

Gender Role Strain and the Psychological Health of Filipino Gay Men

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Abstract

Gender role strain (GRS) has been shown to be associated with psychological health of men. However, research has focused on White, middle-class, heterosexual males in the U.S. Studies on how this phenomenon occurs in Asian male groups, in their countries of origin, are limited. In this study, the research by Rubio and Green (2009) was replicated and built on; the GRS and psychological health of 205 Filipino heterosexual and gay men in the Philippines were evaluated. Analyses indicate that the GRS of Filipino gay men in the Philippines is not significantly different from heterosexual men, and that the GRS of Filipino gay men in the Philippines correlates significantly with their depression, global anxiety, stress and social anxiety. Implications for mental health practice, social policy, and future research are presented.

Keywords: gender role strain, men's psychological health, Asian masculinities

Introduction

According to Pleck (1995), gender roles involve criteria, assumptions and norms pressed by society on individuals who may or may not be capable of meeting them. As individuals try to comply with these expectations, the experiences they subject themselves to and/or their failure to actualize these standards can result in psychological distress. Pleck describes this as *gender role strain* (GRS) and it is most severely experienced by men in their engagement, or lack thereof, with masculinity norms. There are three types – *discrepancy strain*, which results from the failure to actualize one's personal masculinity ideals; *dysfunction strain*, which occurs when individuals experience detrimental side effects as they conform to masculinity norms (O'Neil, 2008); and *trauma strain*, which is the by-product of being subjected to traumatic experiences while fulfilling masculinity norms (e.g. sustaining physical abuse from an authoritarian father who imposes the masculinity ideals) (Meek, 2015).

The GRS paradigm is grounded in social constructionism, which theorizes that gender is socially developed and ever changing (Levant, 2011). Hence, part of the GRS that men experience can be accounted for by their ability to cope with these changes. For example, it has been suggested that, in the U.S., a masculinity crisis started in the 1990s, when traditional masculinity was challenged as women became more independent and society started expecting men to contribute to child rearing, do housework, and share their emotions (Levant, 1997). According to Levant (2011), men still find themselves perplexed, confused, and angry at these changes. Further, men's GRS experiences vary according to ethnicity, social class, and sexual orientation (Silverstein, Auerbach, & Levant, 2002). This is to be expected since masculinity norms are culture-specific (Kimmel & Messner, 1992). For example, in the U.S., masculinity attitudes include keeping away from feminine activities (e.g. reading romantic novels), intolerance towards homosexuality, readiness for sex, aggression, suppression of emotions, and self-reliance (Levant, Rankin, Williams, Hasan, & Smalley, 2010). In Australia, masculinity is highlighted by sports expertise, alcohol consumption, and number of sexual encounters (Hibbins, 2005). In contrast, Chinese traditional masculinity is rooted in the *wen-wu* dyad (literal translation: literary-martial), which defines masculinity based on mental and physical achievements such as good education and martial arts training (Louie, 2005). Additionally, control of men's sexual urges and acceptance of homosexuality are endorsed (Low, 2005).

Filipino Masculinity

According to Rubio and Green (2011) seven dimensions characterize masculinity in the Philippines: (1) *sense of responsibility*—demonstrated through hard work and fulfillment of commitments, and essential in Filipino boys' socialization training to become future heads of their families (Rubio, 2003; Liwag, dela Cruz, & Macapagal, 1998); (2) *family orientedness* – the definitive epitome of masculinity, which involves being a paternalistic provider and protector of one's family (Aguiling-Dalisay *et al.*, 2000); (3) *respectful deference to spouse, women, and elders* – manifested in performing courteous deeds towards women/elders and in the view that both fathers and mothers have balanced roles in family decision-making (Angeles, 2001; Bantug, 1996); (4) *integrity* – involves having strong moral principles; (5) *intellectual pursuits* – presumption that educational excellence leads to employment security, which in turn results in becoming a good family provider (Bantug); (6) *strength* (physically and emotionally) – demonstrated in pain endurance, eloquence and being able to safeguard one's honour (Rubio, 2003; Jimenez, 1983; Margold, 1995); and (7) *sense of community* – being in harmony with neighbours and coming to their aid when needed (Margold). Rubio

and Green (2009) further assert that Filipino men internalize these dimensions in two ways – to characterize what an ideal man is and to evaluate their own masculinity.

