

## **THE INFLUENCE OF DOMINANT CULTURAL IDEALS ON THE MENTAL AND SEXUAL HEALTH OF HOMOSEXUAL MEN: An exploratory study of the “Bear” phenomenon**

LA INFLUENCIA DE LOS IDEALES CULTURALES DOMINANTES EN LA SALUD MENTAL Y SEXUAL DE LOS HOMOSEXUALES: UN ESTUDIO EXPLORATORIO DEL FENÓMENO “OSO”

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### **Abstract**

This project aimed to understand possible associations between the influence of dominant cultural ideals on the mental and sexual health of homosexual men self-identified as “Bears”. Participants responded to standard questionnaires which assessed internalized homonegativity, occurrence of heterosexist events, anti-feminine preconceptions toward gay men, mood, and syndemic count of factors associated with minority stress and potential protective factors. Results showed that the loss or absence of support from attachment networks and higher nicotine consumption were the factors that affected participants the most. These impacts were associated with adherence to heteronormative ideals and negative attitudes against female gender expressions in men that seem to generate diffuse anxiety, the expectation of suffering heterosexist harassment, and internalized homophobia. These findings are important because they flagged associations between manifest

adaptive behaviours to hegemonic expectations among these men that mask deeper psychological conflicts.

### **Resumen**

Este proyecto buscó comprender las posibles asociaciones entre la influencia de estos ideales culturales dominantes en la salud mental y sexual de los hombres homosexuales autoidentificados como “Osos”. Los participantes respondieron a cuestionarios estándar que evaluaban la homonegatividad internalizada, la ocurrencia de eventos heterosexistas, las preconcepciones antifemeninas hacia hombres homosexuales, el estado de ánimo y el recuento sindrómico de los factores asociados al estrés de las minorías y los factores de protección. Los resultados mostraron que la pérdida o ausencia de apoyo de las redes vinculares y el mayor consumo de nicotina fueron los factores que más afectaron a los participantes. Este impacto está asociado a la adhesión a los ideales heteronormativos y a las actitudes negativas contra las expresiones de género femeninas en los hombres, que parecen generar ansiedad difusa, la expectativa de sufrir acoso heterosexista y la homofobia internalizada. Estos hallazgos son importantes porque señalan asociaciones entre los comportamientos adaptados manifiestos de estos hombres a las expectativas hegemónicas que enmascaran conflictos psicológicos más profundos.

**Keywords:** Homosexuality; Subjectivity; Masculinity; Minority; Stress

**Palabras Claves:** Homosexualidad; subjetividad; masculinidad; minoría; estrés

## **Introduction**

Historical references to the regulation of homoerotic practices indicated society's emphasis on hegemonic, heterosexual masculinity. Later, during the post-World War II period, such regulation added complexities due to the migration of the population from rural areas to urban centres where there were –mostly- obvious spaces for homosocialisation and the exercise of homoeroticism (Kinsman, 1996).

Such changes generated more complex strategies of state oppression of sexual practices, especially for those that did not conform to the hegemonic -heteronormative, monogamous and patriarchal- sexual ideology. It is now known that while such strategies have, for some, become fuel for resilience and resistance, for others, they have become detrimental to their mental health.

In the contemporary Western world there are dominant cultural standards which, according to Zukerfeld and Zukerfeld (2016), provide devices for members to regulate their self-esteem, whilst adjusting to ideals of efficiency -performance and competitive success-, immediacy -intolerance of uncertainty and impulsive activity-, body change and manipulation -altered somatic and sexual abilities-.

Historians have illustrated that dominant sexual ideologies define individuals' behaviours, forms of sociability and cultural norms. With the advent of the Modern Age, sexuality became the hallmark for the control of individuals. During this period, complex mechanisms of control and punishment were meted out on those who did not conform to expected performances in relation to what is a male or female role and the use of bodies. Same-sex sexual relations have existed since Antiquity in the Eastern and Western worlds, but during the Modern Age, there is a clear social recognition that they should be prohibited, altered and/or

punished along with any form of feminisation of men (Corbett, 1993) (Guedes, 2010).

