CONTEMPORARY GAY COMMUNITY CONNECTION AND PSYCHOLOGICAL WELL-

BEING

by

ANTONIO PETRUZZELLA

(Under the Direction of Justin A. Lavner)

ABSTRACT

Despite generally improved societal attitudes toward sexual minority individuals, gay

men continue to experience injustices and stigma related to their sexual minority identity, with

harmful consequences for their health and well-being. However, sexual minority status can also

be a source of strength or support through gay community connection and access to community

resources. This dissertation project aimed to further our understanding of gay community

connection and the ways in which it may improve psychological well-being among gay men in

two complementary studies. The first study quantitatively examined different aspects of gay

community connection (i.e., quality of perceived connection, frequency of enactments, or social

network representation) and how they could differentially predict depressive symptoms and/or

differentially moderate the association between sexual stigma and depressive symptoms in a

sample of young sexual minority men. Results indicated a positive association between

community identification and community enactment among young sexual minority men.

Different forms of gay community connection were not associated with depressive

symptomatology and did not buffer the effects of sexual stigma on depressive symptoms. The

second study used a qualitative approach to provide an in-depth understanding of gay community

connection and the experiences of gay men attending or residing at a gay campground in the rural South. Results revealed eight primary themes related to the participants' experiences of the campground, including: general community, social, & interpersonal connections; gay-specific community, social, & interpersonal connections; lifestyle; environment; feelings of isolation & loneliness; well-being; representation & acceptance; and external stigma. Taken together, results from these two studies highlight contemporary experiences of gay community connection and suggest various ways in which this connection is experienced. These studies highlight the need to take a more nuanced perspective to understand the many forms (e.g., connectedness, enactment, and social network) and available venues (e.g., gay bar, gay campground) available to gay men today. Findings from this dissertation can inform future work examining gay community connection, its associations with stress and well-being, and the factors that influence decisions and access to gay community connection.

INDEX WORDS: gay community connection; minority stress; depressive symptoms; sexual stigma; gay campground; gay men; qualitative

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by

ANTONIO PETRUZZELLA

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ANTONIO PETRUZZELLA

Major Professor: Justin A. Lavner
Committee: Steven R. H. Beach
Jeremy J. Gibbs

Electronic Version Approved:

Ron Walcott
Vice Provost for Graduate Education and Dean of the Graduate School
The University of Georgia
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DEDICATION

"For all those who just wanted to dance"

To the memory of the victims of the Pulse Nightclub shooting, June 12, 2016

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CHAPTER 1

INTRODUCTION AND LITERATURE REVIEW

They were all in their late thirties and early forties and had led honorable lives when their

AIDS diagnoses were made, often only weeks or months apart. As friends, our loyalty

never wavered. Over time, we pulled even closer together. Though the heavens fell on us,

we made ourselves available to one another and to dozens more. (Kayal, 2018, p. ix)

Members of the lesbian, gay, bisexual, and transgender (LGBT) community took to the

streets of New York City in June 1969 to protest the injustices facing them and their

communities (Blasius & Phelan, 1997). They would galvanize to fight an onslaught of anti-gay

policies and discrimination and rely on support from within their own communities to *ACT UP*

against the AIDS epidemic. Today, more than 50 years since the historic Stonewall Riots, gay

men continue to experience injustices and stigma related to their sexual minority identity, with

harmful consequences for their health and well-being (e.g., Hatzenbuehler, 2014; Pachankis,

Sullivan, Feinstein, & Newcomb 2018).

Although stigma regarding non-heterosexual identities remains, sexual minority status

can also be a source of strength or support. Building on Meyer's original discussions of minority

stress theory (1995; 2003) and broader theoretical work on prejudice and in-group status

(Allport, 1954; Baumeister & Leary, 1995), research has examined the ways in which gay men

connect with and access gay community resources for affiliation and social support (Browne &

Bakshi, 2011; Domínguez-Fuentes, Hombrados-Mendieta, & Garcia-Leiva, 2012; Gudelunas,

2012; Kelly, Carpiano, Easterbrook, & Parsons, 2012). These resources include a psychological

sense of belongingness or connectedness to the local or broader gay community (Frost & Meyer,

2012; Proescholdbell, Roosa, & Nemeroff, 2006), behavioral engagement with the gay

community (e.g., venue attendance; Ashmore, Deaux, & McLaughlin-Volpe, 2004; Zablotska,

Holt, & Prestage, 2012), and connection to other sexual minority individuals (Frost, Meyer, &

Schwartz, 2016). In turn, these gay community coping resources may provide benefits for health

and well-being. For example, gay men may benefit from residing in a "gayborhood" to obtain

social support or access to resources not available in other geographical locations (Buttram &

Kurtz, 2013; Hanhardt, 2013). They may attend gay community events or gay venues and

develop a sense of belonging in their community to buffer the deleterious impact of minority

stress (Frost & Meyer, 2012; Meyer, 2003).

Important questions remain about the availability, variability, and relevance of these gay

coping resources across the gay community today. Gay community connection was once seen as

a necessary tool for survival during the HIV/AIDS crisis (Herek & Greene, 1995) or a strategy

for fulfilling relational needs not met by rejecting parents or family (Ryan, Huebner, Diaz, &

Sanchez, 2009). However, the function of this coping resource seemed to evolve over time with

changes in the societal landscape for gay men and their communities (e.g., improved public

opinion of gay men; Garretson, 2018; Lax & Phillips, 2009), as well as structural changes to the

gay community (e.g., gentrification and closing of gay establishments; Simon Rosser, West, &

Weinmeyer, 2008), suggesting that it may not be as central or critical as it once was. Further, the

benefits of coping resources may not be equally available to all members of the gay community,

partially due to receiving less acceptance from within the gay community (e.g., older gay men;

Wight, LeBlanc, Meyer, & Harig, 2015). A more current examination of gay community connection is needed to understand its role, function, and possible benefits for contemporary gay men.

This dissertation project aimed to further our understanding of gay community connection and its association with psychological well-being among gay men in two complementary studies – one quantitative (Study One) and one qualitative (Study Two). The first study examined different aspects of gay community connection (i.e., quality of perceived connection, frequency of enactments, or social network representation) and how they could differentially predict depressive symptoms and/or differentially moderate the association between sexual stigma and depressive symptoms in a sample of young sexual minority men from the greater Los Angeles area. The second study used a qualitative approach to provide an in-depth understanding of gay community connection and the experiences of gay men attending or residing at a gay campground in the rural South. This mixed method examination of gay community connection in two different developmental groups in two different settings offers a nuanced, contemporary understanding of gay community connection.

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CHAPTER 2

GAY COMMUNITY CONNECTION, SEXUAL STIGMA, AND DEPRESSIVE SYMPTOMS

AMONG YOUNG SEXUAL MINORITY MEN [1]

Abstract

Young sexual minority men continue to face unique challenges due to their sexual orientation, including external sexual stigma (e.g., experiences of discrimination) and internal sexual stigma (e.g., internalization of negative societal beliefs). These stressors negatively impact mental health outcomes (Meyer, 2003), but less attention has been paid to the community resources that may buffer the effects of sexual stigma on mental health. The current study sought to address this gap by examining the associations among different forms of community connection (i.e., community identification, community enactment, and network proportion of sexual minorities), their associations with depressive symptoms, and whether the different forms of community connection buffer the effects of sexual stigma on depressive symptoms. Self-identified sexual minority men (M age = 21.5 years) living in the Greater Los Angeles area were recruited using probability-based methods in person and via Hornet, a geospatial smartphone networking application, and participated in a primary survey assessing most study variables ($n = 124$) and follow-up survey assessing social network ($n = 107$). Findings indicated a significant positive association between community identification and enactment, but neither were associated with network proportion of sexual minorities. None of the community connection variables were significantly associated with depressive symptoms, nor did they reduce the association between sexual stigma and depressive symptoms. These findings suggest that community connection may not serve as a protective factor for young sexual minority men and underscore the need to identify strategies and resources that buffer the effects of minority stress among this group.

Introduction

Young sexual minority men must contend with developmental tasks and problems facing most young adults, including life transitions and instability (Arnett, 2000; McGorry, Purcell, Goldstone, & Amminger, 2011; Schulenberg, Sameroff, Cicchetti, 2004). They may also face additional challenges related to their sexual orientation. These challenges include overcoming the internalization of societal stigma as well as the external sources of this stigma, such as possible family rejection and exposure to anti-gay verbal harassment, discrimination, and physical violence (Huebner, Rebchook, & Kegeles, 2004; McConnell, Birkett, & Mustanski, 2016; Meyer, 2003; Pachankis, Sullivan, Feinstein, & Newcomb, 2018). In the face of these minority-specific stressors, it is important to understand resilience and coping resources and how they can promote mental health (Owens, 2018). The current study aims to address this goal by seeking to better understand different aspects of gay community connection and how they may mitigate the impact of sexual stigma among contemporary young sexual minority men.

Questions remain about the overlap between different aspects of gay community connection and which aspects matter most for psychological well-being. We can differentiate between several different dimensions of gay community connection, including feelings of community identification (i.e., a cognitive or affective sense of belongingness to the gay community, subgroups, or other individuals; Frost & Meyer, 2012), community enactment (i.e., behavioral engagement with the gay community through, for example, gay venue attendance or event participation; Doyle & Molix, 2014; Holt 2011), and the inclusion of other sexual or gender minorities in one's social network (Berger, 1992; Henehan, Rothblum, Solomon, & Balsam, 2008; Kurdek, 2003). These different dimensions have mostly been examined in isolation, leaving open questions about the degree to which individuals who express high levels

of gay community connection in one domain (e.g., community identification) are also likely to have high levels of gay community connection in another domain (e.g., more sexual/gender minorities in their social network). Addressing such questions is important in order to provide a better understanding of gay community connection among young sexual minority men and how these men interface with the broader gay community.

