South, Arts, and Pop Culture

Black gay culture of the South, the arts, and pop culture are external influences on identity development and body image conception that have impacted these OMAD-MSM’s view of self, their bodies, and the world. These OMAD-MSM described the Black gay cultural environment of the South as being focused on body image and also
promoting being sexually open. According to these OMAD-MSM, sex role stereotyping also occurs a lot in this region. Some people assume and articulate to others the belief that: bigger people can’t be tops sexually; all bigger people are “power bottoms”; that bigger people are supposed to be submissive; and that bigger people are supposed to be effeminate. These OMAD-MSM report that they have had experiences such as other people expecting that they have low self-esteem which means they should be willing to indiscriminately have sex, engage in threesomes, or pay for sex.

The arts and pop culture also impacts how these OMAD-MSM see themselves in meaningful ways. Icons such as RuPaul and India Arie promote positive messages about things such as self-love being important; unity among Black people; and world peace. Some of these OMAD-MSM resonate with entertainers such as Buffie the Body, Lauren London, Delicious, and Nicki Minaj because they either share a similar body type or have the body type that they aspire to have. Sometimes these OMAD-MSM find themselves comparing themselves to icons such as Channing Tatum, which in turn causes them to think about their attractiveness or perceived relative unattractiveness in unhealthy ways, because the physical image that the icon projects is something that they realize they will never have or be.

The arts and the media allow for the showcasing of television and movie portrayals of Black gay culture. More specifically, these OMAD-MSM believe that media projections have impacted Black gay men in ways that have been helpful through increased visibility and in ways that have been harmful through the perpetuation of stereotypes. While the media and arts can serve a useful purpose, the reality for these OMAD-MSM is that the life experiences and voices of bigger men are not validated and
rarely written into story lines. So yes, these OMAD-MSM feel excluded and ignored but they are also concerned about how these inter-related issues will impact the way younger Black gay males see themselves.

**Acceptance**

Acceptance for who they are, the totality of their being, inclusive of their bodies, is something that all of these OMAD-MSM would like to experience more often. They all have experienced what it feels like to have their bodies accepted in one or more of the following contexts: 1) sexual/dating; 2) social settings; 3) social media; and 4) with friends. These OMAD-MSM stated that in the past it felt good when they have been validated for who they are. Reassurance is what these OMAD-MSM feel when a dating partner has shown that he is sincere in his motives for spending time with them and that he appreciates their bodies. Many of their experiences in regard to people accepting their bodies have been negative, so it is an awesome experience for them when they feel desired. These OMAD-MSM also expressed their growing acceptance of themselves.

**Identity**

These OMAD-MSM are the sum of their experiences, both spoken and unspoken. Although they do share some physical, emotional, and group membership commonalities among one another, these OMAD-MSM’s identities are quite varied. Even with those aspects of identity that have some group affiliation or identification, there are nuanced differences that some people may not recognize because of a desire to label these OMAD-MSM, stigmatize them, or put them in a box.
Their identities are complex, layered, fluid, and multidimensional. These OMAD-MSM are not objects. They are more than the shape of their bodies and more than just a collection of personality characteristics and traits. These OMAD-MSM have the right to reject ascribed or projected characterizations of who they are. Identity to these OMAD-MSM is individually defined. Depending on the context and how safe they feel at a given point in time, these OMAD-MSM may choose to define themselves to certain individuals using only physical traits or personality characteristics as descriptors, but have indicated that is for them to decide.

Sometimes these OMAD-MSM self-identify as having an aspect of identity that shows their relationship to someone else. Some of these OMAD-MSM have adopted a body-image related social identity that was initially ascribed to them, but when they internalized those labels, those labels became part of how they understand their identities and describe themselves to other people. Sometimes these OMAD-MSM voluntarily participate in body size-related subcultures that have some group identity component wherein they might be labeled something like a bear or a cub, but the degree to which this type of group membership defines who they are is also impacted by their sense of belonging within that subculture. At times these OMAD-MSM may also describe their identities in a hierarchical way that takes into account the marginalization of and identification with various identities. That hierarchy may include any number of social identities, labels, traits, or professional affiliations. For some of them and to varying degrees these OMAD-MSM have integrated aspects of their body image into the hierarchy as well.
Resilience

In spite of everything and because of everything, these OMAD-MSM are resilient people. Some of the ways in which these OMAD-MSM exhibit strength, resilience, and adaptive functioning include: self-expression through words and song; involvement in structured activities; admitting problem behaviors/situations and working toward change; refocusing priorities after experiencing trauma; and finding opportunities in adverse situations. These OMAD-MSM also talked about accepting vulnerability as a strength rather than a weakness; emotionally investing in others; trust building to improve the quality of relationships; and professional help seeking. These OMAD-MSM’s lives have demonstrated their ability to be strong people.

Connecting Study Findings to Study Purpose and Research Questions

The data reported in the Results Chapter as informant essences of experience reveal insights about informant perspectives on: obesity; body image; and body rejection. The findings further reflect that the regional black gay culture of the South, inclusive of the arts and pop culture, impact informants’ sense of self. Informants also provided data which indicates how they feel about their challenges with developing meaningful social and dating relationships. Additional essences speak to issues related to emotional health; the role of social media and social media identity in their lives; identity development; acceptance; and resilience. Together these findings reveal the meanings attributed to internalized messages about body image within the context of identity development from the perspectives of overweight and obese men of African descent (OMAD) who have had
voluntary sexual contact with other men (OMAD-MSM). The specific research questions addressed were:

1) What are OMAD-MSM’s lived experiences in regard to the messages about weight and body image that have been received through interactions with family, friends/peers, dating/sex partners, and the media/social media which have to some degree been incorporated, adopted, or integrated into OMAD-MSM’s sense of identity (the way(s) in which OMAD-MSM identify/define who they are (both publicly and privately)?

2) What value or meaning do OMAD-MSM give to those messages received about their bodies and how do they describe the impact of those messages on their sense of identity?

Interview questions asked informants specifically about the internalization of messages received from family, friends, dating/sex partners, other overweight/obese people, social institutions, social networking websites, media, social settings and self. Body image–related messages from all of the aforementioned places were addressed in informant responses, but they provided the most data about messages received from dating/sex partners, social networking websites, family and friends.