Men, regardless of sexual orientation, have been taught to assimilate their culture's masculinity norms since childhood (Good & Brooks, 2005; Schwartzberg & Rosenberg, 1998). Similarly, Filipino masculinity norms are internalized not only by Filipino heterosexual men but also by bisexual and homosexual men for reasons that include social pressures, pleasing one's parents, acquisition of material inheritance, and concealment of one's sexual identity (Lee, 2002). However, similar to other Asian homosexual and bisexual frameworks, the definitions of these sexual minorities do not translate directly within the parameters of Western concepts (Martin, Jackson, McLelland, & Yue, 2008; Tan, 1996).

Filipino Homosexuality

Rubio and Green (2009) comprehensively discussed homosexual identities in the Philippines. Briefly, there are three types: (1) *baklas*, who closely resemble the effeminate cross-dressing gay men in Western culture but who only have sex with those they perceive as heterosexual men; (2) *call-boys*, who develop sexual relationships with *baklas* for economic gain while in, or intending to be in, relationships with women, including being married (such relationships/intentions are known to and expected by *baklas*); and (3) *gays* who are in line with the masculine-looking gay men in Western culture (they travel abroad, are mostly, decent-income earners and/or belonging to the middle class).

Psychological Health

Because of the various ways that Filipino non-heterosexual male groups internalize and demonstrate Filipino masculinity ideals – for example, *backlash* being unable to meet *strength* standards because of their effeminacy – it can be assumed that their experiences of GRS can also vary. Research has found correlations between GRS and men's psychological health – identifying associations with depression, anxiety, stress, and lower self-esteem (Hayes & Mahalik, 2000; Rummell & Levant, 2014; O'Neil, 2008; Simonsen, Blazina, & Watkins, 2000; Skidmore, Linsenmeier, & Bailey, 2006). Low self-esteem has been asserted to be a causal and sustaining factor in social anxiety disorder (Hulme, Hirsch, & Stopa, 2012). Additionally, gay men are reported to be more socially anxious than heterosexual men, in part, due to the rejection by society that gay men anticipate because of their non-conformity to heterosexual norms (Hart & Heimber, 2001; Meyer, 2003; Pachankis & Goldfried, 2006).

However, many of the studies conducted on men's psychological health refer to heterosexual men (Mahalik & Cournoyer, 2000). Clarke, Ellis, Peel, and Riggs (2010), assert that the psychological health of homosexual and bisexual men is under-researched and what information is known from these studies is derived mostly from White, middle-class gay men in the U.S. Even those investigations that do include non-White men are studied within the context of Western settings (Lazur & Majors, 1995). Rubio and Green's (2009) research is the only study to date that investigated the psychological health and GRS of Filipino gay men who are based in the Philippines. It was found that self-identified Filipino gay men experience greater *discrepancy strain* on *family orientedness*, *respectful deference* and *integrity* compared with heterosexual men. However, their overall *discrepancy strain* scores did not correlate with any of the psychological health measures used, which suggest that for Filipino gay men, *discrepancy strain* may not result in psychological distress. Furthermore, adherence scores – derived from Rubio and Green's (2007) Adherence Scale, which measures Filipino men's conformity to Filipino masculinity norms – correlated moderately

and negatively with depression and social anxiety. That is, the less they conform to masculinity norms, the higher their depression and social anxiety. This suggests that adherence to masculinity ideals seems to be beneficial to Filipino gay men's psychological wellbeing – an effect that appears to contradict Pleck's (1995) *dysfunction strain*, which asserts that adherence to traditional masculinity norms leads to adverse effects. Rubio and Green's (2009) study provides important evidence for the treatment of Filipino heterosexual and gay men with mental health issues. Practitioners can explore their gay clients' conformity to traditional masculinity knowing that such norms have an impact on their mental health (Haldeman, 2006; Schwartzberg & Rosenberg, 1998). Studies such as these also have the potential to influence public policy (Rubio & Green), as there is currently no legislation safeguarding LGBT people against discrimination in the Philippines (Pettis, 2007). The study was not without limitations, however: participants were students in a single university in the Philippines; group sizes were markedly unequal (43 gays and 767 heterosexuals); use of the word "wife" in measuring *family orientedness* and *respectful deference* is inapplicable to gay participants; lastly, only the total *discrepancy strain* was correlated with the psychological health measures. Correlational analyses between *discrepancy strain* scores per masculinity dimension and psychological health measures were not performed.

