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The lives and sexual risk behaviours of rural, closeted men who have sex with men living in Montana

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ABSTRACT

The current study investigated the role of the rural environment in shaping men's decisions to remain closeted about their same-sex sexual activity and the cognitive, affective and behavioural consequences of that decision. In-depth qualitative interviews were conducted with 45 self-identified closeted men who have sex with men living in Montana. Because of the difficulty of finding closeted men, recruitment occurred using the Internet. Interviews were analysed to elicit overall themes influencing men's lives. An Outness Inventory was administered to determine men's perceived level of being 'out' to others. Men reported high levels of stress related to their need to live a double life in an attempt to conform to perceptions of masculinity within the rural cultural environment. Fear of being outed led men to seek out-of-town or out-of-state sexual partners indicating widespread sexual networks and increased risk for HIV infection. While men felt they were able to interact with their communities on a superficial level, many stressed their desire for a deeper sense of connection and social support. The majority of men in this study dreamed of a day when they could express their whole identity without fear.

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Introduction

Men who have sex with men who have difficulty acknowledging their homosexuality, either to themselves or to others, are often referred to as 'closeted'. Frequently forced to hide their identity in response to social pressures, closeted men remain a hidden subset of the population. Their lived experiences and sexual risk behaviours remain largely unknown. Among the handful of prior studies focusing on rural lesbian, gay and bisexual populations, men who have sex with men report challenges such as conservative rural values regarding sexual behaviour, social hostility including anti-gay violence, isolation, loneliness and homophobia (Gray 2009; Moses and Hawkins 1982; Rosser and Horvath 2008; Sondag, Hart, and Schwitters 2011; Williams, Bowen, and Horvath 2005). These characteristics of the rural environment combine to promote fear and intolerance, resulting in depression, stress, poor coping mechanisms and lack of social support (Uphold et al. 2005).

Social support is particularly important in ameliorating the negative effects of homophobia. A recent cross-sectional study examining the experiences of homophobia among gay and bisexual men across seven countries concluded that the social environment in which men live significantly influences their experiences of homophobic stigmatisation and marginalisation. Specifically, men who reported a greater number of gay and bisexual men in their social networks also reported less internalised homophobia (Chard et al. 2015). Typically, men who have sex with men living in an urban environment have access to social networks that provide an outlet for them to communicate with others who are able to empathise with their experiences. However, finding such networks in rural, sparsely populated environments is much more difficult. In rural environments, the challenges associated with finding support are often compounded by a decreased visibility in the community and smaller and fewer financial assets to advocate for greater visibility and awareness (Gray 2009).

Minority stress theory provides a valuable lens through which to examine the lives of men who have sex with men. Meyer (2003) suggested three relevant processes of minority stress: (1) external, objective stressful events and conditions; (2) the vigilance required in expectation of such events; and (3) the internalisation of negative social attitudes. Typically, the processes associated with minority stress have been linked with the prejudice and discrimination faced by visibly stigmatised individuals who cannot hide their stigma. More recently, researchers have suggested that individuals who are able to conceal their stigmas (i.e., remain closeted) face many of the same challenges as do individuals who are unable to conceal their stigmas. In fact, in concealing a stigma such as same-sex sexual activity, individuals suffer not only from the negative effects related to concealment, but also from the loss of the beneficial, self-protective effects of being 'out' (Meyer 2003; Pachankis 2007). Men who choose to remain closeted must deal with the stress of anticipating the possibility of being found out, making decisions about disclosing one's hidden status and feeling isolated and detached from one's true self. Often, they suffer from heightened concerns regarding anonymity, confidentiality and stigma (Heckman and Carlson 2007; Preston et al. 2007; Shernoff 1997; Ullrich, Lutgendorf and Stapleton 2003; Uphold et al. 2005; Wagner et al. 2013). Higher levels of stigma have been associated with less likelihood of disclosing one's sexual orientation as well as a decreased likelihood of seeking healthcare. This reluctance to seek healthcare may be even more pronounced among men living in rural environments in the USA, where increased stigma and the need to conceal same-sex behaviour can become significant barriers (Whitehead, Shaver, and Stephenson 2016).