Associations between the different dimensions of gay community connection and mental health outcomes have also received varying degrees of attention. Several studies have demonstrated strong and consistent support for the role of community identification or connectedness on mental health. For example, McLaren, Jude, and McLachlan (2008) found that a sense of belonging with the gay community was negatively associated with symptoms of depression among gay men, even after controlling for belongingness to the general community. Additionally, Kertzner and colleagues (2009) and Frost and Meyer (2012) found that gay community connectedness was positively associated with general psychological and social well-being among sexual minority individuals, and Petruzzella and colleagues (2019) found that gay community connectedness was associated with lower levels of internalizing symptoms (i.e., depression, anxiety, and general psychological distress) among gay men. Research on community enactment has primarily examined the potential pitfalls of involvement with the gay community, namely increases in externalizing behaviors such as sexual risk behavior and increased substance use (e.g., Green & Feinstein, 2012; Halkitis & Parsons, 2002; Holt, 2011). Further, Card and colleagues (2018) examined patterns of gay community engagement (e.g., venue attendance, use of sex-seeking apps, and percent of time spent with other sexual minority men) and found varying levels of risk for HIV based on these patterns (e.g., individuals who were moderately connected were less likely to practice HIV risk management). Although less

work has examined the potential psychosocial benefits of gay community enactment (for examples, see Mao et al., 2009; Salfas, Rendina, & Parsons, 2018), recent work has demonstrated the benefits of attendance at gay events or venues or consumption of gay media for mental health outcomes including depression for sexual minority men (e.g., Gibbs & Rice, 2016). Finally, gay men may benefit from supportive relationships with other LGBT individuals (Escobar-Viera et al., 2018; Reed & Miller, 2016). Indeed, gay men's perceptions of social support or having supportive relationships with other sexual minority individuals may be protective on their own (Davidson et al., 2016; Detrie & Lease, 2007), though previous work has generally overlooked the influence of relationships with a small subset of individuals with a shared identity (e.g., a few close gay friends). Accounting for the actual representation of sexual minorities within one's social support system is important when trying to understand how social and community resources may serve to protect against mental health problems (Frost, Meyer, & Schwartz, 2016; Gibbs & Rice, 2016; Smith, Grierson, Wain & Pattison, 2004; White & Cant, 2003). In sum, several aspects of community connection may be associated with mental health among gay men, but there are varying degrees of empirical support for these associations.

In addition to its direct association with mental health, gay community connection may be important in buffering against the negative effects of sexual stigma (Burton, Wang, & Pachankis, 2017; Hatzenbuehler, 2009). Sexual stigma includes both external forms of stigma (e.g., discrimination, victimization, or negative messages related to one's sexual orientation) and internal stigma, consisting of self-directed negative beliefs about one's sexual orientation. Empirical work has shown sexual stigma to be a strong predictor of internalizing problems, including symptoms of anxiety and depression (Feinstein, Goldfried, & Davila, 2012; Morandini, Blaszczynski, Ross, Costa, & Dar-Nimrod, 2015; Newcomb & Mustanski, 2010). Research has

demonstrated the possible benefits of gay community connection as a coping resource (e.g.,

Doyle & Molix, 2014) and has found for the role of community identification as a buffer against

the effects of internal sexual stigma on depressive symptoms (Kaniuka et al., 2019; Lozano-

Verduzco, Fernández-Niño, & Baruch-Domínguez, 2017; Puckett, Levitt, Horne, & Hayes-

Skelton, 2015). However, research has yet to examine the potential buffering role of gay

community enactment or gay social network membership for these associations. Further, limited

work has empirically tested the buffering role of community connection against the effects of

external sexual stigma on depressive symptomatology (for exception, see Ramirez-Valles,

Fergus, Reisen, Poppen, & Zea, 2005).

The Current Study

Despite research supporting associations between gay community connection and various

mental health outcomes, questions remain about the overlap between different aspects of gay

community connection and which aspects matter most for psychological well-being. Most work

has examined only one aspect of connection in isolation (e.g., the association between gay

community identification and mental health outcomes) or overlooked certain forms of

connection (e.g., representation of sexual minorities in one's social network). Further, research

has yet to examine the potential buffering effects of community connection in a young adult

sample, who may show different patterns of associations than observed in older cohorts. To

better understand contemporary gay community connection and inform future research and

clinical intervention, the current study examined (1) the associations among three different

dimensions of gay community connection (i.e., community identification, community enactment,

and close relationships with LGBT individuals); (2) the univariate and multivariate relations

between these different aspects of community connection and depressive symptoms; and (3)

whether these three forms of connection buffer the association between internal and external

sexual stigma and depressive symptoms. We investigated these questions in a sample of young

sexual minority men age 18 to 24 years of age who were recruited using probability-based

methods in person and via Hornet, a geospatial smartphone networking application.

Method

Participants

Participants were young sexual minority men in the greater Los Angeles area who were

recruited in person (e.g., gay venues) and via Hornet, a geospatial smartphone networking

application, through probability-based sampling procedures. Individuals who expressed interest

were screened for inclusion criteria: (a) between 18 and 24 years of age, (b) identify as male

gender, (c) identify as gay, bisexual, pansexual, or as a man who has ever had sex with a man,

and (d) can read English. Those who were interested in participating, qualified for the study, and

provided informed consent were electronically sent a link to complete the online survey.

Men averaged 21.5 years old (SD = 1.87) and were diverse in terms of educational

attainment: less than high school (1.6%), high school/GED (21%), some college (40.3%), 4-year

college degree (30.6%), and Master's or professional degree (6.5%). The median income was

between $20,000 and $24,999, and participants varied in employment status: full-time (33.9%),

part-time (38.7%), and unemployed (27.4%). Most participants identified as gay (81.5%), but

others identified as bisexual (12.9%), pansexual (4%), and queer/other (1.6%). Most participants

were Latino/Hispanic (35.5%), while 30.6% were White/Caucasian, 13.7% were

Multiracial/Mixed, 12.9% were Asian, and 7.3 were Black/African American. Slightly more than

half of participants were recruited in-person (54.8%); 45.2% were recruited digitally through

Hornet.

Procedure

      Data were collected as part of a larger study (Petruzzella, Gibbs, & Lavner, under review) conducted between December 2016 and July 2018. All procedures were approved by the Institutional Review Board at the University of Southern California. Eligible men completed a set of online questionnaires assessing their demographics, internal and external sexual stigma, community connection, depressive symptoms, social network, and other measures beyond the scope of the current study via Qualtrics, an internet-based data collection platform. Digitally recruited participants received a $35 gift card, and in-person recruited participants received a $25 gift card for their participation in the first portion of the study ($n = 124$). Participants had the opportunity to complete a supplemental survey for an additional $15 ($n = 107$). Social network data (described below) were collected during the supplemental survey, while all other measures discussed were administered during the initial assessment.

Measures

      Demographics. Participants provided responses to standard questions about sexual orientation, race, age, and other demographic variables.

      Community connection. The Identification and Involvement with the Gay Community Scale (IGCS; Varnable, McKirnan, & Stokes, 1998) is an eight-item measure of gay community connection and is comprised of two components: gay community identification (i.e., cognitive/affective connection) and gay community enactment (i.e., behavioral connection). The use of these components as separate subscales is consistent with previous research on gay community connection (Gibbs & Rice, 2016; Salfas, Rendina, & Parsons, 2018).

      Community identification. The first four items of the IGCS assess gay community identification by asking participants to rate their level of agreement with four statements (e.g.,

"Being gay makes me feel part of the community") on a four-point Likert scale (i.e., 1 = *strongly disagree*; 4 = *strongly agree*). Consistent with the IGCS's scoring procedure, one item (i.e., "I feel distant from the gay community") was reverse coded and summed with the other three items to create a total score of gay community identification.

     Community enactment. The second four items of the IGCS assess gay community enactment. Participants rated the frequency with which they engaged in four gay community-based activities (e.g., "How often do you go to a gay bar or club?") on a four-point Likert scale (i.e., 1 = *never*; 4 = *several times a week or every day*). Item scores were summed to create a total score of gay community enactment.

     Social network proportion of sexual minorities. Participants were asked to list the five individuals they "interact with the most" or who are "most important" to them. Participants provided information about each of these individuals, including their sexual orientation (i.e., heterosexual, homosexual, bisexual, questioning, queer, or other). Responses were dichotomized (i.e., heterosexual or sexual minority), and network proportion of sexual minorities was calculated by dividing the number of sexual minorities indicated by the total number of individuals listed. Higher proportion scores reflect greater representation of sexual minorities in one's immediate social network. Calculating network proportions is a common methodological strategy for studying factors in one's social network (for more information about this approach, see Gibbs & Rice, 2016).

     External sexual stigma. The Lifetime Experiences of Homophobia Scale (LEHS; Choi, Hudes, & Steward, 2008) is a six-item measure of experiences of external sexual stigma. Participants were asked to rate the frequency with which they experienced different forms of external sexual stigma (e.g., having been verbally threatened, physically threatened or attacked,

and harassed by the police) over their lifetime on a four-point Likert scale (i.e., 1 = *never*; 2 = *once or twice*; 3 = *a few times*; 4 = *many times*). Items scores were summed, with higher scores reflecting greater levels of external sexual stigma. Internal consistency was good (α = .76).

Internal sexual stigma. The Internalized Homophobia Scale (IHS; Herek, Cogan, Gillis, & Glunt, 1998; Martin & Dean, 1987) is a nine-item measure of internal sexual stigma. Participants were asked to rate their level of agreement with statements on a five-point Likert scale (1 = *strongly disagree*; 5 = *strongly agree*). Items were modified to be inclusive of gay, bisexual, and pansexual participants (e.g., "I wish I weren't gay" became "I wish I weren't gay/bisexual/pansexual"). Item scores were summed, with higher scores reflecting greater levels of internal sexual stigma. Internal consistency was good (α = .88).

