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Health determinants in men of the Bear subculture compared with the MSM population. Literature review

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Summary

A number of health problems are more common in the population of men who have sex with men (MSM) as compared with the general population. At the same time, research reveals that the MSM population is far from homogeneous, and that subcultural affiliation is one of the characteristics that should be taken into account in health analyses of this group. One of the subcultures among MSM that has received growing interest from researchers in recent years, is the Bear community. It originated in the USA and comprises men – mostly homosexual or bisexual – who are characterized by larger, massive or muscular figure, and by distinctive male phenotypic traits – especially body hair pattern, including facial hair. The most significant health determinants in this group include a higher prevalence of behaviors contributing to negative health outcomes as compared with other MSM, elevated BMI values, as well as exposure to multiple stigma – both sexual minority and weight stigma. Research to date has shown that these characteristics of Bears have significant implications for their mental and sexual health.

The article aims to review the literature, and to discuss the practical and the clinical implications of the studies conducted thus far in this population. The summary gives practical recommendations regarding both the support for Bear men in clinical practice, and the design of adequate and effective health promotion interventions for members of this unique community.

Key words: MSM, stigma, stress, sexual health, public health

Introduction

Determinants of health in the MSM population

Men who have sex with men (MSM), including homosexual and bisexual men, constitute a key population from the public health's perspective [1, 2]. Higher prevalence of anxiety disorders, depression, as well as suicide ideations and attempts were observed in this group [3–6]. Studies to date also point to more frequent health problems

in MSM population, covering more than one of the traditionally distinguished areas of physical, mental and sexual health, compared with men reporting sex exclusively with women [6]. Sexual minority men are also characterized by higher rates of substance use [7, 8], smoking [5, 9, 10], and heavy alcohol use [5, 11]. The MSM population also reports more frequently sexual contacts without a condom [6, 12] and is disproportionately burdened with sexually transmitted infections [13, 14]. Additionally, men of this group face more barriers in accessing health care [5, 15].

The observed health inequalities are attributed to social stigmatization processes, which concern MSM in particular [16, 17]. These explanations are based on the concept of minority stress according to which belonging to stereotyped and socially excluded groups is associated with an additional, chronic and unique burden [16]. Minority stress comprises experiences of exclusion, discrimination and physical violence motivated by prejudice and stereotypes (the so-called distal stressors), as well as subjective (proximal) stressors, such as anticipated stigma, internalized stigma or concealing one's sexual identity from the social environment [16]. Due to their chronic nature, minority stress processes form a burden that is additional to typical stressors, and consequently contribute to greater prevalence of health problems in stigmatized populations [18]. Exposure to minority stress is also associated with more frequent health risk behaviors, which often constitute imperfect strategies for coping with experiences of social exclusion [19].

Studies to date not only confirm that exposure to minority stress and health problems are related to one another, but also point to a number of protective factors that significantly modify these relations [20]. The individual ability to cope with stress (well reflected in the concept of psychological resilience), as well as the social support show to be the crucial ones.

One of the research frameworks in the studies on health determinants in minority populations is intersectionality, i.e., overlapping of different socially disadvantaged statuses and categories, which interact with one another and shape unique contexts of functioning – contexts that are reflected in unique barriers, practices and health needs [21, 22]. According to this approach, it is hardly possible to conduct research on health determinants and – even more so – to devise health promotion interventions for the MSM population solely on the basis of the categories of sexual identity or sexual behavior, without taking into account such other distinctive characteristics of members of this group as ethnicity, socioeconomic status or age [3, 23].

One of these characteristics is subcultural affiliation. Its importance for mental and sexual health in the MSM group has been recently gaining more attention in research [1, 24]. This is primarily due to the fact that subcultures within the MSM population often form contexts associated with the prevalence of various health behaviors (e.g.,

substance use, condomless anal intercourse). The subcultural affiliation may be also related to the additional circumstances that adversely affect health (e.g., an intersection of many socially stigmatized statuses) [8, 25]. The above characteristics describe members of the Bear subculture, who are the focus of this analysis.