Few states are considered more rural than Montana. Montana is the third least densely populated state, yet the fourth largest in area within the USA. Of the 56 counties in Montana, 45 are considered to be frontier, five are considered rural and one is considered to be metropolitan. Since HIV reporting began in 1985, and as of December 31, 2015, more than 1300 persons with HIV disease have been reported in Montana, with 54% of cases being diagnosed in Montana. In 2015, 595 HIV-infected persons were known to be living in Montana. Of those HIV infected persons, 86% are male and 79% were identified as men who have sex with men or men who have sex with men /injection drug users. Among the 595 HIV cases in Montana in 2015, approximately 60% have been diagnosed with AIDS, indicating a delayed recognition of HIV infection or a reluctance to get tested (MT DPHHS 2015).

The current study sought to explore the lived experiences of closeted men who have sex with men residing in the rural, sparsely populated state of Montana. Specifically, this research

sought to describe how minority stress, particularly the stress of concealing one's same-sex sexual activity, influenced the cognitive, affective and behavioural processes among rural men.

Methods

Sample

In the context of the rural environment in which this study took place it would have been impossible to conduct research among the current population without using a purposive sampling design. As all of Montana is generally considered to be rural, an attempt was made to obtain a geographically diverse sample by recruiting men from each of Montana's five health planning regions. Eligibility to participate was determined through the use of a brief screening tool. To be eligible, participants had to be male, currently residing in Montana, identify as having sex with other men and identify as being closeted (not 'out' about their sexuality). For ethical reasons and for the purpose of consent, all participants were at least 18 years of age. Development of the study began in 2009 and data analysis concluded in 2012.

Men were recruited in large part through the personal sections on websites ($n = 38$) using a pre-approved (Institutional Review Board [IRB]) recruiting script that included a phone number and email address to which interested men could respond. Websites included craigslist.com, manhunt.com and gay.com. In addition to website recruiting, seven men were recruited by a person conducting HIV counselling and testing and by adult bookstore owners in Central and Eastern Montana, respectively. In all methods of recruitment, men were either able to read the recruitment script, pick up study information or be given study information, but had to make the first contact with the investigator. This allowed men to have full control over the decision to participate and to initiate contact at a time and in a place that they felt safe. No effort was made to hide the identity of the researcher.

Prior to beginning the study, approval was obtained from the University of Montana IRB, and a copy of the IRB approval was made available to all interested men.

Research design

A qualitative research design was used to explore personal experiences and meanings associated with living a closeted sexual lifestyle within a rural environment. Due to the sensitive nature of the topic being studied, phenomenological-style, in-depth, semi-structured interviews were utilised when meeting with participants. Interviews were conducted at a variety of mutually agreed locations, including public parks, libraries and coffee shops. As compensation for their time and travel to the interview site, each participant was offered \$25. While the interviews were conducted in a largely conversational style, the researcher carried a research packet that contained a consent form, a demographic questionnaire, a list of resources, interview questions and the Outness Inventory (OI) questionnaire.

The OI is an 11-item scale designed to assess the degree to which lesbian, gay and bisexual individuals are open about their sexual orientation to specific persons such as mother, father siblings, work peers, religious leaders and so on (Mohr and Fassinger 2000). Scoring ranges from 1–7, from 1 = people definitely do not know about your

sexual orientation status, to 7 = your sexual orientation status is known and openly talked about. The tool has been used in multiple areas of research since its creation in 2000, including gender roles, stress, relationship satisfaction, overall health and partnerships. The inventory served as a means of applying consistency to men's responses about their level of outness about same-sex sexual activity.

Several steps were taken within the research process to reduce bias, including memo-taking, member checks and reflexivity. Memo-taking consisted of writing down initial ideas and observations while coding the data. This helped in the recording of large numbers of patterns, issues and connections that could then be compared and contrasted. Member checks involved bringing themes and interpretations developed during the first few interviews back to men in subsequent interviews, with the goal of confirming the interpretations were realistic, credible and accurate (Lincoln and Guba 1985). Overwhelmingly, in this study, the themes and subsequent interpretations were reviewed positively and supported through the member check process. The process of reflexivity included examining, throughout the research process, assumptions and preconceptions, and how these affect the relationship dynamics and responses to questions (Hsiung 2008).