Depressive symptoms. Symptoms of depression were assessed using the four-item version of the Center for Epidemiological Studies Depression Scale (CES-D; Melchior, Huba, Brown, & Reback, 1993). Participants were asked to indicate how often they experienced four depressive symptoms (i.e., "I felt depressed," "I felt lonely," "I had crying spells," and "I felt sad") in the past seven days. Participants rated the frequency of these symptoms on a 4-point scale (i.e., 1 = *less than 1 day or never*, 2 = *1-2 days*, 3 = *3-4 days*, and 4 = *5-7 days*). Responses were summed to create a total depressive symptom score, with greater scores reflecting higher levels of depressive symptoms. Internal consistency was good (α = .86).

Data Analysis

First, we examined the bivariate associations among community identification, community enactment, and network proportion of sexual minorities using correlations. Second, we examined univariate and multivariate associations between each of the three connection variables (i.e., community identification, community enactment, and network proportion of

sexual minorities) and depressive symptoms using linear regressions. In each univariate model, a predictor variable (e.g., community identification) was entered in a separate model to predict depressive symptoms. In the multivariate model, we entered all predictors in the same model to examine their unique effects, above and beyond the other predictors. Third, we conducted a series of linear multiple regressions to examine if and how community identification, community enactment, and network proportion of sexual minorities moderated the association between internal sexual stigma and depressive symptoms and between external sexual stigma and depressive symptoms (resulting in a total of six moderation analyses). In these models, either internal sexual stigma or external sexual stigma and one moderator (e.g., community identification) were entered at Step 1, and the corresponding interaction term was entered at Step 2 (e.g., internal sexual stigma x community identification). We probed significant interaction terms by examining Johnson-Neyman regions of significance (Johnson & Fay, 1950; Potthoff, 1964).

Results

Preliminary Analyses

Descriptive statistics for and bivariate correlations among study variables are presented in Table 1. Data inspection and tests of normality revealed a non-normal, positively skewed distribution for depressive symptoms. As such, depressive symptom scores were transformed using a log transformation to minimize positive skewness (Altman & Bland, 1996). In addition to the associations between different dimensions of gay community connection and between gay community connection and depressive symptoms described in the sections that follow, the correlational analyses indicated that internal sexual stigma was significantly negatively associated with community identification and with community enactment ($r = -.21, p < .05$), but

was not significantly associated with the network proportion of sexual minorities ($r = .13$, $p > .05$). External sexual stigma was not significantly associated with any of the dimensions of gay community connection. Internal and external sexual stigma were significantly positively correlated ($r = .22$, $p < .05$). Depressive symptoms were significantly positively correlated with external sexual stigma ($r = .22$, $p < .05$) but not with internal sexual stigma ($r = .18$, $p > .05$).

Associations Among Dimensions of Gay Community Connection

The first aim of the study was to examine the bivariate correlations among community identification, community enactment, and network proportion of sexual minorities. Community identification was significantly positively associated with community enactment ($r = .48$, $p < .001$). Network proportion of sexual minorities was not associated with community identification or with community enactment (rs = .09 and .13, respectively, both $p > .05$).

Associations Between Community Connection and Depressive Symptoms

The second aim of the study was to examine the univariate and multivariate relations between different aspects of community connection and depressive symptoms. Surprisingly, none of the community connection variables significantly predicted depressive symptoms in univariate models (community identification: $B = -.01$, $p = .49$; community enactment: $B = .004$, $p = .78$; network proportion of sexual minorities: $B = .08$, $p = .60$) or in the multivariate model (all ps > .10).

Moderation Analyses

The third aim of the study was to examine whether different forms of community connection moderated the association between sexual stigma and depressive symptoms. We conducted a series of linear regression analyses to examine whether the three community connection variables (i.e., community identification, community enactment, and network

proportion of sexual minorities) moderated the relations between external sexual stigma and depressive symptoms (Table 2) and internal sexual stigma and depressive symptoms (Table 3).

In the model for network proportion of sexual minorities, there was a significant interaction between external sexual stigma and network proportion of sexual minorities ($B = .07$, $p = .045$); there were no significant main effects for external sexual stigma or network proportion of sexual minorities in this model. We used the Johnson-Neyman technique to examine the region of significance for the conditional positive effect of external sexual stigma on depressive symptoms, which became statistically significant when network proportion of sexual minorities reached approximately 56% ($p = .05$) and remained significant through 100% ($p = .013$). This pattern indicates that the association between external sexual stigma and depressive symptoms was significant and positive among participants whose immediate social networks were comprised of at least 56% sexual minority individuals. In the models for community identification and community enactment, the interaction between external sexual stigma and community identification was not significant, nor was the interaction between external sexual stigma and community enactment, though there were significant main effects of external sexual stigma in both models (community identification $B = .10$, $p = .008$; community enactment $B = .09$, $p = .015$), such that external sexual stigma was positively associated with depressive symptoms.

The main effect of internal sexual stigma on depressive symptoms was significant in the model with community enactment, such that internal sexual stigma was positively associated with depressive symptoms ($B = .08$, $p = .03$). This indicates that higher levels of internal sexual stigma were associated with higher levels of depressive symptoms. There was not a significant main effect for internal sexual stigma on depressive symptoms in the models with community

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identification or network proportion of sexual minorities. None of the interaction terms reached statistical significance; however, the interaction between internal sexual stigma and network proportion of sexual minorities followed a similar pattern as in the model with external sexual stigma and network proportion of sexual minorities and approached statistical significance ($B =$ .08, $p = .06$). The conditional positive effect of internal sexual stigma on depressive symptoms became statistically significant when network proportion of sexual minorities reached approximately 69% ($p = .05$) and remained significant through 100% ($p = .037$), indicating that the association between internal sexual stigma and depressive symptoms was significant and positive among participants whose immediate social networks included at least 69% sexual minority individuals.

Discussion

Sexual minority men may access and benefit from a variety of community coping resources, including community connection, to buffer against the impact of internal and external stressors on mental health (Al-Khouja, Weinstein, & Legate, 2019; Meyer, 2003; Pachankis et al., 2018). However, much of the research in this area has overlooked important nuances, such as the unique influence of different forms of connection, their potential overlap, and how these patterns unfold among younger men. The current study addressed these gaps using cross-sectional data collected from 124 young sexual minority men to examine the bivariate associations among community identification, community enactment, and network proportion of sexual minorities and their associations with depressive symptoms. We also examined the potential buffering effects of different forms of community connection on the association between internal and external sexual stigma and depressive symptoms.

Results provide minimal support for our hypotheses. The first aim was to examine associations among gay community connection variables. Specifically, community identification and community enactment were significantly positively associated with one another, consistent with previous work examining their overlap. However, neither were associated with network proportion of sexual minorities, suggesting levels of community identification and enactment were independent of the proportion of sexual minorities in one's immediate social network. These findings suggest that social networks of sexual minority men may function or develop independently of their connection to or engagement with broader or local gay communities. Our second aim was to examine how the three gay community connection variables were associated with depressive symptoms. Surprisingly, none of the three connection variables predicted depressive symptoms alone (i.e., in univariate analyses) or together (i.e., in a multivariate model). These findings suggest that, for the young sexual minority men in the current sample, community connection was not related to levels of depressive symptoms.

The third aim was to examine whether gay community connection moderated the association between internal and external sexual stigma and depressive symptoms. There was no evidence for potential buffering effects of these variables. Specifically, neither community identification nor community enactment moderated the association between internal or external sexual stigma and depressive symptoms. Network proportion of sexual minorities was a significant moderator of the association between external sexual stigma and depressive symptoms (with a similar pattern for internal sexual symptoms), but the pattern of results was counter to what we hypothesized, such that the association between sexual stigma and depressive symptoms was positive and significant for those with a high network proportion of sexual minorities (i.e., at or above 56% for external sexual stigma and 69% for internal sexual stigma)

and non-significant otherwise. While these unexpected results must be interpreted cautiously, they suggest that individuals who have more close relationships with other sexual minorities report worse mental health when experiencing higher levels of stigma relative to individuals who have fewer close relationships with other sexual minorities. It is possible, however, that individuals with greater levels of sexual stigma, and thereby higher levels of depressive symptoms, may seek out close relationships with other sexual minority individuals as a form of social coping, while those with low levels of sexual stigma may not. Further research is needed to understand these patterns.

Methodological Strengths and Limitations

Our study had several important strengths. Previous studies have examined samples recruited entirely online or through gay venues, reducing their generalizability (Meyer & Wilson, 2009). For instance, in-person recruitment (e.g., at gay venues) is likely targeting individuals who already actively participate with the gay community, reducing the range of experiences represented in the sample. The recruitment and sampling methods likely capture a broader spectrum of sexual minority men and how these men tend to connect with the community, an important methodological and conceptual consideration. In fact, our sample was particularly diverse in terms of educational background, employment status, and racial/ethnic background. The focus on young sexual minority men is another strength, providing a window into community connection's role in a modern cohort of young sexual minority men. Further, the inclusion of multiple measures of gay community connection (i.e., gay community identification, community enactment, and close relationships with LGBT individuals) allows for a more comprehensive examination of gay community connection than was possible in previous work.

It is also important to acknowledge several limitations. First, the cross-sectional design of the study limits our ability to understand directionality in effect. For example, as described above, it is possible that individuals who experience external sexual stigma seek out community connection to cope with minority stress. Alternatively, individuals who are more connected to and embedded within the gay community may be exposed to greater harassment or discrimination due to visibility of their identity. Longitudinal designs can help to address and understand issues of directionality, and account for changes in connection variables over time in response to life events such as experiencing discrimination or the coming out process. Second, questions remain about other, potentially more complex associations between connection variables that we were not sufficiently powered to consider. Specifically, it may be useful to examine other moderating effects (e.g., if and how community connection buffers the effects of general forms of stress on mental health), account for relevant covariates (e.g., race, ethnicity), and test for mediation effects using longitudinal data (e.g., if increased community enactment fosters opportunities for including sexual minorities in one's social network). Third, although we examined different forms of connection with other sexual minorities, it may be useful to measure connection at multiple levels (e.g., gay subgroups, connection with same-aged peers), gather more information about specific connections (e.g., history, strength, and quality of relationships with other sexual minorities), and include other ecologically valid measures of connection (e.g., collateral reports, ecological momentary assessment). Fourth, the current sample was comprised entirely of individuals living in the greater Los Angeles area. It is likely that the experiences of sexual minority men residing in suburban and rural areas could differ from the individuals in the current study in domains such as sexual stigma and availability and utility of coping resources. It will be important for future research to examine community connection of sexual minorities

residing in non-urban areas (Griffin et al., 2018). Finally, the current study consisted of cisgender sexual minority men. Future research is needed to better understand the nature and buffering role of community connection variables among other sexual and gender minority groups.

