

7-13-2022

Coping Strategies for Inner Conflicts between Gay Bear Identity and Health Concerns

Chichun Lin

The University of British Columbia, chichun.lin@ubc.ca

Darren D. Moore

Northwestern University, dmoore@family-institute.org

Follow this and additional works at: <https://nsuworks.nova.edu/tqr>



Part of the [Community-Based Research Commons](#), [Community Health Commons](#), and the [Lesbian, Gay, Bisexual, and Transgender Studies Commons](#)

Recommended APA Citation

Lin, C., & Moore, D. D. (2022). Coping Strategies for Inner Conflicts between Gay Bear Identity and Health Concerns. *The Qualitative Report*, 27(7), 1306-1315. <https://doi.org/10.46743/2160-3715/2022.5319>

This Article is brought to you for free and open access by the The Qualitative Report at NSUWorks. It has been accepted for inclusion in The Qualitative Report by an authorized administrator of NSUWorks. For more information, please contact nsuworks@nova.edu.



Coping Strategies for Inner Conflicts between Gay Bear Identity and Health Concerns

Abstract

Gay bear refers to a burly gay man with a hirsute body and face. Chinese gay bear men are highly homogeneous and strictly emphasize a uniform bear appearance; however, obesity is an obvious health issue in this population. This study aims to explore the Chinese gay bear men's inner conflicts between bear identity and health concerns. Eleven Chinese gay bear men including four Taiwanese, two mainland Chinese, two Hong Kong, two Malaysian, and one Singaporean were interviewed. The study used a thematic analysis approach and found three coping strategies including (a) Eat healthy but maintain a minimal bear standard; (b) Eat like a bear but go to gym and take physical exam; (c) Reframe the meaning of being a bear or reduce the need of being a bear. This study expects to increase health professionals' knowledge about Chinese gay bear men's inner conflicts between identity and health and to suggest coping strategies for health professionals when addressing this population's health issues.

Keywords

Chinese, gay bear, identity, obesity, coping strategies

Creative Commons License



This work is licensed under a [Creative Commons Attribution-NonCommercial-Share Alike 4.0 International License](https://creativecommons.org/licenses/by-nc-sa/4.0/).

Coping Strategies for Inner Conflicts between Gay Bear Identity and Health Concerns

Chichun Lin¹ and Darren D. Moore²

¹The University of British Columbia, Vancouver, Canada

²Northwestern University, Illinois, USA

Gay bear refers to a burly gay man with a hirsute body and face. Chinese gay bear men are highly homogeneous and strictly emphasize a uniform bear appearance; however, obesity is an obvious health issue in this population. This study aims to explore the Chinese gay bear men's inner conflicts between bear identity and health concerns. Eleven Chinese gay bear men including four Taiwanese, two mainland Chinese, two Hong Kong, two Malaysian, and one Singaporean were interviewed. The study used a thematic analysis approach and found three coping strategies including (a) Eat healthy but maintain a minimal bear standard; (b) Eat like a bear but go to gym and take physical exam; (c) Reframe the meaning of being a bear or reduce the need of being a bear. This study expects to increase health professionals' knowledge about Chinese gay bear men's inner conflicts between identity and health and to suggest coping strategies for health professionals when addressing this population's health issues.

Keywords: Chinese, gay bear, identity, obesity, coping strategies

Introduction

Gay bear refers to a gay man who has a burly and hirsute body with a hairy face; formerly, gay bears dressed in blue collar clothing (Locke, 1997; Moskowitz et al., 2013; Wright, 1997). The major physical appearance of a gay bear is their heavy body and gay bears might lose their membership in the gay bear community if their body size is smaller than what other gay bear members expect (Gough & Flanders, 2009; Wright, 2005). However, obesity has associated with a variety of physical health issues and mental health challenges (Avila et al., 2015; Flegal et al., 2012; Matsuda & Shimomura, 2013). Thus, the inner conflicts between bear identity and health concerns may exist in gay bear men. This study aims to understand their coping strategies dealing with their inner conflicts.

