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## **An examination of the association between psychosocial stressors and drinking patterns among gay men**

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Jamie Danielle Grossberg

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AN EXAMINATION OF THE ASSOCIATION BETWEEN  
PSYCHOSOCIAL STRESSORS AND DRINKING  
PATTERNS AMONG GAY MEN

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

---

by  
Dawn Melissa Linne  
Jamie Danielle Grossberg

June 2001

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## ABSTRACT

This study examined alcohol usage among gay men in terms of the relationship between specific psychosocial stressors and rates of alcohol usage. The study attempted to identify specific psychosocial stressors that may be related to high rates of alcohol use. Information was obtained through self-administered questionnaires. Participants were asked to rate their perception of the impact of each psychosocial stress variable on their own stress levels. Respondents perceiving their family as supportive of their lifestyle tended to report consuming fewer drinks when drinking alcohol. Poor health of respondents was related to taking more drinks in total when respondents consume alcohol. The belief by respondents that they have a problem with alcohol was associated with specific psychosocial stress variables such as the perceived weakness of others, having too few friends, and drug and alcohol problems. In addition, some significant relationships were found among independent variables.

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## CHAPTER ONE

### INTRODUCTION

#### Problem Statement

Alcoholism in the gay community is a problem. Reports on the prevalence of alcoholism among gay men vary, but all reports indicate a rate greater than or equal to rates of the general population. Most research to date reports approximately 30-35% of the gay population has alcohol or drug problems (Zimmerman, 1989). This is consistent with Smith (1982), who states that while ten percent of the general population abuses alcohol, one in three gay men in cosmopolitan areas abuse alcohol. Other researchers allow a wider variance, reporting that 20-33% of adult gay males have alcoholism or other addictions (Kus, 1991). These percentages may be higher in reality because they are based only on reports from people who have acknowledged their homosexuality and do not include those who do not admit to being gay.

It is perceived that many gay men who use alcohol or other substances may be doing so to hide from the world and escape their feelings of being different. Although the rate of alcoholism is high for this population, evidence supports that substantially less than 10% of the victims of alcoholism seek or receive treatment (Ziebold & Mongeon, 1982). The majority of treatment centers do not offer



services directed towards homosexual alcoholics. Sexual orientation may be associated with differences in needs and lifestyle. These differences may effect recovery but are not considered in most treatment centers.

One reason alcoholism is thought to be a problem for gay men is because they often socialize in bars and other settings where drinking is an important activity (Lohrenz, Connelly, Coyne & Spare, 1978). The secluded nature of the gay bar and its importance as a center is just one example of how lifestyle may contribute to alcohol problems of gays. Though it is not often true, lifestyle and social control should be considered when deciding on interventions to be used with gay men in alcohol treatment (Isrraostam & Lambart, 1989).

Literature reports homosexual men may be at risk of alcohol abuse due to psychosocial stressors (McKirnan and Peterson, 1989). Some of these variables include drinking styles, stress, differences between homosexuals and the general population, their adherences to sex roles, stereotypes, age related social role changes, as well as culturally specific stressors and vulnerabilities (McKirnan and Peterson, 1989). The social and emotional environment of gay men is another factor that might contribute to their higher rate of alcoholism. Homosexuals who have been

victims of violence appear to be at higher risk for using alcohol as a means of escaping pain (Sargent, 1989).

Treatment resources may be another factor in explaining alcoholism as a continuing problem for this specific population. Lohrenz, et al (1978) reports that most homosexual alcoholics in the Los Angeles area are dissatisfied with traditional treatment resources. Many reported being rejected by mental health agencies. This brings into question the effectiveness of available rehabilitation program in treating homosexual alcoholics. Intervention protocol does not encourage gays to seek treatment. Factors to include when looking at differences in treatment may include sexual identity, family history, developmental process, relationship issues, discrimination, isolation and issues of addiction and stigmatization (Hellman, et al, 1989).

Findings generated from the study may help social workers better understand the relationship between psychosocial stressors and drinking patterns among gay men. Finally, better understanding of the reason for the high alcoholism rate may lead to the generation of new methods of decreasing alcoholism in this specific community.

This study addresses the problems of high alcohol usage among gay men. Gay men living an openly gay life style may experience unique psychosocial stressors. The

purpose of this study is to explore the relationship between psychosocial stressors and the drinking patterns in this population.

This study was needed for various reasons. Much of the literature suggests that there may be higher rates of alcoholism in gay men as compared to the general population (Ostrow, et al, 1993). Alcoholism is very destructive disease, both for the people with the problem and also for the people who care about them. In addition, links have been made between abuse of certain substances that lower inhibitions and increased risk of contracting HIV among members of this subgroup (Ostrow, et, al, 1993). By exploring the relationship between alcohol use and specific stressors or combinations of stressors, this research may lead to a better understanding for clinicians working with this population. Possibly alcohol treatment centers and gay clients may be more effective with attention to those psychosocial stressors that affect alcohol use among gay men.

Several studies have presented data supporting the existence of a higher rate of alcoholism for gay men (Zimmerman, 1989). Researchers should examine what factors are associated with the higher rate in this population. This may be accomplished by examining the psychosocial stressors of the population. Revelations regarding

subcultures within the U.S. society and the effects membership to a subculture may have on individuals might also be gleaned from this study.

### Problem Focus

The specific population focused on in this study is gay men living in or visiting the lower desert area of southern California, more specifically the Greater Palm Springs area. The issues being addressed in this study are the psychosocial stressors of gay men, the high rate of alcoholism in the gay population and the relationship between the two.

There are a variety of psychosocial stressors that can contribute to alcohol use for gay men. Low self esteem is a common factor for gay men and alcoholics. Gay bars are a large part of the gay life style for many men, it is often seen as a safe place to be openly gay. Social stigmatization is also another major stress for gay men, because they often feel they have to hide their sexual orientation and life style.

Homosexual alcoholics have been known to avoid mainstream treatment settings. They are often reluctant to reveal their sexual orientation for various reasons. Over one-third of gay men report they have experienced discrimination from professional treatment agencies and up to 75% of homosexuals recovering alcoholics believe an

accepting and supportive environment is not available in agencies that are not oriented to treating gay clients (Kus, 1988). Gay men frequently report discomfort in predominately heterosexual treatment settings. Heterosexual bias has been reported in therapists' evaluation and treatment. The more social workers understand about gay alcoholics the better able they will be able to change this problem.

