

Evaluation of Ego-dystonic Homosexuality
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by

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Evaluation of Ego-dystonic Homosexuality

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The validity of ego-dystonic homosexuality as a psychiatric disorder that is defined in DSM-III was evaluated with survey data from clinical (n=142) and nonclinical (n=48) samples of homosexuals. The prevalence of the diagnostic components for the disorder was assessed. The relationship between the components and potential predisposing factors was determined. And, the association between the components and emotional adjustment was evaluated. In addition, the relationship between the disorder and self-disclosure of sexual orientation was assessed.

The results consistently failed to support the conceptualization of ego-dystonic homosexuality that is described in DSM-III. First, the diagnostic components were not prevalent in either sample of homosexuals and were no more frequent among the clinical than the nonclinical sample. Second, internalization of negative attitudes towards homosexuals was not the sole predisposing factor for the disorder as proposed in DSM-III. Third, emotional adjustment was not reliably related to the components of the disorder. In contrast, many of the results were consistent with a psychosocial perspective of dystonicity. Specifically, concern about adopting a homosexual lifestyle, a psychosocial aspect of dystonicity, was associated with poorer emotional adjustment. Finally, ancillary analyses revealed that self-disclosure of sexual orientation was related to

dystonicity, with less disclosive homosexuals reporting more dystonicity and decreased emotional adjustment when compared with their more disclosive counterparts.

In study II, an experimental investigation was conducted to determine whether ego-dystonic homosexuals are distressed when confronted with their homosexuality. Subjects were either given homosexual or ambiguous feedback about their arousals and personalities and then asked to complete brief state measures of psychological distress. Dystonic subjects were no more distressed when given homosexual feedback than were their syntonic counterparts. Contrary to prediction, syntonic homosexuals were more distressed by the ambiguous feedback than by homosexual feedback. In secondary analyses, less disclosive homosexuals were more distressed following ambiguous feedback regarding their arousal and personality traits than following homosexual feedback, whereas more disclosive homosexuals did not respond differentially to type of feedback. The implications of these results for the psychiatric conceptualization of ego-dystonic homosexuality are discussed.

Introduction

Ego-dystonic homosexuality was first identified as a mental disorder in the American Psychiatric Association's (APA) 1978 Diagnostic and Statistical Manual (DSM-III). The essential features of the disorder, as defined in DSM-III, are as follows:

a desire to acquire or increase heterosexual arousal so that heterosexual relationships can be initiated or maintained, and a sustained pattern of overt homosexual arousal that the individual explicitly states has been unwanted and a persistent source of distress. (pg. 281)

This classification is a compromise among APA members with differing views regarding psychological aspects of homosexuality (Spitzer, 1981). Those APA members who regard it as a normal sexual variant achieved the removal of homosexuality per se from the 1973 DSM-II; however, those who view homosexuality as invariably pathological substituted a category entitled Sexual Orientation Disturbance for those homosexuals disturbed by or wishing to change their sexual orientation. When critics argued that this category was discriminatory because heterosexuals distressed by their sexual impulses were not also classified as mentally ill, the APA responded by changing the name of the disorder to Ego-dystonic Homosexuality and by modifying the defining features to include desire for heterosexuality.

Throughout the evolution of the concept, empirical research necessary to substantiate the critical aspects of ego-dystonic homosexuality, as defined in DSM-III, has been lacking. The major

focus of the present study is to evaluate the validity of ego-dystonic homosexuality as conceptualized in DSM-III. This study examined the three important aspects of the disorder that are addressed in DSM-III. First, the prevalence and nature of the diagnostic criteria for ego-dystonic homosexuality were investigated among a clinical and nonclinical sample of homosexuals. Second, the relationships between the factors that DSM-III lists as predisposing persons to ego-dystonic homosexuality and the diagnostic criteria for the disorder were evaluated. Finally, the association between ego-dystonic homosexuality and emotional adjustment was examined.

Diagnostic Criteria

The DSM-III diagnosis for ego-dystonic homosexuality requires that the following two symptoms be present:

- (1) The individual complains that heterosexual arousal is persistently absent or weak and significantly interferes with initiating or maintaining wanted heterosexual relationships.
- (2) There is a sustained pattern of homosexual arousal that the individual explicitly states has been unwanted and a persistent source of distress. (p. 282)

It is further specified in DSM-III that a component of the desire for heterosexuality is the wish to have a heterosexual lifestyle, including children and a traditional family life. Although not specifically mentioned in DSM-III, a psychosocial perspective of the disorder would suggest that a component of the unwanted homosexuality is distress at the thought of adopting a homosexual lifestyle. Specifically, a psychosocial perspective of homosexuality would

predict that individuals may wish to avoid a homosexual lifestyle because society regards it as deviant (Sagarin, 1975). According to this perspective, homosexuality is undesirable and distressing to ego-dystonics, due in part to their fear of the social stigma associated with being homosexual and leading a homosexual lifestyle. At the present time, research findings have not established that these four components indicative of ego-dystonic homosexuality (e.g., desire for heterosexual arousal, desire for heterosexual lifestyle, distress at homosexual arousal, and distress at the thought of adopting a homosexual lifestyle) exist among homosexuals who are currently in therapy.

Although these diagnostic components have not been the direct focus of research, some data bearing on them exists. For the most part, previous research has investigated homosexuals' desire to become heterosexual. In two investigations of clinical samples of homosexuals, 66% of the males (Bieber et al., 1962) and 37% of the females (Kay et al., 1967) reported to their psychoanalysts that they wished to become heterosexual. In extensive interviews with large non-clinical samples of homosexuals, Bell and Weinberg (1978) and Saghir and Robbins (1973) reported that approximately 20% of the males and 8% of the females would take a "magic pill" to become heterosexual. These results suggest that some homosexuals would choose heterosexuality if given the option; however, they provide no indication that any of the three specific diagnostic components listed in DSM-III or the component predicted by a psychosocial

perspective of the disorder were present. Thus, these findings do not demonstrate the existence of ego-dystonic homosexuality. One purpose of this study was to investigate the nature and prevalence of the diagnostic components for ego-dystonic homosexuality among clinical and non-clinical samples of homosexuals.

Predisposing Factors

Beyond presenting the diagnostic criteria for the disorder, DSM-III identifies internalization of negative societal attitudes towards homosexuals as predisposing to ego-dystonic homosexuality. Internalization of these negative societal attitudes should result in desire for heterosexuality and distress from homosexuality. In contrast, similar symptoms that are predisposed solely by fear of society's hostile attitudes towards homosexuals do not result in the diagnosis of ego-dystonic homosexuality. Therefore, the diagnostic symptoms should be related to internalized negative attitudes towards homosexuals; fear of society's hostile attitudes towards homosexuals alone should not be related to the diagnosis.

The process by which internalization of negative societal attitudes towards homosexuals can predispose one to become distressed by homosexual arousal has been described by therapists when writing about college students (Nuehring, Fein & Tyler, 1974), women (Sophie, 1982), and men (Beane, 1981). Specifically, these therapists suggest that when persons who have previously accepted or internalized negative societal stereotypes regarding homosexuals (i.e., homosexuals are disgusting, sick, tormented, mentally ill) later

identify themselves as homosexual, they may also attribute the negative stereotypes to themselves. In the context of the DSM-III description of ego-dystonic homosexuality, homosexual arousal leads to identification of self as homosexual, which in turn produces identification with negative societal stereotypes. This negative identification results in psychological distress.

Even though clinical impressions support the contention that internalized negative attitudes towards homosexuals predispose one to symptoms of ego-dystonic homosexuality, the relationship has not been established by empirical research. In fact, Nungesser (1979) reported that ego-dystonic feelings among a small sample of male homosexuals were related to fear of hostile societal reactions, but were unrelated to negative attitudes towards homosexuality per se. Nungesser defined dystonicity as negativity expressed towards one's own homosexuality rather than according to the DSM-III criteria. Consequently, his results do not directly support the contention that either internalized negative attitudes towards homosexuality or perceived societal hostility predispose one to the disorder. Therefore, the second purpose of the present investigation was to evaluate the relationships among ego-dystonic homosexuality and these two potential predisposing factors.

Emotional Adjustment

According to DSM-III, loneliness, depression, anxiety, guilt, and shame are associated with ego-dystonic homosexuality. Previous research provides only tangential evidence that ego-dystonic

homosexuality is related to emotional adjustment, and the results from this research are inconsistent. Bell and Weinberg (1978) and Weinberg and Williams (1974) found that persons who either regret their homosexuality or who are not strongly committed to it report more loneliness, anxiety, and depression than do more committed homosexuals; however, Saghir and Robbins (1973) failed to find such a relationship with either anxiety or depression. The results of these investigations are also difficult to evaluate because emotional adjustment was measured by small numbers of items considered to have face validity by the authors rather than by standardized clinical tests. In the only investigation using standardized measures, Turner, Pielmaier, James, and Orwin (1974) found that homosexuals who were referred to aversion therapy in order to "cure" their homosexuality were found to be more anxious than homosexuals not currently in therapy. Although this comparison provides evidence that homosexuals in therapy are less well adjusted than are non-patient homosexuals, the specific criteria for patient referral to this therapy was not reported. Therefore, it cannot be assumed that the clinical group were ego-dystonic homosexuals. In short, the relationship between ego-dystonic homosexuality and the emotional adjustment variables that are proposed in DSM-III to be features associated with the disorder has not been properly investigated.

A third purpose of this study was to evaluate the relationship between ego-dystonic homosexuality and standardized clinical scales that measure the emotional adjustment features proposed in DSM-III to

be associated with the disorder. In addition, the relationship of ego-dystonic homosexuality and two other emotional adjustment factors, self-esteem and psychological well-being, was assessed. Self-esteem was included because persons seeking therapy due to distress resulting from homosexuality are thought to have low self-esteem (Beane, 1981; Sophie, 1982) and because self-esteem has been found to relate to acceptance of homosexuality (Bell & Weinberg, 1978). Satisfaction with those areas of life and relationships that are separate from sexual concerns was examined for the purpose of determining whether ego-dystonic homosexuality is related to overall psychological well-being.

Self-disclosure of Sexual Orientation

A primary focus for this research was to validate the DSM-III category of ego-dystonic homosexuality by determining whether or not the disorder is associated with decreased emotional adjustment. An ancillary focus was to relate dystonicity with self-disclosure of sexual orientation. Previously, Miranda and Storms (1984) found self-disclosure of sexual orientation to be strongly associated with emotional adjustment of homosexuals. Thus, a secondary focus of this study was to explore the relationship between ego-dystonic homosexuality and self-disclosure of sexual orientation and to determine whether or not they are interdependent in their associations with emotional adjustment.

Overview of Proposed Research

Data substantiating the current conceptualization of ego-dystonic homosexuality as a mental disorder are meager and of questionable relevance. The current research was designed specifically to evaluate ego-dystonic homosexuality as defined in DSM-III. For this purpose, survey data from clinical and non-clinical samples of homosexuals were obtained to investigate the three major aspects of the DSM-III category. First, the prevalence and nature of the diagnostic components for the disorder were assessed. Second, the relationship between these components and two potential predisposing factors was examined. Third, the extent to which these components related to emotional adjustment was determined. In addition, the relationship between the disorder and self-disclosure of sexual orientation, a factor previously identified as being associated with emotional adjustment of homosexuals, was assessed.