Literature Review

Types of Gay Bear

There exist different types of gay bear in the community based on age, race, and physical characteristics. For example, a cub describes a younger bear while a polar bear means an older bear with grey or white hair (Lyons & Hosking, 2014; Moskowitz et al., 2013). Stereotypically, an African American bear, Hispanic bear, and Asian bear respectively refer to "Black Bear," "Brown Bear," and "Panda Bear" (Moskowitz et al., 2013; Suresha, 2009). In the community, a muscular bear is referred to as a "Muscle Bear" and a gay bear who enjoys wearing leather is called "Leather Bear" (Quidley-Rodriguez & De Santis, 2017). Additionally,

someone who is not a bear but attracted to bears is labeled a "Chaser" (Quidley-Rodriguez & De Santis, 2017).

Reinforced Heavy Body

There are many resources for gay bears, such as regional bear clubs, annual events, social media groups, and phone apps, which all provide opportunities to interact with other bears or chasers (Quidley-Rodriguez & De Santis, 2017). However, these interactions reinforce the stereotypical traits about what a gay bear is supposed to look like. Hennen (2005) suggests that, through frequent interactions, gay bears learn to alter posture, gait, and gaze in ways that symbolize virility, strength, and dominance within the community; in other words, certain mannerisms or voice inflections may be seen as unacceptable in the community. A heavy body is the major physical appearance of a gay bear (Wright, 2005). While comparing to non-bear gay men, gay bears are more likely to have a higher body mass index (BMI; Lin, 2014; Lyons & Hosking, 2014; Moskowitz et al., 2013). Furthermore, a study which conducted interviews with 10 gay bears explored the beliefs and experiences of bears and the findings included (1) being verbally chastised because of their body sizes, which negatively affected their mental health, at the same time, and (2) not feeling comfortable if their BMI was within normal limits, which might lose their membership in the gay bear community (Gough & Flanders, 2009).

Lack of Non-White Bear Study

Many gay bear studies focused on white gay bears and did not identify differences between different bear groups even if the racial terms of bear (e.g., Black bear, Brown bear, and Panda bear) have been used in the White gay bear community (Gough & Flanders, 2009; Lyons & Hosking, 2014; Moskowitz et al., 2013). The necessity of having a non-White bear study is not only for examining the differences but also for exploring the potential health-related issues, especially when this population is at the high risk of health because of their high BMI.

Chinese Gay Bear Community

The Chinese gay bear community is quite large, but the relevant studies are still lacking. The number of Chinese gay bear men is estimated at about 9.1 million when the number of Chinese gay men is approximately 27 million, spread across Taiwan, Hong Kong, mainland China, Singapore, Thailand, Malaysia, the United States, and other places in the world (Gates, 2011; Wang, 2012; Worldometers, 2015) and Chinese gay bear men comprised about 33.6% in a Chinese gay male study (Lin, 2014). In the Chinese gay community, as compared to non-bear gay men, gay bears had a higher BMI, were more likely to have body hair, and reported having more masculine traits (Lin, 2014). Moreover, because the obesity-related stigmas in the society and the mainstream gay community, Chinese gay bears felt confident and comfortable staying at their gay bear groups (Lin, 2014). Chinese gay bears are not inclusive and unwelcoming of those who do not fit the stereotypical image of gay bear into their community; in other words, the community is highly homogeneous and strictly emphasizes a uniform appearance including short haircut, facial hair, hirsute bear-size body, and masculine clothing style (Lin, 2014). A strong match with the uniform appearance brings psychological benefits (e.g., confidence), relational benefits (e.g., intimate relationship), sexual benefits (e.g., sexual partners), and financial benefits (e.g., job opportunities in bear bars) to a member in the community (Lin, 2018).

Obesity Issues

Obesity is traditionally defined as an individual possessing a body mass index (BMI) of 30 or higher and has been associated with a variety of physical health issues (e.g., diabetes, hypertension, dyslipidemia, atherosclerosis, and cancer) and mental health challenges (e.g., depression, anxiety, posttraumatic stress disorder (PTSD), serious psychological distress (SPD), and binge eating disorder (Avila et al., 2015; Flegal et al., 2012; Matsuda & Shimomura, 2013). According to a study with 646 Chinese gay men, the average BMI of bear men ($n = 217$) was 30.64 which while the average BMI of non-bear men ($n = 429$) was 22.84 (Lin, 2014). Clearly, obesity is an obvious health issue for Chinese gay bears.