Implications

Despite these limitations, the current study contributes to the existing, albeit limited, body of research examining gay community connection. Specifically, the current study provides support for a moderate, positive association between gay community identification and community enactment; however, neither of these were associated with network proportion of sexual minorities, suggesting minimal overlap between different forms of community connection. Surprisingly, none of the three forms of community connection were associated with depressive symptoms, nor did they seem to buffer the effects of sexual stigma among young sexual minority men. These findings are at odds with a major, but relatively unexamined, tenet of minority stress theory, which purports community resources to be important buffers against the effects of sexual stigma (Meyer, 2003). As such, the current study raises questions about the importance and function of different forms of community connection for young sexual minority men. Notably, little work has attempted to account for social network composition as a protective factor for young sexual minority men. This is an important methodological gap in the literature, given that the current findings revealed minimal overlap between network proportion of sexual minorities with other forms of community connection and indicated that this dimension of community connection potentially exacerbates the link between sexual stigma and depressive symptoms. More broadly, research is needed to better understand the unique characteristics of this population.

Our findings also raise important practical implications. The current sample featured young sexual minority men who, on average, did not seem to benefit from broader community connection, including community identification and enactment, in terms of either direct associations with depressive symptoms or as a buffer between sexual stigma and depressive symptoms. Given that this population is at risk for experiencing high levels of stress due to their sexuality and, thereby, developing mental health problems (Eldahan et al., 2016; Michaels, Parent, & Torrey, 2016; Pachankis et al., 2020), our findings raise important questions about what other coping strategies or resources may promote mental health among young sexual minority men. For example, young sexual minority men may utilize social media and other technological platforms for social engagement or community connection (as a form of coping), but such strategies are understudied with regard to their mental health benefits and are not well captured by current measures of community connection. Our findings highlight the importance of tailoring interventions to the unique needs of young adult sexual minority individuals and better understanding the ways in which various strategies or resources, such as community connection, can mitigate the effects of sexual stigma. Individual preferences for social or community engagement may dictate whether a young sexual minority man values, seeks, or benefits from behavioral engagement in their local community or whether he may prefer a smaller, more tight-knit group of sexual minority friends. Young sexual minority men may also face unique challenges that prevent them from connecting to the gay community. For example, a 19-year-old gay man wishing to foster community connection may face practical barriers due to his age, such as being unable to socialize or participate in community events taking place in a 21+ gay bar. Given practical limitations, he may instead seek connection using online media

(e.g., dating or social applications) or with sexual minority friends (e.g., having a movie or game night).

In conclusion, the current study highlights a positive association between community identification and community enactment among young sexual minority men. It also demonstrates, however, that these forms of connection (as well as network proportion of sexual minorities) are not associated with depressive symptomatology and do not serve to buffer the effects of sexual stigma on depressive symptoms. These findings underscore the need to better understand various forms of community connection among young sexual minority men and for whom and under what circumstances different forms of community connection serve to promote mental health and buffer the effects of minority stress.

Tables

Table 1

Sample Characteristics for and Correlations Among Study Variables

Variable	1	2	3	4	5	6
1. Community identification	-					
2. Community enactment	.48***	-				
3. Network proportion of sexual minorities	.09	.13	-			
4. Internal sexual stigma	-.21*	-.21*	.13	-		
5. External sexual stigma	.11	.12	.05	.22*	-	
6. Depressive symptoms	-.06	.03	.05	.18	.22*	
N	123	123	105	121	122	122
Mean	11.5	9.78	0.41	18.35	12.33	7.6
SD	2.4	2.99	0.29	7.43	3.77	3.31

Note. Depressive symptoms are log-transformed. * $p < .05$. *** $p < .001$.

Table 2

Results for Moderation of the Association Between External Sexual Stigma (ESS) and Depressive Symptoms

Variable	B	SE	t	p
Model 1: Community identification				
ESS	0.10	0.04	2.68**	0.008
Community identification	-0.04	0.04	-1.05	0.295
ESS x Community identification	-0.03	0.04	-0.71	0.482
Model 2: Community enactment				
ESS	0.09	0.04	2.48*	0.015
Community enactment	-0.01	0.04	-0.16	0.873
ESS x Community enactment	-0.05	0.04	-1.26	0.210
Model 3: Network proportion sexual minorities				
ESS	0.05	0.04	1.10	0.276
Network proportion sexual minorities	0.01	0.04	0.21	0.837
ESS x Network proportion sexual minorities	0.07	0.04	2.04*	0.045

*p < .05. **p < .01.

Table 3

Results for Moderation of the Association Between Internal Sexual Stigma (ISS) and Depressive Symptoms

Variable	B	SE	t	p
Model 1: Community identification				
ISS	0.07	0.04	1.86[+]	0.065
Community identification	-0.01	0.04	-0.26	0.794
ISS x Community identification	0.02	0.04	0.40	0.687
Model 2: Community enactment				
ISS	0.08	0.04	2.11[*]	0.037
Community enactment	0.03	0.04	0.83	0.410
ISS x Community enactment	0.01	0.04	0.38	0.709
Model 3: Network proportion sexual minorities				
ISS	0.04	0.04	0.90	0.370
Network proportion sexual minorities	0.03	0.04	0.70	0.487
ISS x Network proportion sexual minorities	0.08	0.04	1.88[+]	0.063

[+] $p < .10$. [*] $p < .05$.

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CHAPTER 3

COMMUNITY CONNECTION AT A GAY CAMPGROUND IN THE RURAL SOUTH: A

QUALITATIVE STUDY [2]

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[2] Petruzzella, A., Allan, T. J., & Lavner, J. A. To be submitted to *Psychology of Sexual Orientation and Gender Diversity*.

Abstract

Despite changing societal attitudes and acceptance of sexual minority individuals, gay men continue to seek out sexual minority-specific spaces for a variety of reasons (e.g., recreation, safety). It is often assumed that these spaces primarily consist of gay bars/clubs and/or neighborhoods in urban and metropolitan areas, but there is also a desire for more "nontraditional" gay spaces. To better understand the experiences of contemporary gay men in these types of spaces, the current study used a qualitative approach to provide an in-depth examination of the experiences of 41 gay men at a gay campground in the rural South. Results revealed eight primary themes related to participants' experiences of the campground, including: (1) General community, social, & interpersonal connections; (2) Gay-specific community, social, & interpersonal connections; (3) Lifestyle; (4) Environment; (5) Feelings of isolation & loneliness; (6) Well-being; (7) Representation & acceptance; and (8) External stigma. In addition to identifying many commonalities with more traditional gay spaces, these findings revealed several experiences, benefits, and drawbacks unique to engagement with a gay campground community, highlighting the need for a better understanding of a diversity of gay communities. Further research could expand on these findings to examine how connection to non-traditional gay community settings may ameliorate stress and promote health and well-being among sexual minorities.

Introduction

Gay camping is a freeing experience. It's about leaving the usual and normal behind and

embracing the unknown while meeting new friends, experiencing new things, and

creating new memories. Over time, gay camping changes a person; stepping out of their

usual routine, schedule, and group, the real person tends to surface. (Reily, 2016, par. 6)

Whether as a means of survival or recreation, gay men have created and occupied unique

spaces throughout history. To avoid being "outed," gay men sought connection away from public

view in bars and bathhouses and claimed neighborhoods to be a foundation for their communities

(i.e., "gayborhoods"). These settings were ingrained in the identity of countless gay men and

communities and passed down to the following generations. As the societal landscape and

opinion of LGBT individuals improved, the community infrastructure remained and the function

of gay spaces became less about physical safety or necessity and more about participation,

identity exploration, and recreation (Ghaziani, 2019; Kayal, 2018). These needs are met in gay

venues and neighborhoods in urban and metropolitan areas, as well as in more "nontraditional"

gay spaces. To better understand these types of spaces today, the current study uses a qualitative

approach to provide an in-depth look at the experiences of gay men in one such nontraditional

gay space—a gay campground.

Alternative Spaces

Gay camping is a relatively recent phenomenon (circa 1980 to present; Oneida

Campground, n.d.) but has become an increasingly popular avenue for social connection and

recreation among gay men. Researchers have argued that the newfound popularity of gay

camping was born out of a desire for relaxation, novelty, and intellectual and social enrichment needs that were not being met by more traditional forms of gay community connection (e.g., frequenting one's local gay bar; Hattingh & Spencer, 2017). Generally, people are thought to engage in leisure activities to escape personal or interpersonal environments, to seek personal or interpersonal rewards, and to fulfill basic social needs (Iso-Ahola, 1982; Jamal & Lee, 2003). However, limited work has explored gay men's motivations for gay-specific leisure activities or their possible benefits. Kates (2001) explored gay men's social activities and revealed consistent themes about the pursuit and use of gay spaces. Two primary benefits were community connection and affiliation with other gay men. Additionally, less traditional spaces such as gay campgrounds were seen as offering a sense of safety and security removed from the antigay violence or social disapproval often found in the urban environments of most gay neighborhoods and communities, consistent with other work suggesting that gay men are at greater risk for physical violence in urban environments (Burks et al., 2018; Hanhardt, 2013). As such, engagement with less traditional forms of gay community may offer a greater sense of safety and a means to cope with sexual, concealable stigma (Mock & Hummel, 2012). Consistent with this idea, Hummel (2010) explored the motivations of individuals seeking sexual minority-specific campgrounds, finding that primary motivations included the gay-friendly environment (e.g., freedom to be one's self) and socializing with similar others (e.g., of a sexual minority status). Of note, the gay-friendly environment was a particularly strong motivation for individuals reporting greater sexual orientation concealment.