In study II, an experimental investigation was conducted to determine whether ego-dystonic homosexuals do indeed become distressed by their homosexuality. Such distress is a defining feature of the disorder as defined in DSM-III. Thus, it was hypothesized that ego-dystonic homosexuals would become more distressed when given the feedback that they were homosexually aroused and that they had homosexual personalities than would ego-dystonic homosexuals given ambiguous feedback (i.e. that their arousal and personalities were typical of both heterosexuals and

homosexuals). In contrast, ego-syntonic homosexuals are defined as persons who are not distressed by their homosexuality. Therefore, it was hypothesized that homosexual arousal and personality feedback for ego-syntonic homosexuals would not lead to more distress than would ambiguous feedback.

Although the major purpose of this investigation was to determine whether ego-dystonic homosexuals become distressed by their homosexuality, an additional perspective was also examined. Previous research suggests that nondisclosive homosexuals are less identified as homosexual than are disclosive homosexuals (Miranda & Storms, 1984). Accordingly, individuals who do not publicly identify themselves as homosexual may not be as privately assured that they are homosexual as are more disclosive homosexuals. Consequently, nondisclosive homosexuals may be more emotionally distressed by information identifying their homosexuality than are disclosive homosexuals. Thus, nondisclosive homosexuals were predicted to become more distressed when given homosexual feedback regarding their arousal and personalities than when given ambiguous feedback regarding both. In contrast, disclosive homosexuals, who are more identified with their homosexuality, should not respond emotionally to either homosexual or ambiguous feedback.

Method; Study I

Subjects

Two samples of subjects were obtained for study I. In order to evaluate ego-dystonic homosexuality in a clinical population, a cross-national sample of homosexuals currently in therapy (39 females, 103 males) completed questionnaires that had been mailed to their therapists. In addition, a non-clinical sample of homosexual subjects (24 females, 24 males) recruited through university affiliated organizations completed the questionnaires for this study as their initial task in study II.

Procedure

Different procedures were followed for obtaining the clinical and nonclinical samples for this study. The procedure for recruiting the 142 clinical subjects was as follows: First, letters (see Appendix A) requesting assistance locating homosexual women and men in therapy were sent to 107 mental health professionals whose names appeared on the American Psychological Association's roster of persons interested in therapy or research pertaining to homosexuals. This roster was compiled at national APA conventions where the Committee on Gay Concerns invited members at large who were interested in therapy or research relating to homosexuals to add their names to the list. In response to the letters, 38 therapists returned postcards indicating the number of homosexual clients that they would ask to participate in this study. Next, 571

questionnaires were distributed to the therapists in accordance with the numbers indicated on their postcards. The therapists then distributed the questionnaires to their clients to fill out independently. When the response sheet was completed by each client and placed in a sealed envelope, the therapist placed a code on the outside of the envelope indicating whether or not the client met DSM-III criteria for ego-dystonic homosexuality and then mailed it to the author. Letters reminding therapists to return the response sheets were sent two months after the initial mailing of questionnaires, and all response sheets that were received up to three weeks after this mailing were included in the study.

The 48 nonclinical participants were contacted through a homosexual service organization affiliated with Kansas University. They were active members of that organization or of support groups for homosexual college students sponsored by the organization, or friends of organization members. Subjects were individually contacted to arrange appointments for participation in this research. When subjects arrived at a university building for their appointment, they were escorted through a laboratory and into a cubicle where they were asked to complete the measures for study I. The task was introduced in the context of the experimental procedure for study II as a "computer-scored personality questionnaire" that would aid in prediction of arousal/attraction to visual stimuli.

Measures

The questionnaires consisted of measures selected to examine the following three aspects of the DSM-III diagnostic category of ego-dystonic homosexuality: (1) the components that comprise the diagnostic criteria for the disorder, (2) the predisposing factors, and (3) the associated emotional adjustment features. With the exception of the Beck Depression Scale, items from all measures were presented in an intermixed, random order and were responded to on a 6-point Likert scale with endpoints ranging from 1 - "strongly disagree" to 6 - "strongly agree." All scales were counter-balanced to prevent response bias. In addition, a measure determining extent of self-disclosure of sexual orientation was included at the end of the questionnaire. In total, the questionnaire contained 132 items and required approximately 40 minutes to complete.

Diagnostic criteria. Symptoms that comprise the diagnostic criteria were assessed using the ego-dystonic homosexuality measure (see Appendix A) developed for this study. The scale consists of a 16-item inventory representing the following four components: (1) desire for heterosexual arousal, (2) desire for a heterosexual lifestyle, (3) distress over homosexual arousal, and (4) distress over thought of adopting a homosexual lifestyle.

Predisposing factors. Two factors proposed in DSM-III to predispose persons for ego-dystonic homosexuality were assessed. Internalized negative attitudes towards homosexuality was measured with the standardized Heterosexual Attitudes Towards Homosexuality

Scale (Larsen, Reed & Hoffman, 1980; see Appendix A). Perceived societal hostility towards homosexuals was assessed by a 6-item scale developed for this study (see Appendix A).

Psychological adjustment. Three aspects of subjects' psychological adjustment suggested by DSM-III to be related to ego-dystonic homosexuality were assessed: (1) Loneliness was measured with the 20-item Revised U.C.L.A. Loneliness Questionnaire (Russell, Peplau & Cutrona, 1980; see Appendix A). (2) Depression was measured with the 21-item Beck Depression Inventory (Beck, Ward, Mendelson, Mock & Erbaugh, 1961; see Appendix A). (3) General anxiety was measured with the neuroticism scale of the Eysenck Personality Inventory (Eysenck & Eysenck, 1968; see Appendix A). In addition, self-esteem was measured with the Rosenberg Self-esteem Scale (Rosenberg, 1965; see Appendix A), a 10-item, unidimensional measure of self-regard. Finally, psychological well-being was assessed by 6 items developed for this study concerning satisfaction with work, friends, leisure, etc. (see Appendix A).

Self-disclosure. Self-disclosure of sexual orientation, commonly referred to as "coming out", was assessed by asking subjects to indicate whether or not they had disclosed their attraction for same-sex persons to an individual within each of the following seven categories: a new friend, a gay person, a friend from the past, a sibling, mother, father, and a boss. A total score was computed by summing the number of positive responses.

Subject characteristics. In order to describe the characteristics of ego-dystonic and ego-syntonic homosexuals, items pertaining to demographic information and degree of homosexual involvement were presented at the end of the questionnaire. Demographic information obtained included age-range, gender, educational attainment, occupational category, and range of yearly income. Assessment of subjects' homosexual involvement was based on three indices: 1) Length of homosexual involvement was measured by asking subjects to indicate how long ago they had first become aware of sexual attraction to same-sex persons. Responses were made on a 10-point scale that ranged from "less than one year ago" to "17 years or more". 2) Extent of homosexual involvement was assessed by total number of same-sex lovers as indicated on a 10-point scale ranging from "none" to "9 or more". 3) Subjects' identification as "homosexual" was assessed with a 10-point scale ranging from 1 - "completely homosexual" through 5 - "bisexual" to 10 - "completely heterosexual".

Results; Study I

Subject characteristics

Prior to addressing the major questions posed in this investigation, descriptive statistics were computed on the subject characteristics of the female and male subjects within the clinical and the nonclinical samples. Table 1 presents demographic information, and Table 2 presents information concerning level of homosexual involvement. A series of 2 (clinical, nonclinical) X 2 (female, male) analyses of variance were conducted in order to determine the differences between the clinical and the nonclinical sample and the female and the male subjects within those samples on demographic characteristics (see Table 3) and homosexual involvement (see Table 4). There were a number of reliable differences between the subgroups, but no reliable interactions between sample and gender. The clinical sample was reliably older, had higher levels of education and income, and more established occupations than did the nonclinical sample. The clinical sample also reported more homosexual involvement; they had been aware of same-sex attraction longer and were more identified as homosexual as compared to the nonclinical sample. Males reported more established occupations than did females. Males also reported longer awareness of same-sex attraction than did females, whereas females had been involved with more lovers than had male subjects. Subsequent discussions with some

Table 1
Demographic Data of Female and Male Subjects in the Clinical and Nonclinical Samples

Group	N	Age Range		Educational Attainment		Occupational Status		Yearly Income	
		M.	S.D.	M.	S.D.	M.	S.D.	M.	S.D.
Total	190	3.66	1.71	4.53	1.42	1.89	1.17	3.65	1.82
females	63	3.68	1.44	4.58	1.40	1.77	0.92	3.21	1.64
males	127	3.66	1.25	4.51	1.32	1.95	1.07	3.73	1.37
Clinical	142	4.11	1.64	4.76	1.42	1.56	0.88	4.14	1.69
females	39	4.21	1.36	4.74	1.46	1.40	0.68	4.00	1.50
males	103	4.08	1.74	4.76	1.41	1.63	0.93	4.19	1.76
Nonclinical	48	2.33	1.06	3.85	1.22	2.85	1.38	1.83	0.83
females	24	2.78	1.09	4.30	1.26	2.39	0.94	1.87	0.76
males	24	1.92	0.95	3.44	1.04	3.28	1.60	1.80	0.91

NOTE: Age range is 1=16-20 yrs, 2=21-25 yrs, 3= 26-30 yrs, 4=31-35 yrs, 7=46-50 yrs, 8=51-55 yrs, 9=56+yrs.
 Educational attainment is 1=8 yrs or less, 2=high school, 3= attended college, 4=vocational degree, 5=college degree, 6=masters degree, 7=doctorate
 Occupational status is 1=professional, 2=semi-professional, 3=skilled laborer, 4=unskilled laborer, 5=unemployoed
 Yearly income is 1=\$5,000 or less, 2=\$6,000-10,000, 3=\$11,000-20,000, 4=\$21,000-30,000, 5=\$31,000-40,000, 6=\$41,000-50,000, 7=\$51,000-60,000, 8=\$61,000-70,000, 9=\$71,000+

Table 2
Homosexual Involvement of Female and Male Subjects in the Clinical and Nonclinical Samples

Group	N	Length of Awareness		Number of Lovers		Self-Identification	
		M.	S.D.	M.	S.D.	M.	S.D.
Total	190	6.97	2.40	4.26	3.03	1.79	1.15
females	63	6.29	2.37	5.05	2.74	2.02	1.37
males	127	7.29	2.36	3.86	3.27	1.69	1.32
Clinical	142	7.54	2.02	4.10	3.00	1.57	0.92
females	39	6.87	2.19	4.92	2.79	1.82	1.33
males	103	7.76	1.91	3.79	3.03	1.48	0.70
Nonclinical	48	5.27	2.62	4.69	3.12	2.44	1.47
females	24	5.30	2.38	5.26	2.68	2.34	1.40
males	24	5.24	2.86	4.16	3.44	2.52	1.56

NOTE: Length of awareness of attraction to same-sex persons is 1=1-2 yrs, 2=3-4 yrs, 4=5-6 yrs, 5=8-9 yrs, 6=10-11 yrs, 7=12-13 yrs, 8=14-15 yrs, 9=15-16 yrs, 10=17+yrs.