Inner Conflicts between Bear Identity and Health Concerns

Gay bear men report having more weight-related problems, such as eating disorders, hypertension, diabetes, heart attacks, and strokes (Mass, 2001; Quidley-Rodriguez & De Santis, 2017; Suresha, 2009). They also experience stigmas regarding body size within the larger gay community and the society; simultaneously, they face the sexual orientation stigmas in the daily life (Gough & Flanders, 2009; McGrady, 2016; Whitesel & Shuman, 2013). In the Chinese gay male study (Lin, 2014), gay bears felt more comfortable to stay at their own gay groups compared to non-bear gay men because gay bears experienced stigmas regarding their body size in the society. Wang et al. (2020) reported the weight stigma which refers to an identity threat in response to negative weight-related biases, stereotypes, and prejudices due to overweight or obesity exists in the Chinese society.

However, anxiety occurs when they are not meeting the physical appearance standards in a relationship or community people belong (Lee & Robbins, 1998; Potoczniak et al., 2007). Therefore, the inner conflicts between bear identity and health concerns may exist in gay bear men, especially within the Chinese bear community where guards a non-negotiable bear appearance. This population's inner conflict between their identity and health concerns is unique in the world. Although muscle dysmorphia which is a preoccupation with the idea that one's body is insufficiently lean and muscular might be the major reason to gain weight and muscle for some bodybuilders, their common main goal is to increase muscle mass without adding unnecessary body fat (Iraki et al., 2019; Wolke & Sapouna, 2008). However, speaking of identity, some gay bears might not care if they have less muscle with more body fat (Gough & Flanders, 2009).

Although there is emergent research exploring gay bear's health status, the coping strategies for gay bear's inner conflicts between bear identity and health concerns are poorly understood. The present study reports the strategies in the Chinese gay bear community to guide tailored programs to improve the health status among this population.

Role of Researcher

The first author is a cis-gender man and was born in Taiwan. He is a Postdoctoral Research Fellow and Postdoctoral Teaching Fellow in the University of British Columbia, Vancouver. He is an American Association for Marriage and Family Therapy Approved Supervisor and a Registered Clinical Counsellor in British Columbia, Canada. His academic and clinical interests focus on the social determinants of mental health issues (e.g., anxiety, OCD, PTSD, and suicidality) and sexual health issues (e.g., sexual debut, STIs, and sexual relationships) among marginalized populations (e.g., LGBTQ2S+, immigrants, and people living with HIV). Gay bear is one of his identities. He is passionate about gay bears' both

physical, mental, and sexual health issues. He is the person collecting and analyzing the data and working on the manuscript.

The second author is a cis-gender man and was born in the United States. He is a Core Faculty of Marriage and Family Therapy Program and Associate Director of Clinical Training and Supervision, The Family Institute at Northwestern University. He is an American Association for Marriage and Family Therapy Approved Supervisor and a Licensed Marriage and Family Therapist in Alabama and Georgia, the United States. He has worked with diverse clients, some of whom identify as members of the LGBTQ community. Likewise, he has worked with clients related to the intersection of health and mental health, including obesity, weight loss, eating disorders, negative body image, sexuality, among other concerns. Furthermore, he has a research focus that includes obesity and weight loss, with an emphasis on males, and minority males. He is the person providing mentorship for the first author and working on the manuscript.

Methods

This study aims to understand the coping strategies which were applied by the members of the Chinese gay bear community rather than examine the effectiveness of coping strategies; thus, the authors chose a qualitative method rather than a quantitative method. This qualitative study used a phenomenological approach which emphasizes the interviewees' lived experience in a particular community and the authors chose thematic analysis to describe the identified phenomenon which is about the shared coping strategies in the community (Braun & Clarke, 2012; Sundler et al., 2019).

Data Collection and Samples

After the study had been approved by Alliant International University's institutional review board, the first author designed an online recruiting advertisement which included study purpose, research questions, expected participants' conditions, and the first author's contact information and the online recruiting advertisement was posted on Facebook and Weibo of LGBTQ-related organizations in Taiwan, mainland China, Hong Kong, Malaysia, and Singapore. The study recruited participants who were cisgender, gay, self-identified bear, Mandarin speaker, and aged between 18-64. The first author contacted the participants who met the eligibility criteria to e-sign consents and interviewed each participant via Skype or WeChat. The semi-structured interview mainly consists of three questions: (a) What does gay bear mean to you; (b) What are your health concerns; (c) What coping strategies have you been applying to deal with the conflicts between your bear identity and health concerns? After the interviews were done, the first author, whose first language is Mandarin, transcribed the audio records into Microsoft Word, saved the audiotapes and transcribed files on a hard drive, and stored the handwritten notes in a secure place. Table 1 shows the participants' demographic information.