The relative strength of messages received from these sources could mean that at the points in time that they participated in the interviews, the experiences most impacting informants’ body image are those messages received from dating/sex partners; social networking websites; family; and friends. Alternatively the interview questions, the impact of the interviewer on how informants’ responded, and informant level of comfort with talking about the various topics could have had an impact on which experiences they
chose to share. Although some informants indicated that they have received negative messages from other overweight/obese people about their bodies, I would have been curious to know more about the meanings they assigned to those experiences. Informant responses did suggest that intra-group fragmentation occurs from other overweight/obese people and that sometimes the informant participates in marginalizing his own group. Informants also talked in depth about their self-critical thoughts and behaviors but it I would have liked to know more about informants’ perspectives on if and when other people’s judgments about them began to change their own thoughts in subtle ways; and perhaps vice versa, if their gaining acceptance-of-self resulted in changes in how others respond to them.

When asked about relationships among standards of attractiveness, body appearance expectations, and sex roles, this group of informants shared insight into stereotypes, prejudice, marginalization, and stigma found inherent in others’ words, behaviors, and expectations. What came out of those stories is a greater understanding of how, sometimes in quite rigid ways, body size comes into play at all levels of interaction with others, particularly in the dating/sexual context and social media. Some informants talked about having personal ideals and/or social ideals for both self and/or a potential dating partner. Given that some of the informants reported having limited emotional/sexual dating relationship experiences, I wonder how the results would have been different if this group of informants had significantly more intimate partner relationship experiences.

Given that one of the requirements of study participation was related to having a body mass index (BMI) in the overweight or obese range and the connection between
BMI and risk for obesity-related health related conditions, I speculated that some informants would potentially have health conditions that would impact body image. Although some informants denied having any health conditions; others reported having health conditions such as high blood pressure but attributed that to genetics or other causes. None of the informants talked about having a direct link between body image and obesity-related health conditions. Some of the other ways that health conditions were discussed include informants who identified “obesity,” as a disorder with mental health implications. One informant reported being HIV positive but denied that HIV impacted his body image, indicating that for him, the stigma of HIV is more impactful.

Informants were also asked about the place that internalized messages about their bodies hold in how they describe their identities or aspects of self. Although they described their identities or aspects of self in various ways, it did not appear that most informants were making an explicit connection between body image and identity. Most of the statements they articulated were more about connections between body image and emotions, thoughts, or reactive behaviors. Some informants did make some statements about the use of body size-related descriptors in the context of identity when they describe themselves to others or how they see themselves. There were only two informants that talked about adopting body-size related conceptions of self who acknowledged that there was a shared definition of identity by self and others, or having an aspect of identity that was initially ascribed by someone else but later adopted for himself. One informant repeatedly shared how he has matured in his ability to accept his body over time and expressed a belief that his body does not need to change.
In regard to my initial speculation about OMAD-MSM being impacted by racism, sizeism, heterosexism, and ethnocentrism, there were variable amounts of data produced about each. By interview protocol design and flow of the interviews, more questions were asked about body size and homonegativity-related experience. There was some explicit reference to the impact of race on identity but not all interviews went in that direction. No questions were explicitly asked that would address the question of the impact of ethnocentrism on identity. The quantity of data on those topics is more likely reflective of the design rather than the informants themselves. The data is replete with examples of how sizeism has impacted this group of informants. At times informant responses about the impact of heterosexism was more nuanced and embedded in the form of a more layered type of stigma or prejudice. For example, an informant who was in an all-white fraternity indicated that heterosexual frat brothers would make jokes by referring to the informant as girl or girlfriend which is an explicit reference to gender. Although no explicit reference was made in the jokes about the informant’s sexual orientation, in reality the comments could also be reflective of heterosexist and/or racist attitudes. In those instances where race was talked about in the context of identity, informants talked about the impact of “Jim Crow” mentality of black people today and how that leads to being verbally degraded or having negative comments made about him due to the darkness of his skin by someone else of his own race. These comments might be viewed as racist if expressed by a white person. Another informant includes race in his hierarchy of social identities wherein he ranked them by salience or importance.

When informants talked about the impact of experiencing marginalization within a group that he belongs, intra-group fragmentation was reported in regard to: 1) body size
by other overweight/obese people’s comments and behavior; 2) race in regard to judgment from other black people about an informant’s skin tone and perpetuation of Jim Crow mentality and 3) in a more layered ways such as marginalization by the black gay community or marginalization within particular subcultures focused on body size, sexual behavior/orientation, and gay culture.

**Unanticipated Findings/Emergent Ideas**

There were a few unanticipated or more emergent ideas that surfaced after the interview process began. One of those ideas was related to informant reactions to being labeled as obese in the study recruitment materials. When this became apparent, I started asking informants to share more of their thoughts and perspectives about the wording used in the recruitment process and about reactions to labeling more broadly, inclusive of words they preferred to use themselves or have others use to describe them. I wonder how the informant sample might have been different if I had been able to remove this barrier during the recruitment process. There is also the possibility that other things could have been learned about body image if informants had not already had to navigate what felt like a negative body evaluation as a criterion for study participation.

Another unanticipated issue was about the strength of social media influence on this group of informants. Most informants talked about the use of multiple social media outlets to connect with people for various reasons. The ways in which they described social media’s impact on their lives, made it appear to be an integral part of their day to day lives, so much so that one of the essences is tied to having social media identities. The final unexpected finding was related to informant thoughts and experiences about
altering their bodies. All informants talked about having thoughts of body alteration, with some talking about a history of attempting to alter their bodies in ways that could be potentially harmful or fatal.

**Counseling and Research Implications**

A holistic approach to intervening in the lives of OMAD-MSM is important in the counseling context. Present and future research with OMAD-MSM has the capacity to inform mental health treatment and the training of new mental health practitioners in meaningful ways. Whereas the next several paragraphs identify specific counseling and research implications based on the present study’s findings, there are other day-to-day life issues and considerations that OMAD-MSM in the present study have identified as being important. Some of those potentially stressful concerns not discussed in detail within the results or structural summary that may need to be discussed with clients are: mirror avoidance; eating in public places; shopping for clothing and transportation; being forced to choose between identity expression and concealment in the workplace; access to health care; and connections between mood and sexual behavior.