Data analysis

Each of the interviews was recorded using a digital audio recorder. After the interview, the audio recording was transferred to a password protected computer and a flash drive, deleted from the recorder and transcribed verbatim by the primary investigator. During the transcription process, identifying information was removed, including names and locations. Each man was given a pseudonym for identification purposes within the research.

Data analysis began while additional interviews were being conducted. This approach allowed for additional questions to be added to the interviews as identified in prior interviews and for preliminary themes to be determined. Coding began as the initial interviews were still taking place and served as guidance for the remainder of the interviews. To ensure validity, a degree of triangulation was introduced in the form of rich, thick description and member checks (Creswell 1998; Denzin 1973; Geertz 1973; Lincoln and Guba 1985).

Findings

Prior to beginning the interview process, many people questioned whether a married, heterosexual woman in her early-30s could conduct this research. Being a woman, however, actually became an asset of the research. As David (age 25) stated, 'the whole way here tonight I had my fingers crossed and repeated over and over, please don't be a man, please don't be a man, please be a woman.' When the researcher further inquired as to why he hoped the interviewer would be a woman, he stated that he would not have talked to a man in such intimate detail as he would talk to a woman. Throughout all of the interviews, not one man seemed uncomfortable or refused to talk because of the sex and gender of the person conducting the interviews.

Interviews were conducted with a total of 45 men who self-identified as being closeted about their same-sex sexual activity. The recorded portion of the interviews averaged about 90 minutes. The majority of the men were middle aged, with a mean age of 40 years. Of participants, 82% identified as Caucasian. In all, 58% reported being single; of the men who

Table 1. Participant demographic data.

| Participant pseudonym | Outness Inventory score | Age | Relationship status | Population | Sexual orientation |
|-----------------------|-------------------------|-----|---------------------|--------------|--------------------|
| Nick | 1.7 | 33 | Single | 10–50,000 | Bisexual |
| Adam | 1.1 | 30 | Single | 50,000+ | Bisexual |
| David | 1.5 | 25 | Single | 50,000+ | Gay |
| Buck | 2.1 | 62 | Married, open | 10–50,000 | Gay |
| Jason | 1.5 | 36 | Single | 10–50,000 | Straight |
| Steve | 1.7 | 28 | Single | 10–50,000 | Gay |
| Frank | 1.5 | 21 | Dating, women | 50,000+ | Bisexual |
| Charlie | 1.1 | 53 | Single, divorced | 50,000+ | Bisexual |
| Kevin | 1.3 | 29 | Married, monog* | 10–50,000 | Bisexual |
| Toby | 1.3 | 62 | Married, monog | 10–50,000 | Bisexual |
| Walter | 1.3 | 27 | Single | 50,000+ | Bisexual |
| Zeb | 2 | 56 | Single | 0–500 | Bisexual |
| Tom | 4.1 | 19 | Single | 50,000+ | Bisexual |
| Bryan | 1.6 | 45 | Married, monog | 50,000+ | Bisexual |
| Aidan | 2.1 | 37 | Married, open | 1000–10,000 | Bisexual |
| Ed | 1.3 | 29 | Single | 10–50,000 | Bisexual |
| Gary | 4.7 | 63 | Single | 10–50,000 | Bisexual |
| Pete | 2.2 | 28 | Single | 10–50,000 | Gay |
| Vince | 1.2 | 42 | Married, monog | 0–500 | Gay |
| Mike | 3.5 | 33 | Married, monog | 50,000+ | Bisexual |
| Larry | 1.4 | 60 | Married, open | 50,000+ | Gay |
| Randy | 1.5 | 28 | Married, open | 50,000+ | Bisexual |
| Haden | 1 | 42 | Married, open | 50,000+ | Bisexual |
| Oliver | 1.8 | 43 | Single | 1000–10,000 | Bisexual |
| Ian | 1.8 | 52 | Married, monog | 50,000+ | Bisexual |
| Yuma | 1 | 54 | Single | 0–500 | Other, all |
| Craig | 2 | 21 | Monog w/man | 10–50,000 | Gay |
| Paul | 1.2 | 28 | Committed, man | 10–50,000 | Gay |
| Jake | 1.1 | 39 | Single | 1,000–10,000 | Bisexual |
| Daniel | 2.1 | 21 | Single | 10–50,000 | Gay |
| Anthony | 3.8 | 23 | Single | 50,000+ | Gay |
| Bruce | 1 | 37 | Single | 50,000+ | Straight |
| Roger | 1.1 | 48 | Married, monog | 1000–10,000 | Bisexual |
| Carl | 1.4 | 67 | Married, open | 0–500 | Bisexual |
| Wayne | 1.2 | 40 | Single | 50,000+ | Bisexual |
| Dean | 2.3 | 35 | Single | 10–50,000 | Gay |
| Melvin | 1.5 | 22 | Single | 10–50,000 | Gay |
| Leonard | 2.9 | 59 | Single | 500–1000 | Gay |
| Gene | 1.3 | 52 | Married, open | 50,000+ | Bisexual |
| Tony | 1.3 | 59 | Single | 50,000+ | Bisexual |
| Sam | 1.7 | 23 | Single | 50,000+ | Gay |
| Kyle | X | 30 | Single | 10–50,000 | Gay |
| Nolan | 1 | 51 | Married, monog | 10–50,000 | Straight |
| Shawn | 1.1 | 30 | Relationship | 10–50,000 | Bisexual |
| Collin | 1.4 | 55 | Single | 0–500 | Gay |