Little is known about the benefits of engaging with and in non-traditional gay-specific spaces. Research on gay community engagement has overwhelmingly focused on the potential downfalls of attending gay bars and bathhouses. Specifically, much of this work has attempted to

examine the factors that confer elevated risk for HIV infection and increased substance use in these settings (Baiocco, D'Alessio, & Laghi, 2010; Colfax et al., 2001; Halkitis & Parsons, 2002). This focus overlooks the potential benefits of these spaces and can stigmatize and pathologize gay venue attendance and community connection. Countering this narrative, some work has demonstrated the benefits of venue attendance as a form of gay community enactment (e.g., Gibbs & Rice, 2016) and gay-specific leisure, such as the use of gay-specific venues and social networks to cope with general and gay-specific stress (Iwasaki, MacKay, MacTavish, Ristock, & Bartlett, 2006). However, research has generally not considered gay community connection in rural settings and has yet to examine community connection to a gay campground or other non-traditional spaces. It is possible that connection to these forms of gay community may offer additional or different benefits (e.g., stronger sense of belongingness) and fewer drawbacks or risks than other gay spaces, such as for health outcomes. In the absence of previous work in this area, a qualitative examination of gay community connection within gay campgrounds can offer new insights and provide a foundation for future research.

The Current Study

The current study aims to provide an in-depth understanding of the experiences of gay men attending or residing at a gay campground in the rural South. To achieve this aim, we conducted semi-structured qualitative interviews with 41 gay men at one such campground. This methodology has the potential to offer rich data not circumscribed by rigid parameters, as participants had the opportunity to provide responses describing their own experiences from their perspective. As described below, we conducted a thematic analysis of these interviews to develop and identify themes based on participants' descriptions of the benefits and drawbacks of

their connection to the campground, as well as their perceptions of acceptance and inclusion at the campground.

Method

Participants

Participants ($N = 41$) were gay men recruited from a predominantly gay male-attended camping and resort venue located in the rural South.[3] Recruitment was done through on-site physical postings (e.g., flyers in the campground's front office) and through word-of-mouth. Individuals who expressed interest were screened for inclusion criteria: (a) self-identified cisgender gay man, (b) at least 21 years old, (c) active campground membership, and (d) can read English. Those who were interested in participating and qualified for the study were scheduled for an in-person assessment session, during which informed consent was obtained and data collection began.

Men ranged in age from 33 to 77 years old ($M = 50.8$, $SD = 10.1$), and the median income was between $90,000 and $99,999 (range: $10,000-$19,999 to $150,000+). Most participants were in a relationship (29.3%) or married (41.5%) at the time of the study, and 43.9% had a partner who also participated in the study. Two participants identified as full-time residents (4.9%), while 39 identified as annual site-holders or weekenders (95.1%) who primarily resided in urban or suburban areas around the South. Thirty-nine participants identified as White (95%); one participant identified as White/Asian (2.4%); and one identified as White/American Indian (2.4%). Men were diverse in terms of educational attainment: less than high school (2.4%), high school/GED (17.1%), some college (9.8%), 2-year college degree (12.2%), 4-year degree (31.7%), Master's degree (12.2%), professional degree (9.8%), and Doctoral degree (4.9%).

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[3] The name and location of the campground is excluded to protect the privacy of participants.

General Procedure

Data were collected between June and September 2017, and all procedures were approved by the Institutional Review Board at the University of Georgia. Eligible men participated in an in-person, semi-structured qualitative interview about their experiences attending or residing at the campground. Participants received $30 in cash for their participation and completion of the study.

Interview Procedure

Private semi-structured interviews, lasting between 45 and 90 minutes, were conducted in person at the campground (see Appendix for a copy of the full interview guide) by the first ($n = 20$) and second authors ($n = 21$). Participants were given the option to have the interview take place in a private room at the campground's front office or at their respective campsite (RV or cabin). The current study focused on portions of the interview that asked about participants' experiences attending or living at the campground. Participants were asked, "For you personally, what have been some of the benefits of attending/living at [campground]?" They were asked to identify at least three examples of benefits and, if necessary or unclear, provide an explanation for their examples. They were asked if they believed the benefits they identified were applicable for other people at the campground and if and how their benefits were different from other places they have lived or other gay communities in which they participated. These questions and procedure were repeated for drawbacks to attending or living at the campground. Next, participants were asked, "For you personally, have you found the community at [campground] to be accepting and inclusive?" They were asked to provide at least one example of a way in which they perceived the campground to be (or not to be) accepting and inclusive and to identify individuals (i.e., types of people, gay subgroups) for whom they believed the campground to be

(or not to be) accepting or inclusive. Finally, participants were asked about actual representation of gay subgroups (e.g., bears, drag queens) at the campground, including whom they believed were (or were not) represented at the campground. Interviews were audio-recorded and transcribed for qualitative analyses.

Most participants provided responses to all interview questions, but nine participants initially denied drawbacks to their campground attendance (e.g., "I don't know," "There are no drawbacks"). Per the interview protocol, these participants were encouraged to identify at least three examples. While three participants subsequently endorsed at least one drawback, the remaining six participants maintained that they had not experienced any drawbacks related to their campground experience, and the interview proceeded with no drawback endorsements for these participants.

Analysis

Information gathered during interviews were analyzed using thematic analysis, an approach used to identify, analyze, and present themes across data (Braun & Clarke, 2006; 2014). Braun and Clarke (2006) outlined six steps for thematic analysis, including (1) become familiar with the data; (2) generate initial codes; (3) search for themes; (4) review themes; (5) define themes; and (6) write-up.

Steps 1 and 2 were completed by the first and second authors with the assistance of a research assistant. Interviews were transcribed and reviewed to ensure accuracy, and responses were coded. Consistent with inductive thematic analyses (Braun & Clarke, 2006), transcripts were read by all three coders, who each recorded their preliminary ideas and discussed possible coding systems together. While rare, disagreements were addressed through further review of transcripts and discussion of codes until all coders reached a consensus. Themes were generated

(Step 3) through review of the coded responses across the data set (e.g., benefits of gay community connection). In Step 4, themes were identified by the first and third authors based on consistencies among qualitative data and reviewed to ensure accuracy and divergence between themes (i.e., themes are distinct and have limited overlap). Defining of themes was done to capture the "essence of what each theme is about" (Braun & Clarke, 2006, p. 92) by comparing themes, as relevant, to theoretical perspectives in Step 5 (e.g., minority stress theory; Meyer, 2003) in preparation for presentation of data (Step 6).

Results

Coded responses were reviewed and used to develop a thematic structure across research questions. Results revealed eight primary themes, including: (1) General community, social, & interpersonal connections; (2) Gay-specific community, social, & interpersonal connections; (3) Lifestyle; (4) Environment; (5) Feelings of isolation & loneliness; (6) Well-being; (7) Representation & acceptance; and (8) External stigma.

General Community, Social, & Interpersonal Connections

Participants discussed various benefits to their campground attendance related to their general community, social, and interpersonal connections. Participants reported that the campground offered many opportunities for social engagement with existing friends and to acquire and capitalize on existing social support systems. Other reported that the campground offered opportunities to meet new people and establish novel friendships with others, especially those with similar, platonic interests (e.g., camping, hiking). Many participants discussed there being "open invitations" to various events, private or public, around the campground. One participant described his first time attending the campground and how the anxiety he experienced about going alone dissipated; he reported feeling surprised by "how often people call you over to

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their campfires to hang out." Participants reported that it was particularly "easy to make friends" at the campground, given common courtesies of saying hello or offering help (e.g., setting up tents, giving tours) to fellow campers in passing. Participants also reported that their campground attendance conferred a general sense of belonging, community, and/or family that would otherwise (i.e., away from the campground) remain unfulfilled by family members, friends, or colleagues. For example, one participant stated, "It's a social bond that I don't have with my family... Here, I can call these people, and someone is going to show up if I need something in the middle of the night."

Despite these benefits, participants also identified a number of drawbacks or problems associated with community, social, and interpersonal interactions at the campground. Participants identified problematic behaviors of some other campers as drawbacks to attending the campground, including obnoxious or inappropriate behavior, non-adherence to rules (e.g., engaging in sexual activity in a public space), and disruptive alcohol intoxication (e.g., "drunk people"). For example, one participant stated, "It hurts when you get jerks in here…obnoxious people or people not behaving—it just spoils it." Interestingly, participants also identified the "non-social people" at the campground as a drawback, indicating that campers who stay at their site, rather than attend campground events, limit the general sense of community engagement among campers.

Gay-Specific Community, Social, & Interpersonal Connections

Participants also discussed the campground's unique opportunities for friendships and a sense of community with other sexual minority individuals. Of note, this theme emerged separately from the previous one, as many participants reported *gay* community connection and

friendships as being distinctly beneficial. Many participants described the sheer act of social engagement with other gay men as a benefit, citing sexual orientation as a necessary factor in community and social engagement. For example, one participant stated, "It's kind of like getting with others of your own kind or of similar status" and acknowledged that being gay in this setting provided him with a sense of belonging and membership. Participants reported that connections with other sexual minority individuals, namely gay men, were inherently different and especially important for them and their wellbeing. For example, one participant described "walking up and saying hi to a total stranger" as the "norm" around the campground. He clarified that he would not feel comfortable doing so elsewhere because of the uncertainty about a stranger's sexual orientation.

This sense of gay-specific community connection was especially important given that participants often described the limited availability of positive gay-specific social and community supports elsewhere, including other gay communities. While most participants reported living in urban or suburban areas with more conveniently located gay venues, they expressed a strong preference for attending the campground. Participants identified the campground as notably different from traditional gay venues and environments (e.g., bars, clubs, living in a gayborhood). For example, participants reported feeling "finally embraced" by a community of like-minded others and contrasted their experiences elsewhere, especially in other more "traditional" gay venues, to those at the campground. They described these other spaces as overly cliquish or nonaccepting, citing experiences of intraminority stress (e.g., past negative experiences, concerns about possible rejection by other gay men; Pachankis et al., 2020) as deterrents for utilizing gay spaces elsewhere. Most participants discussed how the sheer absence of judgment, cliques, negative attitudes, and pressures to conform to society or community

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standards contributed to their, and likely others', feelings of acceptance and inclusion at the campground and generally denied intraminority stress experiences.

