Psychology of Sexual Orientation and Gender Diversity

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Gay and bisexual men (GBM) are at risk of marginalization from outside and inside the gay community. Research consistently shows that biased societal attitudes and interactions with individuals outside the gay community (e.g., heterosexist discrimination) undermine well-being of GBM, but it has been unclear whether social interactions 'within' the gay community also affect well-being. It was recently recognized that some GBM perceive the gay community as stressful and that gay community members experience marginalization from other members (intragroup marginalization) based on personal attributes. However, not much is known about the lived and directly observed experience of intragroup marginalization from the perspective of GBM, nor have researchers outlined the breadth of reasons for intragroup marginalization. For the current qualitative study, which took place in 2021, 30 GBM ($M_{age} = 31.07$, $SD = 9.04$) residing in Australia participated in either an individual interview or a focus group discussion. The study utilized a descriptive qualitative approach to explore the experience of intragroup marginalization and to identify attributes that place GBM at risk of experiencing intragroup marginalization. Participants described their experiences and observations of intragroup marginalization in their social networks and indicated that marginalization from other GBM is common, harmful, and isolating, even more so than the impact of heterosexist discrimination. The results yielded a list of 19 personal attributes (i.e., physical, personal, behavioral, social, and sexual health) that can place GBM at risk of intragroup marginalization. Implications of findings are discussed to propose individual and community-based interventions and future research directions.

Public Significance Statement
This study reveals that gay and bisexual men (GBM) in Australia experience marginalization from other gay community members, based on their physical and personal qualities, behaviors, social connections, and sexual health. These experiences are described as harmful, isolating, and distressing. Recognizing these stressors for GBM could be important to improve well-being. Practitioners, policy makers, and LGBT+ support groups should consider these findings when developing inclusive interventions and support systems for this population.

Keywords: intragroup marginalization, minority stress, gay and bisexual men, male gay community, mental and social health

Gay and bisexual men (GBM) report poorer mental health (e.g., depression and anxiety symptoms; Cochran & Mays, 2009; Mongelli et al., 2019) and reduced social health (e.g., loneliness, less social capital; Doyle & Molix, 2016) relative to heterosexual men. Minority stress theory (Meyer, 1995, 2003) and its extensions (Hatzenbuehler, 2009) posit that sexuality-specific external stressors (e.g., heterosexist discrimination) precede internal stressors (e.g., concealment efforts, rejection sensitivity, internalized homo-negativity), and general psychological reactions (e.g., social withdrawal). Numerous studies have found that these stressors and reactions, in turn, result in poorer mental and social health (e.g., mood and anxiety disorders, loneliness, romantic and family dysfunction; Douglass & Conlin, 2022; Doyle & Molix, 2015; Kuyper & Fokkema, 2010; Schwartz et al., 2016).

Despite evidence supporting the minority stress model and its extensions, fully accounting for the poorer mental and social health among GBM remains a challenge, with researchers stressing the importance of considering personal attributes beyond sexual orientation (e.g., Mongelli et al., 2019; Schwartz et al., 2016). In response, studies have begun to investigate the social interactions 'within' the gay community as a possible source of stress linked to mental and social health problems in GBM (e.g., Maki, 2018; Pachankis et al., 2020). Marginalization from other members of the gay community, referred to as intragroup marginalization, has recently received increased attention as a potential correlate of GBM's poorer mental health (e.g., Pachankis et al., 2020; Shepherd et al., 2023). However, not much is known about the experience of intragroup marginalization from the perspective of GBM, or the reasons for which GBM are marginalized by other gay community members. Thus, the current study aimed to describe the 'what' and 'why' of gay community intragroup marginalization, through the lens of GBM's personal experiences. The broader purpose of this study was to provide useful details about GBM's experiences of intragroup marginalization that could help to extend theory and research on the mental health gap for GBM and to provide information useful to practitioners and support organizations concerned about the mental and social health of GBM.

Intraminority Stress

The gay community is vital for GBM's well-being (e.g., Petruzzella et al., 2019; Salfas et al., 2019), but it can also be a source of stress (Maiolatesi et al., 2023; Pachankis et al., 2020). In their intraminority stress theory, Pachankis et al. (2020) proposed that members of the male gay community are faced with unique competitive stress arising from social interactions with other GBM. The theory suggests that perceptions of specific gay community aspects, like its focus on sex (e.g., prioritizing it over meaningful relationships), status (e.g., valuing wealth and prestige), competition (e.g., a culture of gossip, judgment, materialism), and exclusion (e.g., racist and discriminatory attitudes), create stressful social expectations for some GBM, directly impacting mental health. Studies have found that GBM who report more intraminority stress also experience more depression, anxiety, and somatization and report more sexual risk-taking behavior (Burton et al., 2020; Mahon et al., 2019; Pachankis et al., 2020). Intraminority stress is conceptualized as an individual's internal stigma and attitude towards the gay community and its members, which is likely rooted in negative real-life interactions with other GBM (e.g., Foster-Gimbel & Engeln, 2016; LeBeau & Jellison, 2009). Thus, to understand intraminority stress and its impact on the mental and social health of GBM, the negative interpersonal experiences occurring within the gay community, such as intragroup marginalization (Maki, 2018; Shepherd et al., 2023), need further exploration.

Intragroup Marginalization

While intraminority stress theory (Pachankis et al., 2020) does not clearly define intragroup marginalization among GBM, other authors describe it as the degradation and discrimination of less privileged in-group members by more privileged peers (Castillo et al., 2007; Harris, 2009; Maki, 2018). Intragroup marginalization is commonly used as an umbrella term for multiple types of marginalization that

occur within a group, such as racism, (hetero-)sexism, or classism (e.g., Harris, 2009). Shepherd et al. (2023) operationalized gay community intragroup marginalization as experiences of perpetrated stigma, enacted through behaviors such as exclusion, criticism, mistreatment, judgment, or disrespectful treatment. Overall, however, the literature lacks precise definitions of the experience of intragroup marginalization from the perspective of GBM, and how these behaviors may relate to intraminority stress.

Intragroup marginalization is in part also defined by its potential harm to mental and social well-being. The social identity approach (Abrams & Hogg, 1990; Tajfel & Turner, 1979) provides a rationale for why intragroup marginalization is harmful (Ellemers & Jetten, 2013; Jetten et al., 2002). Social identity is crucial for one's overall self-concept and psychological well-being, by providing a sense of stability, belonging, positive distinctiveness, worth, and direction (Jetten et al., 2012; Sharma & Sharma, 2010). Thus, peer intragroup marginalization undermines group-based social identities and impacts psychological well-being. For example, in ethnic minorities, intragroup marginalization has been linked to depressive and anxiety symptoms (Cano et al., 2013; Mata-Greve & Torres, 2019) and, in sexual minorities, specific intragroup marginalization (e.g., weightism, sexual objectification, or racism) has been associated with poorer emotional well-being (Chen & Tryon, 2012; Davids et al., 2015; Griffiths et al., 2018). Other studies suggest that, among GBM, intragroup marginalization is also related to diminished social health, such as community disconnectedness and relationship strains (e.g., O'byrne et al., 2014; Parmenter et al., 2021; Robinson, 2009). Overall, intragroup marginalization is a pertinent issue that was found to be harmful to the well-being of GBM (e.g., A. I. Green, 2008; Robinson, 2009; Sánchez et al., 2009), yet its manifestation within the gay community is not well-defined, lacking the voices and descriptions of those who have experienced or witnessed it firsthand.