Table 1
Demographic Information

No.	Time (Minute)	Identities	Age	Citizenship	Hight (CM)	Weight (KG)	BMI
1	65	Cisgender Male, Gay Bear	27	Taiwan	172	90	30.4
2	45	Cisgender Male, Gay Bear	30	Malaysia	178	90	28.4
3	62	Cisgender Male, Gay Bear	40	Hong Kong	165	83	30.5
4	61	Cisgender Male, Gay Bear	22	Mainland China	178	89	28.1
5	36	Cisgender Male, Gay Bear	21	Hong Kong	174	110	36.3
6	35	Cisgender Male, Gay Bear	22	Malaysia	178	110	34.7
7	27	Cisgender Male, Gay Bear	32	Taiwan	173	109	36.4
8	35	Cisgender Male, Gay Bear	36	Singapore	175	96	31.3
9	35	Cisgender Male, Gay Bear	27	Mainland China	173	88	29.4
10	32	Cisgender Male, Gay Bear	33	Taiwan	158	82	32.8
11	41	Cisgender Male, Gay Bear	30	Taiwan	172	113	38.2

Notes. No. = participant number; Time = length of interview.

Data Analysis

The first author followed the steps of data analysis suggested by Braun and Clarke (2012). First, the first author read the transcripts completely to become familiar with the data. Second, the first author re-read the transcripts and took notes for developing preliminary codes. Third, the first author read all notes and searched potential themes. Fourth, the first author re-read the transcripts and notes and defined the themes. Fifth, the first author wrote up the description and selected quotes from the original transcripts for each theme.

Trustworthiness

To adhering to quality standards, the authors engaged in several processes to increase the study's trustworthiness (Shento, 2004). The authors applied the purposive sampling approach, which enabled information from the participants to be maximized in relation to the

context in which the data collection occurs, to ensure transferability (Shento, 2004). The first author and second author articulated and outlined their understandings about the data through frequent meetings and member checks were conducted by discussing the themes and written results to address credibility (Shento, 2004). Moreover, reflexivity is important within a qualitative study to ensure that researchers explore their own biases, preconceived notions, perspectives, prior to and throughout the research process (Berger, 2015). The two authors met frequently to discuss their perspectives about Chinese, male, sexual minority, and gay bear populations in conducting the study and minimize their biases in analyzing the data. The authors directly provided the quotations from interviews to support the trustworthiness of the findings. Additionally, the authors maintained the research notes in all the meetings and the records about every step in the research process.

Results

Theme 1. Eat Healthy but Maintain a Minimal Bear Standard

Participants reported numerous health problems about being a bear, such as high body fat, chest tightness, sleep apnea, headache, bloating, knee pain, hyperglycemia, hyperlipidemia, and hypertension. Although the bear community strictly emphasized a uniform appearance, participants shared there still existed a range of bear size, such as chubby, bear, and cub. Some participants tended to eat healthy (e.g., having less high-calorie food and more vegetables) and maintain the minimal weight for the bear appearance:

Although I really enjoy being a member in my bear group, I have been very worried about my health. I have experienced many obesity-related health problems, such as hyperglycemia, hyperlipidemia, and hypertension. I am planning to lose some weight, perhaps, from big bear to little bear. I heard some of my bear friends love little bears. I think this is a good way to keep me in the bear community and also improve my health status. (32-year-old, 173 cm, 109 kg, cisgender gay man living in Taiwan)

Participants reported that bear appearance not only includes heavy weight but also bear look, such as bear-style haircut (e.g., no hair or little hair on the sides but slightly longer hair on the top of the head), facial hair, hirsute body, and bear-style clothing style (e.g., tight and sleeveless clothes). They expressed they would like to eat less but find other ways to achieve the bear look:

I lost some weight. I am aware that I might not be less attractive for some gay bears that is sad. However, I am working hard to maintain my bear look, such as keeping my bear-style haircut, growing some facial and body hair, and wearing bear-style clothes. (40-year-old, 165 cm, 83 kg, cisgender gay man living in Hong Kong)