Bears characteristics

The Bear subculture is formed by men who have sex with men, and mostly self-identify as homosexual or bisexual. They are characterized by a massive or muscular figure, and by distinctive male phenotypic traits – such as more pronounced facial and body hair [26]. At the same time, these features are the indicators of sexual attractiveness in the discussed population. Research shows that members of this community, compared with other MSM, tend to be not only more sturdy [1, 24, 27] or more hairy [24, 27], but usually also older [1, 8, 28]. Moreover, the described population is characterized by traditional norms regulating the expression of masculinity, which break the stereotypical notions associating male homosexuality with effeminacy [29, 30].

It is estimated that members of this subculture account for 14% to 22% of the MSM population in the United States [24, 28]. The organizations and informal groups of self-identified Bears operate worldwide, including Poland.

In the literature to date, the Bear subculture has been presented mainly as a group distinguished by a specific constellation of factors contributing to health problems [1, 8, 28]. At times, Bear affiliation is also described as a "higher risk identity" [1]. The most common topic in the research on members of this group is the prevalence of behaviors, such as unprotected sex or substance use [8, 24]. These issues are primarily explored as part of cross-sectional research carried out in this population. The studies on these issues are part of a general trend that is evident in analyses of health determinants in the LGBTQ population, and which has been criticized as a deficit-focused approach, as opposed the approach focused on exploring the role of resilience and factors protecting against consequences of stigmatization [31]. Such factors include a sense of belonging to the LGBTQ community or the support received from its members, which are an important resource in coping with stress [20]. These issues are studied within the second group of studies on the functioning of Bears – most often qualitative and aiming at exploring the unique experiences of members of the population, especially in the context of multiple stigma (i.e., sexual minority stigma, weight stigma), and subcultural strategies of stigma resistance. These studies have revealed that Bears not only face greater exposure to stress but also benefit from protective factors related to adopting subcultural identity and to belonging to an accepting and supporting community [30, 32].

Method

The literature review comprises empirical works – both quantitative and qualitative – reporting the results of research conducted among Bears. The papers were found in the following electronic databases: MEDLINE, Pubmed and PsycINFO; there were no constrains regarding the date of publishing. Book reviews and an auto-ethnographic empirical paper were excluded from the literature review, and a total of 12 original papers were included. Subsequently, they were critically analyzed in order to portray the most significant health determinants in Bears, as well as to discuss their practical and clinical implications. Due to different research questions and objectives of qualitative and quantitative approaches, the conclusions drawn from the review have been arranged into two corresponding categories: conclusions from qualitative research and conclusions from quantitative research.

Results

Qualitative analyses of the Bears' functioning

Initial analyses of the Bear subculture concerned the norms regulating the expression of masculinity [29, 32]. The authors of these studies have drawn attention to the fact that men who self-identify as Bears replicate traditional patterns of masculinity, redefining them at the same time, so that they can allow for intimacy with other men [29, 32]. An example that the literature has pointed to as a typical feature of Bears is the importance of touch and physical closeness, which is reflected in frequent hugging (the so-called Bear hug) and shortened physical distance between community members [29].

Exposure to body weight stigma, most commonly originating from other MSM, occupy a special place in Bears' narratives [25, 30, 32, 33]. Usually, descriptions of these experiences are the starting point of a story whose breakthrough moment is the discovery of the Bear subculture. It marks the end of the difficult stage of struggle with stigmatization and low self-esteem, and initiates a new period associated with a radical re-evaluation of attractiveness norms, rebuilding of self-esteem and increasing life satisfaction [25, 30, 32]. In narratives regarding this process Patrick McGrady [30] distinguished four main themes: (1) experiences of weight stigma preceding the discovery of the Bear community; (2) discovery of the Bear community and exploration of its norms; (3) re-evaluation of attractiveness norms, change in self-perception; (4) replication of the community's norms. In many respects, this description resembles the models of gay and bisexual identity formation [34, 35]. Importantly, many men liken the two processes, indicating that although the identification as Bears most

often occurred many years after coming out as gay or bisexual men, it was an equally profound event in their lives [30, 32]. The men compared these two processes also in terms of the challenges of overcoming stigmatization: the former required overcoming the stigma associated with being a sexual minority person, and the latter – with being a person of a larger body mass [30].