Apart from needing to describe how intragroup marginalization manifests in the gay community, we also need to understand *why* intragroup marginalization occurs. Again, the social identity approach (Abrams & Hogg, 1990; Tajfel & Turner, 1979) provides an initial framework. Social identity theory proposes that intragroup positions determine social inclusion, where peripheral (or nonstereotypical) individuals experience ostracism from other group members. Intragroup marginalization serves to protect the in-group's distinctiveness when it is under threat from other groups—thus, to maintain distinctiveness, individuals who do not conform to the in-group's norms can face exclusion (Abrams et al., 2000; Jetten et al., 2016). For example, some Latinx individuals experience intragroup marginalization due to their inability to speak Spanish, which may be considered a transgression of the group's mainstream cultural expectations, as language is a characteristic setting them apart from other heritage groups (Mata-Greve & Torres, 2019). Due to the specificity of group norms, the reasons underlying intragroup marginalization likely differ across social groups.

Consistent with the need to focus on specific social norms to understand intragroup marginalization, researchers have begun to identify a range of personal attributes in GBM that place them at risk of intragroup marginalization. A recent review identified six enacted stigma domains within the gay community, including age, socioeconomic status, gay-conformity (e.g., interests, religious, and political beliefs), race, gender, and body (Maki, 2018). These domains are supported by qualitative studies on lived experiences of GBM within their gay communities (e.g., Han, 2008; MacCarthy et al., 2021; Parmenter et al.,

2021), while other studies identified additional attributes that may play a role in experienced intragroup marginalization (e.g., sexual orientation [e.g., bisexuality], attractiveness, masculinity, human immunodeficiency virus (HIV) status, relationship status; Emlet, 2006; Halkitis, 2001; Pachankis et al., 2020; Sánchez et al., 2009).

While these findings provide the foundation to understand intragroup marginalization, the existing quantitative and qualitative research is still limited. In particular, quantitative research has moved forward without fully capturing the voices of GBM experiencing intragroup marginalization in their daily lives, and, although qualitative research has captured the voices of GBM, this arm of research has either sampled specific subgroups in the gay community (e.g., older GBM living with HIV; Emlet, 2006), focused on specific intracommunity issues (e.g., masculine ideals; Sánchez et al., 2009), explored GBMs general lived experiences in the gay community (e.g., Robinson, 2009), or made post hoc deductions about gay community intragroup marginalization (e.g., Pachankis et al., 2020). More research is needed to fully describe the manifestation of intragroup marginalization among GBM and to identify the full breadth of reasons that place GBM at higher risk of intragroup marginalization.

The Current Study

Gay community membership is linked to stress in GBM (Pachankis et al., 2020), and intragroup marginalization is prevalent within the gay community (Maki, 2018; Shepherd et al., 2023). Despite these findings, a comprehensive description of gay community intragroup marginalization and knowledge of the community norms that determine the risk of experienced intragroup marginalization are lacking. To our knowledge, no qualitative research has specifically captured the views of GBM about their own experiences and observations of real-life intragroup marginalization within their gay communities, nor has research uncovered the full breadth of attributes that place GBM at risk of intragroup marginalization. The current study aimed to address this gap, by advancing the understanding of experienced intragroup marginalization and its consequences, as well as the grounds for marginalizing behaviors, from the perspective of GBM in Australia. For this purpose, a qualitative research design was employed to address two aims:

1. To explore GBM's understanding of experienced intragroup marginalization and associated consequences within the gay community in Australia (i.e., the 'what').
2. To explore the attributes that place GBM at risk of experiencing intragroup marginalization (i.e., the 'why').

Method

Participants

A total of 42 GBM initially consented to participate in the current study, with 30 subsequently participating in an individual interview ($n = 10$) or one of seven focus group discussions ($n = 20$; group sizes ranged from two to five participants; $M = 2.86$). Twelve individuals failed to respond to emails scheduling an interview ($n = 7$), withdrew before participation due to personal or scheduling issues ($n = 3$), or failed to attend their interview ($n = 2$).

All participants resided in Australia at time of data collection and were aged between 18 and 57 years ($M = 31.07$, $SD = 9.04$). Most

participants ($n = 28$; 93%) identified as male (assigned male at birth), with two (7%) identifying as trans-male or trans-masculine (assigned female at birth). Most participants identified as gay/homosexual ($n = 28$; 93%), with two identifying as bisexual (7%). About two-thirds (63%; $n = 19$) identified as White Australian, 10% ($n = 3$) as Asian, and 7% ($n = 2$) as Māori/Polynesian, with the remaining 20% ($n = 6$) identifying with other ethnicities (see Table 1 for all sample demographics).

Research Team and Statement of Positionality

At the time of the study, Leander Y. E. Dellers (White, gay man) was a PhD candidate supervised by Amanda L. Duffy and Melanie J. Zimmer-Gembeck. Before the study, Leander Y. E. Dellers completed training in clinical interviewing techniques, and qualitative research design, development, conduct, and data analysis. Amanda L. Duffy (White, female) is a university academic with a PhD in clinical psychology and research expertise in social and developmental psychology. Melanie J. Zimmer-Gembeck (White, female) is an academic with a PhD in developmental psychology and extensive research expertise in social and developmental psychology, including

Table 1
Participant Demographics (N = 30)

Demographic	N (%)
Age (range = 18–57)	
18–29	15 (50.0)
30–39	11 (36.6)
40–49	2 (6.7)
50–59	2 (6.7)
Gender	
Male	28 (93.3)
Trans-male/-masculine	2 (6.7)
Sex assigned at birth	
Male	28 (93.3)
Female	2 (6.7)
Sexuality	
Gay	28 (93.3)
Bisexual	2 (6.7)
Ethnicity	
Australian (White)	19 (63.3)
Anglo-Indian/Italian	1 (3.3)
Asian/Indian	4 (13.3)
Caribbean	1 (3.3)
European	1 (3.3)
Māori/Polynesian	2 (6.7)
Middle Eastern	1 (3.3)
South American	1 (3.3)
Education	
High-school degree or equivalent	7 (23.3)
Bachelor's degree or equivalent vocational training	11 (36.7)
Master's degree (e.g., MA, MS, MEd)	2 (6.7)
Doctoral degree (e.g., PhD, EdD)	3 (10.0)
Other education (e.g., dual diploma)	4 (13.3)
Information not provided	3 (10.0)
Relationship status	
Single	15 (50.0)
Partnered	12 (40.0)
Married	3 (10.0)
HIV status	
HIV-positive, undetectable	2 (6.7)
HIV-negative	28 (93.3)

Note. HIV = human immunodeficiency virus.

qualitative research. The research team acknowledges its positionality (within the research team and between researchers and participants), including ethnicity, gender, sexual orientation, and academic training. These social positions likely influenced the study development, interview power dynamics, participants' perceptions of the researchers, and data analysis. The research team collaboratively developed the study design and interview schedule, while Leander Y. E. Dellers conducted all interview and focus group recruitment, data collection, and data analysis. To minimize any implicit bias, self-reflection was practiced throughout the research process, considering how our positionality could have contributed to the study aims, design, and interpretation of findings. Further, outsider feedback on the study design was obtained from an expert in lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ+) research, and an external research assistant, who was unrelated to the gay male community, was engaged to cross-check a subset of coded data. While we recognize that our biases likely influenced the research process, our team diversity (i.e., gender, country of origin, sexual orientation, community advocacy work, socioeconomic background, and academic background) came with some strengths. Notably, Leander Y. E. Dellers' personal interactions with the gay community inspired the research questions and likely fostered a sense of trust and relatability when interacting with participants. In addition, the other authors reflected on this as a potential influence and served as ongoing discussion partners to address biases, raise questions, and explore additional interpretations. This involved many conversations about beliefs regarding gender, sexuality, marginalization, and discrimination at all levels of society, intersectionality, relationships and sexual behavior, development, and mental health.