The aim of these strategies of control has been the inversion of gendered expressions that could permeate all spheres of an individual’s life in society, both privately and publicly -except if such inversion worked to generate their own ridicule-. It is in this sense that a male homosexual becomes an oxymoron and systemic punishment, exclusion and discrimination do not work if there is no discrepancy between identity and its expressions. Therefore, when applied, these mechanisms produce a regulatory effect which, now many scholars indicate, is associated with a verifiable detrimental effect on the mental and sexual health of members of different groups of the LGBTQ+ community - described as the minority stress continuum. In many cases, its impact is associated with a lack of social support, higher risks of depression and anxiety symptoms, and riskier sexual behaviours (Noor et al., 2017).

Zukerfeld and Zukerfeld (2016) postulated that, in the contemporary Western world, there are dominant cultural ideals that offer devices to manoeuvre and regulate ones’ self-esteem.

These ideals would be efficiency -performance and competitive success-, immediacy -intolerance of uncertainty and impulsive activity-, and change and body manipulation -altered somatic and sexual abilities-, elements that overvalue individualism and performance. Besides these ideals, the contemporary context of inter-personal relationships, especially in urban societies, is impacted by an individualism associated with an intrinsic narcissism which, as such, manifests itself through the personalisation of internal states, by consumerism and the emphasis on the appearance of the body, as an attempt to exhaust the infinite possibilities of choice (Bauman, 2000).

The psychological effect of superficial relationships is the objectification of the individual and the formation of fragile bonds, because it requires an immediacy that does not allow time to develop an intimacy built by the history of the relationship and the subjective interpersonal transformation. Therefore, such fragility generates multiple ruptures which, as Badinter (1986) described, lead to relationships characterised by successive solidarities interspersed with periods of loneliness and/or bachelorhood phases.

These aspects are associated with the presenting issues manifested in current psychological consultations. The author, for instance, is a psychotherapist who has worked with patients whose presenting issues motivated this study. For example, patients have come with symptoms and complaints described as feelings of emptiness or incompleteness; attention deficit, as lack of concentration associated with depressive symptoms; hyperactivity, which presents itself as efforts to restore absent narcissistic inputs, associated with poor permanent regulation of self-esteem; hyper-adaptation, that is, excessive attempts to correspond to the external expectations through an emphasis on exemplary performance, which suggests compensatory schemes employed to deal with difficulties in expressing emotions for fear of abandonment; and aggressive behaviour, signalling a compensation to depressive mood. In short, the contemporary context seems to generate conditions which cause social and emotional deficits, leading individuals to seek mental states of excess to counterbalance the state of deflation of possible opportunities to satisfy their desires.

In this context, an example that aligns with the transformations of contemporary society that responded to the demand of cultural ideals in the Western world is the "Bear" phenomenon in the LGBTQ+ community. This phenomenon initiated in a social group, during the 1980s, whose

aesthetics included hypermasculinity codes -hirsute and hairy body, toughness as attitude-, as an opposition to the stereotype of the homosexual man -lean, toned and smooth body, a delicate attitude-, as described by Wright (1997) and Suresha (2002).

This group represents men whose sexual identity harkens back to ideals of masculinity, such as being rugged. However, some authors have suggested that this was also a contrasting strategy against the social representation of AIDS, at that time, marked by physical decay (Hennen, 2005). It may also be a compensatory mechanism in the face of stereotypes associated with ageing but, above all, relates to an emphasis on hypermasculinity, as an attempt to protect against exclusionary social measures (Wright, 1997). As seen in different studies about this theme, in different parts of the world, most of the gay men who identify themselves as Bears and participated in these studies, indicated that this identity favoured a distancing from the stereotypes of feminization and, by contrast, approaching the stereotype of the heterosexual man (Sáez, 2005) (Hennen, 2005) (Manley, Levitt & Mosher, 2007) (Taş, 2017) (Gough & Flanders, 2009) (França, 2013) (Lyons & Hosking; 2014) (Lin, 2014) (Cerqueira & Souza) (Domingos, 2015) (Santos & Lago, 2016) (Benavides-Meriño, 2016) (McGrady, 2016) (Rios, 2018).