*monog = monogamous relationship.

were married, approximately half were in monogamous and half were in open marriages. All but 4 of the 45 men reported being gay or bisexual. Outness Inventory scores averaged 1.54 on a scale of 1–7. Of participants, 62% lived in towns with a population of 50,000 or less. Table 1 provides information about each participant in this study, including his pseudonym, OI score, age, relationship status, size of town of residence and sexual orientation.

While each man chose a different way to engage with his community, the data reveal many commonalities regarding the men's reasons for remaining closeted and the effects that being closeted had on their lives. The quotes have been minimally edited for reading ease – that is to say only extraneous words such as 'like,' 'you know,' 'yeah' and other words



Figure 1. Why men remain closeted.

that affect the flow of the quote have been removed. Names have been changed to protect participants' identities. Figure 1 provides a pictorial representation of the reasons men gave for remaining closeted. The larger the word the more often the word/theme appeared in the interview data.

The themes discussed below are organized into two general categories: (1) cognitive/affective and (2) behavioural. While described separately, processes within themes were interrelated, making it difficult to isolate and definitively categorize them.

Cognitive/affective implications

The cognitive/affective implications of being closeted revolved around the men's loneliness, fear of being outed and the belief that being outed would result in alienation from the people most important to them. These fears are captured by the following themes.

Loneliness related to geographic isolation

An overarching theme that appeared to influence all of the participants' experiences was geographic isolation. The distance between towns can make it not only difficult to traverse the miles in attempts to decrease the sense of social isolation, but it also limits the influx of new and diverse ways of thinking. Many participants described the environment as vast and lonely, filled with traditional gender and sexuality roles and negative views of people not fitting those roles. David (age 25) discussed the feeling of living within imaginary walls while living in a rural Montana town. He viewed the rural environment as a hard and lonely place to live:

Being gay more so, I found rural places like this, like Montana, more difficult. People are way more closed-minded. It's kind of like old-fogey people that still have it instilled in them that, for example, Blacks are bad or gays are bad and that's something that they were born and raised with, it's been in their blood for generations, it's not going to leave.

Fear of losing family and friends if outed

The first question men were asked after the interview began was, 'Can you tell me about your experience of remaining closeted about your sexual identity?' In answer to this question, many men reported a fear of being ostracised from family, friends or acquaintances in the community as the most influential reason for remaining closeted. In general, they felt that the people in the communities in which they lived were not welcoming toward sexual minorities. Most of the men in this study were not ready to risk losing the relationships that meant the most to them. Married men reported a fear of losing access to their children. Ian (age 52) talked about the desire to be out, while worrying about his relationship with his children:

I don't want to risk losing access to my children. I mean I would rather spend my entire life uncomfortable than lose that part of my life.