Recruitment and Procedure

Recruitment and data collection took place in 2021, and the study was approved by the Human Research Ethics Committee at Griffith University (Protocol #2021/279). Eligibility criteria for the study required respondents to identify as male (regardless of sex assigned at birth), be sexually attracted to other males (e.g., gay, bisexual), report prior or current involvement with the male gay community, and currently reside in Australia. Participants were recruited from the general population, through advertisements on social media (i.e., Instagram and Facebook), physical locations (e.g., university campuses, sexual health clinics), and via a snowball approach. First-year undergraduate psychology students were also recruited via a university-based research platform.

Interested individuals followed an advertisement weblink to a sign-up survey which included a brief screening questionnaire (i.e., age, sex, gender, sexual orientation, gay community involvement, and current residence), and an informed consent section. Consenting eligible participants answered demographic questions (i.e., ethnicity, level of education, relationship status, HIV status), and provided their contact details and participation preferences (i.e., group vs. individual interview; preferred day and time). Individual interviews were offered to accommodate unique availability or to facilitate uninhibited opinions. Registered participants were contacted via email, and assigned to one of seven focus groups, or to an individual interview timeslot. During interviews, participants were reminded of the study's focus and their privacy and confidentiality rights. Interviews ran for approximately 60 min and were conducted online using Microsoft Teams. All participants (except first-year undergraduate students who received partial course credit) received a $20 online gift-card to thank them for their time.

Interview Procedure

To address the study aims, the primary focus of the interviews and focus groups was to explore and understand GBM's definition and perceived consequences of intragroup marginalization (the 'what'), and to identify the grounds (the 'why') for marginalizing behavior among gay community members. All interviews were conducted by following an interview protocol, consisting of semistructured questions and probes (see Appendix). For the interview protocol, initial open-ended questions were developed to gain a broad understanding of the experience and consequences of, and reasons for, intragroup marginalization. Follow-up questions were generated to elicit responses about more specific topics (e.g., if intragroup marginalization occurred due to status differences).

Each interview or focus group started with an informal conversation about the gay community to establish rapport and create a safe environment (see Appendix). This was followed by questions that focused on the experience of, and specific reasons for, negative interpersonal interactions (i.e., intragroup marginalization) within the gay community, as well as participants' opinions on the consequences of such experiences. While some conversation between participants occurred naturally in focus group discussions, this was not specifically encouraged by the researcher, nor facilitated by the online mode of participation. Efforts were made to capture each participant's independent responses, to enable the integration of interview responses with focus group responses. Following the interviews, all participants received a debriefing handout with relevant support service numbers.

Data Analysis

Data analysis followed an iterative descriptive qualitative approach (Sandelowski, 2000), in which a three-step process was used to develop a coding structure used to describe participants' experience of gay community intragroup marginalization. Leander Y. E. Dellers transcribed all interviews verbatim and analyzed the data using Nvivo (V20), a qualitative data analysis software. To ensure an accurate count of theme endorsements, attention was placed on coding each participant's independent responses to the interview questions. In the focus groups, this meant ignoring mere confirmations or approvals of other participants' responses. In an initial step, three overarching themes (i.e., experience of intragroup marginalization, grounds for intragroup marginalization, and outcomes of intragroup marginalization) were derived from the interview schedule (see Appendix) and used to code the transcripts accordingly. In a second step, the transcripts were read multiple times to derive codes based on participant responses (e.g., marginalization due to body shape and type), which were then grouped into broader code categories (e.g., physical attributes). The initial coding structure was discussed within the research team and adjustments were made to specificity and code categories. That is, some code categories (e.g., forms of marginalization) were separated into more specific categories (e.g., direct vs. indirect marginalization), while some overlapping categories (e.g., femininity, transgender identity, etc.) were collapsed into broader themes (e.g., gender identity and expression). In a final step, an independent research assistant, who was blind to the study aims, coded a random subset of transcripts ($n = 9$) to confirm clarity and consistency of coding. According to cutoffs defined by McHugh (2012), initial interrater agreement

was considered moderate for experience and outcomes of intragroup marginalization ($\chi = .65$; 96%), strong for grounds for intragroup marginalization ($\chi = .85$; 96%), and moderate across all subcodes ($\chi = .78$; 96%). A subsequent discussion between Leander Y. E. Dellers and the research assistant (after reviewing the coding and discussion among the research team) revealed that coding discrepancies occurred because some passages were differently coded (e.g., stressful gay culture vs. definition of intragroup marginalization), not coded to all applicable codes, or missed by one of the two coders. Readjustments were made to the coding inclusion criteria, and the remaining transcripts were recoded by Leander Y. E. Dellers accordingly. Given that the coding discrepancies were minor, and agreement was achieved promptly, further cross-checking by other research assistants was deemed unwarranted. Deidentified qualitative data are available upon reasonable request to the corresponding author.

Results

In their responses, participants acknowledged the presence of intragroup marginalization in the gay community, describing it as a set of harmful interpersonal behaviors spanning different contexts, with predominantly adverse outcomes for individuals (see Table 2 for an overview of all findings). Coding of the interviews revealed 19 personal attributes that participants identified as grounds for marginalization among GBM (see Table 3 for a list of attributes with associated illustrative quotes).

Definitions and Descriptions of Intragroup Marginalization Within the Gay Community

Participants' definitions and descriptions of intragroup marginalization included several exclusionary and judgmental behaviors and attitudes, such as interpersonal rejection ($n = 15$; e.g., ghosting, ostracism from cliques), stereotyping ($n = 13$; e.g., rejection due to "not fitting a certain box"), and hostility within the community and between gay community subgroups ($n = 9$; e.g., "bears" being unaccepting of "twinks"). P12 (25-year-old, gay man, Australian) defined intragroup marginalization in the gay community in this way:

> Anything that makes you feel like ostracized from the community, as well as not being supported when you're being attacked from people outside of the community. […] It's a pretty big community, […] so it's like a lot of cliques and relationships and dynamics within a community that are difficult to manoeuvre sometimes.

During interviews, participants also described specific means and contexts of intragroup marginalization and provided information about the prevalence of intragroup marginalization within the gay community. Half of the participants ($n = 15$) described direct forms of marginalization, such as explicit and demeaning verbal rejection of sexual, romantic, or social advances; unsolicited rude comments and microaggressions; or physical violence. Others ($n = 8$) described indirect acts of marginalization, such as expressions of judgment, disapproval, or interpersonal dislike through means of written statements (e.g., demeaning online "sexual preference" statements such as "no fats, no femmes, no Asians") or body language (e.g., "snarky," judgmental, or dismissive attitudes; scoffing). While some of these experiences were described as occurring face-to-face, more than half of interviewees ($n = 16$) reported that intragroup marginalization occurs online predominantly, and frequently. Most ($n = 25$) respondents stated having experienced or directly observed intragroup marginalization among gay community members. P30 (30-year-old, gay man, Australian), for example, stated "I think nearly everyone in the gay community would have experienced like a few (marginalization experiences) in their lifetime, if not a lot of them. And a lot of times." Only five participants reported little to no experience with (or having directly witnessed) marginalization within the gay community, but still reported being aware of the issue.