This study also helps the social work profession decrease some of its ignorance and reduce malpractice in treatment by offering substance abuse clinicians an increased understanding of alcoholism in gay men. Accounts of inappropriate treatment range from a primary focus on sexual identity when help is sought for alcoholism to neglect of critical factors associated with sexual orientation that contribute to the drinking pattern (Hellman, Stanton, Lee, Tytun, & Vachon, 1989).

This study also contributes to social work practice by increasing knowledge of this subculture and of the attitudes within the gay world. This is important information to have and can aid social workers in understanding their clients and helping them generate appropriate treatment plans. Therapists need to be aware of and understand the many stresses upon the client that come from society, from the gay subculture, and from the

client's psyche. This study can help increase clinicians understanding (Smith, 1982). The question researched in this study is; what psychosocial stressors effect drinking patterns among gay men?

## CHAPTER TWO

### LITERATURE REVIEW

#### Exploration of Causation Theory

Kus (1988) reports that there are three explanations for reasons and incidences of alcoholism among gay men. The first, the gay bar ethnotheory, is commonly believed among both the general public and gay men (Kus, 1988). The idea behind this explanation is that a gay bar is the most known and available place in which gay men can meet other gay men, leading to a certain exposure to a setting which lends itself to excessive drinking (Kus, 1988). The second explanation is a multi-factor theory. Multi-factor theories uphold the idea that gay bars account for much of the alcoholism in gay men. However, it also includes stress in its explanations (Kus, 1988). Recognizing the stress gay men experience through external and internal homophobia, including self-hatred, shame, hiding one's sexual identity, and society's oppressive discriminations and stigmatization, this second explanation considers a wider range of possible reasons for alcoholism among gay men.

In contrast, the third explanation denies the prevalence of gay bars as a primary social setting to have any effect on the etiology or incidence of alcoholism among gay men (Kus, 1988). The gay non-acceptance theory holds

that it is the internalized feelings toward homosexuality that is the cause of alcoholism in gay men. This theory holds that gay men who have positive feelings about being gay regardless of their existence in a homophobic society will not become alcoholics because of gay factors (Kus, 1988).

Low self-esteem is often present in both alcoholics and gay men. For some gay men, negative feelings about self may lead to increased and pathological drinking. Researchers suggest that self-esteem is often related to body image and sexual functioning in gay men (Smith, 1982). Low self-esteem may be associated with higher usage of alcohol among gay men. Some research suggests that the combination of low self-esteem, mild depression, and the expectation of alcohol to provide stress relief impacts negatively the amount of alcohol used by an individual (McKirnan, 1991).

A variety of psychosocial variable exist, many of which are unique to homosexual populations, which may contribute to the rate of alcohol usage among gay men. According to McKirnan (1989 b), these variables include social roles, drinking styles, stress, and the cultural importance of bars. One study proposes that stress brings on substance abuse for those individuals vulnerable due to individual beliefs and attitudes (McKirnan, 1988). Stress



in itself does not always lead to alcohol abuse. However, these researchers hypothesized that an objective stressor, such as unemployment, may have varied meanings to different people. It is the meanings ascribed to the stressor that may be a better predictor of increased alcohol usage (McKirnan, 1988). Also, the attitudes and expectancies an individual has regarding alcohol use may make them more or less vulnerable to abuse patterns. Especially noteworthy are those individuals who expect alcohol to reduce tensions. This is supported by theories of alcoholism as a predictor of alcohol abuse (McKirnan, 1988). Cultural learning also plays an important role. In the gay subculture especially, there is a history of the use of gay bars as a safe place where one can openly reveal one's homosexuality without stigmatization (McKirnan, 1988). These settings provide exposure to a variety of substances and the behaviors being modeled in these bars may make individuals susceptible to alcoholism (McKirnan, 1988).

The cultural importance of bars may also be an important factor when considering problems in treating alcoholism in gay men. Many are reluctant to abandon a lifestyle that relies heavily on drinking as a social activity out of fear (Kus, 1991). Unlike mainstream population, gay men in recovery have limited access to making new gay friends. There is a perception that if the

drinking lifestyle is given up, old friends will be lost, and new friends impossible to find (Kus, 1991). This may contribute to the high rate of continued alcohol use, even among those who might otherwise attempt to become sober.

There is a social stigmatization experienced by many gays in the United States. Because of this stigmatization, there may be limited access to mainstream roles for those individuals who are openly gay (McKirnan, 1989 b). This factor may contribute to an "underemployment" syndrome, in which educated people remain in lower status and often lower paying jobs that do not require concealment of sexuality and lifestyle choices (McKirnan, 1989 b). Stigmatization due to homosexuality may also effect occupational status, relationship status, religious affiliation, and residential stability (McKirnan, 1989 b). Because of the increased stigmatization to those who are "out" as gay, there may be higher rates of alcohol use among those who are openly gay as compared to individuals who keep their sexuality confidential (McKirnan, 1989 b).

According to Mongeon and Ziebold (1982), there are three major variables that affect the drinking patterns of gay men. Dynamic factors are the immediate tensions and stressors in the group as a whole. Normative factors are the accepted ideas regarding alcohol use within this subculture. Alternative factors include all behaviors used

as modes of dealing with conflict or stress that are culturally supported. These researchers describe a formula that states that the incidence of alcohol use are equal to organic factors plus stress divided by competence, self esteem, and support groups (Monegeon, 1982).

In this study, certain psychosocial stressors were examined. Participants were asked about their perceptions of their own health, the health of friends and family, conflict with society, family, and friends, and weaknesses of self and others in their lives. Such stressors as demands at work and school, conflict with partner, and lack of friends or money were also explored (Van Atta, 1975). Questions specifically prevalent to this unique population were also considered. The psychosocial stressors these questions addressed include harassment related to sexuality, the impact of HIV or AIDS, and various lifestyle questions such as whether family of origin is supportive of lifestyle choices and the presence of a monogamous relationship. These stressors were rated by each participant based on the individual's own perception of the item's impact on his stress levels. These items were examined as independent variables. This information was examined in relation to reported drinking patterns, or the dependent variables.