These positive aspects were not uniformly felt, however. A subset of participants reported concerns about cliques or a social hierarchy around the campground, such that some attendees (namely, permanent residents, owners, and annual site-holders) of the campground held more power, social status, or influence than others (e.g., day-trippers, weekenders). Of note, one participant reported believing the campground had "too many" and "very unclear" rules that were arbitrarily enforced, depending on one's "status" at the campground. Relatedly, participants discussed the impact of these cliques or social disparities on "drama" around the campground, including the spreading of "camp rumors" (e.g., discussing someone's sexual activity or substance use).

Lifestyle

Participants reported being afforded various lifestyle benefits from attending the campground. In this regard, participants described the campground as "never boring" (e.g., availability of parties and activities) and cited various ways in which individuals can develop their own experiences of the campground. In fact, some participants compared the campground to a Choose-Your-Own-Adventure novel, such that the campground "becomes what you want it to be." For some participants, the "all-inclusive and centralized" layout of the campground allows them to completely detach from the rest of the world and gain a true camping experience (e.g., "you don't need to leave for anything"). For others, the campground offers a safe avenue and opportunities for sexual encounters, partying, and recreational substance use. While participants varied in their preferred activities or lifestyle (e.g., physical activities vs. social

engagement), participants were nevertheless consistent in describing the sheer diversity and availability of lifestyles and activities at the campground as beneficial.

Notably, some participants discussed how their experiences at the campground have shifted over time. These responses generally came from older participants who had been members (or in some cases, permanent residents) of the campground for many years. Their experience of the campground, and consequently the benefits they receive(d), seemed to have changed over the course of their memberships. This concept is best illustrated by one participant's report:

> I've been at this a long time and [my benefits] have changed over time... Do I come here for sex as much as I did 23 years ago? No. It's just where my friends are… In the beginning, it was a place to come out and be gay, [have] more sex, just try and figure out who you are... Now it's my little getaway.

Environment

Participants identified several environmental factors related to their campground experiences. Interestingly, many participants identified the campground's distance from their respective homes to be a benefit, though their explanations for this benefit varied. Some participants believed the campground's close proximity to their home was a benefit, while others enjoyed feeling as though the campground was far-removed from their cities of origin. They often reported enjoying "driving into the country" and feeling disconnected from broader society on their trips to the campground. Participants used the campground to relax, "unplug," and escape the "hustle and bustle" of their normal lives and reported feeling particularly safe at the campground given its infrastructure (e.g., being a gated community, having staff on-site). However, other participants acknowledged the location of the campground as a drawback, citing

difficulties with acquiring necessities (e.g., having to travel a long distance to the closest grocery store) and the (long) drive to and from their homes. Participants also acknowledged several drawbacks due to the region's climate, such as excessive insects (e.g., mosquitos) and the heat, humidity, and weather. Additionally, while not directly related to the campground per se, participants raised issues with the area surrounding the campground, including concerns about homophobia in nearby communities. One participant stated, "Because it is rural, you do have that problem. You've got a lot of homophobic rednecks around here [who] wouldn't give a second thought to, like, shooting you in the back if they knew what you were."

Participants' responses also highlighted physical aspects of the campground itself. Many participants touted the campground's facilities and amenities (e.g., bathrooms, cabins, communal spaces) and its affordability (e.g., describing it as "cheap to live" or a "cheap get-away"), while others raised issue with what they believed to be an expensive cost of attendance (e.g., "some people can't afford to be here") and few and poor quality facilities. Participants identified several other more practical drawbacks, such as the lack of employment opportunities on-site and poor cellular/Wi-Fi service and poor-quality food in the local area. Many participants reported disliking how crowded or noisy the campground could get (e.g., on busy weekends). Of note, some participants discussed how the physical layout of the campground posed potential dangers around the campground (e.g., "There was a guy…that fell into a fire pit and he had to go to urgent care") and barriers for accessibility for persons with mobility-related disabilities. One participant stated, "It's not a good place for handicapped people…There's a degree of mobility that's involved to just go from one place to the next, and I've seen [people] have a hard time."

Feelings of Isolation & Loneliness

Participants reported believing the campground contributed to feelings of isolation and

loneliness in multiple ways, likely as a function of factors discussed in the previous section (e.g., the campground's remoteness and physical location). Participants discussed various practical forms of isolation they experience, including cultural isolation (e.g., missing the quality and array of activities and events elsewhere) and interpersonal isolation (e.g., feeling disconnected from gay men or communities outside of the campground). Participants also discussed feelings of loneliness and isolation that present as a function of the campground's schedule or the time of year, such as during the weekdays (e.g., feeling as though the campground "cleared out" following a busy weekend) or during the slower winter months. For example, one participant who resided at the campground for several years stated, "You kind of get a physical loneliness…You feel like you're going through an amusement park after everybody has gone, so…the energy is gone." Participants compared these periods to "crashing" from a caffeine or emotional "high." Participants also discussed the experience of losing touch with and "missing" other campers who were not currently or regularly attending the campground. One participant broke down during interview and described the downfalls of getting so close with other campers, only to lose them (e.g., deaths) amid irregular contact. Participants described how the nature of the campground community (e.g., persons driving to the campground from out-of-state) lends itself to feeling separated or disconnected from other campers when they are not together at the campground.

Well-Being

More generally, participants discussed how their experiences of the campground impacted their wellbeing, in both positive and negative ways. Many participants reported believing their experiences at the campground improved their self-esteem and personal growth, activity levels (e.g., increased exercise), and sociality and extraversion. For example, one

participant reported that the campground allows him and others to "really grow within who you are and who you're supposed to be." Participants compared the campground to informal "therapy," such that it promotes psychological well-being and mitigates life stressors. One stated, "It's been so many different forms of therapy for me. Being able to let go of things that have been ingrained in you…Whenever I leave here, I feel a sense that I can face [the] world." Negative aspects of the campground were described as well. Some participants described the campground as "overly sexual" in some ways and identified this and related consequences (e.g., risk or spread of sexually transmitted infections) as drawbacks of their campground experience. Participants acknowledged their attendance of the campground contributed to symptoms of fatigue or sleep disturbance (e.g., "I have trouble sleeping…as a result of being here a lot. It's just hard for me to shut my body down and sleep. It's just really hard for me to get a good night's sleep."), and several participants reporting believing their campground attendance increased the frequency and quantity of their substance use or exacerbated existing addictions (e.g., alcohol relapse). For example, in reference to alcohol use, one participant stated, "It's easy to lose control with the quantities that are here because of the parties. It's easier to consume." Another participant described the prevalence and potential impact of substance use at the campground, stating, "Substance abuse tends to be a little more prevalent here...I know a lot of people who have really destroyed their lives." Additionally, some partnered participants discussed how attending the campground contributed to problems in their romantic relationships. Others acknowledged that the setting, while not inherently problematic, revealed or exacerbated *existing* problems (e.g., feelings of jealousy) in their relationships (e.g., "[Coming here] was the impetus to realize the relationship was not working"). One participant cited this issue as "initially a drawback but eventually a benefit." He discussed how he and his partner became more open to

discussing sensitive or difficult topics over time: "Coming to [the campground] forced me and my partner to have difficult conversations about our relationship. We didn't think or realize we needed to have them."

Representation & Acceptance

Many participants reported that individuals from all "walks of life" were represented and well-accepted at the campground, regardless of age, gender, or sexual identity. This was not uniformly felt, however. A few participants acknowledged that all individuals were "only technically welcomed" at the campground and reported believing the campground's lack of diversity and experiences of "intolerance in the gay community" while at the campground were notable drawbacks of their campground experience, citing the campground's "lack of action" to promote diversity as particularly concerning.

Representation

When asked about gay subgroup representation at the campground, four participants immediately reported total representation (e.g., "All are represented here"). However, most participants identified at least one subgroup that was particularly well-represented at the campground. Major endorsements included bears, cubs, and/or otters; men into leather, BDSM, and other fetishes; and drag queens. Participants also acknowledged representation of transgender men and women, older men or "daddies," and "twinks."

While most participants denied believing anyone was unrepresented at the campground (e.g., "We get everyone here"), others identified gay/bisexual persons of color, gay men in their twenties, "twinks," and/or "circuit party" boys as gay subgroups they believed were not represented at the campground, contrary to the report of other participants. Of note, although participants were asked about subgroups of men within the gay community, several participants

also identified Trans* individuals, lesbians (e.g., "Lesbians. They're welcome, but they're never here"), and women as being unrepresented at the campground.

Acceptance

When asked for whom the campground is more accepting or inclusive, 14 participants denied believing any type of person or group was particularly more accepted or included than others. However, most participants provided at least one endorsement, the majority of which related to aspects of identity or demographics. Specifically, participants reported gay men to be the most accepted and included at the campground, especially those who were White, of a higher socioeconomic status, and cisgender. Participants discussed how individuals at different points on the age spectrum (i.e., "younger 20-somethings," "daddies") or of certain gay subgroups (e.g., bears and twinks) were well-accepted and included. For example, one participant stated, "Definitely the bear…It's a bear campground, basically, but it's not advertised as such." Participants reported that individuals who were more popular, attractive, lively, or outgoing are generally better accepted or included, as such characteristics often "catch attention" around the campground.