Notwithstanding efforts to move closer to the heteronormative ideal, some studies have furthermore indicated that, compared to non-Bear-identified gay men, some individuals seem to suffer from the same psychosocial factors that affect the sexual and mental health of other individuals in the mainstream gay community.

For example, Willoughby et al. (2008) found in their American and Canadian sample that their participants were more likely to have unprotected sex than other men in the wider gay community. Moskowitz

et al. (2013) conducted similar studies with men from Australia, Canada, New Zealand, the United Kingdom and the United States of America. They found that their participants felt less attractive and had lower self-esteem, which influenced their sexual behaviours: they were more likely to engage in atypical sexual behaviour than non-Bear-identified men.

Also, Quidley-Rodriguez and Santis (2016) identified that their participants were more likely to develop weight problems, have lower self-esteem, and engage in riskier sexual behaviours than other gay men. Noor et al. (2017) and Schnarrs et al. (2017) identified that although self-identified Bear gay men had higher sexual self-esteem, they were more likely to engage in casual unprotected sex than non-Bear-identified men. In summary, the authors speculated that this phenomenon occurs because having condomless sex may be a behaviour congruent with the normative values of the Bear community, which might associate with peer pressure, efforts for seeking acceptance, and/or increased possibilities for homoerotic interaction.

In the subjective context of the LGBTQ+ community, it appears that the common denominator of this power dynamic is the idea that feminised bodies -and their expressions- have an inferior status, implying that there may be a collective -perhaps unconscious- effort to legitimise their hypermasculinity in order to distance themselves from that status.

As indicated in the literature review, the gay men identified with the representation of "Bear", who participated in the mentioned studies, presented a general self-concept that assimilated elements of a hegemonic sexual ideal of masculinity based on heteronormative premises which rejects femininity in men.

As such, their representations and behavioural patterns seem to equate with ideals of efficiency -performance and competitive success, including

in finding potential partners-, immediacy -intolerance of uncertainty and impulsive activity, such as substance use and unprotected sexual behaviour-, and body change and manipulation -alteration of somatic and sexual capacities, such as body weighing and increasing muscular mass-.

According to Guedes (2018), if this were true, these men would present evidence of negative attitudes towards femininity while presenting internalised homonegativity and stronger affinities to heterosexual attributions -i.e., to pass as-.

One might therefore deduct that these men would be less affected by factors on the minority stress continuum and show less frequent use of alcohol, tobacco, cannabis and/or party drugs; condomless anal sex with multiple sexual partners; and that they would exhibit more protective factors such as greater social capital -interpersonal support-.

In operational terms, the hypotheses for this study were: 1) The higher the index of self-perception of masculinity, the higher the index of internalized homonegativity, the stronger the negative attitudes towards effeminacy, the lower the rates of depression, stress and anxiety, the lower the sum of syndemic factors associated with minority stress. So also, 2) the higher the rate of self-perception of masculinity, the higher the rate of homonegativity, negative attitudes related to effeminacy; the lower the rate of experience of heterosexual harassment, rejection and discrimination among these men.

## **Materials and methods**

To carry out this project, a descriptive exploratory study was conducted. Participants were recruited through websites and online organizations dedicated to the study population, based on the following

inclusion criteria: identifying as cisgender or transgender adult men -over 18 years of age- and self-identifying as gay “Bear” men.

After consenting to participate in the study, participants received an encrypted link to access the study package -via the Survey Monkey™ platform-; their identification was protected and undisclosed to the author. The strategy of online data collection was selected due to the limitations imposed by the need to keep participants’ identities anonymous and to reach people from different regions of Brazil. Nevertheless, participants were offered an option to indicate if they would be interested in participating in a qualitative phase of the study, for which they would be required to disclose their email. The results of the qualitative study will be presented in separate paper. A Brazilian sample was chosen because Brazil is one of the countries with the highest number of lethal crimes against LGBT people (Mott, 2018), and is therefore an environment conducive to minority stress.