## Guiding Theoretical Perspectives

Attitudes and knowledge regarding both homosexuality and alcohol abuse in the professional and academic communities have shifted considerably over the last five decades. While homosexuality was once considered pathological by its inclusion in the Diagnostic and Statistical Manual 3<sup>rd</sup> edition, it was removed from the sexual disorders section of the DSM IV. Likewise, alcoholism was once viewed as a medical problem, whereas it is now labeled alcohol abuse or alcohol dependence in the DSMIV, placing "alcoholism" in the realm of mental health rather than medicine. When reviewing past literature on alcoholism and homosexuality, consideration of the attitudes and knowledge current at the time of publication is crucial.

Theoretical orientations that have been used when considering alcoholism include the biological-genetic argument, psychoanalytical, learning, and sociocultural (Buss, 1966 as cited by Nardi, 1982). The biological-genetic theory explains alcoholism as a function of genetic and biologic abnormalities (Nardi, 1982). While biology plays a role in tolerance and allergy to alcohol, focusing on the physiological reasons behind alcohol abuse minimizes other important environmental factors. Homosexuality has also been explained through biology as a reaction to a

hormonal imbalance, gene abnormalities, or heredity (Nardi, 1982). These theories assume the source of the imperfection, alcoholism, or homosexuality is biological and thus does not consider factors of environment (Nardi, 1982). Using this theory it is possible to discount oppressive social conditions (Nardi 1982).

By current standards, the psychoanalytic theory has been the least helpful in its view of alcoholism and homosexuality. Classic Freudian analysis views alcoholics as fixated in the oral or anal stages, uncomfortable with their masculinity, and to overemphasize with their fathers (Buss 1966 as cited by Nardi). These states are also associated with homosexuality by the psychoanalytical tradition (Nardi, 1982). This theory promotes a causal relationship between latent homosexuality and alcoholism by emphasizing that homosexual urges are controlled by drinking behaviors (Nardi, 1982). Critics of this theory argue that it does not explain openly gay men who are alcoholics, openly gay men who are not alcoholics, repressed homosexuals who are not alcoholics, or women who are and are not alcoholics (Nardi, 1982). Many studies in the 1950s and 1960s were driven by a belief in this theory (Nardi, 1982).

The learning theory emphasizes alcoholism as a behavior that is repeated due to both positive and negative

reinforcements (Nardi, 1982). Positive reinforcements include peer approval and feelings of power whereas negative reinforcements may be the reduction of tension or avoidance of stressful situations (Nardi 1982). Learning theory also acknowledges that individuals imitate behaviors modeled by peers and elders. Arguments akin to learning theory have also been used to explain homosexuality. When using learning theory to explain the occurrence of both homosexuality and alcoholism in one individual, some researchers have suggested that the atmosphere of acceptance in gay bars toward both drinking and homosexuality may serve as positive reinforcement for this population (Nardi, 1982). However, with learning theory, there is the underlying assumption that what has been learned can be unlearned through aversion techniques (Nardi, 1982).

With the sociocultural approach, factors such as opportunity, example, incitement, and culturally ascribed meanings or definitions are key to understanding alcoholism (Nardi, 1982). This suggests that while learning, through example and incitement for example, may be important, it is societal norms and constructs that are most relevant when analyzing drinking patterns (Nardi, 1982). In the United States alcoholism has been considered immoral, illegal, and a disease. Similarly, homosexuality has been labeled a

sickness, a moral issue, a legal issue, and a lifestyle (Neisen and Sandall, 1990). The variance in social definitions is important when considering how gay men perceive themselves and how society treats this group (Nardi, 1982). When one is both gay and alcoholic, the issue is compounded. Some researchers assert that gay men may use alcohol as a way of coping with oppressive social responses to their homosexuality as well as with the internal struggle to deal with negative and conflicting perceptions about self (Nardi, 1982). Using the sociocultural approach when studying gay men and alcohol is more inclusive of a wider range of possible factors than other theories thus far.

The research for this project uses primarily the sociocultural approach. Modeling, the importance of culturally ascribed meanings, and internalized processes were all considered heavily in this research. It differs from past research in that it seeks to link specific psychosocial stressors with drinking patterns rather than alcohol dependence or abuse operating from the assumption that higher rates of usage are positively correlated with higher rates of alcohol abuse and dependence. Also drinking patterns may be associated with other factors such as problems with relationships, occupation, or health.

## CHAPTER THREE

### METHODS

#### Study Design

The specific purpose of this study was to explore the relationship between psychosocial stressors and alcohol use in gay men. The research method being used in this study is quantitative. This particular method was chosen to allow the researchers to survey a large number of people to find the most prevalent psychosocial stressors effecting alcohol use for this specific population. The study employed a self-administered questionnaire survey design. This is a self-administered survey that was given in a variety of settings. The settings in which the survey was administered include gay bars, a local gym, public schools, private homes, restaurants and gay resorts.

This study used availability and snowball sampling. This may be considered a methodological limitation because these sampling types are considered non-representative. These sampling types were used due to the difficulty in identifying and locating this specific population.

The dependent variable for this study is alcohol usage. The independent variables are the psychosocial stressors, such as poor health, lack of social support, conflict with family and discrimination, of gay men as well as demographic information. The questionnaire includes



questions concerning demographics, conflicts with family, alcohol use, health of self and friends, religious conflicts, guilt and discrimination and conflict with authority.

### Sampling

This study uses nonprobability sampling. The types of sampling used were snowball and availability sampling. The sample from which the data was obtained came from various locations in the greater Palm Springs area. Data was collected from thirty-eight gay men. The researchers attempted to obtain a diverse sample by collecting from a variety of places including the school setting, restaurants, gay bars, a local gym, gay resorts and private homes. The various sampling sites are intended to increase the level of representation of the sample with respect to diverse socioeconomic characteristics and lifestyles.

The study's subjects were selected on the basis of their sexual orientation and gender. Another criteria for selection was residence in or visitor of the greater Palm Springs area, where the survey was administered.

### Data Collection and Instruments

The data collected in this study focuses on the psychosocial stressors that gay men encounter and the amount, if any, of alcohol the subjects consume along with

other drinking pattern variables. The instrument used is titled Attributions of causes of psychological stress symptoms by urban university students (Van Atta, 1975). This instrument was adapted to incorporate population specific stressors. The validity of the instrument has already been measured by the creator of the instrument, who reports that several studies have been completed on both instruments and reliability of the instrument is in the .70's (Van Atta, 1975).