Paul (age 28) chose to stay in his hometown because he wanted to remain close to his family, yet he felt that in order to remain close to his family, he must remain closeted because of larger community values. Beyond the desire to protect his extended family in his community, he worried he would lose friendships:

It's such a small community and everybody knows everybody. You know what I mean, like that six degrees of separation. Well, it's like two degrees here, you know. Everybody associates with everybody and I guess to come out and be like that – I wouldn't want my family to be questioned for that or ridiculed or bring shame upon them, cause that's what happens with other families here ... I really wouldn't know what would happen. I think that a lot of my straight friends, and the way that they talk about gay people, I'm almost positive that they will leave. They probably wouldn't want to remain friends with me because of that.

Living up to rural, conservative views of masculinity

Geographical isolation led to a lack of exposure to differing lifestyles that appeared to foster heightened expectations of masculinity associated with traditional gender roles. The constant struggle of trying to conform to rural perceptions of masculinity was something with which many men identified. Since gay identities are not restricted to sexual behaviour, but instead extend to include non-sexual ways of being and behaving, some men reported over-exaggerating their masculinity in the attempt to remain closeted, while other men discussed having a 'make believe' girlfriend to talk about with family and friends. Several men talked about pretending to be interested in women when their friends were around or using a girl as a cover around certain people. Paul (age 28) described his attempts to fit into the traditional masculine role:

If I'm around a certain group of friends that are definitely 100% heterosexual and they assume I am too, if there's a girl there, I will make remarks, like I'm hitting on her so they'll hear. You know what I mean? They can think I'm attracted to her, and to me that's pretending cause really, I'm not sexually attracted to her, I just feel that I need to put that out there, so that I have a cover. So, that's what I'm pretending, pretending to be attracted to females in front of my straight friends.

Rather than feeling free to challenge traditional definitions of masculinity, men felt that not only did the traditional social construction of masculinity run too deep to challenge, but also that their own safety would be jeopardised if they openly challenged these traditional perceptions. Roger (age 48) relates his experience of what can happen to men in his community when they come to be seen as gay:

I know a guy, he used to come into the store that I work at quite often and he'd complain about getting harassed quite a bit. I don't know if it went as far as damaging his car or anything like that, but it wouldn't surprise me if it did. You know it didn't take long for the fights in the bars, when he went to bars and stuff like that, to drive him out. I know a couple of fights that took place. They didn't just run across him in the bar, they sought him out and found him. That's enough to keep anybody in the closet, I think.

Living a double life

Attempting to live up to the rural ideals of masculinity, men often reported living a double life. Men described their situation as 'living a lie' or 'having to maintain two identities'. This constant state of hyper-vigilance was associated with feelings of isolation, physical and emotional exhaustion and depression. Stories were told about pushing people away, living in a constant state of fear. The sense of isolation brought about by living a double life is clearly heard in David's (age 25) description of the walls he creates to keep people from getting to know him too well:

I am definitely more aware of how I behave You're always, or at least I am always, strategizing in my mind – does this person know, am I doing or saying anything where they might know? I also feel like I am lying to most people all the time, which makes it very difficult to form any kind of meaningful relationship. I don't have many close friends. I don't have many friends at all. I put up a lot of walls, a lot of defensive walls to protect myself and to prevent anyone from getting too close so that they would find out.

Tom (age 19) reported seeing or hearing negative acts or attitudes towards lesbian, gay and bisexual individuals. His experience led him to believe that it would not be possible for him to come out to people in his community:

Yes, I definitely see it [negative attitudes/stigma] a lot and it has absolutely affected me. It's so ingrained and so institutionalised that just sitting at a poker game and somebody will say something like, 'you're such a fag' or you know things like that. It's so taken for granted and just so common that the prejudice is at such a common level right now that it makes it very difficult to imagine being able to come out and be accepted by people that have those types of views.

Behavioural implications

The cognitive and affective consequences associated with the men's concealed stigma included a deep sense of loneliness, isolation and fear. Men in this study talked about how these feelings led to behaviours that were not always healthy. The need to conceal their same-sex activity limited their interactions with healthcare providers, made them reluctant to seek HIV testing, led them to seek sex partners through the Internet and limited their communication with potential sex partners. Those behaviours are illustrated in the following themes.