Almost all participants ($n = 26$) commented on their experience of an overarching and intrinsically divisive and exclusionary culture within the gay community. This gay culture was described as sex-driven and superficial ($n = 15$), overly gossipy and catty ($n = 13$), and cliquey ($n = 14$). Almost half of the participants ($n = 14$) further described this culture as a self-perpetuating cycle of negativity, where marginalization is normalized to a degree where previously marginalized individuals may go on to marginalize others, subsequently leading to an ongoing stressful social dynamic for many GBM.

When asking about participants' understanding of the underlying processes of intragroup marginalization, about a third of participants ($n = 11$) described a social hierarchy, where marginalization occurs due to social positions, which are based on gay community standards and stereotypes. These standards are based on a broad range of personal attributes (e.g., physical, personal, social, behavioral, and sexual health), and individuals who do not fit or live up to certain standards or stereotypes may face social exclusion. It was also noted by several participants ($n = 12$) that failing to meet multiple standards (i.e., "ticking multiple boxes") may lead to a higher frequency or likelihood of exclusion. Nine participants emphasized that gay community standards are often unrealistic, unachievable, and inconsistent, if not contradictory—this creates unique challenges for GBM who are seeking inclusion from the gay community. P20 (30-year-old, gay man, Australian) provided some examples of such contradictory expectations in the gay community:

> It's the impossible standards, and contradictions you know. Like […] you need to know how to have sex, but not be a slut. And you need to know how to party, but not drink too much.

Harm From Intragroup Marginalization

Participants contrasted intragroup marginalization with experienced intergroup marginalization (i.e., heterosexist discrimination) and discussed the specific harms that occur from intragroup marginalization. In comparison to intergroup marginalization, most participants ($n = 27$) identified more harm caused by intragroup marginalization. Respondents stated that intragroup marginalization is more hurtful ($n = 10$), occurs more frequently ($n = 5$), is targeted at personal attributes rather than one's sexual orientation ($n = 5$), and is perpetrated more directly ($n = 4$) compared to heterosexist discrimination. Multiple participants ($n = 18$) labeled intragroup marginalization as betrayal from one's own people, while others ($n = 13$) specified that their sexual minority status feels like a double-edged sword, where they not only experience marginalization by society or family, but also from within their own community—a community that is supposed to provide social support, connection, and a safe space for authenticity. P15 (18-year-old, gay man, Indian) gave insight into his perception:

Table 2
Summary of Results

Topic	Themes	Definitions and examples
Definitions and descriptions of intragroup marginalization within the gay community		
Exclusionary and judgmental behaviors and attitudes	Interpersonal rejection	For example, ghosting, ostracism from cliques
	Stereotyping	Rejection due to "not fitting a certain box or standard"
	Hostility between subgroups	For example, "bears" being unaccepting of "twinks"
Means and contexts	Direct forms versus indirect forms	Verbal rejection, rude comments, microaggressions, physical violence versus written statements, body language
	Face-to-face versus online	In-person versus on gay dating apps/social media
Gay community culture	Hostile community characteristics	Sex-driven, superficial, gossipy, catty, and cliquey
	Self-perpetuating cycle of negativity	Marginalized GBM perpetrating marginalization toward others
Underlying processes	Social hierarchy	Marginalization based on social status positions and stereotypes
	Challenging community standards	Unrealistic, unachievable, and inconsistent standards for social inclusion
Harm from intragroup marginalization		
Intragroup versus intergroup marginalization	Unequal harm	Intragroup marginalization is more hurtful, frequent, targeted at personal attributes, and perpetrated more directly
	Multiple marginalization	Marginalization is seen as betrayal by "own" people or community and an addition to the marginalization experienced from society or family
Types of harm	Psychological harm	For example, shame, loneliness
	Social harm	For example, sense of nonbelonging
	Behavioral consequences	For example, efforts to "fit in," withdrawal from the community
Reasons for intragroup marginalization		
Attribute domains	Physical attributes and disability	Race/ethnicity, body shape or type, physical features, age, disability
	Personal attributes	Gender identity, sexuality, religious or political affiliation, lifestyle, personality, family-related factors
	Behavioral attributes	Sexual interactions, sexual preferences or kinks, sexual position, substance use
	Social attributes	Social status, social network, social media use
	Sexual health attributes	HIV status and other sexually transmitted diseases

Note. GBM = gay and bisexual men; HIV = human immunodeficiency virus.

I think it hurts more, you know, because that's your own people, your own community, and that's people who are more similar to you, and [who] you look towards for more validation. Because if someone who's straight [is] going to be discriminatory, they might just be [...] homophobic. But if it was someone who was queer [...] then it just hurts more because you would think they would understand, and you would think they would share the same experiences as you, [and] have more empathy or sympathy, but they don't. And then if they don't, and they're not accepting you and no one else is [...] you have nowhere else to go.

Regarding harm in general, intragroup marginalization was thought to have numerous negative effects at an emotional, social, and behavioral level. All participants commented on personal experiences, observations, or expectations of psychological harm (e.g., shame, sadness, loneliness, body dissatisfaction, rejection sensitivity, or trust issues) as a result of intragroup marginalization, and most participants (n = 29) described some type of consequential social harm (e.g., sense of nonbelonging, negative perception of the overall gay community and other GBM, and difficulties forming friendships or romantic relationships). A range of behaviors subsequent to intragroup marginalization were also described. Some participants (n = 16) shared experiences of marginalized individuals showing increased efforts to try and "fit in," through altered self-expression (e.g., acting more "stereotypically" gay), enhancing personal attributes (e.g., via plastic surgery or physical exercise), or trying to find support and inclusion from specific gay community subgroups. On the other hand, a large proportion of respondents (n = 24) shared observations of some marginalized individuals becoming less motivated to participate in LGBTIQ+ social activities or deciding to abandon the gay community altogether.

Reasons for Intragroup Marginalization

All participants provided observations of personal attributes that form the basis for gay community standards and intragroup marginalization among GBM. This discussion yielded an extensive list of reasons for intragroup marginalization (see Table 3) that we broadly categorized into physical, personal, social, behavioral, and sexual health domains. Across these domains, participants noted different types of marginalization, including discrimination common in wider society (e.g., racism, sexism, ageism, ableism, etc.), but also reasons for intragroup marginalization that seem more salient in the gay community (e.g., reasons relating to sexual practices) compared to other social groups.