Number of same sex lovers is 0=0, 1=1, 2=2, 3=3, 4=4, 5=5, 6=6, 7=7, 8=8, 9=9+

Self-identification is 1=completely homosexual, 2=primarily homosexual, 3=mostly homosexual, 4=somewhat homosexual, 5=bisexual, 6=somewhat heterosexual, 7=mostly heterosexual, 8=primarily heterosexual, 9=completely heterosexual

Table 3
Sample by Gender Analysis of Variance for Demographic Information

Measure	Source	df	MS	f	Probability
Age	Sex of subject	1	4.052	1.730	0.19
	Sample	1	115.373	49.274	0.00
	Sex X Sample	1	5.048	2.156	0.14
	Error	182	2.341		
Education	Sex of subject	1	3.812	2.077	0.15
	Sample	1	32.376	17.641	0.00
	Sex X Sample	1	12.784	2.868	0.09
	Error	182	1.835		
Occupational Status	Sex of subject	1	7.894	7.780	0.01
	Sample	1	65.536	64.590	0.00
	Sex X Sample	1	3.332	3.284	0.07
	Error	182	23.464		
Income	Sex of subject	1	4.435	0.492	0.51
	Sample	1	49.803	5.530	0.00
	Sex X Sample	1	0.010	0.001	0.53
	Error	180	20.646		

Table 4
Sample by Gender Analysis of Variance for Homosexual Involvement

Measure	Source	df	MS	f	Probability
Identification	Sex of subject	1	0.665	0.594	0.44
	Sample	1	26.126	23.322	0.00
	Sex X Sample	1	1.583	1.413	0.24
	Error	182	1.120		
Time aware	Sex of subject	1	19.409	4.106	0.04
	Sample	1	151.230	31.994	0.00
	Sex X Sample	1	10.225	2.163	0.14
	Error	182	4.727		
Number of lovers	Sex of subject	1	49.803	5.530	0.020
	Sample	1	4.435	0.492	0.484
	Sex X Sample	1	0.010	0.001	0.974
	Error	182	9.006		

participants suggest both males and females interpreted "lovers" to mean committed relationships and not brief sexual encounters.

Due to the heterogeneity of subjects among the subgroups in this study, statistical analyses were computed first for all 190 subjects combined and then separately for the clinical and nonclinical samples and for females and males within each sample. Because inspection of these analyses indicated that there were similar patterns and levels of relationships for each of these subgroups, the results reported in the text will be for all subjects combined and separate results for the subgroups will be presented in the appendices.

Diagnostic Components

According to DSM-III, ego-dystonic homosexuality is diagnosed when the following three components are present: (1) desire for heterosexual arousal, (2) desire for heterosexual lifestyle, and (3) distress over homosexual arousal. A psychosocial approach suggests that a fourth component, distress at the thought of a homosexual lifestyle, would also be present with ego-dystonic homosexuality. In order to examine these components, a 16-item scale was developed. First the psychometric properties of this scale will be discussed, and then the prevalence of the components as measured by the scale will be examined. Finally, the relationships between these components and other subject characteristics will be considered.

Psychometric scale properties. Three things were done to assess the psychometric properties of the scales: (1) Factorial validation analyses were conducted to determine whether in fact the items that

were developed measured four separate factors representing the components of this disorder; (2) reliability was assessed by determining whether the measures were internally consistent; and (3) concurrent validity was established by determining whether the components validly represent ego-dystonic homosexuality as diagnosed by therapists using the DSM-III criteria for diagnosis of the disorder.

Factorial validity was assessed by examining the extent to which the 16 items represent the 4 components that were proposed to be present with ego-dystonic homosexuality. For this purpose, a principal-components analysis with equamax rotation was conducted. This factor-analytic method is particularly appropriate for distributing variables into linearly independent sets of distinct factors that summarize the major information contained within a larger set of items. The equamax rotation serves to distribute the variables evenly across factors, rather than forming a large, general factor. (See Mulaik, 1972, for a more complete discussion.) The results of that analysis indicated that all of the items except two (item 12 and item 14) loaded on their predicted factors (see Table 5). Those two items were excluded from the scale and the remaining 14 items were again submitted to a principal-components analysis with equamax rotation; the results are presented in Table 6. These 14 items do appear to represent the 4 proposed components, with 4 items assessing desire for heterosexual arousal, 4 assessing desire for heterosexual lifestyle, 3 assessing distress over

Table 5
Factor Analysis of 16-item Ego-dystonic Homosexuality Measure

Factor	Eigenvalue	Percent of Variance Accounted for	Cumulative Percentage of Variance Accounted for
1	5.02994	31.4	31.4
2	1.89945	11.9	43.3
3	1.51885	9.5	52.8
4	1.02804	6.4	59.2

Equamax Rotated Factor Matrix

Item				
Desire heterosexual arousal				
1. arousal to picture	.79556	.23032	.02987	-.00977
2. fantasies	.79069	.18290	-.04558	.06340
3. imagine sex	.76748	.12793	.18710	.14317
4. sex	.71887	.42397	.02820	.15844
Desire heterosexual lifestyle				
5. marriage	.18038	.80221	.29185	.04906
6. family life	.22584	.75883	.17970	.01273
7. fall in love	.43345	.71493	.14927	.15924
8. relationship	.44225	.59942	.10619	.24326
Distress at homosexual lifestyle				
9. relationships	-.04443	.24600	.66619	-.04047
10. lifestyle	-.04848	2.8931	.60857	-.15245
11. way homosexuals live	.23538	.19646	.53000	.04413
12. fall in love	.10781	-.07761	.20719	.41461
Distress at homosexual arousal				
13. arousal to picture	.05216	.06717	.48513	.60967
14. imagine sex	.10932	-.28081	.59955	.39194
15. sex	.00468	.19664	-.14216	.73660
16. fantasies	.08952	-.12004	-.00937	.71745

Table 6
Factor Analysis of 14-item Ego-dystonic Homosexuality Measure

Factor	Eigenvalue	Percent of Variance Accounted for	Cumulative Percentage of Variance Accounted for
1	4.94512	35.3	35.3
2	1.85206	13.2	8.6
3	1.30105	9.3	57.8
4	0.93464	6.7	64.5

Equamax Rotated Factor Matrix

Item				
Desire heterosexual arousal				
1. arousal to picture	.80942	.22003	.08456	-.05162
2. imagine sex	.77874	.13011	.14703	.19274
3. fantasies	.76931	.23266	-.08534	.07337
4. sex	.70137	.46717	.081883	.10409
Desire heterosexual lifestyle				
5. marriage	.16267	.77603	.35295	.08006
6. family life	.21216	.73292	.25810	.01271
7. fall in love	.41473	.72525	.17254	.13853
8. relationship	.41218	.64936	.08347	.18929
Distress at homosexual lifestyle				
9. way homosexuals live	-.02220	.17038	.17482	-.02078
10. relationship	-.03441	.15356	.68222	-.17456
11. lifestyles	.21213	.18845	.47566	.23102
Distress at homosexual sex				
12. fantasies	.02037	.28451	-.30291	.73794
13. arousal to pictures	.02421	.10938	.35723	.72124
14. sex	.13342	-.28957	.37416	.65271

homosexual arousal, and 3 assessing distress at the thought of a homosexual lifestyle. As indicated in Table 6, each item has a high loading only on the factor it was designed to measure. Thus, the scale appears to have factorial validity.

The second psychometric property, reliability, was addressed through correlational analyses. (See Table B-1 in Appendix B for an inter-item correlation matrix.) Item-total correlations are presented in Table 7. All items were significantly related to the total of the remaining 13 items on the scale and to the total of the items within its components. Chronbach's alpha coefficient was calculated to determine the internal consistency of the total scale and each component separately. These analyses produced the following reliability coefficients: for the total scale $r(181) = .84$, $p < .001$; for desire for heterosexual arousal $r(181) = .83$, $p < .001$; for desire for heterosexual lifestyle $r(181) = .85$, $p < .001$; for distress over homosexual arousal $r(181) = .52$, $p < .001$; and for distress over thought of a homosexual lifestyle $r(181) = .54$, $p < .001$. These results show that the total measure is internally consistent and, therefore, highly reliable. The first two scales measuring desire for heterosexuality are also highly reliable; however, the final two scales that measure distress over homosexuality are less internally consistent. Thus, these final two scales are only moderately reliable independent measures.

Concurrent validity was examined by determining whether the scale actually measured the diagnostic components of ego-dystonic

Table 7
Item-total and Item-subscale Correlations Ego-dystonic Homosexuality Measure

Item	TOTAL SCALE	Desire Heterosexual Arousal	Desire Heterosexual Lifestyle	Distress Homosexual Arousal	Distress Homosexual Lifestyle
Desire Heterosexual Arousal	.79	1.00	.62	.23	.21
1. arousal to pictures	.55	.81	.48	.10	.21
2. sex	.67	.84	.64	.19	.19
3. fantasies	.53	.80	.47	.15	.08
4. imagine sex	.57	.83	.45	.26	.19
Desire Homosexual Lifestyle	.85	.62	1.00	.26	.41
5. relationship	.66	.59	.79	.25	.30
6. marriage	.63	.41	.86	.22	.40
7. fall in love	.75	.63	.86	.26	.34
8. family life	.56	.43	.81	.15	.30
Distress Homosexual Arousal	.57	.23	.26	1.00	.30
9. arousal to pictures	.40	.21	.32	.175	.35
10. sex	.22	.12	.06	.65	.25
11. fantasies	.26	.22	.24	.76	.10
Distress Homosexual Lifestyle	.60	.21	.41	.30	1.00
12. relationship	.29	.11	.28	.25	.69
13. way homosexuals live	.28	.10	.31	.15	.76
14. lifestyle	.43	.28	.37	.26	.72

NOTE: N=181

*correlation between the item's score and the scale scores computed from the other items in the set

homosexuality. In order to establish an external index of ego-dystonic homosexuality for comparison with the scale scores, therapists for subjects in the clinical sample were asked to diagnose their clients as either ego-dystonic or ego-syntonic according to DSM-III diagnostic criteria. Of the 142 clinical respondents, 7 were diagnosed as ego-dystonic homosexuals, 132 as ego-syntonics, and 1 was not diagnosed. To determine whether the scale validly measured ego-dystonic homosexuality, correlations between the scale scores and the therapists' diagnoses were computed. Because only one female subject was diagnosed as ego-dystonic, results are presented separately for the total clinical sample and for the male clinical sample. Results of these analyses are presented in Table 8. Therapists' diagnoses were significantly related to each of the components as well as to total scale scores for both the combined clinical sample and the male clinical sample; the magnitude of these correlations are generally moderate. The magnitude may be limited by the large difference in group size between those judged by the therapists to be ego-dystonic (n=7) and ego-syntonic (n=135). For example, a correlation of .98 with equal group size (n=71 for both groups) would be reduced to .41 with the unequal groups in this sample. Thus, because of the vast discrepancy in group size, the scale validity cannot be adequately judged from these data.

Prevalence of the diagnostic components. The prevalence of symptoms for ego-dystonic homosexuality was assessed by examining descriptive statistics for the component scale scores. As

Table 8

Correlation of therapist's ratings of clients as ego-dystonic or ego-systonic with Component Scores

Group	N	Desire Heterosexual Arousal	Desire Heterosexual Lifestyle	Distress Homosexual Arousal	Distress Homosexual Lifestyle	Total Scale
Total Clinical Sample	142	.12	.25***	.05	.27***	.25**
Male Clinical Sample	103	.20*	.33***	.10	.33	.33***

*p<.05

**p<.01

***p<.001

indicated in Table 9, mean scores for all subject groups across all components are low, near the level of moderate disagreement. The paucity of these diagnostic components is substantiated by therapists' diagnoses of less than 5% of the clinical population as ego-dystonic. This clinical population may not be representative of other homosexuals in therapy; nonetheless, ego-dystonic homosexuality, as defined by DSM-III, appeared infrequently among this clinical sample of homosexuals.

Relationship of components and subject characteristics. In order to determine whether the components of ego-dystonic homosexuality are differentially present among homosexuals with varying personal characteristics, correlations between the components of ego-dystonic homosexuality and two types of subject characteristics (demographic information and level of homosexual involvement) were computed.