Explicitly connected to the data generated in the present study and also tied to scholarly literature are a need for continued understandings about oppression; stigma; body shame and objectification; and eating disturbance in African American men. These areas of mutual overlap between the present study and existing research are discussed in subsequent paragraphs. The research is interwoven into the counseling and research implications noted in the next section.
Counseling Implications

**Relational Intimacy.** A major counseling implication based on this group of informants is the need for counselors to assist in the process of helping OMAD-MSM clients to learn additional skills for the development of greater relational intimacy. All of the informants indicated that they have experienced sexual objectification on multiple occasions. Research has shown that sexual objectification experiences can lead to a decrease in relational intimacy for both men and women (Heimerdinger-Edwards, Vogel, & Hammer, 2011). It is therefore important that counselors who are working with clients to develop relational intimacy obtain a history inclusive of questions about experiences of sexual objectification.

Multiple informants talked about not having the types of intimate partner relationships that they desire. This is reflected in informant responses such as “I hold myself back so much because of my weight. I refuse to speak to somebody. I refuse to you know click on this profile and talk to them you know and that may be my soulmate you know and that could be the person that I could love for the rest of my life but until I’m in a place where I feel like I’m going to be okay with myself I’m not going to reach out to you and you’re not going to reach out to me either” indicate the depth of importance that some informants assigned to achieving success in those relationships but also the personal difficulty with taking that first step by initiating contact.

In a meta-study of Black male mental health and well-being, Watkins, Walker, and Griffith (2010), included personal relationships as one of the important contributors to well-being and mental health for African American men. One of the findings supporting the importance of those personal relationships and positive social interactions
is highlighted by statements made by Black men expressing how important it is for them to have family members and significant others as part of their lives. The treatment implication for working with African American men is that mental health professionals could assist men who present for treatment services in the identification of people who can potentially serve as a support system outside of the therapy context (Watkins et al., 2010). As applied to OMAD-MSM, an additional challenge related to identifying supports could be related to issues such as mental health stigma, anticipated stigma related to their body size, and the possibility that the client is not out in regard to his sexual orientation.

African American men have been described as having the characteristics of “stoicism and self-concealment” (Watkins, et al., p. 323); and having the tendency to seek treatment only when they perceive that their abilities are negatively compromised. When working with OMAD-MSM presenting for treatment services, it cannot be assumed that their presenting concern is unidimensional. Research findings suggest that contextual issues such as race, racism, and the intersection of multiply oppressed identities have an impact on how African American men experience the world and can have an impact on violent behavior (Watkins et al., 2010). As applied to OMAD-MSM, it is important for the mental health professional to consider that these men likely have experienced oppression beyond race and gender such as oppression tied to sexual orientation/sexual behavior and body size. While the aforementioned structural issues cannot be ignored in the treatment context, educational success and higher SES have been found to serve as a potential buffer to racism’s effects on well-being and mental health (Watkins et al., 2010). For the mental health professional, understanding OMAD-MSM’s
resilience and adaptive functioning in the context of SES and educational success is important, but in the absence of those buffers, resilience and adaptive functioning should be explored more broadly as a way of assisting OMAD-MSM with managing their presenting concern in the context of multiple oppressions.

In regard to diagnostic considerations, there are connections between diagnosis and gender socialization. The findings of the meta-analysis suggest that it is important to consider the usefulness of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (fourth edition, text revision; *DSM IV-TR*) (Watkins et al., 2010). Although there is now a newer version of the diagnostic manual, I believe that one should still consider its practicality when used with African American men. As it relates to diagnosis of depression, research suggests that African American men identify more with acute stress rather than depressive symptomatology (Kendrick, Anderson, & Moore, 2007; Watkins, Green, Rivers, & Rowell, 2006; as cited in Watkins et al., 2010). Furthermore, gender socialization and cultural norms may cause the way that Black men express depression to vary from person to person; anger and irritability could potentially be the manifestation of depression (Watkins et al., 2010). The meta-study also endorsed the importance of treatment approaches that focus on dual-diagnosis of mental health and substance abuse related conditions. Their findings suggested that Black men’s substance abuse, in addition to being impacted by social, educational, and economic factors, may also be linked to stress management, masculine socialization, and symptoms of depression. The findings of the meta-study regarding Black men’s health and well-being repeatedly underscored the connections between well-
being, socialization, and the importance of social relationships and interactions (Watkins et al., 2010).

The informants in the present study were all African American men. They largely were not involved in dating relationships they identified as being significant but they expressed a desire to have those relationships. Whereas the recommendations from the Watkins et al. (2010) meta-analysis link existing research to current findings and could be applied in the individual counseling context, the next few broad recommendations are applicable in the couples’ counseling context. In particular, the following broad considerations are meant for the mental health professional’s application to OMAD-MSM involved in couples’ relationships.

Supporting the findings of the meta-study (Watkins et al., 2010), it is suggested that the a culturally sensitive approach to treatment with black gay couples would take into account the impact of the convergence of oppression in its multiple forms, discrimination, and social conditions; but additionally racist and sexist stereotypes should be understood as a contributor to how couples function (Allen, & Helm, 2013; Greene, Boyd-Franklin, and Spivey, 2013). Allen and Helm (2013) acknowledge the structural issues impacting black gay couples but also highlight the human element, which is described as those universal experiences that come to bear in the counseling context. Those issues include outside pressures impacting the relationship, both individuals’ personal shortcomings, and interpersonal conflicts (Allen, & Helm, 2013). Of particular importance within African American gay couples, all of the aforesaid conditions impact gender roles, intimacy, and trust (Greene, Boyd-Franklin, & Spivey, 2013). Although informants in the present study did not have the experience of being in longer term
couples’ relationships they did express a desire for those intimate relationships. It should not be assumed that all OMAD-MSM are not involved in couples’ relationships that they value. An additional potentially useful resource for mental health professionals working with OMAD-MSM in couples’ relationships, is *Love, Intimacy, and the African American Couple* (Helm, & Carlson, Eds., 2013). This resource also includes chapters on: past and present societal influences impacting love and intimacy; male-female relationships; male-male relationships; female-female relationships; threats to intimacy; pastoral counseling with couples; intercultural issues; culturally sensitive treatment recommendations; and guidelines for non-black therapists in the provision of culturally sensitive treatment with African American couples.