Current Study

The main aims of the current study are to reduce the shortage of Asian studies in both LGBT and mental health investigations and to build on the research of Rubio and Green (2009). Two hypotheses will be explored. First (consistent with Rubio & Green), Filipino gay men in the Philippines experience greater discrepancy strain on masculinity norms relating to *family orientedness*, *respectful deference to spouse, women, and elders* and *integrity* dimensions compared with Filipino heterosexual men.

Second, this study predicts that the higher the *discrepancy strain* of Filipino gay men in the Philippines, the worse their psychological health. Psychological health was evaluated by examining depression, anxiety, stress, and social anxiety. The first three were measured using the short version of the Depression, Anxiety, and Stress Scales (DASS-21: Lovibond & Lovibond, 1995). Rubio and Green (2009) used the Mehrabian Trait Anxiety and Depression Scales (Mehrabian, 1994) to assess the anxiety and depression of their participants. Here, DASS-21 was used because the scale had been validated using Asian samples, for example, Malaysians, Thais, Indonesians, and Chinese, which resulted in high reliability scores (Oei, Sawang, Goh, & Mukhtar, 2013). Moreover, DASS-21 measures stress independently of depression and anxiety. Therefore, Rubio and Green's (2009) study was further extended by not only measuring depression and anxiety, but also stress. Social anxiety was measured using the Social Avoidance and Distress Scale (SADS: Watson & Friend, 1969). *Discrepancy strain* was measured using *Filipino Adherence and Conflict with Expectations of Masculinity Questionnaire* (FACEM: Rubio, 2007).

Although Rubio and Green (2009) did not find any correlations between the *discrepancy strain* of Filipino gay men and their psychological health, the current study's prediction is justified because of the utilization of different scales to measure psychological health (i.e. DASS-21). In addition, greater *discrepancy strain* denotes a greater imbalance between a man's personal masculinity standards and his compliance to attain them – that is, his masculinity standards are higher than his adherence to them. Based on the findings by Rubio and Green, non-conformity to masculinity norms results in greater depression and social anxiety in gay men; therefore, it is logical to postulate that greater *discrepancy strain* could

be associated with higher scores in DASS-21 and SADS. Furthermore, there are studies which found gay men who reported higher GRS also reported lower levels of mental health and vice versa (Simonsen, Blazina, & Watkins, 2000; Bingham, Harawa, & Williams, 2013).

Method

Participants and Design

A total of 205 Filipino male respondents (111 self-identified heterosexual men and 94 self-identified gay men, $M_{age}=26.06$ years, age range: 18–50 years) were recruited in the Philippines. *A priori* analysis of power, using G*Power (version 3.1.9), proposed that, in order to yield statistically significant results with 80% power, sample sizes for each group should be 55 participants each. Data were collected in the capital city (i.e. Manila), other major cities (e.g. Baguio City and San Fernando City) and rural areas (e.g. Bacnotan and Bauang). Heterosexual men were randomly sampled in shopping malls, cafes and universities. Venues where Filipino gays usually frequent and are employed were visited (i.e. gay scenes, gay-friendly cafes, call centers and beauty parlor). A between-subjects design was adopted.

Procedure

Following consent, participants received a five-page questionnaire booklet that consisted of demographic information followed by the FACEM, DASS-21 and SADS questionnaires in that sequence. The participants completed the questionnaires individually (with no time limit) while the researcher waited in a designated area. After completion, participants were debriefed.