Correlations between component scores and demographic information, including age, gender, educational attainment, occupational status, and yearly income were computed. In addition, to determine whether the symptoms were more prevalent among the clinical sample than among the nonclinical sample, correlations between symptom scores and sample membership were calculated using partial correlations to statistically control for the effects of age and gender differences between the two samples. The results, as presented in Table 10, show that none of the components was reliably related to educational attainment, occupational status, or yearly

Table 9
Descriptive Statistics for ego-dystonic Homosexuality Scales Scores*

Group	N	Desire heterosexual		Desire homosexual		Distress homosexual		Distress homosexual		Total four symptoms	
		Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Total	190	8.52	4.63	7.91	4.69	5.79	3.29	6.06	2.88	28.27	11.24
Clinical females	142	8.47	4.82	7.79	4.95	5.39	3.30	6.25	3.12	27.91	11.83
males	103	8.26	4.74	7.91	5.13	5.25	3.24	6.59	3.20	28.02	12.28
Nonclinical females	48	8.65	4.08	8.25	3.82	6.98	3.03	5.48	1.89	29.35	9.29
males	24	9.26	4.35	7.43	3.91	7.87	2.91	5.30	2.16	29.87	9.45
Females	24	8.08	3.81	9.00	3.67	6.16	2.95	5.64	1.63	28.88	9.32
Males	62	9.11	4.76	7.45	4.26	6.55	3.40	5.34	2.53	28.45	10.24
	128	8.23	4.56	8.13	4.88	5.43	3.20	6.41	2.98	28.19	11.73

*Scores for each item range on 6-pt. scale from strongly disagree to strongly agree, with scoring reversals that large scores are indicative of ego-dystonicity.

Table 10
Correlations between ego-dystonic component scores and demographic characteristics

Components	Age	Gender+	Therapy/++ for age and gender	Educational Attainment	Occupational Status	Yearly Income
Desire for heterosexual arousal	.10	-.09	.06	.04	-.10	.09
Desire for heterosexual lifestyle	-.12*	.11	.02	.05	.01	-.01
Distress at homosexual arousal	-.16*	-.16*	.13*	-.02	.08	-.08
Distress at homosexual lifestyle	.01	.18**	-.09	.03	-.04	.04

NOTE: N=190

+ female=1, male=2

++ clinical=1, nonclinical=2

* p<.05

** p<.01

*** p<.001

income. Specific components were, however, reliably correlated with age, gender, and clinical versus nonclinical status. Younger subjects reported more desire for a heterosexual lifestyle and more distress at homosexual arousal than did older subjects. Female subjects reported more distress at homosexual arousal than did males; whereas, male respondents reported more distress at the thought of a homosexual lifestyle than did females. Contrary to expectations, none of the components were more prevalent among clinical subjects than among nonclinical respondents. In fact, the nonclinical sample reported more distress at homosexual arousal than did the clinical sample.

In sum, components of ego-dystonic homosexuality appear to be negatively correlated with age and to be present at different levels for female and male homosexuals. Clinical subjects do not appear to experience more of these diagnostic components than do nonclinical subjects.

To determine the relationship between ego-dystonic homosexuality and level of homosexual involvement, correlations between the component scores and each of the three indices of homosexual involvement that were developed for this study were calculated. These indices are time since awareness of same-sex attraction, number of lovers, and self-identification as homosexual. The results from these analyses are presented in Table 11.

Only one component, distress at homosexual arousal, was reliably related to time since first awareness of same-sex attraction; less

Table 11
Correlation between ego-dystonic component scores and homosexual involvement

Components	Time since Awareness	Number of lovers	Self-identification
Desire for heterosexual arousal	-.05	.03	.45***
Desire for heterosexual lifestyle	-.07	-.10	.48***
Distress at homosexual arousal	-.22	-.04	.32***
Distress at homosexual lifestyle	-.02	-.06	.17***

NOTE: N=190

*p<.05
 **p<.01
 ***p<.001

distress was reported as time of awareness increased. None of the components was reliably related to the number of lovers with whom the respondent had been involved. By contrast, all of the components were strongly related to respondents' identification as homosexual. Those subjects who identified themselves as less exclusively homosexual indicated higher levels of the diagnostic components of the disorder. In sum, the components of ego-dystonic homosexuality are not related to length or number of homosexual involvements, but were related to the degree to which subjects were exclusively homosexual. (See Tables B-2 through B-4 in Appendix B for correlations between components of ego-dystonic homosexuality and subject characteristics by subsamples.)

Relationship of Predisposing Factors to the Diagnostic Components

In DSM-III, internalization of negative societal attitudes predisposes persons to ego-dystonic homosexuality. By contrast, similar symptoms that are predisposed solely by fear of society's hostile attitudes towards homosexuals are specifically excluded from the DSM-III diagnosis.

To determine the relationship between internalized negative attitudes towards homosexuals and the components of ego-dystonic homosexuality, correlations were calculated between a standardized measure of negative attitudes towards homosexuality (Larsen, Reed & Hoffman, 1980) and the scale scores. The results substantiate the DSM-III assertion. Negative attitudes were found to be reliably related to desire for heterosexual arousal, $r(190) = .39, p < .001$; to

desire for a heterosexual lifestyle, $r(190) = .41$, $p < .001$; to distress over homosexual arousal, $r(190) = .24$, $p < .001$; and to distress at the thought of a homosexual lifestyle, $r(190) = .42$, $p < .001$. This pattern of relationships is consistent across subject groups (see Table B-5 in Appendix B). Despite these significant relationships, the internalized negative attitudes of the 7 subjects judged by their therapists to be ego-dystonic ($M = 35.7$) were not reliably different from those attitudes of the 135 persons judged to be ego-syntonic ($M = 31.4$); $t(6) = 0.97$, $p < .05$. Thus, the components of ego-dystonic homosexuality are related to negative attitudes towards homosexuality, but these negative attitudes do not distinguish diagnosed ego-dystonic homosexuals from their ego-syntonic counterparts.

To determine the relationship between fear of society's hostile attitudes towards homosexuals and the components of ego-dystonic homosexuality, correlations were calculated between component scores and the measure of fear. Fear of society's hostile attitudes was reliably related to each of the components as follows: desire for heterosexual arousal, $r(190) = .22$, $p < .001$; desire for heterosexual lifestyle, $r(190) = .17$, $p < .001$; distress at homosexual arousal, $r(190) = .15$, $p < .05$; and distress at the thought of a homosexual lifestyle, $r(190) = .18$, $p < .013$. (For separate analyses by subgroup see Table B-6, Appendix B). Again, fear of society's hostile attitudes as reported by subjects judged by their therapists to be ego-dystonic ($M = 22.7$) was not reliably different from the level of

fear reported by those judged to be ego-syntonic ($M=21.0$); $t(6) = 0.89$, $p > .05$.

To determine whether the components of ego-dystonic homosexuality independently relate to fear of society's hostile attitudes towards homosexuals, partial correlations were calculated between the component scores and the measure of feared societal hostility independent of any relationship with internalized negative attitudes. The components were found to be reliably related to fear of societal hostility in the absence of internalized negative attitudes, as follows: desire for heterosexual arousal, $r(188) = .16$, $p < .016$; desire for a heterosexual lifestyle, $r(188) = .16$, $p < .016$; distress over homosexual arousal, $r(188) = .10$, $p < .077$; and distress at the thought of a homosexual lifestyle, $r(188) = .10$, $p < .083$.

In sum, negative attitudes regarding homosexuality and fear of society's hostile attitudes towards homosexuals are both related to the components of ego-dystonic homosexuality; however neither predisposing factor distinguishes those homosexuals diagnosed as ego-dystonic from ego-syntonic homosexuals. Fear of society's hostile attitudes towards homosexuals relates to the components of ego-dystonic homosexuality independent of internalized negative attitudes.

Emotional Adjustment

According to DSM-III, loneliness, depression, and anxiety are associated features of ego-dystonic homosexuality. In addition, it

was predicted that self-esteem and psychological well-being would be related to ego-dystonic homosexuality. To investigate these predictions, correlations between the four components of the disorder and measures of loneliness, depression, anxiety, self-esteem, and psychological well-being were calculated. The results are presented in Table 12. None of the psychological features were found to be reliably related to two of the DSM-III defined components: desire for heterosexual arousal and distress over homosexual arousal. The third component proposed by DSM-III, desire for a heterosexual lifestyle, was found to be reliably related to loneliness and anxiety, but not to depression, self-esteem or overall psychological well-being. The component predicted by a psychosocial perspective, distress at the thought of a homosexual lifestyle, was found to be reliably related to all five emotional adjustment features. Thus, higher levels of distress at the thought of a homosexual lifestyle were associated with greater loneliness, anxiety, and depression, lower self-esteem and less sense of well-being. Again, this pattern of relationships is consistent across subsamples (see Table B-7, Appendix B).

In order to further investigate the relationship between emotional adjustment and ego-dystonic homosexuality, t-tests were computed to determine whether the 7 persons judged by their therapists to be ego-dystonic were more lonely, depressed, anxious, and lower in self-esteem and psychological well being than the 135 persons judged to be ego-syntonic. The results are presented in

Table 12
Correlations between ego-dystonic component scores and emotional adjustment

Component	Loneliness	Depression	Anxiety	Self-esteem	Well-being
Desire for heterosexual arousal	.07	.07	.08	.05	-.02
Desire for heterosexual lifestyle	.13*	.06	.13*	.08	.09
Distress over homosexual arousal	.02	-.01	-.05	.03	.05
Distress over thought of homosexual lifestyle	.29***	.17*	.20**	.22***	.22***

NOTE: N=188

*p<.05

**p<.01

***p<.001

Table 13. Only one of the emotional adjustment measures, depression, was found to be reliably greater for the ego-dystonic homosexuals when compared to the ego-syntonic group.

As noted above, few of the DSM-III proposed symptoms were related to emotional adjustment. However, ego-dystonic homosexuality is defined in DSM-III as the presence of all three diagnostic components (e.g., desire for heterosexual arousal, desire for heterosexual lifestyle, and distress at homosexual arousal). To determine the relative contribution of the three DSM-III components as opposed to the psychosocially derived component (distress at the thought of a homosexual lifestyle) for predicting emotional adjustment, a series of stepwise multiple regression analyses were performed predicting the five measures of emotional adjustment: loneliness, depression, anxiety, self-esteem, and psychological well-being. The predictors were the three DSM-III components, which were entered together on the first step, and the psychosocial predictor, which was entered last. The contribution of the DSM-III components for predicting psychological adjustment was evaluated by the overall F at the first step. In addition, the contribution of the psychosocial predictor was established by the F for the increment in R² at the second step when that predictor entered the equation. Results from these analyses are presented in Table 14.