The research from this category reveals that self-identification as Bear is associated not only with the characteristic features of appearance and masculinity expressions but, above all, with (1) the sense of being a part of a larger community, (2) self-acceptance resulting from the subculture's appreciation of older and sturdier men, and (3) the affirmation of diversity in sexual practices and forms of relationships between men [32]. When characterizing their subcultural affiliation in the context of the norms linking higher body weight with poorer health, men voiced their objections to the medicalized and pathologizing representations of obesity in the media [25]. At the same time, they emphasized the importance of personal choice concerning body appearance, as well as well-being and self-confidence resulting from the choices they made [25]. Moreover, they pointed to ways of achieving a healthier lifestyle, other than the weight loss, e.g., through physical activity or quitting smoking [25].

Qualitative analyses have also shown that, although accepting subcultural identification and belonging to the Bear community is an important resource in coping with stigmatization, men still struggled with stigma. For example, they avoided spending time in spaces associated with physical activity, such as the gym, the beach or the dance floor, in order to avoid embarrassment and judgement [33]. This fact can further contribute to the health deterioration of men in this group, especially if one considers the potential role of physical activity as a moderator between stigmatization and stigma-related stress, and their negative effects on mental and physical health.

Having analyzed the statements of their interviewees, Edmonds and Zieff [33] also pointed to participants' desire for a slimmer figure and to other manifestations of internalized weight stigma such as self-deprecation. The studies conducted among people struggling with obesity reveal that internalized weight stigma is an additional factor increasing the risk of health problems [36] and decreased quality of life [37]. This type of stigma also poses an additional burden fostering unhealthy eating habits and intensifying psychopathological symptoms in people struggling with obesity [38]. Therefore, the cited research results outline potentially significant areas to be considered in health promotion and clinical practice in the Bear population.

Cross-sectional studies on the Bears' functioning

Some of the motifs revealed by qualitative analyses as characteristic of the Bear population pertain to the freedom of sexual expression, and openness to various forms of intimate relations [29, 32]. Cross-sectional studies have devoted much more attention to the issue of sexual functioning and focused predominantly on health risks.

The studies to date have shown, among others, that compared with other MSM self-identified Bears are more likely to use psychoactive substances before and during sexual contacts [28], to engage in condomless anal sex [8, 28, 39], as well as in more diverse sexual behaviors, including BDSM practices [24]. Members of the Bear community were also found to be less likely to use condoms when their partners were other men from the Bear subculture, as opposed to the situation when potential sexual partners did not belong to this group [40].

Explaining the observed correlations, the authors of cross-sectional studies refer to traditional definitions of masculinity dominating in the Bear group [8, 24]. Both dispensing with a condom and more frequent participation in sexual practices associated with HIV infection risk may be perceived by members of this subculture as attesting to their masculinity [24]. Moskowitz et al. [24] observed lower self-esteem among Bears and interpreted sexual exploration as a strategy of coping with it. However, this is the only quantitative study in which a lower self-esteem was found in this group compared with other MSM. In other studies, either no statistically significant differences in self-esteem were found [27, 28] or these differences ceased to be significant once the BMI was introduced to the statistical models [1].

Unfortunately, none of the cross-sectional studies conducted so far in the Bear group included measures of internalized weight-stigma or exposure to stigmatization experiences due to this factor. To date, only one study conducted in a group of younger Bears (Cubs), aged 18 to 39, has included measures of exposure to the sexual minority stigma [1]. It was observed in the study that younger Bears are significantly more likely to be discriminated due to their sexual identity than other MSM. However, no significant differences were found in the case of such variables as internalized sexual minority stigma, sexual identity concealment, or the level of self-acceptance of their sexuality [1].

Moreover, in the studies to date no statistically significant differences between members of the Bear group and other MSM were observed in the case of such behaviors as smoking, cannabis use and alcohol consumption [1, 8]. The available studies are also ambiguous in terms of differences in the number of sexual partners, frequency of HIV testing and being diagnosed with HIV, indicating both their more frequent occurrence in the Bear group compared with other MSM [39] and the lack of significant

differences in this respect [1]. Previous studies also have not found significant differences between Bears and other MSM with regard to such variables as prevalence of depression and social anxiety [28], or the prevalence of pharmacological treatment of depression and anxiety disorders [1]. For some reason, despite greater stigmatization, members of the Bear population were neither more depressed or anxious, nor more frequently treated for depression than other MSM. Perhaps the reason for this is to be sought in the influence of protective factors characteristic of this group. Without doubt, this area needs more empirical exploration.