Table 3

Reported Intragroup Marginalization Types With Examples

Attributes	*N* (%)	Examples	Selected quotes
Physical attributes and disability			
1. Ethnicity or race	20 (66.7%)	Racist comments, sexual racism (i.e., fetishization due to race/ethnicity)	"People will be very explicit and say, [at the] very least, like using kind of derogatory terms like 'no spice, no rice' to refer to Indian and Asian people. And then try and justify all of this […], that it's like a preference and it's valid. But really [they are] just using that privilege or that power." (P34: 24-year-old, gay man, Australian)
2. Body shape or type	19 (63.3%)	Height, body size, muscularity, body category (e.g., twink, bear, jock)	"I've got a couple friends who are overweight. And they experienced that too. Because it's like, 'I only want a guy who goes to the gym and looks after himself and eats well' - even though you can look after yourself and eat well and go to the gym and be overweight, because it's mainly genetic." (P3: 23-year-old, gay trans-masculine man, Australian)
3. Specific physical features	17 (56.7%)	Facial features, amount of body hair, penis size or shape	"I'm fit, I'm healthy and like, I would say, reasonably good looking. But you know, even when dating, I have to have the ideal body, the ideal penis shape [to be accepted]. So, that type of discrimination is really, really frequent." (P9: 38-year-old, gay man, Australian)
4. Age	14 (46.7%)	Too old, too young	"Age also springs to mind. Like ageism - people who don't want to speak to older men just because […] it's not their preference. [And] the opposite as well, you get some older people, or people who are in their twenties, and they're like 'thirties and over, please, because I'm just into that.' […] And also, then you get the flip side of people who are older, actively [and exclusively] seeking out people who are quite young." (P34: 24-year-old, gay man, Australian)
5. Disability	3 (10.0%)	Mental health problems, differently abled, neurodiversity	"I think there are a lot of people, like gay people, who have a disability or are neurodivergent and struggle with socialization. I think they have it among the worst, just because there's absolutely no effort made by a lot of gay people to include them." (P3: 23-year-old, gay trans-masculine man, Australian)
Personal attributes			
6. Gender identity or expression	22 (73.3%)	Transphobia/cis-sexism, gender pronouns, level of femininity or masculinity, mannerisms	"When people know I'm trans, in the gay community, I'm no longer someone they find attractive. And […] some people don't even think I'm a real gay because it's like, 'Oh, but you have a vagina.'" (P3: 23-year-old, gay trans-masculine man, Australian)
7. Sexual orientation or expression	9 (30.0%)	Being bisexual, level of being out or closeted	"People that haven't […] publicly come out yet. So, someone [who] identifies as gay or bi or something, there's discrimination against them because they haven't come out. And [people] might be saying that they […] walk around with […] this straight acting privilege, and they shouldn't be doing that. [They should] have to come out and they have to act a certain way to be accepted within the community. (P15: 18-year-old, gay man, Indian)
8. Religious or political affiliation	5 (16.7%)	Level of liberalism or conservatism, belief system	"If there's some sort of conflict [between your values and beliefs] there, you might [have issues]. For instance, […] a gay man being opposed to [transgender rights] impacts how some gay men see [him] and that can be a bit discriminatory, in that sense. So, even holding [a progressive] view can cause conflict in a relationship or end a relationship." (P35: 28-year-old, gay man, Anglo-Indian)
9. Lifestyle	5 (16.7%)	Involvement in the gay community or "being in the scene," hobbies or activities, interests	"That [gay stereotype], if that's not really you as a person, it might hinder [social inclusion]. Because you might see it as, that's what being a gay man is all about. I need to go shopping and get Starbucks frappés and bitch about people. I guess if that doesn't work with you then it's a bit tricky. Even things as simple as, music tastes or movies taste. Or, I've never seen RuPaul's Drag Race, for example, and I got a lot of comments like: well, what kind of gay are you?" (P35: 28-year-old, gay man, Anglo-Indian)
10. Personality	4 (13.3%)	Level of extraversion, shyness, conversation skills	"You know [the majority of] gay people [are] expected to kind of be funny, loud, and somewhat flamboyant. And if you're not that, there is some form of rejection in some groups or some part of the community." (P14: 24-year-old, gay man, European)

(table continues)

Table 3 (*continued*)

Attributes	*N* (%)	Examples	Selected quotes
11. Family status	4 (13.3%)	Relationship status, having children	"I've seen gay men be discriminated against because they have children. […] Even things like relationship status, there's some sort of discrimination between having a monogamous relationship compared to an open or polyamorous relationship." (P35: 28-year-old, gay man, Anglo-Indian)
Behavioral attributes			
12. Sexual interactions	11 (36.7%)	Extent of engagement in or preference for one-night stands or hookups, preference for dating, monogamy, and/or celibacy	"I often found that I didn't feel within the gay community because I wasn't going home and hooking up after every night out, and some of my friends judged me for that." (P19: 37-year-old, gay man, Australian)
13. Sexual preferences or kinks	8 (26.7%)	Safe-sex/"bareback" practices, fetishes (e.g., chem-sex, leather), preference for being dominant or submissive	"Unsafe sex practices can be quite a common thing in my experience in the gay community. Like people who don't want to use condoms can be quite rough, […] rude or abrasive. If you say 'I'm not comfortable without using a condom' then they will be like: 'well, you're just frigid' and they will try and put it back on you. Or a person who is trying to insist on their boundary, [other gay men] almost try and gaslight the person who's trying to set a boundary." (P34: 24-year-old, gay man, Australian)
14. Sexual position	6 (20.0%)	Preference to be receptive ("bottom"), insertive ("top"), or both ("versatile")	"If you're a bottom that means you're like the weak one, you're fem, you don't have muscles. So just everything is like, 'you're the girl, you're the woman.' So, and because you're the woman, you're less than them." (P16: 40-year-old, gay man, South American)
15. Substance use	3 (10.0%)	Level of alcohol consumption and/or illicit drug use, types of drugs consumed	"Sober shaming! That's something that I've gone through because I don't do drugs. And I don't drink alcohol very much. And there is just so much suspicion about people like me. Like, 'How can you be so happy?' 'How can you be so calm?' 'How can you have fun?' […] There are suspicions surrounding that." (P13: 28-year-old, gay man, Middle Eastern)
Social attributes			
16. Social status	10 (33.3%)	Career/job, education, income, possessions (e.g., clothing), location of residence/origin	"People from this neighborhood won't deal with people from the other neighborhood. Or if you don't drive a European top-end car, don't even bother saying hi to me on the street. […] You have to have that commonality to be included in the group. [For example] Your perceived income, your type of job, where you live, how you live, or how many holidays you take in a year. […] The simplest one I can give you: Are you a prosecco type of boy or are you a champagne type of boy?" (P29: 38-year-old, gay man, Asian)
17. Social network	7 (23.3%)	Friendships with other sexual and/or gender minority individuals (e.g., lesbian women, drag queens), popularity, past sexual partners, membership in cliques or subgroups	"If, for example, you have transgressed in some way, like maybe one of the [clique] members has an ex-boyfriend, and you slept with the ex-boyfriend, […] that could definitely be grounds for excluding [you] from the group. Just because someone might have a resentment, they might have like a chip on their shoulder about that." (P34: 24-year-old, gay man, Australian)
18. Social media use	5 (16.7%)	Extent of online presence, online popularity, number of followers, type or amount of content posted	"When I sort of grew up a little bit and started going to the gym more frequently […] I got a lot more positive interactions with people. [And] if I'm not posting photos at the beach or anything like that, people tend not to talk to me or react or anything like that." (P5: 30-year-old, gay man, Australian)
Sexual health			
19. HIV status/STI status	11 (36.7%)	HIV-positive undetectable	"As a person living with HIV, I'm automatically marginalized. […] I have to justify my existence and prove my worthiness, beyond what I would normally have to do if I didn't have HIV. […] That type of stigma and discrimination against [HIV], it's present across STIs as a whole." (P9: 38-year-old, gay man, Australian)

Note. *N* indicates the number of participants that mentioned each attribute. HIV = human immunodeficiency virus; STI = sexually transmitted infections.