The results are not consistent with the DSM-III definition of the disorder. The combined DSM-III components fail to reliably predict any of the five measures of emotional adjustment. However,

Table 13

T tests for emotional adjustment of ego-dystonic versus ego-syntonic homosexuals

Emotional Adjustment Variables	Ego-dystonic (n=7)		Ego-syntonic (n=135)		t
	M	SD	M	SD	
loneliness	66.1	17.8	54.6	20.0	1.66
depression	46.7	15.9	33.7	11.0	2.12*
anxiety	98.7	17.3	87.0	20.4	1.72
self-esteem	31.4	11.1	25.3	9.8	1.42
psychological well-being	21.6	6.0	18.0	5.7	1.55

* p < .05

Table 14

Stepwise Multiple Regression Analyses of Ego-dystonic Components as Predictors of Emotional Adjustment

Criterion Variable	Predictor Variable	Step	R ²	F for Increment	df	Overall F
Loneliness	DSM-III	1	.01	1.91	1,188	1.91
	Psychosocial	2	.08	15.19***	2,187	8.63***
Depression	DSM-III	1	.00	.78	1,188	.68
	Psychosocial	2	.03	4.56	2,187	2.62*
Anxiety	DSM-III	1	.01	1.41	1,188	1.41
	Psychosocial	2	.04	6.32**	2,187	3.88*
Self-esteem	DSM-III	1	.00	.48	1,188	.49
	Psychosocial	2	.05	9.52**	2,187	5.02***
Well-being	DSM-III	1	.00	.06	1,188	.06
	Psychosocial	2	.05	10.43**	2,187	5.24**

+ p = .07

* p < .05

** p < .01

*** p < .001

entering distress at the thought of a homosexual lifestyle results in a reliable increase in the amount of variance accounted for within each measure. Thus, the DSM-III components are not reliably related to the emotional adjustment features proposed to be associated with the disorder. Conversely, distress at the thought of a homosexual lifestyle, a component predicted by a psychosocial perspective, does appear to be reliably related to psychological adjustment.

Relationship Between Ego-dystonicity and Self-disclosure

Past research suggests that homosexuals who disclose their sexual orientation to few persons also tend to be less well adjusted emotionally than are more disclosive homosexuals. An ancillary focus of this study was to determine the extent to which self-disclosure of homosexuality may be related to the components of ego-dystonic homosexuality. Correlations were computed between component scores and the scores from the self-disclosure measure. All four components were reliably related to this measure: desire for heterosexual arousal, $r(188) = -.15, p < .054$; desire for heterosexual lifestyle, $r(188) = -.26, p < .001$; distress over homosexual arousal, $r(188) = -.22, p < .001$; and distress over the thought of a homosexual lifestyle, $r(188) = -.19, p < .01$. (See Table B-8, Appendix B for relationships of subsamples.) Extent of self-disclosure by those persons judged by their therapists to be ego-dystonic ($M=4.0$) was not reliably different from self-disclosure reported by the ego-syntonic subjects ($M=4.5$); $t(7) = -.79, p > .05$. Thus, self-disclosure does appear to be related to the components of ego-dystonic homosexuality, but it is

not significantly lower for those diagnosed as ego-dystonic when compared with ego-syntonic homosexuals in therapy.

Relationship between Self-disclosure and Emotional Adjustment

In order to determine the extent to which self-disclosure of sexual orientation relates to psychological adjustment, correlations between the self-disclosure scores and the emotional adjustment measures of loneliness, depression, anxiety, self-esteem, and psychological well-being were calculated. (See Table B-9, Appendix B for subsample correlations.)

Self-disclosure was reliably related to two measures of emotional adjustment. Less disclosive homosexuals report more loneliness, $r(188) = -.20$, $p < .01$, and lower self-esteem, $r(188) = -.18$, $p < .01$, than did more disclosive homosexuals, but not more depression, anxiety, or lower sense of well-being.

Inter-relationship of Ego-dystonic Homosexuality and Self-disclosure with Emotional Adjustment

As noted above, distress at the thought of a homosexual lifestyle is highly related to all of the emotional adjustment variables. In addition, self-disclosure is correlated with two measures of emotional adjustment, loneliness and self-esteem. Since self-disclosure and the component of distress at the thought of a homosexual lifestyle are also correlated $r(188) = -.19$, partial correlations were performed to determine the relationship between the two emotional adjustment measures and each variable independent of the other. Results are presented in Table 15.

Table 15
Pearson Correlations and Partial Correlations Among Distress at
 Homosexual Lifestyle, Self-disclosure and Emotional Adjustment

Variables Correlated	Pearson Correlation	Partial Correlation
Disclosure and loneliness Independent of distress at homosexual lifestyle	-.20**	-.15*
Disclosure and self-esteem Independent of distress of homosexual lifestyle	-.18**	-.14**
Distress at homosexual lifestyle and loneliness Independent of disclosure	.29***	.26***
Distress at homosexual lifestyle Independent of disclosure	.22***	.20**

NOTE: N=188

*p<.05

**p<.01

***p<.001

Results from these analyses suggest that self-disclosure of sexual orientation and distress at the thought of a homosexual lifestyle both relate independently to loneliness and self-esteem. Disclosiveness and dystonicity both remain reliably related to loneliness and self-esteem in the absence of influence by the other. Thus, while dystonic homosexuals appear to engage in less self-disclosure than do syntonic homosexuals, those dystonics who do disclose appear to be less lonely and higher in self-esteem than are dystonics who do not disclose. Conversely, less disclosive homosexuals are also likely to be more dystonic than are more disclosive homosexuals. Those less disclosive homosexuals who are also less dystonic, however, appear to be less lonely and have higher self-esteem than do their more dystonic counterparts.

Exploratory analyses of the inter-relationships among the components of ego-dystonic homosexuality, the predisposing factors, emotional adjustment, and self-disclosure

Exploratory analyses were done to investigate the inter-relationships among the major variables that were considered in this study. First, a correlation matrix was computed for the component scores, the predisposing factors, and self-disclosure. Next, a series of partial correlations were computed to examine the relationship of the diagnostic components, the factors predisposing to the disorder, and self-disclosure with emotional adjustment independent of the inter-relationships among them. Finally, a path

analysis was conducted in order to determine a probable pattern of causation among these variables.

In order to examine the inter-relationships of ego-dystonic homosexuality, the predisposing factors, and self-disclosure, a correlation matrix was computed. The results are presented in Table 16. All of these variables are reliably related, although the magnitude of most correlations is modest. Thus, the components of ego-dystonic homosexuality, the predisposing factors, and self-disclosure are inter-related characteristics of these homosexual subjects.

Because these factors are all related, partial correlations were computed in order to determine whether the components of the disorder, the predisposing factors, and self-disclosure were associated with emotional adjustment independent of their inter-relationships. Only one component of ego-dystonic homosexuality, distress at the thought of a homosexual lifestyle, was used in these analyses because, as noted above, the three other components were not reliably related to the emotional adjustment measures. The results of these partial correlations are presented in Table 17.

Results from these analyses suggest that distress at the thought of a homosexual lifestyle, internalized negative attitudes towards homosexuals, fear of society's hostile attitudes towards homosexuals, and self-disclosure are all related to the emotional adjustment measures independent of their inter-relationships. Thus, the component of distress at a homosexual lifestyle, the two predisposing

Table 16
 Correlation matrix among the components of ego-dystonic
 homosexuality, the predisposing factors, and self-disclosure

Variables	1	2	3	4	5	6	7
Desire heterosexual arousal	1.00						
Desire heterosexual lifestyle	.60***	1.00					
Distress homosexual arousal	.23***	.26***	1.00				
Distress homosexual lifestyle	.21**	.41***	.30***	1.00			
Internalized negative attitudes	.39***	.41***	.24***	.42***	1.00		
Fear society's negative attitudes	.22**	.17**	.15*	.18**	.20**	1.00	
Self-disclosure	-.15*	-.26***	-.22***	-.19**	-.24***	-.13*	1.00

n=188

* p < .05

** p < .01

*** P < .001

Table 17

Pearson correlations and partial correlations among components of ego-dystonic homosexuality, predisposing factors, and self-disclosure with emotional adjustment

Variable	lone- liness	depres- sion	anxiety	self- esteem	well- being
Distress homosexual lifestyle					
Pearson correlation	.29***	.17**	.20**	.22**	.22**
control internalized attitudes	.15*	.11	.15*	.13*	.17**
control fear society	.26***	.15*	.18**	.19**	.19**
control disclosure	.26***	.16*	.19**	.19**	.21**
control all three	.21***	.12*	.15*	.29***	.20**
Internalized negative attitudes					
Pearson correlation	.31***	.24***	.20**	.31***	.21**
control fear society	.28***	.22***	.17*	.29***	.18**
control disclosure	.27***	.24***	.19**	.28***	.20**
control dystonicity	.28***	.23***	.16*	.31***	.21**
control all three	.26***	.22***	.15*	.29***	.20**
Fear society's hostile attitudes					
Pearson correlation	.18**	.14*	.18**	.17*	.19**
control internalized attitudes	.13*	.10	.14*	.11	.15*
control disclosure	.16*	.14*	.17*	.15*	.18**
control dystonicity	.15*	.12*	.15*	.15*	.18**
control all three	.13*	.12*	.15*	.13*	.17**
Self-disclosure					
Pearson correlation	-.20**	-.05	-.06	-.17**	-.09
control internalized attitudes	-.14*			-.11	
control fear society	-.18**			-.16*	
control dystonicity	-.16*			-.16*	
control all three	-.13*			-.13*	

n=188

* p < .05

** p < .01

***p < .001

factors, and self-disclosure are each uniquely related to the emotional adjustment of homosexuals.

To determine a pattern of probable causation of emotional adjustment among these homosexuals, a path analysis was conducted. Two causal models were considered. The first model follows the logic presented in DSM-III: internalized negative attitudes towards homosexuality causes the symptoms represented by the diagnostic components of the disorder which in turn cause decreased emotional adjustment. According to this model, the components of ego-dystonic homosexuality should be associated with problems of emotional adjustment only through an inter-relationship with internalized negative attitudes. As presented in Table 16, ego-dystonicity is related to emotional adjustment independent of an association with internalized negative attitudes. Thus, the causal model presented in DSM-III does not appear to be consistent with these findings.

The second model tested was derived from a psychosocial perspective which would predict that fear of society's hostile attitudes would cause homosexuals to experience distress at the thought of a homosexual lifestyle. This distress would then result in decreased emotional adjustment. According to this logic, distress at the thought of a homosexual lifestyle should be related to emotional adjustment only through an inter-relationship with fear of society's hostile attitudes. As presented in Table 16, distress over a homosexual lifestyle is related to emotional adjustment irrespective of association with fear of society's hostile attitudes.

In sum, neither the causal model presented in DSM-III nor the model suggested by a psychosocial perspective are supported by these data.

Summary of Results

To conclude, these results do not substantiate the DSM-III conceptualization of ego-dystonic homosexuality; however, many of the findings are consistent with a psychosocial perspective of dystonicity. Analyses from the secondary focus of this research indicate that self-disclosure is moderately related to dystonicity and that each of these factors relates independently to emotional adjustment. Exploratory analyses revealed that the components of ego-dystonic homosexuality, the predisposing factors, and self-disclosure are related, but each has a unique contribution to the emotional adjustment of homosexuals.

Method; Study II

Study II was designed in order to determine through experimental procedures whether ego-dystonic homosexuals do become distressed by their homosexuality. Thus, this study examined the effects of making subjects' homosexual arousal and personality traits salient versus providing ambiguous feedback.

Subjects

The 48 nonclinical participants (24 females, 24 males) described in study I were subjects for study II.

Procedure

Subjects were telephoned to schedule individual appointments for the study. Although participants had been previously identified through a homosexual organization, the researcher did not mention homosexuality in reference to this study. When subjects arrived for their appointment, they were briefly shown a variety of physiological recording machines in the laboratory and then escorted to a nearby cubicle where they listened to an audio tape recording (for complete transcript, see Appendix C) that described the study as an investigation of a sophisticated technique for physiological and psychological assessment of visual attraction. The recorded instructions asked subjects to first complete a "computer-scored personality questionnaire," which actually consisted of the measures for study I and a pre-test measure of mood (MAACL; Zuckerman & Lubin, 1965; see Appendix C).