**Disordered Eating.** Informants identified body dissatisfaction as a major concern, offering poignant examples of potentially harmful approaches they considered for altering their bodies. Parallel findings are reported in the literature on eating disorders. The findings of a preliminary study about eating-related behaviors cited by Heinberg, Pike, and Loue (2009) indicated that among the 18 African American MSM who participated, 19% possibly meet the clinical diagnostic criteria for an eating disorder; 25% reported occasional or frequent vomiting after meals; the use of appearance changing supplements/substances was reported frequently; and present self (body)-ideal (body) discrepancy for muscularity was almost 3 times greater than for that of male weight lifters. In the limited research available about the connection between sexual orientation, sex role orientation and BID risk, sexual orientation has been identified as a “potent gender specific risk factor eating disorders (ED) and BD in men” (p. 71). Other research has shown that in regard to BID risk, self-reported femininity is “a relevant risk
factor for both heterosexual women and homosexual men” (p. 71). One informant in the present study identified himself as being “fem.” This finding is particularly important in the counseling treatment of OMAD-MSM who identify themselves as fem or having feminine characteristics because it should be a cue for counselors to assess for body image discrepancy and eating disorders.

In the present study, one informant also explicitly spoke about it being important when talking to someone who is overweight or has a larger framed body, to ask specific questions about their eating patterns, thoughts, and behaviors related to altering their bodies in unhealthy ways as a measure of body discontentedness. Some of the most poignant experiences recounted by informants were their thoughts, desires, and attempts to alter their bodies using risky measures not sanctioned by the medical community and choosing to misrepresent their body stature, primarily weight and height to manage other people’s impressions. There would be value in knowing more about when these experiences become so harmful or distorted as to become evidence of eating disorders. Given the eating disorder risk factor data from the Heinberg, Pike, and Loue (2009) study and the data about body alteration from the present study, there appears to be a need for those working with OMAD-MSM in a counseling capacity to understand the impact of a person’s life experiences, feelings and thoughts on their eating and body altering behaviors as part of a broader array of eating disorder assessment measures in mental health and eating disorder treatment settings.

**Social Interactions.** Findings of the present study also support a focus on the strengths of OMAD-MSM. Informants offered a new voice to scholarship addressing two important components of how to move toward healthier social interactions. For example,
one of the men who participated in this study talked about the importance of self-acceptance and resilience in moving toward greater relational intimacy. For counselors working with OMAD-MSM, it is important to help clients to identify the ways in which they have already been resilient and to work specifically with them on issues related to increasing self-acceptance. Scholarship examining close relationships and happiness among emerging adults suggests that friendship quality with a best friend and relationship quality with one’s mother are significant predictors of happiness (Demir, 2010). The findings further underscore the need for healthy positive social relationships/interactions. For the mental health professional working with an overweight/obese black MSM that is out in regard to sexual orientation with family and friends, understanding life context and meanings associated with OMAD-MSMs social interaction related experiences; and understanding the quality of relationships with a client’s best friend and mother are important treatment considerations. Among OMAD-MSM who are not out in regard to their sexual orientation with family and friends, other sources of support should be identified. As underscored by the data from the present study, all OMAD-MSM could potentially benefit from the development of greater self-acceptance and resilience to assist in the process of developing of improved relational skills/interactions.

**Research Implications**

*Objectification by others.* Findings from the present study highlighted the negative impact of body objectification on OMAD-MSM. Informants recounted experiences with being objectified in virtual and face to face interactions. Objectification, in informants’ examples, makes reference to the idea that a person is
treated more as an impersonal object rather than as a feeling person whose life that is valued for anything more than sexual gratification and is reflected by one informant who said, “at the end of the day 80 percent of these people are just looking for sex so and they’re not looking for a relationship or commitment it’s just sex so I guess it just needs to be as visual visually appealing as they need it to be for that purpose.” Not only did the informants report being objectified by others, but they also acknowledged their participation in objectifying others. They also engaged in self-objectification as well. Their stories reflected that the strongest impact on internalized objectification-related beliefs came from being objectified by others and objectification of themselves. The literature review revealed an absence of existing findings concerning the impact of objectification on identity development among black overweight gay men who have sex with men. The lack of available data suggests that more research needs to be conducted with OMAD-MSM to better understand the impact of objectification on identity development and overall well-being among this group.

Testing extended objectification theories. Informants in the present study shared experiences that reflect having the experience of engaging in self-objectification, objectifying others, and being objectified by others. One way of developing a larger base of scholarly research on objectification processes would be to obtain additional qualitative data from a larger sample of OMAD-MSM about whether and the depth to which they identify with the experience of objectification. Objectification theory (Fredrickson & Roberts, 1997) holds that in a culture that promotes sexual objectification of women; that women in turn may internalize others’ perceptions of their physical selves; which leads to increased body monitoring, shame, and anxiety; decreased
motivation and internal awareness of their bodies; which leaves those women at risk for multiple mental health risks.

Szymanski, Moffit, and Carr (2011) developed four models which attempted to extend objectification theory’s applicability to minority populations, couples and men. Only one of the models was tested, but all of the models suggested that there are relationships that exist between the co-occurring variables of sexual objectification, self-objectification, depression, substance abuse, body shame, and disordered eating. Rather than detailing each of the models I will instead briefly discuss the broad ideas in their potential application to OMAD-MSM. In the present study, informants talked about all of the variables except for body shame. There was one instance where substance abuse, exemplified by the statement, “I got high for 15 years” was historical and occurred several years in the past. The informant’s substance abuse was described as a response to being “molested” repeatedly as a child, so there was limited data about current substance abuse among this sample of informants. Gathering additional data from a larger sample of OMAD-MSM about the degree to which they experience body shame and substance abuse would allow for the testing of the extended theories. Doing so would provide data about relationships among the variables of sexual objectification, self-objectification, body shame, depression, disordered eating and substance abuse as applied to OMAD-MSM.