Theme 2. Eat Like a Bear but Go to Gym and Take Physical Exam

Participants reported receiving many benefits as a bear-size guy in the bear community, such as sexual, relational, and mental health ones. They also expressed the difficulties in eating less and healthy. However, those participants also worried about their health status. They reported they would still retain the current eating style but would go to gym often and participate in aerobic exercises, such as running, jogging, walking, swimming, and cycling, to

strengthen their heart muscles, improve circulation efficiency, and reduce blood pressure. Some participants would lift weights to reduce body fat and develop muscle. Moreover, many of them have routine physical exams to ensure they remain in an acceptable health status:

My body has been a chubby or bear size since my childhood. Eating like a bear has been a long-term pattern which is so difficult to be changed. However, I enjoy exercising in a gym where I could train my cardiovascular system and body muscles and I could meet some cute bear guys. Although my BMI still keeps high, my body fat is lower, and I feel healthier. (22-year-old, 178 cm, 110 kg, cisgender gay man living in Malaysia)

Theme 3. Reframe the Meaning of Being a Bear or Reduce the Need of Being a Bear

Participants acknowledged the anxiety and inner conflicts between maintaining their bear appearance and keeping their health status. Although some participants appreciated the belongingness from their bear groups, they questioned about the bear standards socially and unconsciously constructed in the community. They used psychological approaches to reframe or redefine the term of bear and made this bear identity become healthier physically and mentally. Some participants would stop maintaining a bear size upon finding a stable intimate relationship or making bear friends who were into non-bear men that allows them to lose the weight. Both strategies attempt to cast off the bear standards for more psychological freedom:

I like bears and enjoy interacting with my bear friends. However, honestly, I don't understand why there exists a uniform standard of bear appearance. I think physical and mental health are more important although I enjoy my bear identity. I am learning to question and deconstruct the term of bear and learning to create my own one. (27-year-old, 173 cm, 88 kg, cisgender gay man living in Mainland China)

Discussion

The present study aimed to understand the coping strategies for Chinese gay bear men's inner conflicts between bear identity and health concerns. To the best of our knowledge, this is the first qualitative studies exploring the coping strategies in a non-western bear population. We found three major strategies. First, participants chose to eat healthy to improve their health status but also maintained the minimal weight with other bear appearance standards such as bear-style haircut, facial hair, hirsute body, and bear-style clothing style. Second, participants still ate like a bear but chose to exercise for strengthening their heart muscles, improve circulation efficiency, and reduce blood pressure and reducing their body fat; moreover, they also chose to take physical exams for ensuring to remain in an acceptable health status. Third, participants used psychological approaches to reframe or redefine the meaning of being a bear and they would stop maintaining a bear size when they are in a stable intimate relationship or have other bears who are into non-bear guys. Our findings were consistent with other gay bear studies which emphasized weight and body image were related to bear identity (Gough & Flanders, 2009; Lin, 2014; Locke, 1997; Moskowitz et al., 2013; Quidley-Rodriguez & De Santis, 2017; Wright, 1997) but provided the coping strategies for gay bears' inner conflicts between identity and health that have not been well addressed in the previous studies.

Implications

Given that bear identity is important for gay bear men, health professionals (e.g., physicians, pharmacists, nurses, psychologists, counselors, and marriage and family therapists) may need to reconsider their approaches to address the obesity issues with this population. To suggest weight reduction may be inadvertently contributing to the harm for gay bears who might have already been ostracized from the larger gay community and the society (Gough & Flanders, 2009; Whitesel & Shuman, 2013). Thus, health professionals need to be aware of the societal obesity-related stigmas and their bear identity. Likewise, health professionals need to acknowledge the complexities inherent in obesity intervention with diverse populations. Instead of focusing on weight reduction, health professionals are suggested to apply the coping strategies from the present study to address the gay bears' identity and health simultaneously. Quidley-Rodriguez and De Santis (2017) provided a similar suggestion that, when working with gay bears, health professionals need to be culturally sensitive about their weight without being judgemental; in other words, if the bear client wants to lose weight, the health professional can appropriately assist in achieving the goal, but if the bear client does not seek to lose weight, the health professional can help manage other health issues.