Remaining closeted with healthcare providers

The most common reasons for not being open with healthcare providers were: a fear of being outed by the provider (doctor, nurse, reception staff); fear that the health provider would refuse service if he or she discovered the participant had sex with other men; and the belief that their personal sexual behaviour was none of the provider's business. It could also be embarrassing or difficult to talk to a doctor about risky sexual behaviours, particularly when you may see your doctor outside of the clinic or if the doctor knows your friends or

family members. Buck (age 62) discussed playing golf with his doctor on a regular basis, while other men talked about frequently running into their doctors or nurses around town:

I've always lied [about sexual orientation to my doctor]. You know, I've given blood or something like that I always lie. What's funny is cause I'll say anything openly to a doctor about heterosexuality, but I won't even hint to anything, uh, any kind of gay lifestyle at all.

Concern that medical records may not remain confidential is a real fear in many small towns, especially in relation to HIV, which is still a highly stigmatised disease. Not only might a doctor violate confidentiality agreements, but an employee of the doctor might view medical records and break confidentiality. News travels fast in small towns. As one of the men stated, 'It feels like my neighbours know my business before I do.' Jason (age 36) talked about living in a small town and the speed at which gossip travels:

No, and that's been one hard thing because of medical records and stuff. I went down to [name of organisation removed] and uh, you know, I would rather be totally open on stuff like that, but I can't and then I was nervous about the nurses. My ex used to work there, you know and I just don't trust it, so yeah, I lie about it.

Reluctance to get tested for HIV

Because they feared a lack of confidentiality, men preferred to be tested anonymously in locations outside of the town in which they were living. There also was a collective desire to be treated as an equal during the testing process, rather than, as Dean (age 35) said, 'being lectured like a little school girl'. In fact, some men reported feelings of animosity towards being counselled about their sexual habits and 'being preached to' by counsellors who 'had nothing in common with them'. Men were willing to spend the extra time to drive to a nearby town or put off testing until they had a trip planned to another town, rather than having to face, not only the anxiety that often accompanies an HIV test, but also the anxiety of being seen by someone in town. Vince (age 42) stated:

Yeah, like the free clinics seem, you know, they ask the least amount of questions and you can just pay with cash, and it's usually an in and out procedure. They seem to be the most understanding and they don't want to know that much about you and they seem to be the least invasive and the least permanent in terms of keeping records and things like that. At least that's my perception anyway.

Seeking sex partners through the Internet

Every man in the study reported using the Internet to find sexual partners in towns outside of their own. The use of the Internet added a sense of safety associated with anonymity, but it also facilitated risky sexual encounters and in some cases reduced communication about HIV testing and status. Nick (age 33) talked about his preference for using the Internet to find partners from out of town, but despite this preference he said that cost often made travelling prohibitive. After a recent sexual encounter, he stated that he broke down emotionally realising that he had just had sex in a toilet stall because he did not have enough money for a hotel and did not want to be seen by anyone from his hometown:

You know the last place I was in was a bathroom, a men's room. It was in a bathroom and when it was over, I was like really, this is what I am doing? I am having sex in a men's room, like what the hell is wrong with me. What level of self-loathing does it take to reduce yourself to something like that? Um, but at the same time, it was the most convenient place, it was the cheapest place after driving for so long.

The older men in this study talked about the greater ease in finding partners, especially those from out of town, in comparison to pre-Internet days when people relied more heavily on print advertisements, bookstores and bathhouses. As Gary (age 63) stated, 'speed dating has never had it so good':

You used to have to put personals in newspaper type magazine things and I remember the first time I saw a personals ad thing in Los Angeles, I could not believe the things people would say and yet it was still all anonymous. It's just the communication now is a lot faster. I can get on here and see who's horny in the last 24 hours. There's no ego or emotional involvement in talking to somebody because if you get turned down online, so what. Nobody knows except you and the person who said no.