Variables used in this study are all related to stress levels and alcohol use. There are also a few questions related to lifestyle and demographic questions. The questionnaire is broken into four sections. The first section is demographics, the second related to lifestyle choice, the third and lengthiest section is about perceptions of stress, and the last section inquires about alcohol usage and patterns. The purpose of this research was to explore the relationship between specific psychosocial stressors and rates of alcohol use among gay men. The concepts involved in this study include the idea that gay men may have additional and unique stressors when compared to mainstream society. Also that because of cultural norms, gay men may be likely to use alcohol at a high rate. The independent variables studied include questions related to stress, lifestyle, and demographic

information. Dependent variables are those questions revolving around drinking patterns.

Cultural sensitivity was added to the instrument by the current researchers. Culturally sensitive questions were added to the original instrument in order to get a clearer idea of specific psychosocial stressors that this population may encounter. The following items were added to the stress portion of the questionnaire: 1) Friend, parent, self or other with HIV/AIDS 2) Physical harassment related to sexual orientation 3) Verbal harassment related to sexual orientation 4) Discrimination related to sexual orientation. Other added questions include: 1) Is your family supportive of your lifestyle? 2) How long have you known that you are gay? 3) How long have you been "out"? 4) Do you have a monogamous intimate relationship? If so, what is the length of that relationship? The data was collected using a self-administered questionnaire that took approximately ten minutes to complete. The survey was administered in a variety of settings and locations including gay bars, residential homes, gay resorts, restaurants and public schools. The survey was administered and collected by the researchers.

The dependent variables for this study are alcohol use and drinking patterns of the subjects. The independent variables are the psychosocial stressors, lifestyle, and

demographic variables of the population being surveyed. The individuals completing the survey were questioned about their alcohol use, how much alcohol they consume and how often they consume it. They were also asked about their belief that they have a problem with alcohol and about their drink of choice. These questions are the dependent variables. For the independent variables the subjects were asked about psychosocial stressors such as conflicts with family, health of self and friends, guilt, discrimination, and demographic information. The survey consists of questions with levels of measurement including nominal, ratio and ordinal. The instrument was pre-tested by handing out the survey to a sample population of gay men who critiqued the survey and returned it to the researchers who then made appropriate revisions.

#### Procedure

Data was collected by the researchers through distribution of questionnaires to subjects at gay bars, the local gym, restaurants, private homes and gay resorts. The first group of respondents who were approached to participate in this study are men familiar to the researchers through a variety of settings including work, neighborhood, gyms, and acquaintances. Using the snowball effect, questionnaires were also given out to gay men who were put in contact with the researchers by the first group

of men in the study. The researchers collected thirty-eight surveys between January and April of 2001.

#### Protection of Human Subjects

The confidentiality and anonymity of the participants in the study was protected. Participants signed an informed consent statement (see attachment). The participants then placed the informed consent form and the questionnaire in two separate plain envelopes upon completion. The researchers had no contact with the forms after handing them out to the participants until they were removed from the envelope to compile the data. Confidentiality was maintained by keeping the data in a secured and locked file cabinet. No one other than the researchers had access to the collected data. Once collected the data was entered into a computer file and the questionnaires were destroyed. A number was assigned for identification of the data.

#### Data Analysis

Both descriptive and explanatory analysis was utilized in analyzing the data from this study. Descriptive analysis included univariate statistics such as frequency distribution, measures of central tendency, and dispersion. Bivariate statistics including analysis of variance and chi-square were used to evaluate the association between

psychosocial stressors and drinking patterns among gay men in the Palm Springs area.

Chi-square tests were performed to determine if a relationship exists between each of the independent variables on the stress portion of the survey and the dependent variables on the alcohol usage portion of the survey. Survey questions were worded such that the level of measurement was ordinal for many of the items. Some items asked for a specific number (such as the number of days per week an individual uses alcohol), thus the level of measurement on some items was ratio.

To examine the relationship between the alcohol use and length of time the participant has known he is gay, length of time "out" or openly gay, and current sexual activity, analysis of variance (ANOVA) was used. This analyzed the means and variances of the groups to determine if there was a statistical difference between the groups.

## CHAPTER FOUR

### RESULTS

#### Demographics

Table 1 displays demographic characteristics of respondents. There are a total of 38 men who identify themselves as being gay. The age range of the sample is 22 to 69 years and the mean age of the respondents is 40.9 years. The highest percentage (40.5%) is of respondents between the ages of 40 and 49, 32.4% are between 30 and 39 years, 10.8% are between 22 and 29, 10.8% are between 50 and 59, and the rest, 5.4% are over age 60. The majority of respondents (82.4%) are Caucasian, 10.5% are Hispanic, and African Americans and Asians/Pacific Islanders each represent 2.6% of the sample.

The majority of respondents (81.6%) have attended at least some college, 31.6% completed a four- year college degree or higher, and 18.4% have a high school education. The majority of respondents (97.4%) report being employed. The highest percentage of respondents (44.7%) report working in the restaurant/bar industry, 13.2% are either self employed or are business owners, 13.2% have office jobs, 7.9% report being a student, 7.9% of respondents are retired, 5.3% report they are hair stylists, 5.3% are educators, and 2.6% give alternative responses.

Table 1. General Demographics

Variable	N	%
Age		
Mean=40.9		
22-29	4	10.8
30-39	12	32.4
40-49	15	40.6
50-59	4	10.8
60-69	2	5.4
Race		
African American	1	2.6
Asian/Pacific Islander	1	2.6
Latin/Hispanic	4	10.5
Caucasian	32	84.2
Occupation		
Retired	3	7.9
Student	3	7.9
Self Employed	5	13.2
Restaurant/ Bar worker	17	44.7
Office/Government/Banks	5	13.2
Hair Stylist	2	5.3
Educator	2	5.3
Other	1	2.6
Level of Education		
High School	7	18.4
Some College	19	50.0
4 year degree	10	26.3
Graduate School	2	5.3
Income per Year		
\$15,000 to 25,000	8	21.1
\$25,001 to 35,000	15	39.5
\$35,001 to 50,000	10	26.3
\$50,001 to 75,000	3	7.9
\$75,001 and higher	2	5.3

All of the respondents report having an income. The highest percentage of respondents (39.5%) fall into the \$25,000-\$35,000 range, 26.3% fall into the \$35,000-\$50,000



range, 21.1% report earning \$15,000-\$25,000 annually, 7.9% earn \$50,000-\$75,000, and 5.3% make over \$75,000 annually.