Measures

Demographic Information

Age and sexual orientation were collected. *Filipino GRS*. Rubio's (2007) *Filipino Adherence and Conflict with Expectations of Masculinity (FACEM) Questionnaire* (Appendix D) was used to measure the participants' conformity to the seven dimensions of Filipino masculinity (measured by the Adherence Scale) and their attitudes regarding the characteristics of the ideal Filipino man (measured by the Expectations Scale). The FACEM is a 140-item self-report questionnaire with a 6-point Likert scale. The adherence scale ranges from 6 (very much like me) to 1 (very much unlike me); while the expectations scale ranges from 6 (strongly agree) to 1 (strongly disagree). Each scale contains 10 items per dimension (70 total), paired in both scales. For example, "I am dominant" in the Adherence Scale is matched with "A Filipino man should be dominant" in the Expectations Scale. However, Rubio's (2007) scale was updated such that the word "wife" was replaced by "partner". In line with Rubio and Green (2009), GRS was determined by *discrepancy strain*, which was calculated by subtracting Adherence Scale total scores from Expectations Scale total scores per dimension. The overall *discrepancy strain* was determined using total scores of all dimensions combined.

Psychological Health

The short version of the *Depression, Anxiety, and Stress Scales* (DASS-21: Lovibond & Lovibond, 1995) was used to measure psychological health. This is a 21-item questionnaire with a 4-point Likert scale that evaluates depression, stress and anxiety (Appendix E). Each scale has seven items. For each item (e.g. "I felt life was meaningless" – depression scale), participants indicated the extent to which they have experienced the scenario within the past

week: 0 denoted “never”; 1 – “sometimes”; 2 – “often”; and 3 – “almost always”. Total scores per scale were calculated by summing their responses.

The *Social Avoidance and Distress Scale* (SADS: Watson & Friend, 1969) is a 28-item ‘true’ or ‘false’ questionnaire and was utilized to assess social anxiety (Appendix F). Fifteen of the items were expected to be answered as ‘true’, for example, “I try to avoid formal social occasions”, and thirteen items as “false”, e.g. “I find it easy to relax with other people”, by socially anxious participants. One point was given for every participant’s answer that coincided with those of a socially anxious person. Total scores were calculated by summing their points.

Statistical Analyses

Statistical analyses were carried out using the IBM Statistical Package for the Social Sciences (SPSS), Version 23.

Tests of validity and reliability of the scales used were beyond the scope of this project but are addressed by other studies elsewhere – for example, for DASS-21, see Oei, Sawang, Goh, & Mukhtar (2013); for SADS, see Norasak-kunkit and Kalick (2002); for FACEM, see Rubio (2007). Rubio reported excellent internal consistency reliability (with Cronbach’s alphas ranging from .94 to .97) for the FACEM’s Adherence, Expectations and Conflict (the discrepancy between Adherence and Expectation) Scales.

Results

Table 1 outlines the mean scores and standard deviations reported by all participants in the FACEM and psychological health measures.

Variable	Heterosexuals (N=111)		Gays (N=94)	
	Mean	SD	Mean	SD
FACEM Adherence Scale	345.81	36.75	336.18	46.05
Sense of Responsibility	48.79	6.00	48.87	7.40
Family Orientedness	51.43	6.53	45.53	8.21
Respectful Deference	51.14	5.91	48.23	7.55
Integrity	49.26	5.98	48.93	6.85
Intellectual Pursuits	48.21	6.56	49.04	8.02
Strength	48.12	6.06	47.55	7.89
Sense of Community	48.86	5.70	49.09	7.09
FACEM Expectations Scale	377.48	27.52	362.40	42.11
Sense of Responsibility	54.77	4.14	53.50	6.63
Family Orientedness	53.67	4.95	49.19	7.80
Respectful Deference	54.37	4.28	51.84	6.91
Integrity	55.11	3.96	53.94	5.72
Intellectual Pursuits	53.21	5.23	51.32	7.56
Strength	52.59	5.30	50.37	7.44
Sense of Community	53.77	4.63	52.24	7.03
FACEM Discrepancy Strain	39.81	26.70	38.48	29.13
Sense of Responsibility	6.82	5.20	6.01	5.49
Family Orientedness	4.52	5.15	6.00	6.37
Respectful Deference	4.72	4.50	5.05	5.96
Integrity	6.48	5.67	5.86	5.47
Intellectual Pursuits	6.21	4.94	4.89	4.94
Strength	5.41	4.51	5.46	5.31
Sense of Community	5.65	5.02	5.20	4.63
DASS-21 Depression Scale	6.32	3.95	6.57	4.46
DASS-21 Anxiety Scale	6.84	4.06	7.18	3.98
DASS-21 Stress Scale	6.92	3.76	7.53	3.77
SADS	11.37	5.26	10.90	5.50

Table 1. Summary of means and standard deviations (SD) of the FACEM Scales and dimensions, DASS-21 Scales, and the Social Avoidance and Distress Scale for Filipino Heterosexual and Gay Men.