Health-at-every-size (HAES) might serve as a good framework for the population in this study because it is rooted in the belief that health can be obtained without consideration of size, body mass index, or fat percentages and supports self and body size acceptance, promote physical activity, and promote normalized eating with a focus on physiologic response to hunger and fullness cues, without imposing rigid societal expectations on eating practices (Robison, 2005). HAES practitioners also work against fat stigmas that often impact larger sized individuals (Bombak, 2014). In the study, participants mentioned that they made efforts to take physical exams that means this population does value the advice from health professionals. This provides opportunities for health professionals to interact with this population for the discussions about the impacts of bear identity on their health status and the coping strategies created by the gay bear who is taking the physical exam.

Limitations

There are some limitations. First, the present study focused on Chinese gay bear men who have different experiences from other gay bear men living in different cultures. It means the findings could not be applied to other bear populations. Third, in our study, the average BMI was 32.4 with a range from 28.1 to 38.2 which includes Class I (30.0 to 34.9 BMI) and Class II (35.0 to 39.9 BMI) obesity status; therefore, the findings might not be able to be applied to other gay bears in Class III (Greater than 40.0 BMI) obesity status (U.S. National Library of Medicine, 2021).

Future Research

We also recommend exploring the similarities and differences between gay bear men with different cultures, ethnicities, or geographic location. While the present study included the participants whose age were between 21 and 40 and whose BMI were between 28.1 and 38.2, it may also be worthy to consider the experiences of younger and older gay bear men who are experiencing different developmental stages and of heavier gay bear men who may have more risky health issues. The existing gay bear studies have not examined their other important biomarkers like blood pressure, blood glucose, cortisol, cholesterol, and triglycerides (Quidley-Rodriguez & De Santis, 2017) and obtaining these biomarkers can be more holistic to identify their health issues.

References

- Avila, C., Holloway, A. C., Hahn, M. K., Morrison, K. M., Restivo, M., Anglin, R., & Taylor, V. H. (2015). An overview of links between obesity and mental health. *Current Obesity Reports, 4*(3), 303-310.
- Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research, 15*(2), 219-234.
- Bombak, A. (2014). Obesity, health at every size, and public health policy. *American Journal of Public Health, 104*(2), e60-e67.
- Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology, vol. 2: Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57–71). American Psychological Association.
- Flegal, K. M., Carroll, M. D., Kit, B. K., & Ogden, C. L. (2012). Prevalence of obesity and trends in the distribution of body mass index among US adults, 1999-2010. *Jama, 307*(5), 491-497.
- Gates, G. J. (2011). *How many people are lesbian, gay, bisexual, and transgender?* The Williams Institute. <http://williamsinstitute.law.ucla.edu/research/census-lgbt-demographics-studies/howmany-people-arelesbian-gay-bisexual-and-transgender/>
- Gough, B., & Flanders, G. (2009). Celebrating “obese” bodies: Gay “bears” talk about weight, body image and health. *International Journal of Men's Health, 8*, 235-253.
- Hennen, P. (2005). Bear bodies, bear masculinity: Recuperation, resistance, or retreat? *Gender & Society, 19*(1), 25-43.
- Iraki, J., Fitschen, P., Espinar, S., & Helms, E. (2019). Nutrition recommendations for bodybuilders in the off-season: A narrative review. *Sports, 7*(7), 154.
- Lee, R. M., & Robbins, S. B. (1998). The relationship between social connectedness and anxiety, self-esteem, and social identity. *Journal of Counseling Psychology, 45*(3), 338-345.
- Lin, C. (2014). Chinese gay bear men. *Culture, Society and Masculinities, 6*(2), 183–193.
- Lin, C. (2018). Reinforcing behaviors of Chinese gay male users on Facebook. *Psychology of Popular Media Culture, 7*(3), 289-296.
- Locke, P. (1997). Male images in the gay mass media and bear-oriented magazines: Analysis and contrast. In L. Wright (Ed.), *The bear book: Readings in the history and evolution of a gay male subculture* (pp. 103-140). Harrington Park Press.
- Lyons, A., & Hosking, W. (2014). Health disparities among common subcultural identities of young gay men: Physical, mental, and sexual health. *Archives of Sexual Behavior, 43*, 1621-1635.
- Mass, L. (2001) Bears and health. In L. Wright (Ed.), *The bear book II: Further readings in the history and evolution of a gay male subculture* (pp. 15–37). Harrington Park Press.
- Matsuda, M., & Shimomura, I. (2013). Increased oxidative stress in obesity: Implications for metabolic syndrome, diabetes, hypertension, dyslipidemia, atherosclerosis, and cancer. *Obesity Research & Clinical Practice, 7*(5), e330-e341.
- McGrady, P. B. (2016). “Grow the beard, wear the costume”: Resisting weight and sexual orientation stigmas in the bear subculture. *Journal of Homosexuality, 63*(12), 1698-1725.
- Moskowitz, D. A., Turrubiates, J., Lozano, H., & Hajek, C. (2013). Physical, behavioral, and psychological traits of gay men identifying as bears. *Archives of Sexual Behavior, 42*(5), 775-784.
- Potoczniak, D. J., Aldea, M. A., & DeBlaere, C. (2007). Ego identity, social anxiety, social