Table 2 displays the information gained regarding the respondents' gay lifestyles. The highest percentage of respondents (39.4%) report knowing they are gay for 20-29 years, 24.2% have known for 30-39 years, 21.2% report 10-19 years, 9% report 40 years or longer and 6% have known for 9 years or less. When asked how long they have been openly gay or ``out'', the highest percentage of respondents (36.3%) report 10-19 years, 36.1% for 20-29 years, 16.7% for 9 years or less, 8.3 have been openly gay for 30-39 years, and 2.8% for 40 years or longer.

Respondents are asked if their family is supportive of their lifestyle, and the majority (63.2%) report they are supportive, 26.3% report they are not. Ten percent give an alternative response such as ``sometimes''. When the respondents are asked if they are currently sexually active, the majority (84.2%) report ``yes'' and 15.8% report ``no''. One question asks respondents if they are currently in a monogamous relationship. The majority (59.5%) report they are in a monogamous relationship currently, 37.8% report they are not monogamous, and 2.7% give a different response. Of the 38 respondents, 22 report currently being in a monogamous relationship. Of the 22 monogamous respondents, the majority (68.2%) report

Table 2. Demographics Related to Sexual Orientation

Variable	N	%
Years individual has known he is gay	Mean=25.2	
1-9 Years	2	6.0
10-19	7	21.2
20-29	13	39.4
30-39	8	24.2
40-50	3	9.1
Years individual has been out	Mean=17.9	
0-9 Years	6	16.7
10-19	13	36.1
20-29	13	36.1
30-39	3	8.3
40-50	1	2.8
Supportive family in relation to sexuality?		
Yes	24	63.2
No	10	26.3
Other	4	10.5
Sexually active?		
Yes	32	84.2
No	6	15.8
Monogamous?		
Yes	22	59.5
No	14	37.8
Other	1	2.7
Length of current relationship (of those monogamous)		
0-9 Years	15	65.2
10-20	8	34.8

being in the relationship for 9 years or less, 22.7% for 10-19 years and 9.1% for 20 years or longer. One respondent answers both yes and no when asked if he is

currently in a monogamous relationship, falling into the "other" category. He reports a relationship of 18 years in length.

Table 3 illustrates stress level related to various parts of respondents' lives. Respondents rate their personal stress levels related to each item as none, little, some, much, or very much. When asked to rate stress levels related to conflict with society, 44.7% report none, 34.2% report little, 18.4% some and 2.6% report much. When asked about stress related to conflict with family, the highest percentage (39.5%) report little, 26.3% none, 21.1% report some, 7.9% report much and 5.3% report very much. Poor health of self as contributing to stress is rated by 55.3% as none, 21.1% little, 18.4% some and 5.3% as much. When asked how much poor health of parents or others not including HIV/AIDS contributes to their stress levels the highest percentage (39.5%) reports none, 23.7% report some, 21.1% little, 7.9% report much, and 7.9% report very much. Respondents are asked how much friends, parents, themselves or others with HIV/AIDS contribute to their stress levels and 31.6% report none, 23.7% report some, 21.1% little 13.2% report very much and 10.5% report much. The respondents are also asked how much conflict with authority contributes to their stress levels. The majority (73.7%) of respondents report none, 23.7%

Table 3. Demographics Related to Stressors

Variable	N	%
Conflict with society		
None	17	44.7
Little	13	34.2
Some	7	18.4
Much	1	2.6
Very Much	0	0.0
Conflict with family		
None	10	26.3
Little	15	39.5
Some	8	21.1
Much	3	7.9
Very Much	2	5.3
Poor health		
None	21	55.3
Little	8	21.1
Some	7	18.4
Much	2	5.3
Very Much	0	0.0
Poor health of others not including HIV/AIDS		
None	15	39.5
Little	8	21.1
Some	9	23.7
Much	3	7.9
Very Much	3	7.9
HIV/AIDS of self or other		
None	12	31.6
Little	8	21.1
Some	9	23.7
Much	4	10.5
Very Much	5	13.2
Conflict with authorities		
None	28	73.7
Little	9	23.7
Some	0	0.0
Much	1	2.6
Very Much	0	0.0

Table 3 (Continued)

Variable	N	%
Weakness of others		
None	17	44.7
Little	14	36.8
Some	3	7.9
Much	1	2.6
Very Much	3	7.9
Not enough money		
None	5	13.2
Little	10	26.3
Some	15	39.5
Much	6	15.8
Very Much	2	5.3
Not enough friends		
None	13	34.2
Little	14	36.8
Some	10	26.3
Much	1	2.6
Very Much	0	0.0
Demands of school		
None	32	84.2
Little	2	5.3
Some	2	5.3
Much	1	2.6
Very Much	1	2.6
Demands of Work		
None	2	5.3
Little	11	28.9
Some	10	26.3
Much	13	34.2
Very Much	2	5.3
Separation or conflict with partner		
None	16	42.1
Little	13	34.2
Some	2	5.3
Much	6	15.8
Very Much	1	2.6

Table 3 (Continued)

Variable	N	%
Drug problems		
None	33	86.8
Little	2	5.3
Some	2	5.3
Much	0	0.0
Very Much	1	2.6
Alcohol problems		
None	25	65.8
Little	8	21.8
Some	4	10.5
Much	0	0.0
Very Much	1	2.6
Verbal harassment related to sexuality		
None	10	26.3
Little	15	39.5
Some	11	28.9
Much	1	2.6
Very Much	1	2.6
Physical harassment related to sexuality		
None	25	65.8
Little	10	26.3
Some	3	7.9
Much	0	0.0
Very Much	0	0.0
Discrimination related to sexuality		
None	12	31.6
Little	13	34.2
Some	12	31.6
Much	0	0.0
Very Much	1	2.6

report some and 2.6% report much. When asked how much weaknesses of others, such as dependency of their partner,

friends or family members contributes to their stress, the highest percent (44.7%) reports none, 36.8% little, and 7.9% report some, another 7.9% report very much, and 2.6% report much. Respondents are also asked how much not having enough money contributes to their stress levels. About 40% report some, 26.3% little, 15.8% report much, 13.8% none, and 5.3% report very much.