Participants filled out a demographic questionnaire about their age, education, employment, profession, annual income, as well as their weight and height. Then, they engaged in specific surveys, such as one for the identification of their sexual orientation through an adaptation of the Kinsey et al.(1975)’s scale [1 = Exclusively heterosexual, 7 = Exclusively homosexual]; another about their level of openness of sexual orientation to others [1 = Totally out, 7 = Totally closeted]; their perception of their own masculinity [1 = I am exclusively masculine, 7 = I am exclusively feminine]; and also their perception of their partner’s or potential partner’s masculinity [1 = Exclusively masculine, 7 = Exclusively feminine]. The  $\alpha$  Cronbach for each survey was .92, .81, .91, and .86, respectively, indicating fairly high internal consistency based on the obtained results.

Following these introductory surveys, participants responded to specific standard questionnaires which were translated into Brazilian Portuguese:

- *The Internalized Homonegativity Inventory* (Mayfield, 2012): This scale assessed internalized homonegativity in gay men through a 23-item measure on a 5-point Likert-type scale that yielded a total score and three subscales -Personal Homonegativity, Gay Affirmation, Morality of Homosexuality-.

- *The Heterosexist Harassment, Rejection, and Discrimination Scale* (Szymanski et al., 2008): This scale assessed the occurrence of heterosexist events in the past year with a 14-item measure on a 6-point Likert-type scale.

- *The Negative Attitude Towards Effeminacy Scale* (Taywaditep, 2001b): This scale assessed the degree to which the participant holds anti-feminine preconceptions toward feminine gay men. It is composed of a 17-item measure on a 7-point Likert-type scale.

- *The Depression and Anxiety Stress Scale - DASS* (Lovibond, & Lovibond, 1995): The DASS is a set of three self-report scales designed to measure the negative emotional states of depression, anxiety and stress. Each of the three DASS scales contains 14 items, and participants use 4-point frequency scales to rate their emotional states over the past week and the total scored was defined by the sum of the scores.

The  $\alpha$  Cronbach for each questionnaire was .93, .91, .87, and .90, respectively, also indicating fairly high internal consistency of results.

Finally, participants indicated their frequency of use of alcohol, tobacco, cannabis, and/or party drugs; condomless anal sex, and sexual partners in the last six months, and the number of people they identified as a source of emotional support in their personal network. This

information aimed to investigate the syndemic count of factors associated with minority stress and the count of protective factors as an interpersonal and social support against stress generated by experiences of discrimination associated with sexual orientation -social capital for interpersonal support-, respectively. It is important to note that data collection happened before the COVID-19 pandemic, because we know that interpersonal dynamics changed due to the pandemic.

Once data was generated, descriptive and inferential analyses were carried out to test the hypotheses. As most of the variables were continuous, and there were normal distributions, Pearson correlations were performed.

## Results

The group of participants was first composed through convenience sampling, and then through the snowball strategy. In all, the final sample consisted of 100 participants [ $M = 35.91$  years,  $SD = 10.94$ , Min. = 18, Max.= 60]. Since body mass is a one of the hallmarks on the gay Bear community, it was important to identify data regarding their weight [ $M = 104.04$  kg,  $SD = 22.15$ , Min. = 56, Max. = 170 kg.] and height [ $M = 1.73$ ,  $SD = 0.02$ , Min. = 170cm, Max. = 1.81]. Therefore, participants average body mass index was 33.22 [ $SD = 6.15$ , Min. = 23.6, Max. = 49.9], indicating that the majority of participants were overweight and the average of participants was considered obese. Demographic data suggested that the majority of participants came from a middle-class background -i.e. at SES level 3, according to Hollingshead (1975)-.

Among the strongest relationships found was the verification that participants who share their sexual orientation with others -meaning they were out- tend to have less social capital and emotional support

[ $r(98) = -.50, p < .001$ ]. In addition, the closer they are to the heterosexual male stereotype, the greater the tendency to seek partners who also display characteristics close to the same stereotype [ $r(98) = .66, p < .001$ ].