Physical Attributes and Disability

Almost all participants (*n* = 28) indicated that marginalization may occur due to physical attributes that align closely with reasons for marginalization found across many levels of Australian society, including race/ethnicity, appearance/body, other physical features, age, and disability (see Table 3). For example, two-thirds of participants (*n* = 20) reported ethnicity-based exclusion of persons-of-color. Yet, some participants (*n* = 4) noted that racist fetishization and stereotyping also occur, where people of certain ethnicities are exclusively sought out

for sexual, romantic, or social relationships. P34 (24-year-old, gay man, Australian) shared this observation of racism in the gay community:

> People will be very explicit and say, [at the] very least, like using kind of derogatory terms like "no spice, no rice" to refer to Indian and Asian people. And then try and justify all of this […], that it's like a preference and it's valid. But really [they are] just using that privilege or that power.

As another example, respondents ($n = 19$) mentioned that body shape or type is also often a reason for marginalization. Specifically, it was noted that individuals who are overweight ("fat-phobia") or who belong to a certain "tribe" (e.g., "twinks," "bears," or "otters"; Clay, 2016) may experience more marginalization, compared to lean, muscular, or physically fit men (e.g., "jocks"). More specific physical features (e.g., body and facial hair, facial structure, penis size; $n = 17$) and age (e.g., "too old" or "too young"; $n = 14$) were reported to be equally important. Finally, a few participants ($n = 3$) noted marginalization of individuals with physical or mental health impairments (e.g., individuals who are blind, deaf, have a mobility impediment, or mental health concerns).

Personal Attributes

In the second category, six personal attributes were predominantly mentioned as reasons for marginalization, including gender identity, sexuality, religion and political beliefs, lifestyle, personality, and family-related factors (see Table 3). The most common issue mentioned was bias against individuals with certain gender identities and expressions ($n = 22$). Sexism ("femme-phobia") was described as biased attitudes and behaviors, such as interpersonal rejection or ridicule, toward gender nonconforming men. Marginalization and exclusion of transgender individuals was emphasized. P3 (23-year-old, gay trans-masculine man, Australian) gave this personal account:

> When people know I'm trans, in the gay community, I'm no longer someone they find attractive. And […] some people don't even think I'm a real gay because it's like, "Oh, but you have a vagina."

Marginalization based on certain sexual identities and expressions was also relatively common, described by about one-third of participants ($n = 9$), with comments indicating that marginalization can occur when individuals acted "too gay" (e.g., flamboyant), or "not gay enough" (e.g., closeted or discrete GBM). Similarly, marginalization of some sexual orientations was mentioned: "Bisexual people for instance. It can be really tricky for them to navigate (the gay community) because people do not necessarily see them as gay" (P2, 30-year-old, gay man, Australian).

The final four personal attributes identified as reasons for marginalization were more intermittently reported. Generally, behaviors and attributes that do not fit the "stereotypical gay man" may incur social rejection, such as lifestyle choices and interests ($n = 5$; e.g., not watching the reality TV show "RuPaul's Drag Race"), political or religious beliefs ($n = 5$; e.g., conservative beliefs), personality traits ($n = 4$; e.g., not being "funny" enough), or family status ($n = 4$; e.g., having children).

Behavioral Attributes

Certain behaviors, several relating to sexual interactions, made up the third category of reasons for marginalization (see Table 3). Nineteen participants mentioned sexual behaviors as grounds for

marginalization, with the most common attribute ($n = 11$) relating to the "hookup culture," characterized by a preference of many for one-off sexual encounters. GBM who prefer one-night stands or "hookups" over monogamous relationships may experience judgment (i.e., "slut-shaming"), but conversely, others may experience judgment for not participating in "hookups" at all, as showcased by the experience of P19 (37-year-old, gay man, Australian):

> I often found that I didn't feel within the gay community because I wasn't going home and hooking up after every night out, and some of my friends judged me for that.

Furthermore, it was noted that individuals preferring monogamy can have difficulty finding like-minded GBM and may be marginalized for adhering to their romantic preferences. Similarly, participants ($n = 8$) mentioned that certain sexual preferences (e.g., condom use) and fetishes (e.g., leather), may result in marginalization, while others ($n = 6$) reported that one's preferred sexual position (e.g., "top," "bottom," "versatile," or "side") could lead to rejection if it conflicts with the personal expectations or preferences of other GBM.

Lastly, substance use was thought to potentially cause social discord ($n = 3$), where excessive or unfashionable drug use (e.g., meth-amphetamines), as well as a lack of drug or alcohol consumption, may result in marginalization and judgment. P13 (28-year-old, gay man, Middle Eastern) provided this account of the latter:

> Sober shaming! That's something that I've gone through because I don't do drugs. And I don't drink alcohol very much. And there is just so much suspicion about people like me. Like, "How can you be so happy?" "How can you be so calm?" "'How can you have fun?" […] There are suspicions surrounding that.

Social Attributes

Social status factors, such as wealth, income, high-status jobs, status symbols (e.g., branded clothing), or location of residence and origin formed a fourth category of reasons for marginalization mentioned by one-third of participants ($n = 10$; see Table 3). Wealthy and prestigious men were described as valued for their resources or background, with participants highlighting how men who do not fit these criteria can be marginalized. P29 (38-year-old, gay man, Asian) gave insight into this issue:

> People from this neighbourhood won't deal with people from the other neighbourhood. Or if you don't drive a European top-end car, don't even bother saying hi to me on the street. […] You have to have that commonality to be included in the group. [For example] Your perceived income, your type of job, where you live, how you live, or how many holidays you take in a year. […] The simplest one I can give you: Are you a prosecco type of boy or are you a champagne type of boy?

Social connections within the gay community can also relate to marginalization. While the use of social media seems important ($n = 5$) for interaction among gay community members (e.g., "discrimination based on the number of followers you might have"; P13, 28-year-old, gay man, Middle Eastern), in-person social relations were also highlighted. Some participants ($n = 7$) observed "rejection-by-association," wherein being associated with certain individuals (e.g., previously "shunned" individuals), or groups of people (e.g., drag queens), may result in marginalization. P34 (24-year-old, gay man, Australian) provided this example:

If, for example, you have transgressed in some way, like maybe one of the [clique] members has an ex-boyfriend, and you slept with the ex-boyfriend, […] that could definitely be grounds for excluding [you] from the group. Just because someone might have a resentment, they might have like a chip on their shoulder about that.

Sexual Health Attributes

Finally, the fifth category of attributes described as a reason for marginalization was sexual health (see Table 3). About one-third of participants ($n = 11$) described marginalization experienced by individuals living with HIV (or other sexually transmitted diseases), regardless of their transmissibility status (e.g., HIV-positive, undetectable). P9 (38-year-old, gay man, Australian) lives with HIV, and provided insight into some of his experiences:

As a person living with HIV, I'm automatically marginalized. […] I have to justify my existence and prove my worthiness, beyond what I would normally have to do if I didn't have HIV. […] That type of stigma and discrimination against [HIV], it's present across STIs as a whole.