After the experimenter collected the completed questionnaires, the subject listened to audio-taped instructions describing the procedure to be followed for measuring their attraction/arousal levels while viewing four slides of attractive persons. The slides were chosen to portray semi-clad, attractive individuals appearing in natural settings (e.g., lying on a beach, diving into a lake, reclining near a swimming pool), and none of the slides had explicitly sexual or pornographic qualities. A set of four slides of males were shown to the male participants; whereas, four slides of females were shown to female participants. Subjects were randomly assigned to either homosexual or ambiguous feedback. In the homosexual condition, the audio-taped instructions included the statement, "Most homosexuals become attracted or aroused by these slides, and thus, this will provide us with a good measure of your homosexual attraction/arousal." In the ambiguous condition, the statement was instead, "Both heterosexuals and homosexuals generally become attracted or aroused by these slides, and thus, this will not provide us with a good measure of your homosexual arousal or attraction."

At this point, the experimenter came into the cubicle and attached electrodes to the finger, thumb, and forehead of the subjects. Although no actual physiological measures were recorded, the subjects were told that the electrodes were monitored by the physiological equipment previously shown to them in the outer laboratory. Subjects were again left alone, and the taped

instructions requested them to relax briefly then to look at the meter mounted on the wall and record their resting level of arousal/attraction on a sheet provided by the experimenter (see Appendix C). The arousal/attraction scale ranged from -50 to +50, with endpoints labeled "not aroused/attracted" through "very aroused/attracted." Subjects then viewed the four slides of attractive, same-sex persons and recorded their arousal/attraction level as indicated on the meter immediately after they viewed each slide. Arousal/attraction level was manipulated so that the meter indicated that all subjects were "moderately" aroused in response to the slides. When this phase was complete, the experimenter returned to the room and removed the electrodes.

Following removal of the physiological equipment, subjects were asked to complete the post-test measure of mood (MAACL, 1965) and were told that the experimenter would go into the adjacent room to computer score their personality questionnaire. After three minutes, the experimenter returned with a printed copy of the results from the personality questionnaire for the subject to read. Subjects were told that "due to the experimental nature of the research" they could not take the printout with them, but they were given time to read the results as a gesture of gratitude for their participation in the research. The personality feedback for all subjects consisted of generally positive statements modified from Snyder and Cowles (1979). (See Appendix C). The final personality feedback statement differed

according to condition. Those subjects in the experimental condition read the following statement:

Homosexuality scale: Your personality is typical of a homosexual person. There is a high probability that you are a homosexual.

Subjects in the ambiguous condition instead read the following:

Homosexuality scale: Your personality is typical of both heterosexual and homosexual persons. There is no indication of your sexual preference from your responses on this questionnaire.

Finally, subjects were asked to complete an "exit survey" that consisted of an abbreviated state measures of the psychological adjustment factors hypothesized to be associated with ego-dystonic homosexuality (see Appendix C). The specific scales consisted of 5 items measuring current feelings of loneliness, 4 items assessing state depression and 4 measuring state anxiety, 7 items reflecting current feelings of self-esteem, and 4 items assessing perception of current psychological well-being.

Debriefing

Subjects were thoroughly debriefed following the study. Both the purpose of the study and expectations of outcomes were explained to all participants. The experimenter offered opportunities for subjects who wished to do so to talk with her for an extended period of time following the session.

Results; Study II

Part I: Response to Information about Arousal

Effects as a Function of the Dystonicity Dimension. The data of primary interest are subjects' affective responses to bogus information about their "physiological arousal" while viewing slides of same-sex persons. To determine whether ego-dystonic homosexuals would report more distress when told that their arousal reflected homosexuality than when told that its meaning was ambiguous and to determine whether ego-syntonic homosexuals would respond similarly to homosexual and ambiguous arousal feedback, a series of 2 (feedback) X 2 (dystonicity) X 2 (sex of subject) factorial analyses of covariance were conducted. The dependent measures were the self-reports of depression, anxiety, guilt and hostility that were obtained immediately after the subjects were given the arousal feedback. The covariate in each of these analyses was a self-report of the affect under consideration obtained prior to the feedback so that any potential effect of initial differences on the measure was eliminated. ("Law of initial values," Lacey, 1956; Wilder, 1962.) Separate analyses were conducted in which dystonic homosexuality was based on scale scores of (1) distress over homosexual arousal, (2) desire for heterosexual arousal, (3) desire for heterosexual lifestyle, and (4) distress over thought of homosexual lifestyle. In each case, subjects were divided into high and low ego-dystonic groups by a median split. This procedure is minimally influenced by extreme scores and provides a more stable estimate of group

membership than does a mean split (Weiner, 1962). As mentioned previously, subjects in this study failed to report significant levels of ego-dystonicity; therefore, the ego-dystonic group do not meet diagnostic criteria for ego-dystonic homosexuality but are relatively more dystonic as compared to the ego-syntonic group.

None of these analyses yielded an interaction involving arousal feedback and dystonicity that approached statistical reliability. (The F and p values for these analyses are presented in Tables D-1 to D-4, Appendix D). There is no evidence that subjects who reported higher levels of ego-dystonic homosexuality became more distressed when confronted with evidence of their homosexual arousal than when confronted with ambiguous feedback nor is there evidence that they responded differently to the feedback than did ego-syntonic homosexuals. Therefore, the predictions derived from DSM-III were not confirmed.

Effects as a Function of Self-disclosure Dimension. To determine whether nondisclosive homosexuals would respond differentially when they were told that their arousal was homosexual than when they were told that its meaning was ambiguous and to determine whether disclosive homosexuals would respond similarly to homosexual and ambiguous feedback, the same series of 2(feedback) X 2 (disclosure) x 2 (sex of subject) factorial analyses of covariance were conducted using the dependent variables and covariates that were discussed in the preceeding section. The self-disclosure factor was based on a median split of scores on that measure.

Those results that involve reliable interactions of the arousal feedback and self-disclosure dimensions will be presented. Simple effects tests (Winer, 1962) of these interactions were computed, and those effects at the $p < .05$ level are reported as reliably different.

The analyses of covariance revealed reliable feedback by disclosure interactions for depression, $F(1,39) = 8.11$, $p = .007$ (see Figure 1) and anxiety, $F(1,39) = 9.52$, $p = .004$ (see Figure 2). For the less disclosive homosexuals, homosexual feedback resulted in less depression (13.5 vs. 16.6, $p < .01$) and less anxiety (14.2 vs. 17.0, $p < .01$) than did ambiguous feedback. By contrast, for more disclosive homosexuals, feedback did not influence reported depression and anxiety. When the two groups responses were compared, less disclosive subjects were less depressed (13.5 vs. 15.8, $p < .05$) and less anxious (14.2 vs. 15.9, $p < .05$) following homosexual feedback but were more anxious (17.0 vs. 14.8, $p < .05$) following ambiguous feedback than were more disclosive homosexuals.

Analyses of covariance on the state guilt scores revealed a reliable feedback by disclosure by gender interaction, $F(1,39) = 5.71$, $p = .022$ (see Figure 3). To clarify the meaning of this interaction, an analysis for simple interaction effects was performed. Specifically, 2 (feedback) X 2 (disclosure) analyses of variance were conducted for females and males separately. There were no reliable effects for females. The feedback by disclosure interaction was reliable for males, $F(1,19) = 6.039$, $p = .023$. As

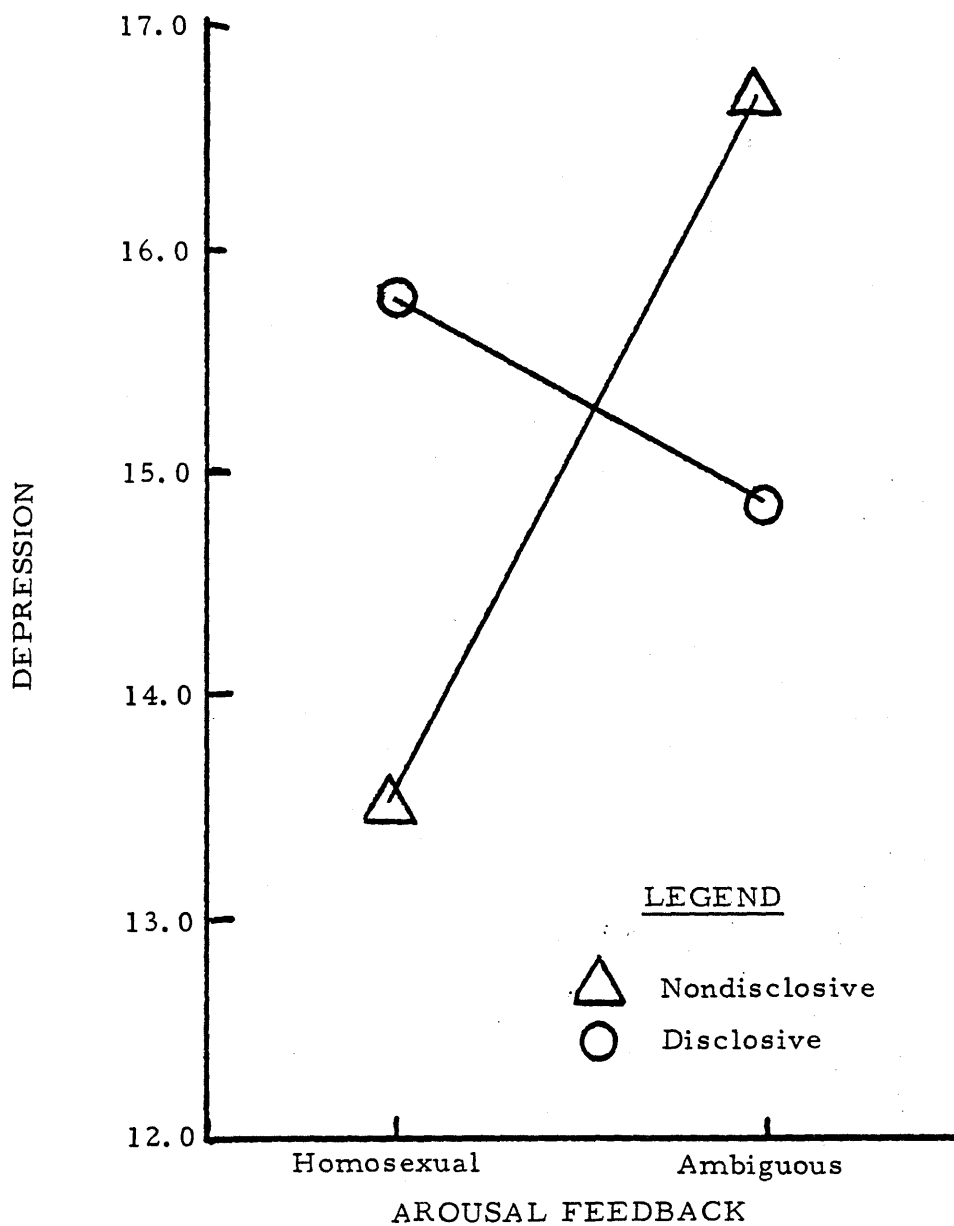


Figure 1. Mean adjusted depression scores (premanipulation depression score covaried) of nondisclosive and disclosive homosexuals as a function of homosexual or ambiguous feedback regarding arousal.