Other relationships were observed, but these were associated at moderate levels. For example, the older the age, the greater the tendency to exhibit behaviors closer to the heterosexual male stereotype [ $r(98) = .25, p < .01$ ] and to seek partners who also exhibit this stereotype [ $r(98) = .36, p < .01$ ]. However, it was also observed that, the older the age, the lower the tendency to seek emotional support from attachment networks [ $r(98) = -.33, p < .01$ ].

In terms of their identity as sexual orientation, it was found that the more the participants defined themselves as exclusively homosexual, the less likely they were to share their sexual orientation with others [ $r(98) = -.28, p < .01$ ]. Also, the less they identified themselves as such, the stronger was the internalization of homonegative representations [ $r(98) = -.35, p < .01$ ]. This internalization was directly associated with the degree to which participants were closed about their sexual orientation, that is, the more "in the closet" they were, the greater the presence of homonegative representations [ $r(98) = -.36, p < .01$ ].

When considering the search for romantic and sexual partners, it was found that the more the participants sought people who presented gender expressions closer to the heterosexual stereotype, the more they had negative feelings about feminine gender expressions -in other words, towards effeminacy- [ $r(98) = .31, p < .01$ ], and the greater the internalization of homonegative representations [ $r(98) = .28, p < .01$ ]. Furthermore, the greater the internalization of these representations, the lower was the social capital and the search for emotional support in attachment networks [ $r(98) = -.33, p < .01$ ].

Among the participants, mood state and risky sexual behaviors were directly associated with experiences of microaggressions: the greater the experience of heterosexual harassment suffered, the higher the anxiety and depression indices [ $r(98) = .41, p < .01$ ], which is also reflected in the count of factors affecting the physical and sexual health of the participants. For example, the more they were subjected to such harassment, the greater their tendency to tobacco use [ $r(98) = .26, p < .01$ ]. The greater the tobacco use, the greater the alcohol use [ $r(98) = .39, p < .01$ ], party drugs use [ $r(98) = .27, p < .01$ ], and marijuana use [ $r(98) = .28, p < .01$ ] and, the greater the marijuana use, the greater the number of casual sexual partners [ $r(98) = .26, p < .01$ ]. Finally, the greater the number of casual sex partners, the greater the frequency of sex without condoms [ $r(98) = .34, p < .01$ ].

Other associations were verified, but the level was weaker. For example, it was found that the higher the body mass index –BMI–, the greater the impact suffered from heterosexual harassment [ $r(98) = .24, p < .05$ ], the less negative attitudes against men with effeminate presentation [ $r(98) = -.25, p < .05$ ], but the greater the frequency of sexual intercourse without condoms [ $r(98) = .25, p < .05$ ]. At marginal levels, it was found that the higher the BMI, the higher the indices of anxiety and depression [ $r(98) = .17, p < .10$ ] and the less likely these men were to seek partners who approximated the heterosexual stereotype [ $r(98) = -.18, p < .10$ ]. Finally, age was inversely associated with frequency of casual sexual partners [ $r(98) = .18, p < .10$ ].

## **Discussion**

The data showed that disclosing a homosexual sexual orientation might have interfered with the formation of networks that serve as a basis

for socio-emotional support. Considering the cultural context in which these men live, where the dominant sexual ideology narrative predominates, that is, where there is a clear heteronormative valorization, it is possible to understand that hiding one's sexual orientation is a safer way to form such bonds and navigate interpersonal relationships, even if the price is to suppress elements of one's own identity. Many studies corroborate that, in the South American context, such a strategy is preferred (Benavides-Merino, 2016) (Santos & Lago, 2016) (Domingos, 2015) (Sáez, 2005). However, such a phenomenon also seems to be verified in Asia (Lin, 2014) (Taş, 2017), North America and Europe (Eldahan et al., 2016) (Meyer, 2003) (Quidley-Rodriguez & de Santis, 2016).