Heterosexual and Gay Men in the Philippines and Discrepancy Strain

Independent-samples t-tests were performed to examine the differences in the *discrepancy strain* scores per masculinity dimension between Filipino heterosexual and gay men. Table 2 outlines the independent-samples t-test values for the *discrepancy strain* scores per masculinity dimension. Results are as follows:

Levene's test of equality of variances showed homogeneity of variances, $F(1, 203)=0.40$, $p=0.53$ non-significant. Comparison of group means indicated that there were no significant differences in the *discrepancy strain* scores on the *sense of responsibility* dimension between heterosexual and gay men, $t(203)=1.08$, $p=0.28$.

Levene's test of equality of variances showed homogeneity of variances, $F(1, 203)=1.09$, $p=0.30$ non-significant. Comparison of group means indicated that there were no significant differences in the *discrepancy strain* scores on the *family orientedness* dimension between heterosexual and gay men, $t(203)=-1.83$, $p=0.07$.

Levene's test of equality of variances test showed homogeneity of variances, $F(1, 203)=0.43$, $p=0.51$ non-significant. Comparison of group means indicated that there were no significant differences in the *discrepancy strain* scores on the *respectful deference* dimension between heterosexual and gay men, $t(203)=-0.45$, $p=0.65$.

Levene's test of equality of variances showed homogeneity of variances, $F(1, 203)=0.27$, $p=0.60$ non-significant. Comparison of group means indicated that there were no significant differences in the *discrepancy strain* scores on the *integrity* dimension between heterosexual and gay men, $t(203)=0.79$, $p=0.43$.

Levene's test of equality of variances showed homogeneity of variances, $F(1, 203)=0.06$, $p=0.81$ non-significant. Comparison of group means indicated that there were no significant differences in the *discrepancy strain* scores on the *intellectual pursuits* dimension between heterosexual and gay men, $t(203)=1.90$, $p=0.60$.

Levene's test of equality of variances showed homogeneity of variances, $F(1, 203)=2.33$, $p=0.13$ non-significant. Comparison of group means indicated that there were no significant differences in the *discrepancy strain* scores on the *strength* dimension between heterosexual and gay men, $t(203)=-0.06$, $p=0.95$.

Levene's test of equality of variances showed heterogeneity of variances, $F(1, 203)=0.06$, $p=0.80$ non-significant. Independent-samples t-test showed that there were no significant differences in the *discrepancy strain* scores on the *sense of the community dimension* between heterosexual and gay men, $t(203)=0.66$, $p=0.51$.

In summary, these findings do not support the prediction that Filipino gay men in the Philippines experience greater *discrepancy strain* on masculinity norms related to *family orientedness*, *respectful deference* and *integrity* than their heterosexual counterparts. Additionally, no other significant differences were found with regard to the rest of the masculinity dimensions.

Comparison Groups	Sense of Responsibility	Family Orientedness	Respectful Deference	Integrity	Intellectual Pursuits	Strength	Sense of Community
Heterosexual & Gay Men	1.08	-1.83	-0.45	0.79	1.90	-0.06	0.66

* $p < .05$ significant; none found.

Table 2. Summary of independent-samples t-test values of the discrepancy strain scores for each masculinity dimension

Gay Men: Discrepancy Strain and Psychological Health

A one-tailed Pearson correlation test was conducted to investigate whether the *discrepancy strain* scores of gay men are associated with their scores in the psychological health scales. There were no outliers in the data. The sample size of 94 is above the minimum required of 30; therefore, there is sufficient information to proceed with the analysis. Table 3 summarizes the correlation coefficients between the *discrepancy strain* scores for every masculinity dimension and the psychological health measures.