Reluctance to communicate about HIV

An underlying fear of losing a potential sexual partner, coupled with not knowing when the next opportunity for sex would come along influenced men's hesitancy to ask too many questions about their partner's HIV status. Some men said they relied on the physical appearance of their partner to determine whether or not they should be concerned about HIV and other sexually transmitted infections. Jake (age 39) stated:

For sure the person's appearance and their cleanliness and all of that, um, and just the whole entire situation. I would say there has been a couple times when I would of, I still would have used them [condoms] and I just didn't have them and I just kind of left it up to them to decide. You know, we didn't use them.

Discussion

This study reinforces an image of the rural environment in which geographic isolation and traditional ideas of masculinity support a culture of persistent stigma and discrimination related to homosexual behaviour. In this study, urban communities were equated with fewer expectations about what it means to be a 'man', while rural areas were equated with having a more rigid or well-defined narrative of how a man should act or how he should be. Without exception, men in this study reported an ongoing struggle to live within this rigidly defined narrative. They believed that being open about their sexual behaviours would trigger a plethora of negative consequences, and because of this belief they chose to conceal their behaviour; to remain closeted. Being in the closet was fraught with many cognitive, affective and behavioural consequences.

Cognitive and affective risks mentioned by almost all of the men included loneliness, depression and fear of being outed. Because their sexual identity did not fit within the rural perspective of masculine sexuality, the fear of being outed compelled men to create a false identity that did fit. This sense of living a double life was an experience that differed from prior research among gay men in Montana who were open to family and friends about their homosexuality. Men who were openly gay reported benefitting from the support of other gay men (Sondag, Hart, and Schwitters 2011), while men in the current study who concealed their same-sex sexual behaviour reported feeling as though they were strangers, not only in their communities, but also to themselves. The need to hide their true identity became a central narrative in their lives and resulted in a state of hyper-vigilance that was exhausting, both mentally and physically.

Because of their need to remain closeted, many men reported engaging in behaviours that put them at risk of poor sexual health. One behaviour – seeking sexual partners through the Internet – was reported by every man in this study and valued because of the added sense of anonymity. Looking for out of town or out of state partners was seen as additional insurance toward protecting identity. Some of the men at the time of the interviews were living in towns with populations of less than 500 people. In a town that small it may be difficult to find potential sexual partners, let alone find someone that you do not run into on a regular basis. Beyond fears of inadvertently running into sexual partners, many men reported the difficulty of finding a discreet place in which to rendezvous because meeting at home was not an option. Several men reported driving long distances to have sex with a partner outside of their hometown, and upon meeting that partner being reluctant to talk about HIV for fear of losing the opportunity for sexual intimacy.

Given the increased potential for high-risk sex, it would seem important for men who have sex with men to be out to their healthcare providers. Unfortunately, disclosure of sexual identity to a healthcare provider is a challenging process and has been equated to disclosure to family and friends (Law et al. 2015). It is, therefore, not surprising that most men in this study concealed their same-sex sexual activity from their healthcare providers (doctor, nurse and reception staff). As one of the men stated, it feels like his neighbours know his business before he does. It can also be embarrassing to talk about risky sexual behaviours to a doctor you see outside of the clinic or who knows your friends or family. Ultimately, men who are not out to their doctors can be at higher risk for certain medical conditions because their doctor may not know to test for conditions like HIV to which men who have sex with men may be more susceptible.

In general, sexual minority individuals living in rural areas report low levels of preventative screening (Whitehead, Shaver, and Stephenson 2016). Despite educational efforts encouraging HIV testing frequently, the decision about when to get tested varied greatly among individuals. Influencing social factors such as accessibility, anonymity, comfort and risk played into men's decisions about when to get tested. When seeking out testing services, many men stated they preferred to visit testing sites that were directed towards the general public, rather than predominantly at gay men. Furthermore, testing locations targeted at the general population appealed to men who have sex with men who do not identify as gay. Anonymous testing sites were favoured by the majority of the men in this study for their affordability and the likelihood of 'getting in and out' with no exchange of identifying information. Interestingly, some men reported a sense of hostility towards the HIV testing and counselling process. Men reported feelings of hostility towards being counselled about their sexual habits and 'being preached to' by counsellors who 'had nothing in common' with them. These experiences, in many cases, led men to postpone getting tested until they could find a safe testing site outside of their hometowns.