When asked how much not having enough friends effects their levels of stress, 36.8% report little, 34.2% none, 26.3% report some and 2.6% report much. Respondents are asked how much the demands of school effect their stress levels, the majority (84.2%) reports none, 5.3% little, 5.3% report some, 2.6% much and 2.6% report very much. Respondents are also asked how much the demands of work contribute to their stress levels. The highest percentage (34.2%) reports much, 28.9% little, 26.3% some, 5.3% report none and another 5.3% report very much. When asked how much a separation or conflict with their partner effects their level of stress, 42.1% report none, 34.2% little, 15.8% report much, 5.3% some and 2.6% report very much.

Respondents are asked how much drug problems contributes to their stress level and the majority (86.8%) reports none, 5.3% little, 5.3% some and 2.6% report very much. When questioned how much alcohol problems contribute to their stress levels, the majority (65.8%) reports none,

21.5% report little, 10.5% some and 2.6% very much.

Respondent are asked if verbal harassment in the past or present related to their sexuality contributes to their stress levels. The highest percentage of respondents (39.5%) reports little, 28.4% some, 26.3% none, 2.6% report much and 2.6% report very much. Respondents are also questioned about how much physical harassment in the past or present related to their sexuality contributes to their stress levels. The majority (65.8%) reports none, 26.3% report little and 7.9% report some. Finally, when asked the extent to which discrimination related to sexual orientation contributes to their stress levels, 34.2% report little, 31.6% none, 31.6% some and 2.6% report very much.

Table 4 displays demographics related to drinking patterns of respondents. Five questions were asked related to drinking patterns. Respondents were asked how often they drink. The highest percentage (39.5%) reports weekly, 31.6% daily and 28.9% report seldom.

Respondents are also asked how many drinks they usually have when they drink. The highest percent (39.5%) reports having two drinks, 31.6% report three drinks, 21.1% report four drinks, 5.3% report five drinks and 2.6% report having one drink. Next, respondents are asked how many drinks they have per hour. Half the respondents (50%)



Table 4. Respondents' Drinking Patterns

Variable	N	%
Frequency of drinking		
Never	0	0.0
Seldom	11	28.9
Monthly	0	0.0
Weekly	15	39.5
Daily	12	31.6
Number of drinks taken in total when drinking		
1	1	2.6
2	15	39.5
3	12	31.6
4	8	21.1
5	2	5.3
Number of drinks per hour		
1	13	34.2
2	19	50.0
3	1	2.6
4	5	13.2
5	0	0.0
Belief there is a problem related to drinking		
Not at all	25	65.8
Mild	11	28.9
Moderate	2	5.3
Severe	0	0.0
Very Severe	0	0.0

report having two drinks per hour, 34.2% one drink per hour, 13.2% four drinks an hour, and 2.6% report having three drinks per hour. Respondents are then asked if they believe they have a drinking problem. The majority (65.8%) reports not at all, 28.9% mild and 5.3% report they believe they have a moderate drinking problem. Finally, respondents are asked what type of drink they most often

choose when they drink. The highest percentage (31.6%) report drinking hard liquor, 23.7% report drinking wine most often, 21.1% report mixed drinks, 18.4% report drinking beer most often and 5.3% of the responses do not fall into any of the above categories.

### Statistical Tests

A number of statistical tests were conducted on the data. Chi-square tests were used to determine if a relationship exists between variables. Chi-square tests revealed that there is no statistically significant relationship between how often individuals in this study drink and any of the psychosocial stressors measured in the survey. There was also no statistically significant relationship between the respondents' reported psychosocial stressors and the number of drinks taken per hour. A significant relationship does exist between stress attributed to the poor health of the respondent and the number of drinks taken in total when a respondent drinks ( $\chi^2=23.8$ ,  $df=12$ ,  $p=.02$ ). Data from this survey indicates that the more drinks taken, the less likely it is that the respondent rated his stress related to personal health as none.

The type of drink a respondent chooses is significant for two variables. The relationship between the type of drink chosen most often and the experience of physical

harassment related to sexual orientation is significant ( $\chi^2=12.7$ ,  $df=6$ ,  $p=.05$ ) as is the experience of general discrimination based on sexual orientation ( $\chi^2=20.8$ ,  $df=9$ ,  $p=.01$ ). Those respondents who have stress related to the experience of physical harassment report low rates of consumption of hard liquor and mixed drinks. Respondents experiencing stress related to discrimination were more likely to list wine or beer as their drinks of choice.

The Chi-square test of independence was also used to detect associations between psychosocial stress variables and the belief of the individual that a drinking problem exists. A number of the seventeen stressors measured have a significant relationship with the individual's belief in the existence of a drinking problem. The perception of stress related to the weakness of others is associated with the belief that there is a problem with alcohol ( $\chi^2=25.8$ ,  $df=8$ ,  $p=.001$ ) as is stress related to having too few friends ( $\chi^2=20.3$ ,  $df=6$ ,  $p=.002$ ). Examination of crosstabulations indicates that those individuals who report no stress related to weakness of others are likely to have no belief that they have an alcohol problem. Men who rated reported stress related to weakness of others were more likely to also report a belief that they have an alcohol problem in this sample. Men who

experience stress due to having too few friends were likely to report a belief that they have an alcohol problem.

The existence of stress related to drug problems ( $\chi^2=20.6$ ,  $df=6$ ,  $p=.002$ ) is associated with a belief that there is a drinking problem. Respondents experiencing higher levels of stress attributed to a drug problem in this survey reported a stronger belief that they have a problem with alcohol.

Chi-square tests were run to determine if there is an association between current sexual activities and drinking patterns. No significant association was found between whether or not the respondent is currently sexually active or monogamous and how often respondents drink, drinks taken in total, drinks taken per hour, the belief that there is a drinking problem or the type of drink chosen. Income and education were also found to have no significant association with drinking behaviors and beliefs.

Chi-square tests were also conducted to determine a possible association between whether family is supportive of lifestyle choices and drinking behaviors. None of the drinking variables were found to have a significant relationship with family support. The number of drinks taken in total when a respondent drinks was most closely related to supportiveness of family towards lifestyle ( $\chi^2=14.1$ ,  $df=8$ ,  $p=.078$ ). Those respondents reporting a

supportive family tended to also report taking fewer drinks when they drink alcohol.