The scores in the depression scale of Filipino gay men correlated positively and significantly with scores in the *discrepancy strain* of all seven dimensions – *sense of responsibility* ($r = .11$, $p = .029$), *family orientedness* ($r = .11$, $p = .032$), *respectful deference* ($r = .15$, $p = .005$), *integrity* ($r = .17$, $p = .002$), *intellectual pursuits* ($r = .16$, $p = .004$), *strength* ($r = .19$, $p = .001$), and *sense of community* ($r = .14$, $p = .011$). The higher the DS scores of Filipino gay men in these dimensions, the higher their scores in the depression scale.

The scores in the anxiety scale of Filipino gay men correlated positively and significantly with scores in the *discrepancy strain* of *respectful deference* ($r = .10$, $p = .047$) and *intellectual pursuits* ($r = .13$, $p = .016$). The higher the *discrepancy strain* scores of Filipino gay men in these dimensions, the higher their scores in the anxiety scale. All other correlations were non-significant ($p > .05$).

The scores in the stress scale of Filipino gay men correlated positively and significantly with scores in the *discrepancy strain* of six dimensions – *sense of responsibility* ($r = .10$, $p = .045$), *family orientedness* ($r = .12$, $p = .021$), *respectful deference* ($r = .13$, $p = .013$), *integrity* ($r = .11$, $p = .028$), *intellectual pursuits* ($r = .16$, $p = .003$), and *strength* ($r = .14$, $p = .008$). The higher the DS scores of Filipino gay men in these dimensions, the higher their scores in the stress scale. The correlation between the scores in *sense of community discrepancy strain* and stress scale was non-significant ($p > .05$).

The scores in the social anxiety scale of Filipino gay men correlated positively and significantly with scores in the *discrepancy strain* of six dimensions – *sense of responsibility* ($r = .12$, $p = .022$), *respectful deference* ($r = .13$, $p = .014$), *integrity* ($r = .20$, $p < .001$), *intellectual pursuits* ($r = .19$, $p = .001$), *strength* ($r = .20$, $p < .001$), and *sense of community* ($r = .16$, $p = .004$).

The higher the *discrepancy strain* scores of Filipino gay men in these dimensions, the higher their scores in the social anxiety scale. The correlation between the scores in *family orientedness discrepancy strain* and stress scale was non-significant ($p > .05$).

Overall, these findings endorse the hypothesis that the higher the *discrepancy strain* that Filipino gay men experience, the worse their psychological health is. However, anxiety appears to be more associated only with *discrepancy strains* relating to *respectful deference* and *intellectual pursuits*.

Discrepancy Strain Scores	Depression Scale	Anxiety Scale	Stress Scale	SADS
Sense of Responsibility	.11*	.05	.10*	.12*
Family Orientedness	.11*	.06	.12*	.06
Respectful Deference	.15*	.10*	.13*	.13*
Integrity	.17*	.06	.11*	.20*
Intellectual Pursuits	.16*	.13*	.16*	.19*
Strength	.19*	.08	.14*	.20*
Sense of Community	.14*	.05	.06	.16*
Total	.19*	.10*	.16*	.20*

* Correlation is significant at the 0.05 level

Table 3. Correlation coefficients between the discrepancy strain scores per masculinity dimension and psychological distress scales

Power Analysis

Post hoc analysis of power using G*Power (version 3.1.9) indicated that the study's sample size had a 97.19% power in yielding statistically significant results.

Discussion

Filipino Gay and Heterosexual Men in the Philippines and GRS

One of the objectives of this study was to build on the research of Rubio and Green (2009), which found that Filipino gay men experience greater *discrepancy strain* on *family orientedness*, *respectful deference*, and *integrity* norms than heterosexual men. This finding was not supported in the current study, i.e. no significant difference was found. Rubio and Green assert that, with regard to *family orientedness* and *respectful deference*, the reason for their finding could be the use of the word "wife" in the masculinity scales (e.g. *family orientedness*: "I would take care of my wife and children"; *respectful deference*: "I would do everything to please my wife"). Possibly, gay participants gave these items low ratings in the adherence scale because they could not relate to them. In the current study, "wife" was replaced by "partner", which could have made these items more applicable to Filipino gay men because "partner" could refer to either gender. Gay men may have internalized these dimensions by envisioning male partners. This could explain why their *discrepancy strains* were not significantly different to heterosexual men; perhaps both male groups view *family orientedness* and *respectful deference* norms similarly when the gender of the "partner" is in

line with their own sexuality. It is proposed that future studies investigate whether these target words (i.e. ‘wife’ and ‘partner’) do influence Filipino gay men’s perception on traditional Filipino masculinity norms.