*Idealized images, masculinity, and constructions of self.* Ford’s (2011) qualitative study entitled, *Doing Fake Masculinity, Being Real Men: Present and Future Constructions of Self Among Black College Men,* explores how “black masculinity is physically, behaviorally, and materially constructed from idealized images resulting in a
contextually adaptive sense of self” (p.38). Ford looks at the discourse about the “thug image” in black public social spaces. Although informants in the present study did not explicitly make statements about the interaction between self-objectification, black masculinity, and personally having idealized images for themselves and others, some informants did speak to their experiences with feeling a sense of connection between masculinity expectations and holding personal ideals regarding how their bodies should look. Some informants in the present study also talked about the place the black gay thug image has in the regional black gay culture of the South. As an extension of the Ford (2011) study that identified informants based on race, gender, and masculinity; future research with OMAD-MSM could focus on understanding the potential connections between objectification processes and the black gay thug image to further understand how self-concept, body image, and identity development are impacted by black gay cultural expectations about black masculinity. What is not known is if there are differences that exist between how the thug image and its expectations differ in an assumed black heterosexual context as compared with the thug image and its expectations in a black gay context from the perspectives of OMAD-MSM. Informants in the present study did indicate that those images, ideals, and expectations have an impact on sex roles, partner selection, and view of self. Future research in this area could utilize present exploratory data to inform and provide for an extension of existing knowledge that is more directly applicable to OMAD-MSM.
Recent Body Image Literature

In the past few years there has been a sharp increase in body image literature applicable to African American boys, adolescents and men. The scope of literature applicable to African American boys and adolescents has addressed research topics such as the influence of body image dissatisfaction on nutrient intake in overweight and obese inner city African American children (Sharma, Ikeda, & Fleming, 2013); the relationship between ideal body image, obesity, and lifestyle behaviors (Chen & Wang, 2012); and the role of ethnicity in drive for muscularity (Hong & Ennis, 2014).

The scope of literature applicable to African American men includes the effect of gender, race, and SES on perceived body weight (Schieman, Pudrovskas, & Eccles, 2007); the effects of target features (fat, muscularity level, gender, and ethnicity) and rater features (ethnicity and gender) on perceptions of weight status (Yanover, 2011); perceptions and ratings of Pulvers body images (Brown, Hossain, & Bronner, 2014); racial identity and gender as moderators of the relationship between body image and self-esteem (Oney, Cole, & Sellers, 2011); gender role development and body image (Gillen & Lefkowitz, 2006); ethnicity, gender, and vulnerability to self-objectification (Hebl, King, & Lin, 2004); factors associated with body dysmorphic disorder among diverse racial/ethnic and sexual orientation groups (Boroughs, Krawczyk, & Thompson, 2010); and the association between eating disorders, substance abuse, depression and history of childhood abuse among gay and bisexual men (Feldman & Meyer, 2007).

Although there are more studies on body image that utilize African men in their samples than ever before, the literature remains sparse when it comes to the study of OMAD-MSM, which is one of the groups that exemplify the convergence of multiple
oppressions. This sentiment is reflected by Brennan, Asakura, George, Newman, Giwa, Hart, Soulemanov, & Betancourt (2013) in their journal article entitled “Never reflected anywhere”: Body image among ethnoracialized gay and bisexual men. Race/ethnicity is a factor that is “almost completely overlooked” (p. 389) in body image literature. In their Toronto based study, which explores linkages between social oppression and body image among ethnoracialized gay and bisexual men, they utilize an intersectionality lens and employ the use of focus groups and qualitative interviews to better understand those linkages. Black men were one of the ethnoracialized groups that were studied.

Brennan et al. (2013) identified three major themes in their results. The data suggested that media is a big influence on how the men in the sample perceived and felt regarding their bodies. Another finding is connected to the idea of resisting the racialization of their bodies, bodies that are commonly either ignored or exoticized based on stereotypes. This is exemplified by a statement made by one of the black informants which states: “Everybody thinks you have a 13 or 14 inch penis and you can shag for six hours, non-stop. They don’t think you are a human being…you get affected because as you take it out they say, you are black, you should have something bigger…the disappointment…affects your self-esteem” (p.393). The final major theme is described as “negotiating the impact of body image on relationship with self and others” (p. 392). More specifically informants indicated that racialized body experiences impact personal well-being and relationships in their communities; with some succumbing to pressure to try and achieve an idealized masculine body image. Some of the negative outcomes have been compromised decision-making and disordered eating.
I believe that the replication of this study in the United States could be of value in contributing to the research applicable to body image among black gay and bisexual men. In the present study, informants shared experiences about regional differences (within the United States) in regard to feeling a sense of acceptance and community connected to race and sexual orientation. Some informants indicated that they have had a better experience in regard to being accepted in the South. These informants reported that for them, being in a larger metropolitan area with more diversity and where there is a visible Black gay community is opposite of most of their experiences in with Midwestern states where they were more apt to remain less open in regard to expressing their sexuality. Given that the men in the present study indicated that this regional difference existed, there could also be thematic differences if the ethnoracialization study was replicated in various regions of the United States. It would also be likely that replicating in multiple additional locations within the United States would broaden the transferability of the findings.

**Limitations**

The present study is limited in the ways that are typical of qualitative research and phenomenology. There are additional limitations specific to this particular study, such as who the results of the study can be applied to because of the unique characteristics of this sample. The informants in this study were all recruited through a social media Android phone app. Because of the uniqueness of their demographic characteristics, informants can be considered to be a hidden population with limited accessibility. Most were in their 20s and were recruited in the South. All had some level of college education. Although
5 of the 6 met the body mass index (BMI) definitional criteria for obesity, “overweight” was the preferred manner in which they would describe themselves. It is also notable that the recruitment materials advertised for men who have sex with men (MSM), but those who were selected for the study were all MSM who self-identified as being gay. The recruitment of MSM was intentional to allow for the inclusion of gay men, men who have sex with men and women (MSMW), bisexual men, and non-gay identified (NGI) men for greater breadth within the sample. Caution should be used in attempting to transfer the results of this study to other samples without careful consideration of how applicable the present findings would be as applied to others. I wonder how the findings might have been different based on changing the demographics of the sample. For example, it is possible that a different picture would have emerged if any or all of the following were different: region of the country from which the sample was drawn; a different age cohort; a sample that was not drawn exclusively from a social media Android App; or inclusion of individuals who are in long-term partnerships.