When asked for whom the campground is not accepting or inclusive, 11 participants denied believing any type of person or group was not accepted or included. Three participants initially responded by saying, "Everyone comes here," but when given further clarification (i.e., distinguishing representation from feeling accepted/included), these three participants provided multiple responses. Participants reported that individuals who displayed heavy drug use or alcohol abuse were not accepted at the campground. For example, one participant stated, "We try and not put up with drug stuff. We do try and moderate and get rid of that. Anything beyond [marijuana] is frowned upon." They identified a number of other behaviors that, if displayed by

campers, were grounds for being banned or removed from the campground, including being underage (i.e., under 21), closed-mindedness (e.g., racism, intolerance), violent or aggressive behavior, or public sexual activity. Other identities that were seen as being less accepted or included at the campground generally reflected aspects of identity that were stigmatized (e.g., HIV+, extreme fetishists) or not being a White gay cisgender male (i.e., women, straight people/couples, lesbians, persons of color, and transgender individuals).

External Stigma

Lastly, participants acknowledged frequently encountering external stigma or incorrect, preconceived notions or rumors about the campground. They discussed how such stigma felt hurtful and isolating because it impeded their ability to share and be open about such a salient part of their lives. Despite feeling personal satisfaction with their campground experiences, they encountered embarrassment or shame when sharing even positive experiences with individuals outside of the campground. Responses reflecting this theme are well-characterized by one participant's example of a typical reaction he received from a friend: "Are you *for real* camping, or are you going to one of those all-bear all-naked nonstop male orgy campgrounds?" Participants reported that such comments are usually conveyed by individuals who had never actually attended the campground and instead formed their beliefs on word-of-mouth stereotypes (e.g., "People who haven't been here really don't know what they are missing").

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Discussion

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This study is the first in-depth investigation into the experiences and perceived benefits and drawbacks of connection to a gay campground community in the rural South and offers the opportunity to understand a less traditional, yet growing, form of gay community connection through a qualitative lens. The results from the study offer new insights to inform our

understanding of gay community connection, especially in a non-traditional setting. Below, we discuss the themes at a more conceptual and interpretative level, the study's strengths and limitations, and recommendations for future research and applied efforts.

Several themes were consistent with previous work examining gay campgrounds (Hattingh & Spencer, 2017; Hummel, 2010), including both general and gay-specific community, social, and interpersonal connections. These themes encompass the many reports from participants that the campground offers an array of opportunities for social and emotional support and a sense of belonging unavailable to them elsewhere, including from their families of origin and within other gay communities. These themes pertaining to forms of connection are consistent with the ameliorative functions of community-based coping resources articulated in minority stress theory (Meyer, 2003) and demonstrated in other research studies. For example, Mock and Hummel (2012) also found that individuals sought and benefitted from the "sexual minority focus" of a gay campground, including as a means to cope with sexual and/or concealable stigma. While most of our participants reported benefitting from these connections, the campground did not seem immune to the problems (e.g., cliquishness) inherent to other communities, gay or otherwise. However, participants consistently recognized that such factors were noticeable less prevalent than elsewhere, which often served as a primary motivator for seeking and maintaining membership at the campground.

Themes related to lifestyle, environment, and well-being generally appeared consistent with previous work examining gay men's motivations for seeking and utilizing these spaces (e.g., relaxation, activities, remoteness of the campground, and a sense of safety and security). Unique benefits of this setting were also identified and included in these themes, such as the flexibility and variety of experiences as the campground (e.g., "Choose-Your-Own-Adventure")

and the campground's function as "informal therapy" for some individuals. We also uncovered several drawbacks in these domains not discussed in previous work, such as some participants' reports of increased problems in their romantic relationship (e.g., feelings of jealousy), worsening of substance use problems, and experiences and concerns regarding homophobia in areas surrounding the campground. Despite these potential drawbacks, individuals who faced such problems nonetheless attended the campground, suggesting that the benefits of the campground outweighed the concerns and helped to maintain motivation for remaining a part of the campground community. Some individuals even reported benefitting from the challenges posed by the campground setting, such as feeling a need to be more open and honest with a romantic partner to address feelings of jealousy.

Feelings of isolation and loneliness were identified as a novel finding not discussed in previous research on gay campground communities. This theme likely reflects the impact of the location and nature of this campground. For example, the campground's location in the rural South appeared to contribute to feelings of isolation from individuals or communities external to the campground, even contributing to more practical concerns discussed in other themes (e.g., traveling a long distance to the campground from their home, lack of stores and other resources close to the campground). Further, individuals attending the campground for long periods of time (e.g., several weeks) or those residing at the campground notice an ebb and flow to the campground attendance (e.g., busiest on weekends in the summer) and experience feelings of loneliness at certain times (e.g., in the winter, during the week).

Most participants endorsed a sense of acceptance and inclusion around the campground. However, some groups appeared unrepresented at the campground, especially gay/bisexual persons of color, gay men in their 20s, and women. Participants offered explanations for this,

such as an unawareness of the campground's existence among younger gay men and the campground's remoteness from urban areas. It seemed that these individuals would be accepted if they were to attend the campground, however, as participants mainly discussed certain *behaviors* (e.g., disruptive or violent behavior, and problematic substance use), rather than types or demographics of individuals that were not accepted at the campground. Indeed, feeling accepted and embraced by an attentive, welcoming gay community appeared to be a primary motivator for and benefit of attending the campground, as individuals were unable or preferred not to gain acceptance or inclusion in other, more traditional gay settings.

Finally, participants reported experiencing external stigma about the campground, usually from individuals who had not attended themselves. For example, stereotypes of the campground as primarily being about sexual encounters seems to be a common misconception among non-campers. Such stereotypes are consistent with broader stereotypes about gay men (and gay spaces) being overly sexual (Kearns, 2016; Pinsof & Haselton, 2017). While sexual encounters were reportedly available around the campground, the campground has strict rules governing and restricting sexual encounters in public spaces (which were echoed by participants), suggesting that individuals would have to actively seek sexual activity around the campground. Given the wide array of options for activities, the flexibility individuals have in their campground experience (e.g., choosing whether to relax at their campsite, swim, or attend a party), and the lack of judgment described by participants, it seems likely that the external stigma and assumptions made by non-campers are unjustified and/or misinformed. Rather, a sexual focus seems to be among a myriad of options from which campers may choose to include as part of their campground experience but does not characterize the entirety of this experience or even characterize any part of some individuals' experiences at the campground.

Of note, the current study included a relatively homogeneous sample that primarily consisted of older, White, affluent, and mostly partnered gay men. As such, it remains unclear whether these experiences of connection would be similar among a wider array of sexual minority men (or other sexual/gender minorities). For example, individuals who are not romantically involved may experience this setting very differently from partnered individuals. While the homogeneity of our sample may limit generalizability, this speaks to who is represented and capitalizes on/in this space, consistent with participants' reports of representation at the campground. These patterns raise important questions about the availability and utility of connection to the gay campground community: are other populations or segments of the LGBT community simply not participating or interested in this particular campground, or have they attempted to engage but felt unaccepted or unwelcomed? Future research and exploration into other gay campground communities may explain whether and why certain groups do or do not access this type of community. It is possible that some populations experience various barriers to participation (e.g., distance, cost of attendance) or sensitivity to rejection that limits their readiness to engage with the gay community in this setting. For example, individuals may have generalized their previous experiences of intraminority stress (e.g., in a gay bar, gayborhood, online) to all forms of gay community connection, limiting their willingness to explore alternatives to more traditional gay settings. Additionally, because attending a gay campground typically requires a greater commitment and potentially greater intimacy (e.g., travel time, shared facilities, staying overnight, more connectedness with other campers) than engaging with some gay spaces (e.g., a night out at a gay bar), it might be less appealing (and potentially intimidating) for some individuals. Alternatively, some individuals

may find camping itself unappealing and do not engage with gay campgrounds for that reason alone.

More generally, it is important to acknowledge other limitations of the study. First, our study explored the lives and experiences of cisgender gay men attending one campground. As discussed above, additional work is needed to explore whether themes are consistent across other gay campgrounds and other non-traditional gay venues. Second, subgroups of gay men (e.g., gay men of color) were underrepresented in our study, likely due to characteristics of the campground itself. Relatedly, because this study focused solely on self-identified cisgender gay men, results may not apply to bisexual men, sexual minority women, or sexual minority individuals who also identify as transgender or gender diverse. Efforts to explore the motivations of more diverse individuals for using or avoiding specific sexual-minority specific spaces are warranted, as their utilization and associated benefits of community connection may be different from those represented in our study and may inform strategies for promoting their well-being. Third, although our qualitative focus offers rich data, participants' responses could have been limited by our semi-structured interview design. We attempted to mitigate this concern by offering participants adequate time and space to provide additional information at the end of the interview. Given that participants generally seemed to be engaged and expressive during the interview, the impact of this concern is likely to be minimal.

Notwithstanding these limitations, our findings have the potential to inform research and prevention and intervention efforts in light of changes in the structural landscapes of gay communities (Ghaziani, 2019) and societal attitudes toward sexual minorities (Fetner, 2016; Kite & Bryant-Lees, 2016). To date, most research on sexual and gender minorities has specifically targeted urban areas, which primarily involve traditional, relatively well studied venues and

samples. For instance, HIV prevention messaging, community-based events, and research recruitment efforts continue to primarily target "gayborhoods" in urban areas, despite the fact that only 12% of LGBT individuals have lived in a gayborhood (Newport, 2017). Attention to new and diverse gay community settings is important. Gay spaces like this rural campground are more accessible for individuals living in suburban and rural areas who might otherwise be unable or unwilling to travel to urban areas for the benefit of gay community engagement. Additionally, while the campground seemed welcoming to a wide array of gay men, it seemed particularly inclusive of older gay men, relative to other venues or communities. Community connection in this setting may address the unique needs and challenges facing older gay men (e.g., age-related stigma within the gay community) by providing alternative means for retirement, recreation, and community engagement and mitigating sexual minority and aging-related stressors (Czaja et al., 2016; Hammack, Frost, Meyer, & Pletta, 2018; Wight, LeBlanc, De Vries, & Detels, 2012). Consistent with this notion, some of the participants had chosen to retire at the campground. More generally, the current findings reveal sample characteristics that differ from those often seen in samples of sexual minority participants and suggest that recruitment efforts focused on alternative spaces have the potential to capture a fuller set of contemporary gay men's experiences.