Discussion

Participants in this study described a range of personal experiences and observations of intragroup marginalization within the gay community that require further empirical study and attention from those who support the well-being of GBM. GBM in this study described intragroup marginalization as a harmful aspect of the gay community, suggesting it is linked to poorer mental and social health, while also identifying various manifestations of intragroup marginalization. However, alongside this conclusion, it is important to acknowledge the many favorable reports about social support within the gay community, with community connectedness being a protective factor that has been associated with better mental and social health among GBM (e.g., Petruzzella et al., 2019). In fact, many participants in the current study described the gay community as a safe space to share interests and adversities, and to find social support, a sense of belonging, and mutual understanding. Multiple participants also emphasized that intragroup marginalization is not experienced by everyone, nor does every GBM marginalize other gay community members.

Defining Gay Community Intragroup Marginalization

Intragroup marginalization was defined as behaviors, direct or indirect (e.g., body language), occurring among GBM or subgroups within the gay community, in-person or online, that communicate interpersonal dislike, ostracism, disapproval or judgment, and lead to adverse emotional, social, and behavioral outcomes for individuals or groups of individuals. These marginalizing behaviors and experiences could include exclusion, rejection, and stereotyping, and were described as common, especially in online settings, and perceived as more harmful than discrimination from outside the gay community (i.e., heterosexism).

GBM's definitions of intragroup marginalization in the gay community align closely with previous research but extend existing definitions to include additional aspects not previously considered. The definition of intragroup marginalization suggested here aligns with previous definitions describing it as acts of degradation and discrimination of less privileged group members (Harris, 2009), enacted through behaviors such as exclusion, mistreatment, criticism, or judgment (Maki, 2018; Shepherd et al., 2023). Yet, the current results extend these definitional characteristics of intragroup marginalization by capturing additional forms of marginalization (e.g., indirect forms of intragroup marginalization, such as body language), considering different contexts (e.g., in-person and online, individual or group-based), and emphasizing the impact on an emotional, social, and behavioral level. Thus, the results of this study propose that any definition of experienced gay community intragroup marginalization should include interpersonal behaviors, contexts, and outcomes.

The Challenge of Gay Community Standards

The narrative of this study alludes to the existence of certain gay community standards, that are perceived as arbitrary, transient, and often contradictory. GBM are "expected" to look, act, think, or be a certain way across five overarching domains (i.e., physical, personal, behavioral, social, and sexual health), to evade intragroup marginalization. For example, in both social and sexual contexts, certain interests, lifestyle choices, or personal attributes (e.g., lifestyle interests in social contexts; physical fitness in sexual contexts) appear to be expected of a "stereotypically ideal" gay man, and deviation from this ideal may yield intragroup marginalization. Widespread expectations of meeting a range of gay community standards are arguably stressful for many GBM, especially if they judge themselves as divergent from these standards based on previous interactions. These results fit with intraminority stress theory's (Pachankis et al., 2020) proposition that the gay community can be stressful to some of its members, especially in relation to social conventions regarding sex, status, competition, and exclusion.

These results converge with the social identity approach (Abrams et al., 2000; Tajfel & Turner, 1979), suggesting that GBM who do not conform to the gay community's norms, expectations, or standards are at high risk of rejection from other in-group members. However, contrary to the social identity approach, the current results suggest that intragroup marginalization may not exclusively occur for reasons of protecting the distinctiveness of the in-group. As outgroup threat (e.g., heterosexist discrimination) diminishes as a function of increased societal acceptance of homosexuality in Australia (Smith, 2011), group cohesion may become less important, with group members turning on each other instead, to satisfy personal (e.g., sexual), rather than group needs (Barclay & Benard, 2013; Falomir-Pichastor et al., 2009). Moreover, participants described a social hierarchy in the gay community, in which unrealistic and unattainable standards create the foundation of an intrinsically divisive, exclusionary, and superficial culture, with common elements of gossip, cruelty, and judgment. This culture, described as a self-perpetuating negative cycle, creates uniquely stressful social challenges for many GBM. Such social dynamics seem to be motivated by personal needs, rather than efforts to maintain group cohesion.

Manifestation, Uniqueness, and Harm of Gay Community Intragroup Marginalization

The current results suggest multiple ways in which intragroup marginalization manifests in the gay community, placing some GBM at higher risk of experiencing intragroup marginalization. First, results suggest that GBM who "tick multiple boxes" of attributes that diverge from gay community expectations, or do not

meet some standards of desirability, may be more likely to experience intragroup marginalization, or experience it more frequently. This is in line with the double jeopardy hypothesis (Denise, 2014; Dowd & Bengtson, 1978), which suggests that multiply disadvantaged individuals (e.g., obese ethnic minority men) are disproportionately exposed to discrimination and at higher risk of psychological distress, compared to singly disadvantaged (e.g., average-weight ethnic minority men) or privileged (e.g., average-weight White men) individuals (Ciciurkaite & Perry, 2018; Denise, 2014). While discrimination on multiple grounds likely has an adverse cumulative effect on mental health, the intersectionality of stigmatized identities and status characteristics must also be considered. Intersectionality theory (Crenshaw, 1991) describes how the interaction of individual identities determines unique combinations of discrimination and privilege, as well as the impact of experienced discrimination. For example, the impact of racial discrimination could differ depending on an individual's socioeconomic status (Denise, 2014). In the current study, intersectionality was not directly addressed in the interviews. Thus, reasons for marginalization tended to be identified separately from other reasons, meaning that conclusions regarding intersectionality cannot be made. Further research should consider the intersections of minority identities (e.g., ethnicity, sexual orientation, etc.) and other personal attributes (e.g., physical, behavioral, personal, social, or sexual health) to determine how these intersections influence the experiences and impact of intragroup marginalization among GBM.

Second, GBM's descriptions of intragroup marginalization supported past quantitative and qualitative studies that have identified grounds for intragroup marginalization, including age, masculinity, relationship status, socioeconomic status, lifestyle choices, race, gender expression, physique, and HIV status (Emlet, 2006; A. I. Green, 2008; Maki, 2018; Parmenter et al., 2021; Sánchez et al., 2009). Yet, additional reasons were identified, including specific physical features (e.g., body hair), disability, personal (i.e., personality, family status), behavioral (i.e., substance use, sexual positions, interactions, and preferences), and social attributes (i.e., social networks, social media use). Although certain attributes (i.e., gender expression or identity, race, body shape or type, and specific physical features) were the most observed reasons for intragroup marginalization in the current study, most of which were also endorsed attributes noted in previous studies, the current findings propose that other, perhaps less common attributes, also place GBM at risk of intragroup marginalization.

Although some grounds for marginalization in wider society were mentioned by GBM as prevalent in the gay community (e.g., racism, ageism, sexism), other reasons identified were more unique to this community (e.g., sexual position preference). One clear difference in intragroup marginalization in GBM relates to sexual and romantic preferences as a source of marginalization, as these are seemingly communicated more explicitly than among heterosexuals. While participants noted the challenges intragroup marginalization creates for friendships among GBM, much of the discussion of intragroup marginalization was focused on the context of sexual or romantic interactions. Relatedly, participants noted that intragroup marginalization is more prevalent in online settings, thus, placing GBM who use gay dating apps at higher risk of experiencing intragroup marginalization, a finding previously reported (Hammack et al., 2022; Shepherd et al., 2023). These findings highlight the unique challenges GBM face when interacting with the gay community, a

context in which the lines between social, romantic, and sexual relationships are blurred. Pachankis et al. (2020) previously referred to the unique competitive pressures that arise from engaging in social and sexual interactions within the gay community. Thus, a key distinctive aspect of gay community intragroup marginalization is the potential duplicity of marginalization arising from both an individual's platonic social environment and their prospective intimate partners.