Further chi-square tests were run to determine if a relationship exists between level of education and psychosocial stressors. Two psychosocial stressors have statistical significance. Educational level and the perception of stress relating to having too few friends are significantly related (chi-square=18.9, df=9, p=.026). The more educated the respondent in this survey, the more likely he was to report stress related to having too few friends. Also, stress related to discrimination based on sexual orientation is related to education level (chi-square=24.0, df=9, p=.004). Only twelve respondents reported having no stress due to discrimination. The respondents who reported the highest levels of stress due to discrimination based on their sexual orientation (reporting ``some'' and ``very much'') had some or no college education.

One-way analysis of variance (ANOVA) tests were run to determine if a relationship exists between certain interval and nominal variables. There was no significant relationship found between the number of years a respondent has known he is gay and any of the psychosocial stressors or drinking variables. The number of years a respondent has been ``out'' or openly gay is significantly related to

only one stress variable, conflict with family  
( $F(4,31)=2.86$ ,  $MSE=191.2$ ,  $p=.04$ ), and no drinking behavior  
variables. Respondents reporting little or no stress  
related to conflict with family on the average have been  
openly gay longer than those reporting higher levels of  
stress due to family conflict.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

This study's aim was to identify possible associations between drinking patterns and specific psychosocial stressors among gay men. The study supported that a few specific stressors are significantly related to certain drinking patterns and beliefs among the group of gay men sampled. Certain patterns and characteristics found in the sample population might also be of interest.

#### Demographics and Findings

Certain general demographic characteristics of the sample in this study show specific patterns. All the respondents are from the greater Palm Springs area. Over half of the respondents were between the ages of thirty and forty-nine. Almost all respondents were Caucasian, and almost half reported employment in the restaurant/bar industry. The Palm Springs area is considered a resort community with a focus on tourism and entertainment. Employment in the service industry is common, and the location of the sample may have impacted the distribution of occupations among respondents. There are perhaps a higher concentration of restaurants and bars in this community compared to other areas. Most of the respondents

reported having at least some college education. It was noteworthy that so many of the respondents had a higher education, despite the fact that many work in an industry requiring no formal education.

Common characteristics were also found in the demographics related to sexual orientation. Almost all respondents reported knowing they were gay for ten years or longer. Most reported being ``out'' for ten years or longer as well. This might indicate that many of the respondents were open about their sexual orientation soon after knowing they were gay. Over half of the respondents reported their family as supportive of their lifestyle. This might be related to the fact that most respondents have been gay for at least ten years. A lesser amount of support from family may have been available in earlier stages of the coming out process. Because the sample size used in the survey is rather small, this theory is unable to be tested. Only six respondents report that they have been ``out'' less than ten years. A sample size that is more representative of a wider range of time ``out'' might indicate an association between years ``out'' and family supportiveness.

Examination of the data related to psychosocial stressors also reveals some noteworthy information. Over half the respondents reported having little or some



conflict with society and three-quarters have at least a little conflict with family. Over half of the respondents reported having stress due to having or knowing someone with HIV or AIDS. Likely this is significantly higher than among the general population. Two-thirds of respondents experience significant stress from verbal harassment related to their sexuality and over half reported stress in regard to feeling discriminated against due to their sexuality. These are stressors that are not relevant to most heterosexual individuals.

The demographics related to drinking patterns show a high rate of drinking for this population. Two-thirds of the respondents reported drinking on a weekly or daily basis and over half the respondents consume three or more drinks each time they drink. Despite this, only five percent of respondents reported having more than a mild belief that they have a drinking problem, and the majority believed they have no problem. This may be attributed to cultural norms both within the gay population and among workers in restaurants and bars.

Certain stressors, such as those related to having too few friends and weakness or dependency of a partner, friends or family, were significantly associated with whether the respondent believed they had a drinking problem or not. It is likely that when respondents report they

believe they have a problem with alcohol, a problem exists. Possibly the problem is more significant than reported as it is likely individuals minimize rather than exaggerate their problems. Another significant association appeared between the level of stress related to a drug problem and the respondents' belief they have a problem with alcohol. Those who reported having no stress related to a drug problem also have no belief that they have a drinking problem.

Though not directly related to the research question being studied in this project, it is worthwhile to note that individuals with higher levels of education reported having more stress due to discrimination related to sexual orientation. Possibly, those with lower levels of education, such as high school or only some college are better able to find employment in gay communities, gay owned and operated restaurants, and other places where they might not experience as much discrimination on a daily basis. Those holding higher degrees may be more apt to find employment in their field among the general population, in which they are a minority. This possibility warrants further study. If this holds true among a larger sample size, there are many possible implications.

### Implications for Practice

This study may be beneficial to social work practice. Certain areas of psychosocial stress were found to be high among this population. Many of these areas, such as stress related to work and finances are common to many groups of people, but other areas such as discrimination, verbal and physical harassment and stress related to AIDS is not as common among other groups. It is necessary to identify areas commonly stressful for gay men so that alcohol treatment centers can attend to these stresses. Additionally, this study identifies areas of stress and conflict common among gay men as well as other populations, thus making it easier for clinicians to help treatment groups bond through a focus on commonality. It is also important to understand and acknowledge stressors common among gay men when working with this population in social work settings other than drug and alcohol treatment.

### Limitations and Further Research

There were limitations to this study that may have effected its results. One limitation is the small sample size used in the research. Snowball and availability sampling did not yield high rates of participation, possibly due to respondents' minimal interest in the research. Due to lack of access to this population, many of the respondents come from the same group of

acquaintances. This may have effected the results. If data was collected from a different group or a mixture of groups, the results may have been different.

Another limitation involves the fact that the respondents all lived in the greater Palm Springs area, which is known to have a high population of openly gay men and is also considered a gay-friendly area. Therefore, stress related to sexual preference may be different than in other areas of the state and country. It is also possible that at least some of the respondents may have understated the amount of alcohol they consume due to shame or cultural norms. Furthermore, many of the respondents work in the restaurant and bar industry and that may have effected the outcome of this study. For example constant exposure to alcohol and drinking might lead to a distorted image of alcoholism and possibly to a minimization of their own drinking patterns.

Further research might examine when this population drinks, such as the time of day and the days of the week. Also, studies examining the cognitive and affective states of gay men at the time they drink may be helpful. Researchers may also want to consider whom the population spends their time drinking with such as with other gay friends, family, or by themselves. It may also be useful to social work practice to study gay men in alcohol

treatment and gay men who have finished a recovery program. In addition to this, a comparison study may be done to look at the difference between drinking patterns of gay men and gay women, who deal with similar issues based on sexual orientation.