The findings also suggest that gay campgrounds may serve as an alternative means for community connection for gay and other sexual minority men who are unable to or opt out of engaging in more traditional settings (due to fatigue, perceived cliquishness, being in recovery and avoiding bars). Professionals working with sexual minority men may consider these findings when discussing social or community factors with their gay male clients. For example, practitioners may encourage their clients to consider a wider array of opportunities or venues for

social engagement or behavioral activation. Additionally, these findings suggest that connection

to a gay campground community may promote well-being and ameliorate stress, consistent with

minority stress theory (Meyer, 2003). To further explore this possibility, establishing an index of

connection to the campground community and testing associations with psychological well-being

and other health outcomes (e.g., substance use, sexual behavior) would be useful. Longitudinal

studies would also be helpful to examine patterns such as changes in community connection and

frequency of attendance that are relevant to understanding the experience and impact of engaging

with a campground community. Longitudinal designs would also help to account for time, age,

and generational effects (e.g., whether a sense of community is particularly important for older

gay men, individuals with certain life experiences) and understand how experiences at the

campground (e.g., spending a weekend camping) could serve to improve or worsen health (e.g.,

increased positive affect during and following the weekend).

In summary, results from this qualitative study of gay men attending a gay campground

highlight how, contrary to the historically negative lens on community engagement (e.g., risks

associated with gay bathhouse attendance; Halkitis, Fischgrund, & Parsons, 2005), different

avenues for gay community connection may offer psychosocial or health benefits (Gibbs & Rice,

2016; Iwasaki et al., 2006). Several themes were consistent with previous work examining the

potential benefits of connection to a non-traditional gay community such as feelings of

relaxation, a sense of safety, and opportunities for social connections (Hattingh & Spencer, 2017;

Hummel, 2010; Mock & Hummel, 2012). We also observed several unique, novel benefits of

attendance (e.g., "Choose-Your-Own-Adventure," "informal therapy"), as well as several risks

and challenges facing members of this community, including feelings of isolation and loneliness,

exposure to external stigma about the campground, and potential negative influences on

relational functioning. Future research in less traditional gay community settings may provide

broader representation of gay men's experiences and advance understanding of contemporary

gay community connection.

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Appendix

First, I want to understand what brought you to [campground].
- Where do you live (i.e., when not at [campground])?
    - If need more info: "in what city/state is your permanent address?"
- How long have you been a member of [campground]?
    - Quantify: months/years; obtain earliest date of membership, if possible
- Why did you choose to live/attend [campground]?
    - How was this different from where you live elsewhere?

These questions are asking about your experience attending or living at [campground].
- For you personally, what have been some of the benefits of attending/living at [campground]?
    - Three examples?
        - If need more info: "Why is ___ a benefit?"
    - Do you think these benefits are applicable for other people at [campground]?
    - How is/was this different from other places you've lived or other gay communities you've been a part of?
- For you personally, what have been some of the drawbacks to attending/living at [campground]?
    - Three examples?
        - If need more info: "Why is ___ a drawback?"
    - Do you think these drawbacks are applicable for other people at [campground]?
    - How is/was this different from other places you've lived or other gay communities you've been a part of?
- For you personally, have you found the community at [campground] to be accepting and inclusive?
    - If yes: in what ways is it accepting and inclusive? (at least one example)
    - If no: in what ways is it not accepting and inclusive? (at least one example)
    - Are there people for whom the campground is not accepting or inclusive? Whom?
    - Are there people for whom the campground is *more* accepting or inclusive? Whom?
- Some men identity with certain subgroups within the gay community, such as the bear community, circuit partiers, drag queens, and so on.
    - Do you think any subgroups are represented at [campground]? If so, which?
        - If need more info: "Anyone else?"
    - Do you think any subgroups are not represented? If so, which and why not?
        - If need more info: "Anyone else?"
- For you personally, how has attending/living at [campground] impacted your…
    - Social interactions/relationships? If so, how?
    - Romantic relationship(s)? If so, how?
    - Views toward monogamy? If so, how?
    - Safe sex practices? If so, how?
    - Frequency or type of sexual behavior? If so, how?
    - Substance use? If so, how?

CHAPTER 4

CONCLUDING DISCUSSION

Despite generally improved societal attitudes towards members of the LGBT community, gay men continue to contend with stigma (e.g., sexual orientation-based discrimination) that adversely affects their health and well-being (Hatzenbuehler, 2014; Pachankis, Sullivan, & Feinstein, 2018). Nonetheless, gay men's sexual minority status can also be a source of strength, conferring connection and access to gay community resources for affiliation and social support (e.g., Kelly et al., 2012) that have the potential to benefit psychological well-being (Frost & Meyer, 2012; Hanhardt, 2013). This dissertation project aimed to further our understanding of gay community connection and its association with psychological well-being among gay men in two complementary studies—one quantitative (Study One) and one qualitative (Study Two). This mixed-method examination of gay community connection in two different developmental groups in two different settings offers a nuanced, contemporary understanding of gay community connection.

The first study examined different aspects of gay community connection (i.e., quality of perceived connection, frequency of enactments, or social network representation) and how they could differentially predict depressive symptoms and/or differentially moderate the association between internalized sexual stigma and depressive symptoms in sample of young sexual minority men from the greater Los Angeles area. Results from this study indicate a positive association between community identification and community enactment among young sexual minority men. It also demonstrates that these forms of connection (as well as network proportion of sexual

minorities) are not associated with depressive symptomatology and, surprisingly, do not serve to buffer the effects of sexual stigma on depressive symptoms. The second study used a qualitative approach to provide an in-depth understanding of gay community connection and the experiences of gay men attending or residing at a gay campground in the rural South. Results from this study revealed eight themes related to individuals' experiences of the gay campground and its community, including: (1) general community, social, & interpersonal connections; (2) gay-specific community, social, & interpersonal connections; (3) lifestyle; (4) environment; (5) feelings of isolation & loneliness; (6) well-being; (7) representation & acceptance; and (8) external stigma.

Results from the two studies challenge previous understanding of gay community connection and have important practical implications. Findings from the first study suggest that young adult sexual minority men may not experience mental health benefits from broader gay community connection, including direct associations with depressive symptoms or as a buffer against the effects of sexual stigma on depressive symptoms. These findings run counter to previous work suggesting gay community connection serves an important, ameliorative coping function for sexual minority men (Kaniuka et al., 2019; Petruzzella, Feinstein, Davila, & Lavner, 2019), raising questions about what sources or avenues for social connection do promote well-being and buffer minority-specific stress among young adult sexual minority men. For example, it is possible this younger cohort may access gay community resources through alternative means, such as social media and other technological platforms, or may utilize different sources of social and affiliative support (e.g., tolerant and accepting heterosexual friends or family members) to cope with minority-specific and other stressors. These null results call for further examination of the ways in which various gay-specific and general resources, such as community

connection, can mitigate the effects of sexual stigma among young adult sexual minority individuals. Findings from the second study highlight the unique characteristics, benefits, and drawbacks to connection to a non-traditional gay community (i.e., a gay campground) and counter the historically negative lens through which gay community engagement has been understood (e.g., HIV risk associated with bathhouse attendance; Grov, 2012). Rather, these findings suggest that gay campgrounds (and potentially other non-traditional gay spaces) may offer unique benefits of community participation (e.g., relaxation, sense of security, and safety), and provide benefits like those from other gay community settings (e.g., a sense of belongingness and well-being). Non-traditional gay spaces, like the gay campground examined in Study 2, may also address the unique needs and challenges facing older gay men (e.g., age-related stigma from within the gay community) and may offer increased access for community connection for gay and other sexual minority men who are unable to or opt out of engaging in more traditional settings (Hammack, Frost, Meyer, & Pletta, 2018). At the same time, findings from this study also highlight notable drawbacks to attendance, including increased substance use and feelings of isolation and loneliness, suggesting that these settings are not without their problems.

Together, findings from both studies suggest that gay community connection is not uniformly experienced and raise several conceptual and methodological considerations for future research on gay community connection. First, we currently know very little about how gay men's individual characteristics and motivations inform their access to and acquisition of gay community connection and its potential benefits. Nonetheless, it is likely that some individuals may prefer or seek gay community connection more than others, regardless of its availability. For example, an extraverted gay man living in a rural setting may be motivated to travel great

distances to access a gay community, while some sexual minority individuals residing in a city with a vibrant gay community may opt out of opportunities to engage with their local gay community. Future work should address these types of issues to better understand who seeks out different types of gay community connection and why. It will be particularly important for this work to include sexual minority individuals diverse in age, socioeconomic background, race/ethnicity, and other individual differences to understand their unique experiences and challenges. Second, longitudinal studies are needed to understand patterns of change in gay community connection over time, to account for time, age, and generational effects, and examine if and how gay men capitalize on community resources to cope with external events or key developmental periods, such as the coming out process, retirement, or in response to victimization. It would be interesting, for example, to test whether the young sexual minority men in Study 1 would show different patterns of association between gay community connection and mental health as they transition into adulthood. Third, future research should examine gay community connection at multiple levels, including at organizational, local, state, and broader levels. For example, young sexual minority men may feel particularly connected to same-age sexual minority peers or their university's LGBT organization, but they may not be (or want to be) connected to the broader gay community in the area where they live.

In conclusion, findings from this dissertation underscore the importance of a more nuanced, contextual approach to understanding gay community connection among sexual minority men. These results suggest that gay community connection may have limited benefit for some groups of sexual minority men (e.g., gay community connection did not buffer the effects of sexual stigma among young sexual minority men in Study 1) but may be especially important for others (e.g., gay community connection was a primary motivation and benefit of non-

traditional gay venue attendance in Study 2). Future work examining different types of gay

community connection, associations between gay community connection and other

psychological outcomes, and the factors that moderate these associations will help to advance

our understanding of gay community connection and well-being among sexual minority men.

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