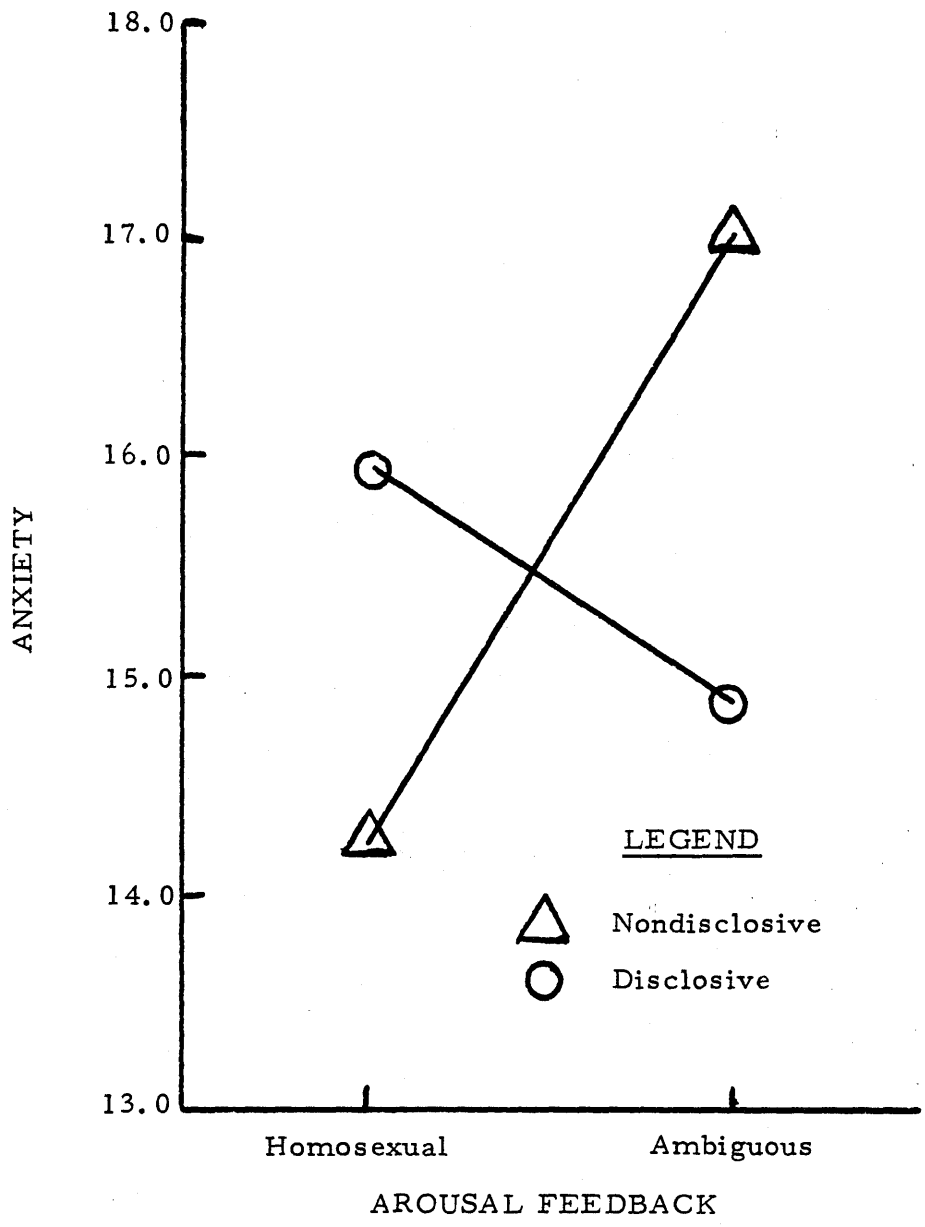


Figure 2. Mean adjusted anxiety scores (premanipulation anxiety score covaried) of nondisclosive and disclosive homosexuals as a function of homosexual or ambiguous feedback regarding arousal.

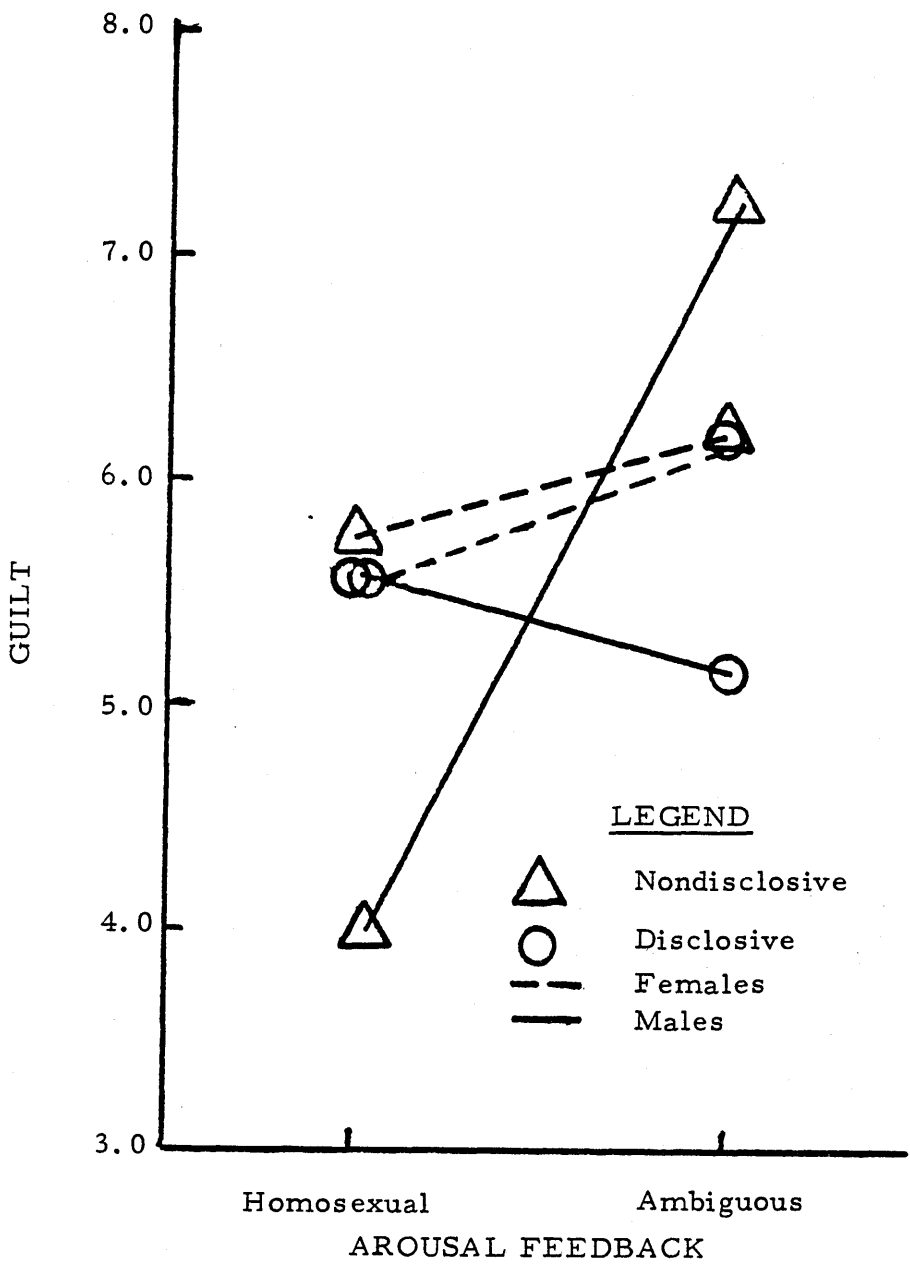


Figure 3. Mean adjusted guilt scores (premanipulation guilt score covaried) of nondisclosive and disclosive female and male homosexuals as a function of homosexual or ambiguous feedback regarding arousal.

is depicted in figure 3, less disclosive males reported less guilt following homosexual feedback than following ambiguous feedback (4.0 vs. 7.2, $p < .01$). By contrast, the more disclosive males did not report reliably different levels of guilt as a function of feedback. The responses of the less disclosive males were compared with those of the more disclosives following the feedback. The less disclosives were less guilty (4.0 vs. 5.6, $p < .05$) following homosexual feedback but were more guilty (7.2 vs. 5.2, $p < .05$) following ambiguous feedback than were more disclosive males.

These findings suggest that less disclosive homosexuals were less distressed following homosexual arousal feedback than following ambiguous feedback; whereas, more disclosive homosexuals did not respond differentially by type of feedback. Therefore, these results are inconsistent with the view that less disclosive homosexuals are more distressed by homosexual feedback than are more disclosive homosexuals.

Part II: Responses to Addition of Personality Feedback

Effects as a Function of Dystonicity Dimension. Of primary interest are subjects' emotional reactions to the combination of bogus arousal and personality feedback. To determine whether more dystonic homosexuals would report increased emotional distress when informed that their arousal and personality traits reflected homosexuality than when the meaning of both was ambiguous and to determine whether ego-syntonic homosexuals would respond similarly to homosexual and ambiguous feedback, a series of 2 (feedback) by 2

(dystonicity) X 2 (sex of subject) factorial analyses of covariance were conducted. The dependent measures, state measures of loneliness, depression, anxiety, self-esteem, and psychological well-being, were obtained immediately after the subjects were given the personality feedback. The covariate in each of these analyses was a measure of the factor under consideration that was obtained prior to any feedback. For each dependent measure, separate analyses were conducted with the dystonic dimension defined by the four methods that were described in the previous analyses. (See Tables D-5 through D-8 in Appendix D for summaries of the ANACOVAs.)

These analyses yielded reliable interactions involving feedback and dystonicity when the dystonic dimension was measured by desire for a heterosexual lifestyle and distress at the thought of adopting a homosexual lifestyle but not when measured by desire for heterosexual arousal and distress over homosexual arousal.

The results of the analyses of desire for a heterosexual lifestyle revealed two reliable feedback by dystonicity interactions for depression, $F(1,39) = 4.62, p < .038$ (see Figure 4) and psychological well-being, $F(1,39) = 7.75, p = .008$ (see Figure 5). For syntonic homosexuals, ambiguous feedback resulted in more depression (11.5 vs. 10.1, $p < .05$) and less psychological well-being (9.8 vs. 7.1, $p < .05$) than did homosexual feedback. By contrast, for more dystonic homosexuals, feedback did not influence reported depression and anxiety. When syntonics' and dystonics' responses were compared, they were not reliably different except that dystonics