The search for similarities and assimilation of hegemonic stereotypes seems to be a psychosocial phenomenon that refers to accommodation of strategies that also tend to occur in other minorities. On the one hand, it deals with manoeuvres to obtain privileges characteristic of the dominant group and, on the other, to go unnoticed to avoid oppression and exclusion. Thus, it can be understood as the strategic appropriation of power (Fuller, Chang, & Rubin, 2009). Therefore, it is possible that participants tend to be perceived as closer to the hegemonic cultural ideal and to be associated with people perceived equally close to this ideal, so they can avoid negative judgments and shame (Szymanski & Ikizler, 2013), which can also be linked to group pressures as Abrams & Hogg (1988) suggested.

The fact that the older the participant, the greater the tendency to exhibit behaviors close to the heteronormative ideal and seek romantic and sexual partners with the same characteristics can be explained by the historical context and the construction of social representations about male homosexual orientation. If one considers the average age of

the participants and the age of the older participants, one sees that they were born between 1962 and 1982. During that period, it is known that there were legal consequences and stigma associated with homosexual sexual orientation. Furthermore, in some countries, such behaviour was considered a crime. In Brazil, although sodomy laws were eliminated from the penal code in 1830, oppression has not diminished. On the contrary, with the advent of the republic, and especially the dictatorship [1964-1985], there was clear oppression of sexual minorities. Additionally, it was only in 1985, that the Brazilian Federal Council of Medicine recognized that “homosexuality” was not a pathology (Trevisan, 2018); nonetheless the level of lethal crimes against LGBTQ+ people continued to be high (Mott, 2018).

This historical burden seems to permeate the sexual representations of homosexuality, including among homosexual men themselves, and to influence the perception of themselves and their peers, their behaviors and life philosophies, such as presenting behavioral patterns reified as heteronormative e.g., plain clothes, short haircut, facial hair, lower voice, rudeness and aggressiveness (Guedes & Borsoi, 1998).

Thus, if they perceive themselves and are perceived as heteronormalized, they do not need to expose their sexual orientation to others and to form or resort to social-emotional support networks because the risks of exposure to heterosexual harassment or other forms of microaggression -and direct oppression- decrease. This would explain the opposite relationship between these variables. It is not surprising to verify that there is a direct association of such an assimilative effect of heteronormativity to the internalization of negative attributions about homosexual sexual orientation and effeminacy among these participants, being stronger among older individuals, more precisely among those over 40 years old, which is consistent with the data verified by other authors

(Taywaditep, 2001b) (Lin, 2014) (Szymanski, & Ikizler, 2013) (Santos & Lago, 2016).

However, proximity to these cultural ideals of heteronormativity demands a high price that impacts on the physical and sexual health of the participants. As the data indicate, those who do not follow such ideals tend to present even higher syndemic indices of minority stress such as more symptoms of depression and anxiety, greater exposure to heterosexual harassment, greater substance use, and engagement in risky sexual behaviors. These data corroborate with findings by Tulloch et al. (2015), Schnarrs et al., (2017), and Noor et al. (2017).

The syndemic factors that seemed to affect participants the most were the loss or absence of support from attachment networks, and higher nicotine consumption. It is possible that even though there is greater adherence to heteronormative ideals and negative attitudes against female gender expressions in men, participants who identify as "Bears", especially younger ones, have accommodated ideals of self-sufficiency and adaptation to physical and sexual preventive behaviours.

This may be because this sample has been more exposed to educational content on these health topics, which, due to the effect of socioeconomic class, led them to greater access to health services and education.