### Conclusion

In conclusion, this study demonstrated that there are some psychosocial stressors among gay men that are associated with certain drinking patterns. Some stressors have been significantly associated with respondents' beliefs that they have a drinking problem, the number of drinks they consume when drinking and the type of drink that they consume. Therefore, specific psychosocial stressors are associated with drinking patterns and the respondents' beliefs they have a problem. It should be made clear that the focus of this study was not to segregate or apply any negative connotation to gay men. This study was conducted simply to look at the specific stressors of gay men that may lead to high levels of drinking. This information can be added to the general body of knowledge surrounding alcohol use and gay men.

APPENDIX A:  
INFORMED CONSENT

### Informed Consent

The study in which you are about to participate is designed to investigate the relationship between stress and alcohol use among gay men. The study is being conducted by Jamie Grossberg and Dawn Miller under the supervision of Dr. Janet Chang, Professor of Social Work. This study has been approved by the Institutional Review Board, California State University, San Bernardino. The university requires that you give your consent before participating in this study.

In this study, you will be asked to respond to several questions regarding stress and alcohol usage. The task should take 10 to 15 minutes to complete. All of your responses will be held in the strictest of confidence by the researchers. Your name will not be reported with your responses. All data will be reported in group form only. You may receive the group results of this study upon completion in the Spring Quarter of 2001 by contacting Dr. Janet Chang at (909) 880-5184. The results of this study will also be available in the Pfau Library at California State University, San Bernardino after June 2001.

Your participation in this study is totally voluntary. You are free to withdraw at any time during this study without penalty. When you complete the task, you will receive a debriefing statement describing the study in more detail. In order to ensure the validity of this study we ask that you not discuss this study with others.

If you have questions about the study, please feel free to contact Jamie Grossberg, Dawn Miller, or Dr. Janet Chang at (909) 880-5184.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

Place a check mark here

☐

Today's date:

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APPENDIX B:  
DEBRIEFING STATEMENT



### Debriefing Statement

The study you have just completed was designed to investigate the relationship between psychosocial stress and alcohol use among gay men in the Palm Springs area. We are particularly interested in finding whether there are significant relationships between a single specific stressor and increased alcohol use.

Thank you for your participation and for not discussing the contents of the questionnaire with others. If you experience any discomfort after completing this questionnaire please feel free to contact the counseling center at California State University, San Bernardino at (909) 880-5040. If you have any questions about the study, please feel free to contact Dr. Janet Chang at (909) 880-5184. If you would like to obtain a copy of group results of this study, please contact Dr. Janet Chang at the end of Spring Quarter 2001 (June 2001). A copy of this study will also be available in the Pfau Library at California State University, San Bernardino after June 2001.

APPENDIX C:  
SURVEY

## Questionnaire

### 1. Demographic information

- a. How old were you on your last birthday?\_\_\_\_\_
- b. What is your race?\_\_\_\_\_
- c. What is your occupation?\_\_\_\_\_
- d. What is your level of education? (circle one)
  - 1. Less than high school diploma
  - 2. High School
  - 3. Some college
  - 4. 4 year college degree
  - 5. Graduate school
- e. Which category best describes your gross yearly income?
  - 1. \$0 to \$15,000
  - 2. \$15,001 to \$25,000
  - 3. \$25,001 to \$35,000
  - 4. \$35,001 to 50,000
  - 5. \$51,000 to \$75,000
  - 6. Above \$75,000

### 2. Lifestyle

- a. How long have you known you are gay?\_\_\_\_\_
- b. How long have you been ``out''?\_\_\_\_\_
- c. Is your family supportive of your lifestyle?\_\_\_\_\_
- d. Are you currently sexually active?\_\_\_\_\_
- e. 1) Do you have a monogamous relationship?\_\_\_\_\_
- 2) If Yes, how long have you been with your current partner?\_\_\_\_\_

3. To what extent do you consider the following items contribute to your stress levels?

	None	Little	Some	Much	Very Much
a. Conflict with society	1	2	3	4	5
b. Conflict with family	1	2	3	4	5
c. Poor health	1	2	3	4	5
d. Poor health of parents or others <u>not</u> including HIV/AIDS	1	2	3	4	5
e. Friend, parents, self or other with HIV/AIDS	1	2	3	4	5
f. Conflict with authorities	1	2	3	4	5
g. Weakness (e.g. dependency) of partner, friend, family member	1	2	3	4	5
h. Not enough money	1	2	3	4	5
i. Not enough friends	1	2	3	4	5
j. Demands of school	1	2	3	4	5
k. Demands of work	1	2	3	4	5
l. Separation or conflict with partner	1	2	3	4	5
m. Drug problems	1	2	3	4	5
n. Alcohol problems	1	2	3	4	5
o. Verbal harassment related to your sexuality (past or present)	1	2	3	4	5

	None	Little	Some	Much	Very Much
p. Physical harassment related to your sexuality (past or present)	1	2	3	4	5
q. Discrimination based on your sexual orientation	1	2	3	4	5

#### 4. Alcohol

- a. How often do you drink? (circle one)  
 Never      Seldom      Monthly      Weekly      Daily
- b. When you drink, how many drinks do you usually take?  
 (circle one) *Note: One Drink = 1 beer, 1.5 ounces of  
 liquor (1 shot or 1 mixed drink), or 6 ounces of wine*
- 1            2            3            4            5
- c. When you drink how many drinks do you have per hour?  
 (circle one)
- 1            2            3            4            5
- d. Do you believe that you have a drinking problem? (circle  
 one)  
 Not at all      Mild      Moderate      Severe      Very Severe
- e. When you drink, what type of drink do you most often  
 choose? \_\_\_\_\_

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## ASSIGNED RESPONSIBILITIES

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

### 1. Data Collection:

Assigned Leader     Jamie Grossberg

Assisted by         Dawn Linne

### 2. Data Entry and Analysis:

Assigned Leader     Dawn Linne

Assisted by         Jamie Grossberg

### 3. Writing Report and Presentation of Findings:

#### a. Introduction and Literature Review

Assigned Leader     Dawn Linne

Assisted by         Jamie Grossberg

#### b. Methods

Assigned Leader     Jamie Grossberg

Assisted by         Dawn Linne

#### c. Results

Assigned Leader     Dawn Linne

Assisted by         Jamie Grossberg

#### d. Discussion

Assigned Leader     Jamie Grossberg

Assisted by         Dawn Miller