Practical implications of the previous research

Research conducted so far in the Bear community proves that they differ significantly from the wider MSM population in terms of physical features (body weight, body hair), determinants of attractiveness, norms regulating the expression of masculinity, as well as exposure to stigma, and the prevalence of health behaviors. Studies confirm that the MSM population is far from homogeneous, and that subcultural affiliation is one of the characteristics that are worth taking into account when conducting research on the determinants of health in this group, and when devising health promotion interventions for its members. While there is no doubt that the relationship between multiple stigma and Bears' health requires further inquiry (especially ones that are prospective in nature), the studies conducted to date reveal that weight stigma is a unique and significant health challenge in this group; not only does it directly affect well-being of its members, but it also constitutes an obstacle preventing them from undertaking such healthy practices as physical activity. Therefore, the men in this group form a population which deserves more attention from public health professionals. Although the studies have noted a greater prevalence of practices that may result in the deterioration of sexual health in this community, such observations do not substantiate the conclusion that being a part of the Bear subculture is the cause of the observed relationships and that it contributes to health adversities in men. So far, in this population only cross-sectional studies have been conducted, on the basis of which causality cannot be inferred. However, the results of research indicating a greater prevalence of undesirable health behaviors are a valuable indication for health promotion interventions – primarily because they suggest in which population such interventions are most needed, but also because they provide information on the social dimensions of sexuality which are crucial for devising effective preventive actions concerning sexual health [41]. Further exploration is also required with regard to the role of stigma-related health protective factors characteristic of this group. Health promotion interventions devised for the Bear community should take

the group's norms of attractiveness into account. They should also be devised on the basis of more inclusive definitions of health, which would emphasize the benefits of certain lifestyle elements regardless of body weight, as opposed to direct weight loss encouragements, which can further enhance social weight stigma. However, the literature provides hardly any proposals for preventive programs with the goal of reducing the negative effects of both body weight and sexual minority stigma. The interventions aimed at counteracting stigmatization usually focus on one form of exclusion (e.g., HIV-related stigma) and concern only some stigmatization processes (e.g., internalized stigma or discrimination experiences) [e.g., 42, 43]. The range of prophylactic programs and therapeutic models to counteract sexual minority stigma alone is also limited [44]. An outstanding example of such program is the cognitive behavioral ESTEEM therapy model addressed to non-heterosexual men, which aims at strengthening the individual's ability to cope with stigma through a range of cognitive and behavioral techniques, such as interoceptive exposure, cognitive restructuring or mindfulness [44]. Its effectiveness in reducing the symptoms of depression, anxiety and the frequency of condomless intercourse has been empirically confirmed [45]. The model also appears to be relatively easy to adapt for the work with other types of stigma. It is worth noting that the interventions aimed at supporting the health of stigmatized communities should not only focus on the intraindividual dimension taking the form of therapy or counseling, but it should also take into account other dimensions of stigma, including the interpersonal, social and institutional, as well as the structural one [43]. This is supported by the studies reporting the correlation between structural stigma (defined as institutionalized forms of exclusion sanctioned by the law) and health inequalities, and structural stigma being responsible for the decrease in the effectiveness of psychological interventions aimed at health promotion and counteracting the effects of stigmatization [46].

What may prove useful in the work of clinicians providing support for sexual minority clients is the knowledge of the group's subcultures, especially those that appreciate older and heavier men, who, as a consequence, may face particular difficulties in establishing satisfactory and socially supportive contacts with other men. Since the unique characteristics of the Bear community (greater intimacy, sense of acceptance and belonging) were listed by the participants as important for their mental well-being, it stands to reason that these norms may become a valuable asset in clinician's repertoire. For example, an affirmative therapy practitioner may provide his or her sexual minority client, who additionally struggles with weight stigma, with advice on where to seek support and meet men with similar experiences. In clinical work with sexual minority men one should also be aware of additional social statuses that may indicate stigmatization and thus pose yet another challenge to the ability to cope and maintain

mental health. The key element of the affirmative therapy for clients experiencing social stigmatization is to account for the way the intersecting social statuses shape the context of clients' functioning.

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