With regard to the *integrity discrepancy strain*, the lack of support from the current study to Rubio and Green’s (2009) findings could be attributed to sampling methods. In the current study, gay participants were recruited from venues where Filipino gays usually frequent and are employed (e.g. Gay scene, call centers, etc.) while Rubio and Green’s researchers recruited participants from a single university established by a Roman Catholic missionary. The *integrity* scale includes items such as “I am honest at all times” and “I am always trustworthy”. Perhaps being surrounded by gay fellows and friends in an environment where gay men could be themselves, as with the case in the current study, contributes to feelings of honesty, trustworthiness, and genuineness. Supporting this notion is a study by Riggle, Whitman, Olson, Rostosky, and Strong (2008), which found that gay men who are out, have strong positive relationships with others, have established friendships, and who belong to a community are able to live more authentic, honest and truthful lives. Furthermore, they are able to serve as positive role models for others who are still struggling with their identities. Conversely, recruiting participants in an environment dominated by heterosexuals (i.e. a Roman Catholic university) may have involved gay subjects who are either not out, and therefore are dishonest about their identity, or are out, but have to limit their behavior in order to avoid homophobia (Lasser & Tharinger, 2003); thus, feelings of integrity may be lower in these participants. Consequently, it is possible that gays in the current study were able to internalize the *integrity* norms as heterosexual men do.

GRS and Psychological Health of Filipino Gay Men

The second objective of this study was to examine whether the increased discrepancy strain is associated with poorer psychological health in Filipino gay men. In Rubio and Green’s (2009) research, overall discrepancy strain did not correlate with any of the psychological health measures. This finding was not replicated in the current study, perhaps because of the different psychological measures used. Instead, *discrepancy strain* in all seven masculinity dimensions correlated positively and significantly with depression, while *discrepancy strain* in six out of the seven masculinity dimensions correlated positively and significantly with stress and social anxiety. As proposed by Pleck (1995), *discrepancy strain* results from the disparity between one’s masculinity ideals and adherence to such ideals. For Filipino gay men, strongly endorsing traditional masculinity ideals, but failing to fulfill them in actuality is related to their depression, stress, and social anxiety. This coincides with previous research (Simonsen, Blazina, & Watkins, 2000; Skidmore, Linsenmeier, & Bailey, 2006; Bingham, Harawa, & Williams, 2013) and suggests that adherence to masculinity norms may be important to the psychological health of Filipino gay men. There are two likely explanations for this. First, adherence to masculinity norms can be a coping mechanism for gay men (Sánchez, Westefeld, & Liu, 2010). Perhaps by adhering to masculinity ideals, Filipino gay men are able to avoid negativity from society, thereby ameliorating stress, social anxiety, or depressive tendency. Second, the Filipino gay identity is characterized by the preference to be perceived as masculine by the public and to be disconnected from being identified as *bakla* (Rubio & Green, 2009). Therefore, the more they conform to masculinity norms, the more they might feel good about themselves. In line with this, negative feelings about oneself have been correlated with higher levels of depression, anxiety, and social anxiety (Frost & Meyer, 2009; Hulme, Hirsch, & Stopa, 2012; Pachankis & Goldfried, 2006; Szymanski & Gupta, 2009; Valentiner, Skowronski, McGrath, Smith & Renner, 2011). The current study, however, did not perform a correlation study between the *discrepancy strain* and

psychological health of Filipino heterosexual men. Future research may consider this and compare the results with Filipino gay men.