Finally, the body mass factor also revealed important data, but which is not so statistically significant. It refers to the perception of self and peers, as, for example, when a gay man does not present a body aligned with the cultural ideal of body presentation -i.e., he is overweight or obese-, his chances of suffering oppression through heteronormative harassment, developing more symptoms of anxiety and depression, and having sexual relations without condoms increase, which conforms with

findings obtained in Moskowitz et al. (2013) and Quidley-Rodriguez & de Santis (2016). However, it seems that these men do not seek to fit the hegemonic sexual ideal, since the tendency to seek sexual partners close to the stereotype is lower, which was also verified by Gough & Flanders (2009), Cerqueira & Souza (2015) and Santos & Lago (2016). Possibly, on the one hand, as they no longer follow the pressures imposed by the dominant sexual hegemony, they do not feel the need to perpetuate the same narrative. On the other hand, these elements might be related to the selective and exclusionary dynamics sustained by Bear gay men aligned with heteronormative cultural ideals who avoid engaging those individuals.

## **Conclusions**

The first hypothesis, which predicted that the higher the index of self-perception of masculinity, the higher the index of internalized homonegativity, the stronger negative attitudes towards effeminacy, the lower the rates of depression, stress and anxiety, the lower the sum of syndemic factors associated with minority stress was partially verified. Participants showed direct associations between those indices and lower access to support from their social capital as well as higher nicotine use.

However, the second hypothesis was verified, since the higher the rate of self-perception of masculinity, the higher the rate of homonegativity, negative attitudes related to effeminacy; the lower the rate of experience of heterosexual harassment, rejection and discrimination among these men, indicating that assimilation of heteronormative expectations decreases chances of exposure to minority stress factors such as harassment. Nevertheless, there are hidden costs to this.

From a Psychoanalytic perspective, the overall data suggests the potential existence of defensive mechanisms such as reactive formation and idealization, when there is a valorization of heteronormative symbols of masculinity that foster an identification with the aggressor to defend himself from the risk of being stigmatized as homosexual.

Such idealization also seems to drive the desire to approach the archetypical representation of masculinity which, in turn, leads to the focus of homosexual desire. Thus, it is a narcissism which seeks to fetishize the hirsute body through the associative chain: more weight = healthier = more natural = more robust = more powerful, and therefore, to recover the lost phallus; it, at the same time, also seeks to move away from the mental representations associated with fragility, weakness, vulnerability, dependence, sickness and death, which refer to the fear of castration and, therefore, of the feminine.

This study does not propose casual association between the variables but correlations suggest that participants seem to present feelings of diffuse anxiety, since there is an expectation of suffering heterosexist harassment, associated with internalized homophobia, which, apparently, manifests itself through a projective-identification towards other pairs with gender expressions closer to the feminine pattern.

This dynamic seems to mobilise strategies of over-adaptation to respond to the expectations of the dominant cultural ideals - suggesting that they might resort to splitting of the Ego to deal with the internalisation of relational objects identified as destructive which must be evacuated. This would be an attempt to compensate for experiences associated with representations of less value, of fraud, in another (Grinberg & Liberman, 1964) - characteristics which, according to Zukerfeld and Zukerfeld (2016), describe the construct of asymptomatic-

vulnerability, i.e., there are no physical symptoms, but there are psycho-affective symptoms that generate psychic suffering.

Despite findings that provide important clinical information for those working with individuals identified with this studied group, this investigation has some limits. The first is because the sample was constructed by snowballing and as the internet was utilized as the conduit for data collection, it is possible that participation was influenced by socioeconomic status, generating not so much variation of responses. There is also a possibility that the use of self-reported questionnaires was subject to desirability effects. Another limitation relates to the lack of cross-cultural validated instruments that could capture the problem investigated and the need to apply instruments translated to the Brazilian Portuguese language; these translated assessments did not go through cross-cultural validation. Nonetheless, as in other studies where the same instruments were successfully used with non-English speaking populations, the findings obtained through the translated versions seem to indicate internal coherence. Finally, the current study did not perform comparisons to individuals non-identified with the Bear community to see if differences could be substantiated between groups.

Further studies are suggested to validate those instruments to be utilized in larger samples, including samples of non-Bear-identified individuals. Also, qualitative studies could be implemented looking for evidence of unconscious elements revealing psychic functions and patterns indicating vulnerability that were inferred in this study but which cannot be accessed by self-descriptive mechanisms, such as questionnaires.

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