There are limits related to knowing the degree to which informants may have used self-preservation techniques in attempts to portray themselves in a more positive light. Near the end of the first interview, one informant indicated that initially it was challenging to be open with an interviewer who did not share his body type, though he found that he was able to do so because of my prior disclosure about having a history of obesity, and making disclosures about my race, and sexual orientation. He further stated that it made him feel “disgusting” to share his life stories with me because of my body size and likened it to what it might be like to have to share his experiences with a white
female. If other informants felt similarly it may have been more difficult for them to express because of discomfort with potential perceived conflict.

There was limited participation in member check interviews. Two informants participated. There were 6 months between the time the initial interviews were conducted and the member check interviews. It is not known why there was limited responsiveness from informants to schedule the member check interviews. The individuals that participated in the member check interviews were able to give feedback about the initial findings, but the design did not allow for informants to be re-contacted to give additional feedback on the structural summary generated from all informant responses across both interviews.

There are also some findings-related limitations to the study. In regard to identity development, I was hoping to have learned more about the impact of race and systemic racism on identity but limited information was learned from this study. Informants talked about the impact of body size-related labeling, stereotypes, and expectations on their daily lives. I would have liked to learn more about informant’s adaptive coping strategies for dealing explicitly with body size-related stigma and layered stigmas. In regard to the development of intimate partner relationships, informants primarily talked about deficits, but I would have liked to learn more about their success with relationship building as a bridge that would give insight into how to create additional adaptive relational skills.

**Conclusion**

The present phenomenological study was designed to give voice to overweight and obese men of African descent who have had voluntary sexual contact with other men
by allowing them to share their perspectives about body image and identity development. More specifically, they were asked questions about messages received from external sources that they have internalized about their bodies and the meanings they attributed to those experiences. The study was borne out of my personal interest and experience with being someone who at an earlier point in life would have met the demographic criteria for participation in the study. There was no scholarly literature that fully addressed the lives of OMAD-MSM that would offer explanatory or developmental data about the identity development in the context of body image for this group.

Because the study intentionally focused on informants who were men of African descent, Chapter 2 provided a literature review that included both historical-contextual information about people of African descent that dates back several centuries and a review of contemporary scholarly literature and theory applicable to OMAD-MSM. That broader contextual information addressed this group’s African origins; the African Diaspora; enslavement of Africans in America; same-sex African behavior and relationship patterns dating back to the 16th century; evolution of Black gay culture in America; 1960’s social justice movements; oppression; humanization and dehumanization’s link to oppression; the role of power in oppression; race; racism; heterosexism; and overweight/obesity definitions and prevalence.

The review of applicable scholarly literature provided important counseling and research related connections with the data. In regard to the research study, the design was selected as one which is compatible with cultural communication practices of African Americans while also taking into consideration the most useful ways of generating exploratory data about a group which there is little scholarly published data.
Chapter 3 provided detailed information about methodology and Chapters 4 and 5 shared the analyzed data in the form of essences of experience (Perspectives on Obesity; Body Image; Identity; Rejected Bodies; Social Media/Social Media Identity; Unattained Intimate Partner Relationships; Emotional Health; Regional Black Gay Culture of the South, Arts, and Pop Culture; Acceptance; Resilience) and a collective structural summary. Chapter 5 also provided additional discussion about the findings.

The primary research questions were aimed at developing a greater understanding about the internalization of messages about body image and the meanings informants assigned to those experiences which have had lasting impact on their identity development as OMAD-MSM. The research proposal speculated that discrimination, oppression, marginalization, and stigma were potential statuses that OMAD-MSM may experience, and this was confirmed by the data. Other inter-related speculations about OMAD-MSM identity being impacted by racism, sizeism, heterosexism, ethnocentrism, and intra-group fragmentation were addressed. The data reflect that this group of OMAD-MSM identified some impact on identity because of racism, sizeism, and heterosexism. Informants did not explicitly address the impact of ethnocentrism on identity. They did however make statements that reflect some impact of intra-group fragmentation (body size related and race related) by others who are larger framed and/or African American. There was also some limited data about informants who adopted a body-image related social identity as part of their self-conception.

This exploration of OMAD-MSM crosses time (centuries of socio-historical influences), geography (reflective of the involuntary removal of Africans from their country of origin), and academic discipline (given that the literature review was
multidisciplinary in nature). The data, discussed herein as informant essences of experience extends the scholarship available about body image, identity development, resilience and adaptive functioning from the perspectives of OMAD-MSM.
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Appendix A

HSIRB Approval Letter
Date: January 22, 2014

To: Mary Z. Anderson, Principal Investigator
    Amari Emani, Student Investigator for thesis

From: Amy Naugle, Ph.D., Chair

Re: HSIRB Project Number 13-12-17

This letter will serve as confirmation that your research project titled "Body Image in Overweight and Obese Black Men who Have Sex with Men" has been approved under the expedited category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note: This research may only be conducted exactly in the form it was approved. You must seek specific board approval for any changes in this project (e.g., you must request a post approval change to enroll subjects beyond the number stated in your application under "Number of subjects you want to complete the study"). Failure to obtain approval for changes will result in a protocol deviation. In addition, if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

Reapproval of the project is required if it extends beyond the termination date stated below.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: January 22, 2015
Appendix B

Recruitment Flyer
Invitation to Participate in a Research Study
BODY IMAGE IN OVERWEIGHT AND OBESE BLACK MEN WHO HAVE SEX WITH MEN

What This Study Is About

The researchers are interested in understanding identity development (how you view yourself, how you describe who you are to others, and how others describe you) in regard to messages you have received about your body and weight. To better understand this, the student researcher over the course of 2 face to face interviews will ask you questions about those experiences you have had with family, friends, dating partners, sex partners, other overweight/obese people, social networking websites, and the media.

We are interested in having you tell us which messages about your body have had the strongest impact on you.

Criteria For Participation

1) Born with male sex organs  
2) Currently view yourself as being male 
3) 18 years of age or older 
4) Have had at least one voluntary/consensual sexual contact with another male 
5) Identify yourself as being African-American, Black or of African descent 
6) Currently overweight, obese, or waist size of 40 inches or more 
7) Currently lives in the United States 
9) Willing to talk about your experiences that impact how you feel about your body and 
10) Believe you have been influenced by messages about your body 

Should there be mutual agreement regarding your participation, you will be asked to sign an informed consent document, respond to demographic questions, and participate in two face to face interviews. If YOU might be interested in participating in the study, please email, text or call Amari L. Enam at amari.enam@wmich.edu or (404)-786-2695. If you KNOW OF ANYONE ELSE who might be interested in participating in the study, please share this contact information with those individuals. Thank you for your time and consideration.