- support, and self-concealment in lesbian, gay, and bisexual individuals. *Journal of Counseling Psychology*, 54(4), 447-457.
- Quidley-Rodriguez, N., & De Santis, J. P. (2017). A literature review of health risks in the bear community, a gay subculture. *American Journal of Men's Health*, 11(6), 1673-1679.
- Robison, J. (2005). Health at every size: Toward a new paradigm of weight and health. *Medscape General Medicine*, 7(3), 13.
- Shento, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63-75.
- Sundler, A. J., Lindberg, E., Nilsson, C., & Palmér, L. (2019). Qualitative thematic analysis based on descriptive phenomenology. *Nursing Open*, 6(3), 733-739.
- Suresha, R. J. (2009). *Bears on bears: Interviews and discussions*. Bear Bones Books.
- U.S. National Library of Medicine. (2021). *Health risks of obesity*. <https://medlineplus.gov/ency/patientinstructions/000348.htm>
- Wang, H. (2012). *China's competition for global talents: Strategy, policy and recommendations*. Asia Pacific Foundation of Canada Research Report.
- Wang, Z., Wang, B., Hu, Y., Cheng, L., Zhang, S., Chen, Y., & Li, R. (2020). Relationships among weight stigma, eating behaviors and stress in adolescents in Wuhan, China. *Global Health Research and Policy*, 5(1), 1-9.
- Whitesel, J., & Shuman, A. (2013). Normalizing desire: Stigma and the carnivalesque in gay bigmen's cultural practices. *Men and Masculinities*, 16, 478-496.
- Wolke, D., & Sapouna, M. (2008). Big men feeling small: Childhood bullying experience, muscle dysmorphia and other mental health problems in bodybuilders. *Psychology of Sport and Exercise*, 9(5), 595-604.
- Worldometers (2015, September). *China population*. <http://www.worldometers.info/world-population/china-population/>
- Wright, L. (1997). Introduction: Theoretical bears. In L. Wright (Ed.). *The bear book: Readings in the history and evolution of a gay male subculture* (pp. 1-17). Harrington Park Press.
- Wright, L. (2005). *Bear essentials: A different kind of gay identity*. Voice Male. <http://search.proquest.com/docview/228209684?accountid=14585>

Author Note

Chichun Lin, Psy.D., Registered Clinical Counsellor Approved by British Columbia Association of Clinical Counsellors, AAMFT Approved Supervisor, is a Postdoctoral Research Fellow and Postdoctoral Teaching Fellow in the The University of British Columbia, Vancouver. His research is focused on mental health issues (e.g., Anxiety, OCD, PTSD, and Suicidality) and sexual health issues (e.g., Sexual Debut, STI, and Sexual Relationship) among marginalized populations (e.g., LGBTQ2S+, Immigrants, and People living with HIV). He can be reached at chichun.lin@ubc.ca.

Darren D. Moore, Ph.D., LMFT, AAMFT Approved Supervisor, is an Associate Professor and Program Director in the master's program in Marriage and Family Therapy at Touro University Worldwide. His research is focused on obesity, weight loss, eating disorders, and related addictions, with an emphasis on health disparities among Men, African American Families, and other marginalized populations. He can be reached at dmoore@family-institute.org.

Copyright 2022: Chichun Lin, Darren D. Moore, and Nova Southeastern University.

Article Citation

Lin, C. & Moore, D. D. (2022). Coping strategies for inner conflicts between gay bear identity and health concerns. *The Qualitative Report*, 27(7), 1305-1315.