This intimacy and the perception of close connections and interlinked lives might help to explain why GBM described intragroup marginalization, compared to heterosexist discrimination, as more painful, prevalent, confronting, and aimed at personal traits (as opposed to sexual orientation). This result is again in line with the social identity approach which suggests that a threat to one's social identity, or sense of belonging to a valued group, undermines well-being (Jetten et al., 2012; Sharma & Sharma, 2010), and that marginalization from peers is more harmful than intergroup discrimination alone (e.g., Jetten et al., 2012; Mata-Greve & Torres, 2019). Additionally, marginalization by peers may be internalized by the individual, with such self-stigma being associated with depression, anxiety, and lower self-esteem (Herek et al., 2009; Major & O'Brien, 2005; Quinn & Chaudoir, 2009). Lastly, losing access to the protective social support of the gay community might further undermine psychosocial well-being (Meyer, 2003; Petruzzella et al., 2019).

Similarly, the reported behavioral outcomes of intragroup marginalization (i.e., trying to "fit in" or abandoning the gay community) can be explained by the social identity approach (Abrams, 2015; Tajfel & Turner, 1979). Behaviors in response to intragroup marginalization are a function of personal relevance of one's group membership and social identity (Ellemers & Jetten, 2013; Jetten et al., 2003). Individuals who highly value their gay community membership, and strongly identify with their "gay-identity," may strive to find more inclusion, by adapting and conforming to gay community standards (Ellemers & Jetten, 2013; Jetten et al., 2002), or else, may seek out specific subgroups, venues, or social environments in which they anticipate more acceptance and inclusion (e.g., McGrady, 2016; Petruzzella et al., 2022). On the other hand, those who value their gay community membership less, or have external social communities to fall back on, may abandon the gay community to avoid further marginalization (Jetten et al., 2016). These issues were not specifically investigated in the current study and require further exploration in future research.

Strengths, Limitations, and Future Research Directions

The current study yielded compelling descriptions of intragroup marginalization within the gay community, directly informed by individuals who have experienced or observed intragroup marginalization within their social networks. Nevertheless, selection bias needs to be considered. This research may have attracted a subset of GBM willing to share their experiences, with participants also representing a small subset of the gay community in Australia. Likely, there are other voices, experiences, and observations that were not captured, and the opinions provided in this study may not generalize to all GBM in Australia and other countries. Nevertheless, there was substantial agreement across participants from different backgrounds and saturation of ideas was evident after 30 interviews. We also focused not only on personal experiences, but also on

observations within the gay community, to gain a broader understanding of intragroup marginalization.

The current study identified how GBM define and describe intragroup marginalization as a painful, unexpected, and isolating experience, and summarized numerous reasons why intragroup marginalization occurs among GBM. Compared to heterosexist discrimination, intragroup marginalization differs in its manifestation and potential for harm and was described as a common but bewildering experience. These findings add to our emerging understanding of the complex supportive, but also potentially distressing, social dynamics within the gay community. Future research could build on the aims of the current study (the 'what' and 'why') to investigate the 'when', 'where', 'who', and 'how' of intragroup marginalization. For example, future research should consider factors such as macro- (e.g., countries, cities, suburbs) and micro environments (e.g., venues, gay spaces, subcommunities), intersectionality (e.g., minority identities, personal attributes) and contexts (e.g., sexual, social, romantic interactions) to determine the likelihood, frequency, chronicity, and impact of experiencing intragroup marginalization for GBM. In line with the latter, future research should consider intragroup marginalization as an additional external minority stressor (i.e., along with heterosexism) that could be associated with poorer mental and social health among GBM. The association of intragroup marginalization with such outcomes requires confirmation, and particularly needs consideration of its contribution above and beyond heterosexist discrimination. Similarly, future research should aim to uncover internal processes through which intragroup marginalization affects GBM's psychological well-being, for example, as a predictor of intraminority stress (Pachankis et al., 2020), internalized self-stigma (e.g., Herek et al., 2009), or diminished gay community connectedness, which, in turn, may exacerbate adverse effects of minority stress (Petruzzella et al., 2019).

Practical Implications

The current results have practical implications for community and individual-level interventions. First, the current results could aid awareness campaigns aiming to promote acceptance and inclusion within the gay community, by specifically addressing the issue of intragroup marginalization. Such interventions could be applied by advocacy groups or support services specifically targeting the well-being of the LGBTIQ+ population, to provide safe and inclusive spaces, where open discussion of intragroup marginalization is encouraged. Intragroup marginalization could further be incorporated in counseling and peer support programs that aim to foster mental well-being in LGBTIQ+ individuals (e.g., A. E. Green et al., 2021), by encouraging the sharing of experiences and coping strategies among participants.

The findings could also inform individual clinical interventions. As intragroup marginalization can be a painful and isolating experience and might also affect the extent of community support available to aid coping with other minority stress (e.g., heterosexist discrimination), individual therapy approaches could consider intragroup marginalization as an additional source of stress for GBM. For example, Pachankis (2014) proposed an adapted gay-affirmative cognitive behavioural treatment approach that focuses in part on tackling minority stress. Including ways to cope with intragroup marginalization may be a worthwhile addition to ensure that varied sources of stress are covered within a therapeutic program.

Conclusion

GBM are at multilateral risk of marginalization, from society at large, and from within their gay communities. Intragroup marginalization within the gay community is a set of ostracizing social interactions and behaviors occurring among GBM that is perceived to be harmful to mental and social health—potentially even more harmful than heterosexist discrimination. GBM may experience various types of intragroup marginalization, some that are also common in society-at-large (e.g., racism, sexism, classism), and others that are more specific to the gay community, due to the interwoven nature of group belonging and status within friendship, intimate relationship, and sexual contexts. Despite intragroup marginalization being reported as a common experience among GBM, research only recently began to consider its importance in understanding the well-being of GBM. Gaining a greater understanding of intragroup marginalization and its impact on gay community members is essential to advance community and individual-level interventions aimed at reducing the mental health disadvantage experienced by this minority group.

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Appendix

Interview Discussion Schedule

1. Introduction, confidentiality, consent and overview
2. Rapport building
   2.1. General conversation about the gay community and participants' thoughts on their communities.
3. Intragroup marginalization
   Intro: "Like in any other community, negative experiences may occur within the male gay community, and we are interested in finding out more about these."
   3.1. What would you personally define as a negative interpersonal experience in the gay community?
      3.1.1. What types of negative interactions have you experienced or witnessed within the gay community?
      3.1.2. Can you think of specific types of rejection, marginalization, or discrimination that occur in the gay community?
   3.2. What is the basis/reasons that such experiences occur?
      3.2.1. Follow-up question if unsure: for example, due to status differences, sense of competition, overemphasis of sex (Pachankis et al., 2020)?
   3.3. How common do you believe marginalization by other same-sex attracted men is?
      3.3.1. (If willing to share) How often do you experience marginalization?
   3.4. What makes marginalization experiences from gay community members different to marginalization from other people (e.g., straight people)?
4. Outcomes
   Intro: "Now that we have spoken about types of marginalization that gay community members can experience, I would like to turn to the impact that this can have on people who have these experiences."
   4.1. What kinds of impacts do such experiences have?
      4.1.1. How do you think people react to such experiences (short vs. long term)?
      4.1.2. How do you think such experiences affect mental health?
      4.1.3. What about social relationships?
5. Conclusion: summary, questions, debrief