The cognitive, affective and behavioural consequences of remaining closeted ultimately influenced men's evaluation of themselves. Pachankis (2007) points to the difficulty of ending the vicious cycle of negative self-evaluation while continuing to conceal a stigma. Men in this study struggled to reconcile internal perceptions of their own masculinity with their outward portrayal of a hyper-masculine identity in response to cultural pressures. The need to hide their same-sex sexual activity increased their ambivalence about their identity, prevented them from accessing support from other men who have sex with men and led to negative self-evaluation. Unfortunately, for the men in this study, being open about their

same-sex sexual activity did not appear to be an option. Not one man in the study said he derived satisfaction from remaining closeted, yet for many, the desire to live near family and to live in a familiar place near their childhood home was more powerful than their need to come out of the closet. Their accounts refuted the notion that sexual minorities in rural areas are counting down the days until they can leave for a more accepting urban environment. Despite the hardships, most of the men in this study had every intention of 'living and dying' in Montana. Unfortunately, the personal costs of staying in Montana were many.

Meeting the needs of closeted men who have sex with men living in rural areas requires action on two main fronts. First, there should be a recognition that some men whose outward behaviour fits with the heteronormative rural culture are engaging in same-sex behaviour. Second, there should be awareness that approaches that work with men who have sex with men who are out in their communities will not work for men who are more closeted. HIV prevention in rural areas requires an approach inclusive of the challenges unique to the rural social environment.

Meeting the future needs of rural men who have sex with men will require increased access to social and mental health resources that provide relief to men struggling with depression and feelings of isolation. Because of the rural nature of a state such as Montana, non-traditional meeting venues such as cell phones or Internet-based services may be the best option. With all but one respondent in this study identifying the Internet as their primary source for finding partners, and a large percentage of men stating they used the Internet to find answers to their health-related questions, the Internet offers a promising possibility for delivering HIV prevention education in a relatively anonymous way. Researchers in Wyoming have shown promising results from Internet-based prevention programmes (Horvath, Beadnell, and Bowen 2007). Other researchers have recommended increasing the lesbian, gay, bisexual and transgender health-competency of current healthcare providers and incorporating cultural competence and information about the unique health needs of such populations into medical education (Whitehead, Shaver, and Stephenson 2016). At the cultural level, efforts to combat stigma and homophobia should continue, including the use of social media and state-wide campaigns to reach more conservative areas of Montana.

This study shares the same limitations with qualitative research in general. While the research produced detailed information regarding individuals, the results cannot necessarily be generalised to include larger populations. An important consideration is the fact that the majority of participants in this study were recruited via the Internet. This method of recruitment may have eliminated individuals with fewer financial resources or less education regarding technology. Certainly, the main recruitment method used in this study may have influenced findings related to sexual risk behaviours such as seeking partners via the Internet. This research, however, provides, for the first time, insight into a hidden population in Montana and the results can be used to enhance support services for men who have sex with men and to improve future HIV prevention programming.

Conclusion

Conservative attitudes about traditional masculine gender roles and negative attitudes about same-sex relationships in rural areas led the men who participated in this study to believe that they have no choice but to remain 'closeted'. Coming out of the closet in a rural community may mean rejection not only by family, friends and co-workers, but also by the entire

community. Unlike men who have sex with men in urban areas, who upon experiencing rejection, often seek support from the larger, more visible lesbian, gay and bisexual community, rural men have nowhere to turn. While men in urban areas may find comfort and strength from associating with the larger lesbian, gay and bisexual community when faced with verbal harassment and physical violence, rural men who have sex with men report feeling isolated.

Improving the quality of the lives of men living in rural areas must include combatting isolation through improved social programmes and increased access to mental health and healthcare resources. Unfortunately, services specifically targeted to men who have sex with men must not only be accessible, but they must also be ‘hidden’, much like the men who attempt to access them. Ultimately, combating the stigma and homophobia prevalent in rural culture is the only way that we can hope to see a generation of men who have sex with men who do not feel the need to live double lives, but rather can live their lives ‘out of the closet’ without fear.

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