Amari L. Enam, M.A. 
Doctoral Candidate 
Western Michigan University

Mary Z. Anderson, Ph.D. 
Professor 
Western Michigan University
Counselor Education & Counseling Psychology

amari.enam@wmich.edu
(404)-786-2695

Counselor Education & Counseling Psychology

mary.anderson@wmich.edu
(269) 387-5113
Appendix C

Demographic Questionnaire
Demographic Questionnaire (Option: Written or Verbal)

1. Do you consider yourself to be male? YES or NO
2. Were you born with male sex organs? YES or NO
3. How old are you? ______
4. Do you currently live in the United States? YES or NO
5. What country were you born in? ________________________________
6. Are you Black, African-American, or of African descent? YES or NO
7. Have you had at least one voluntary sexual contact with another male? YES or NO
8. What is your height? ______
9. What is your weight? ______
10. What is your waist size (inches)? ______
11. What is your sexual orientation?
   _____ Gay
   _____ Bisexual
   _____ Heterosexual
   _____ Other (Please List)
12. What is your highest level of education? ________________________________
13. Do you have any emotional, substance-related, or medical issues that would make it difficult for you to participate in this interview process today? If so, would you like to take care of those other concerns? We can potentially reschedule the interview if you contact me after your concerns are resolved but there is no requirement or expectation to do so. (This question will be asked again prior to
beginning the member check interview (Interview #2) but the participant will not be asked the other demographic questions).

Each participant will be offered a hard copy of the resource list which provides contact information for counseling, eating disorder treatment, medical care, and HIV testing.
Appendix D

Response Script (Selected Participants)
Script (Verbal Response To Telephone Message, Text Message Or Email)

“Hello. My name is Amari Enam from Western Michigan University and I am contacting you in response to your telephone voice mail message/text message/email regarding the study I am conducting about body image in Black/African-American men who have sex with men who are overweight or obese. If you have a few minutes right now I can explain the criteria and the nature of participation to you.”

The information provided comes from the recruitment flyer (APPENDIX B) and is noted below:

What This Study Is About

The researchers are interested in understanding identity development (how you view yourself, how you describe who you are to others, and how others describe you) in regard to messages you have received about your body and weight. To better understand this, the student researcher will ask you questions about those experiences you have had with family, friends, dating partners, sex partners, other overweight/obese people, social networking websites, and the media.

We are interested in having you tell us which messages about your body have had the strongest impact on you.

Criteria For Participation

1) Born with male sex organs
2) Currently view yourself as being male
3) 18 years of age or older
4) Have had at least one voluntary/consensual sexual contact with another male
5) Identify yourself as being African-American, Black or of African descent
6) Currently overweight, obese, or waist size of 40 inches or more
7) Currently lives in the United States
8) Willing to talk about your experiences that impact how you feel about your body and
9) Believe you have been influenced by messages about your body
10) Believe you have been influenced by messages about your body

Should there be mutual agreement regarding your participation, you will be asked to sign an informed consent document, respond to demographic questions, and participate in two
face to face interviews. If YOU might be interested in participating in the study, please email, text or call Amari L. Enam at amari.enam@wmich.edu or (404)-786-2695. If you KNOW OF ANYONE ELSE who might be interested in participating in the study, please share this contact information with those individuals. Thank you for your time and consideration.
Appendix E

Response Scripts (Participants Not Selected)
Script (Email Response To Telephone Message Or Email)

Dear ____,

My name is Amari Enam from Western Michigan University and I am responding to your telephone voice mail message/email regarding the study I am conducting about body image in overweight and obese Black/African-American men who have sex with men. If there are convenient dates and times that I can reach you by telephone please respond with those dates and times along with your phone number or by calling me at (404-786-2695). If you do not reach me directly, please leave me a voice mail message in my confidential voice mailbox with that information.

Sincerely,

Amari Enam, M.A.

Script For Those Not Selected to Participate in Interviews

Telephone

“Hello, this is Amari Enam from Western Michigan University. You previously responded with interest in participating in the research study I am conducting. I am calling to let you know that although I appreciate your response and interest, I will not be able to include you in the interviews. I selected a very small number of participants and am unfortunately not able to interview everyone who expressed interest in participation. Thank you for your response and for your interest in this project.”
Email/Text Message

Dear _____,

You previously were interested in participating in the research study that I am conducting. I am writing to let you know that although I appreciate your response and interest, I will not be able to include you in the interviews. I selected a very small number of participants and am unfortunately not able to interview everyone who expressed interest in participation. Thank you for your response and for your interest in this project.

Sincerely,

Amari Enam, M.A.
Appendix F

Expanded Researcher Journal Sample
My process of experiencing the phenomenon with this group of men began at the moment that the first prospective participant contacted me regarding the study. He had viewed my social media profile using an Android App on a site that was designed exclusively for gay men to meet one another. It was then that I realized that this research study was no longer just a concept, idea, or a collection of words submitted to HSIRB for approval. Contact with an actual person made it more concrete or real although at the time it was only a virtual interaction that began as the exchange of written messages.

During those initial interactions wherein information was shared, I was repeatedly asking myself, Why did this person respond? Why did he initiate contact with me? Because I did not ask him those questions until the initial interview, the questions lingered in my mind. I began to speculate and came up with a few hypotheses. It seemed that there must have been something within the recruitment information that piqued his interest. Perhaps he had a recognition that there was something of value that he wanted to share about his life experiences. Maybe he was curious about who was this person who had identified himself on his social media profile as Amari Enam, student researcher from Western Michigan University. It is possible that there was some wonderment on his part about how it was that someone whom he had never met, who had a non-American sounding name, who attended school in the Midwest could find value in talking with him about his life. Like why would he come this far just to talk to him about his experience of being a larger framed person with body image issues? Perhaps the very recognition that he existed, and was a person (although he had been labeled as a person who was “OVERWEIGHT” or “OBSESE,”) provided some sense of affirmation that his life was
important or that his life mattered. Maybe this was his opportunity to have a different type of experience, one that did not make him feel, invisible, ignored, ridiculed, humiliated, or ostracized. Through his participation he could be set apart in a different sort of way, one that placed him in the spotlight because of the uniqueness of his life experiences. He finally had the opportunity to have a voice.