Strengths of Current Study

One of the strengths of this research is its contribution to the limited investigations on Asians in their country of origin in both LGBT and mental health studies. Second, the sample is more balanced compared with Rubio and Green's (2009) study. The method by which the participants were recruited was also an improvement. In Rubio and Green's study, students of a Roman Catholic university in single city were recruited and completed the questionnaires within university grounds. In the current study, participants were recruited in various locations in both rural and urban areas. Furthermore, the participants were not limited to university age, but ranged between 18 and 50 years of age. Moreover, the places where Filipino gays usually frequent and are employed were visited. Third, the number of participants recruited was above the proposed sample size, which increased the current study's power to 97.19% in yielding statistically significant results. Finally, the correlation between *discrepancy strain* per masculinity dimension and the psychological health of Filipino gay men in the Philippines was investigated and confirmed. *Discrepancy strain* has been suggested to result in psychological distress (Levant, 2011). Hence, examining the correlation between the two is important because it is essential to identify the factors that positively and negatively affect an individual's mental health so that effective policies, treatment and intervention strategies could be developed (Meyer, 2003).

Implications of Findings

The findings of this study provide implications for mental health practice. In any therapeutic work, especially in counselling, for example, professionals are presented with unique challenges when engaging with male clients because not only are they likely to have some reluctance about seeking help and struggle to share their thoughts and feelings, but also find it difficult to form therapeutic relationships with others (Kingerlee, Woodley & King, 2016; Nahon & Lander, 2010). Thus, having an insight on the impact of Filipino gay men's engagement with traditional masculinity ideals in their mental health could provide a starting point in building rapport. Mental health professionals could look into the influence of their Filipino gay clients' adherence to masculinity norms on their mental health. They could assess which dimensions are most influential and plan strategies accordingly.

The findings can also aid therapists in assessing and informing their own biases. It has been suggested that therapists, even with their good intentions, may sometimes feel challenged when dealing with client groups whose cultural backgrounds or sexual orientation are different from their own because unexpected biases may emerge in the course of their therapeutic work. (Goldenberg & Goldenberg, 2012). A therapist raised in a society where it is not unusual for family members to be independent from each other may have unforeseen biases towards a gay client whose views on masculinity drives, if not compels, him to support his parents, siblings and extended family members; and that such drive may be negatively affecting his mental health. Regular examinations of one's thoughts and feelings about diverse client groups could help therapists overcome their biases (Ponterotto, Casas, Suzuki & Alexander, 2010). By knowing beforehand how Filipino masculinity norms interact with the psychological health of Filipino gay clients, therapists may be better equipped to provide them with good quality of care.

In the current study's findings the fact that no significant differences were found in the *discrepancy strains* between Filipino gay and heterosexual men on any of the Filipino

masculinity dimensions seems to be a significant finding in itself because it suggests that both male groups experience *gender role strain* similarly. Although further research is necessary to investigate this phenomenon in more detail, there are clear implications for legislation and mental health practice. The outcome that Filipino gay men internalize masculinity norms relating to the family similarly with their heterosexual counterparts provides evidence in favor of implementing policies to protect and recognize same-sex families in the Philippines. Currently, there are no laws that promote same-sex partnership or marriage in this country. There are also no provisions that support the adoption of children by same-sex couples. If it is vital to the psychological well being of Filipino gay men to fulfill their family aspirations, then it is within the interest of the Filipino society to do its best to ensure that they are supported. Research has shown that individuals with positive mental health have increased productivity at work, have better relationships with other community members and have more social involvement (Dewa, Lesage, Goering, & Caveen, 2004; Ellis, 2007; McLaren, Jude, & McLachlan, 2007; 2008; Perez & Wilkinson, 1998). Therefore, increasing the wellbeing and mental health of all people, regardless of sexual orientation, appears to be good for the society.

Conclusion

This study contributes to the limited research that has evaluated the association of GRS with the psychological health of Asian gay and bisexual men in their countries of origin. The need for studies like this has been emphasized by various researchers (e.g. Clarke et al., 2010; Lazur & Majors, 1995). In the Philippines, this is only the second investigation involving gay men. The results, which found significant correlations between the GRS and psychological health of Filipino gay men provide valuable implications for mental health practice involving Filipino male clients and support for pro-LGBT therapies and legislation in the Philippines.

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