During the initial face-to-face contact meeting I was both nervous and excited. I was nervous because we had never met and I wanted him to see me as someone that he could talk to about his life. I was excited because the human contact represented an opportunity to have something more depthful than could be achieved in a virtual interaction. I finally had the opportunity that I had been waiting for. I was waiting in the library group meeting room at the university for him to arrive. The room was the size that could accommodate four people. It had a circular table; four padded chairs; neutral beige paint; multi-colored low pile carpet; a white dry erase board that covered an entire wall; and a large window on one of the walls. Because the room was on the fifth floor, when I looked outside through the glass I could see a view of the immediate area, but it also gave me a sense of queasiness as I looked downward to the street because I don’t particularly care for heights.

As I took my seat in the room, I positioned myself so that I could face the door. The meeting time had come and he was not there so I thought either he was running a few minutes late or was not coming at all, so I continued to sit there waiting…feeling both a sense of anticipation and uncertainty as well. After a few minutes had elapsed, I saw someone walking from the direction of the elevator through the aisle of books that dead-ended at the door to the meeting room. From that point our eyes locked gaze with one
another. For the first few minutes, it seemed pretty apparent based on the way our eyes were scanning one another that he was aware I was observing him and I was aware that he was observing me. Within the context of the informed consent process I made a planned disclosure about being gay and having a history of being obese, he no longer sat upright, rigidly in his chair. His posture had become noticeably more relaxed and I viewed that as a positive sign. I was hoping that translated into him feeling a greater sense of comfort about sharing his life experiences with me. I also was well aware that my disclosure had the potential to create for him a feeling detachment, resulting in him distancing himself. Either way I figured he had a right to know given that I would be prying into his personal life seeking answers to questions that were not always easy to answer. In that regard there was transparency about those aspects of my life.

Initially we talked about his reasons for wanting to participate in the research study. His message was resoundingly clear. He wanted to participate because it was his hope that this research would somehow help other people just like him. What he didn’t talk about at the outset was whether he thought there might be some potential positive impact on himself from sharing his experiences. I noticed a drastic change in the tone of the interview as I posed the second question to him about mirror avoidance. The contrast is stark. While responding to the first question he provided full eye contact; he spoke at a normal rate of speed; and at times was smiling. After the second question, there was silence…and more silence…looking at one another until he spoke. His rhythm changed and so did his non-verbal behaviors. Before he began speaking, he averted eye contact, but began to answer the question with a slight tremble in his voice.
I had not anticipated that he would perceive the mirror avoidance question with such a degree of gravity. As he began speaking he was looking downward. His eyes seemed to be fixated on single area of the floor. It was a look that I was familiar with from my own experience of being in deep thought and having someone else comment that I looked as if I was in outer space. He began to tell me the details of his mirror avoidance rituals with such a degree of detail that I felt like I was there. At the point that he told me that he never liked what he saw in the mirror, clothed or unclothed, I felt the gravity as well.

As we continued to talk I became more attuned with what felt to me like sadness and depression. Before long I was mirroring his tone, rate of speech, and to some degree his affect. It was hard to maintain a distanced, neutral stance, with clearly delineated roles of “researcher” and “participant.” Prior to beginning the interview I had imagined that I would be in more of an outsider place; sitting back watching, listening and observing. I envisioned that I would come in the room so to speak, ask a question, and then step back out of the room and await his response. It did not happen that way. The humanity in me recognized that what he was sharing was so painful that words would not allow him to adequately express his internal experience.

At times there were tears, particularly as he shared multiple other experiences that left him feeling “undesirable, ugly, unattractive, unwanted, unlovable, disrespected, and dehumanized.” He cried but I didn’t. I could not help but to think that if this were a different context or a different set of circumstances, that I would have been more free emotionally. I felt the need to maintain some degree of composure so as not to be so noticeably impacted that it detracted from his in-the-moment within the room experience.
of having the time be what he needed it to be. As the interview was ending he stopped talking abruptly mid-sentence. After a few seconds had passed, I inquired about what was happening with him. That is when he asked, so now that I had his story what I was going to do with it. It almost seemed like he didn’t expect an answer because he was sharing a collection of thoughts. He talked about feeling exposed and how part of him wishes he could take back the words so that he did not have to feel such raw emotion. We talked about his feelings, his expressed desire to have his life experiences remain part of a bigger story about his and others’ life stories, and how issues of confidentiality would be handled.

He seemed to be in a more composed place emotionally when he left the interview but I do wonder if he had any questions that lingered…like if I would keep my word about confidentiality; or how he knew if he could trust me; if I would judge him as others have; or if I would understand the experience of being overweight or obese differently if I was still bigger myself. It seems like those might be things I would wonder about if I was in his shoes.

In some ways I felt responsible for digging up his past and bringing those experiences into the present, but then I had to remind myself that the way in which he had described his experiences of rejection and exclusion related to his body were experiences that were cyclical, so in many ways his past was also his present. For me, the process of experiencing the phenomena did not stop and does not stop. I will remember because he took me there. Although I experienced the phenomenon in a different way when I was obese, there was a richness and diversity of experiences that distinguished us from one another. I can differentiate between his set of experiences and my own. The place where
our experiences overlap is tied to our human connection as people because we feel the same emotions, love, joy, pain, sadness, hurt…you name it. The experiences which trigger those shared emotions within us may be different, but we have the capacity to understand the underlying emotions, even if not the specific experiences.

As the student researcher, it is my desire that people who read about the life experiences of the men who participated in this research study are able connect with their set of experiences. They talked about the impact of rejection, exclusion, judgment, conditional acceptance, trauma, self-criticism, thoughts of altering their bodies in dangerous or unhealthy ways, suicide attempts, overt and subtle forms of discrimination, marginalization, prejudice, bias, dating relationship challenges, insecurity, racism, sexism, sizeism, homophobia, depression, intimate partner violence, body objectification, and so on. Even for those consumers of this data who are not overweight or obese black men who have had voluntary sexual contact with other men, I believe that there are parts of the informants’ story that can speak to a variety of people based on their similarities, differences, parallel experiences and emotional responses. Any person who can connect with any of these experiences potentially has the capacity to empathize with OMAD-MSM’s life experiences.