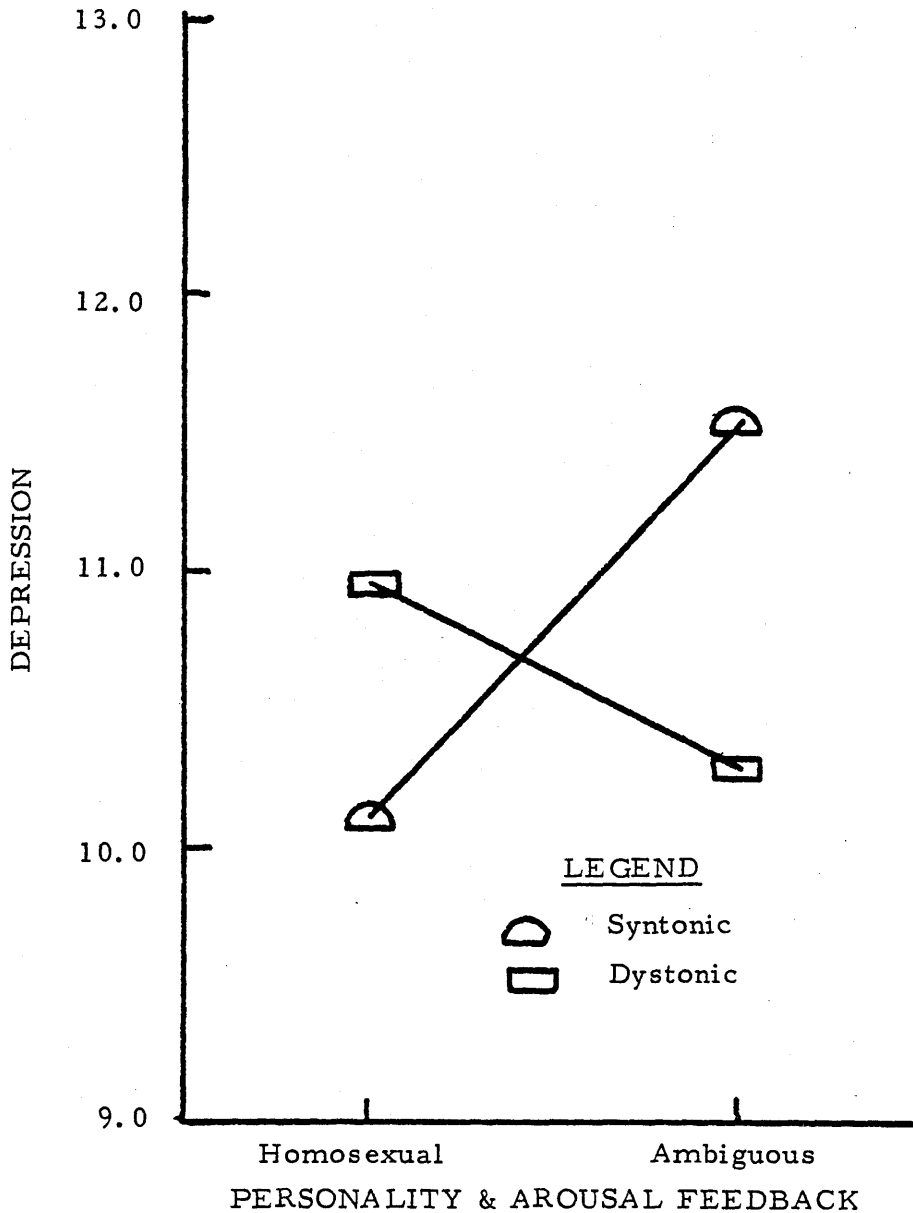


Figure 4. Mean adjusted depression scores (premanipulation depression score covaried) of syntonic and dystonic homosexuals as a function of homosexual or ambiguous feedback regarding personality and arousal.

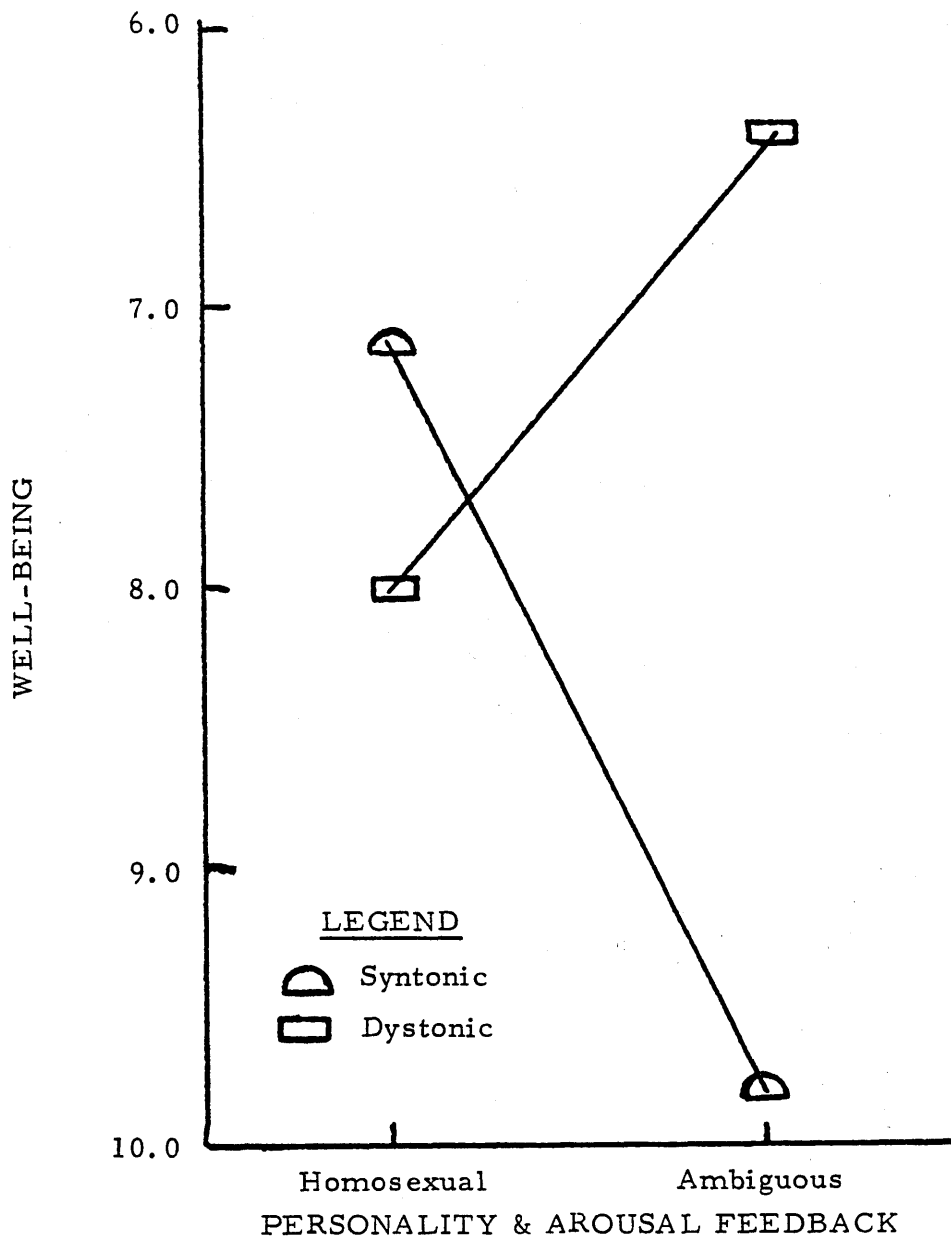


Figure 5. Mean adjusted well-being scores (premanipulation well-being score covaried) of syntonic and dystonic homosexuals as a function of homosexual or ambiguous feedback regarding personality and arousal.

reported less concerns about well-being (9.8 vs. 6.4, $p < .01$) following ambiguous feedback.

The results of the analyses of covariance with distress at the thought of adopting a homosexual lifestyle revealed reliable feedback by dystonicity interactions for loneliness, $F(1,39) = 5.37$, $p < .026$ (see Figure 6) and anxiety $F(1,39) = 7.92$, $p < .008$ (See Figure 7). For syntonic homosexuals, ambiguous feedback resulted in more loneliness (11.7 vs. 8.3, $p < .01$) and more anxiety (9.9 vs. 7.2, $p < .05$) than did homosexual feedback. When syntonics' and dystonics' responses were compared, syntonics were found to be more lonely (11.7 vs. 8.3, $p < .01$) and more anxious (9.9 vs. 8.0, $p < .05$) following ambiguous feedback than were dystonic homosexuals.

Analyses of covariance with distress at the thought of a homosexual lifestyle revealed a reliable feedback by dystonicity by gender interaction for self-esteem, $F(1,39) = 5.75$, $p = .021$ (see Figure 8). To clarify the meaning of this interaction, an analysis for simple interaction effects was performed by conducting a 2 (feedback) X 2 (dystonicity) analysis of covariance for males and females separately. There were no reliable effects for females. The feedback by dystonicity interaction was reliable for males, $F(1,19) = 15.99$, $p = .001$. As depicted in Figure 8, syntonic males reported lower self esteem following ambiguous feedback than following homosexual feedback (14.2 vs. 8.0, $p < .01$). By contrast, the dystonic males did not report reliably different levels of self-esteem as a function of feedback. The responses of the syntonic

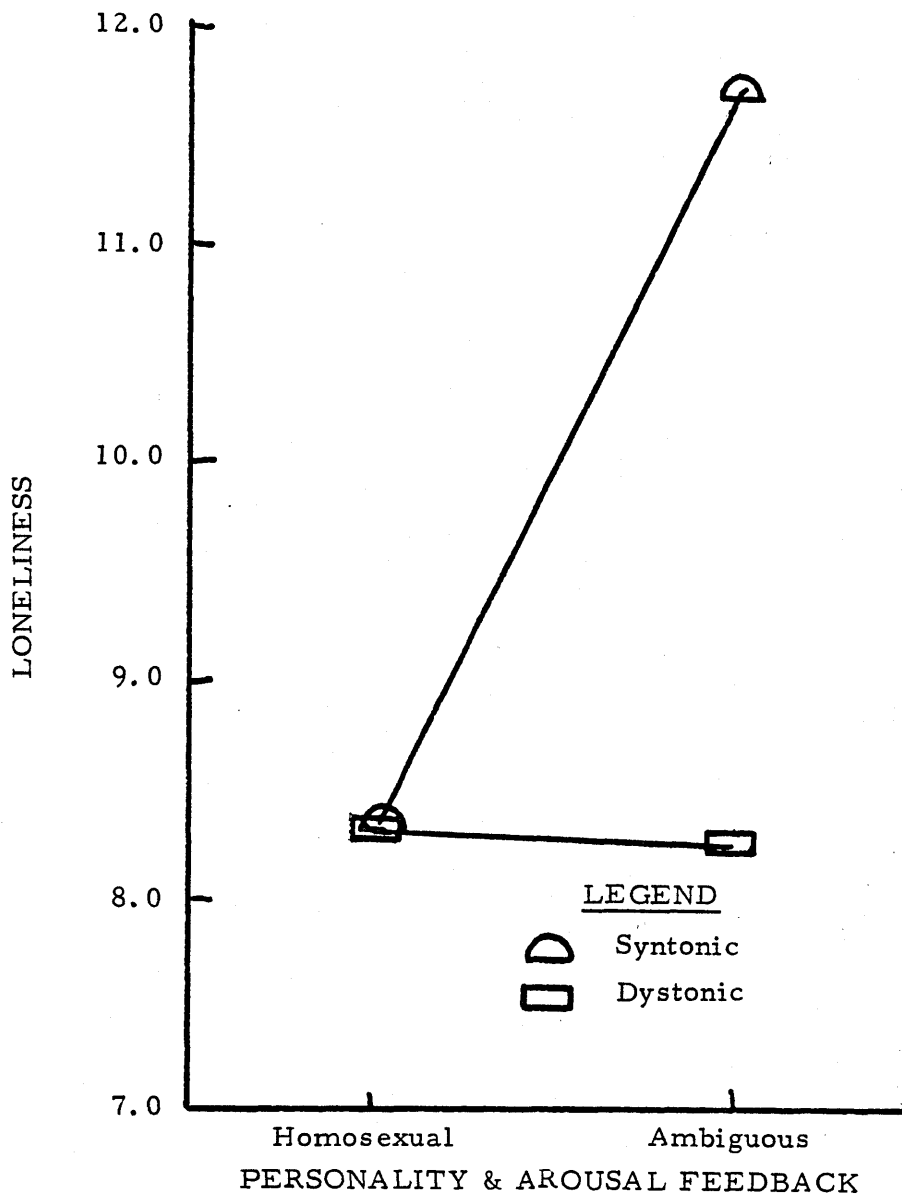


Figure 6. Mean adjusted loneliness scores (premanipulation loneliness score covaried) of syntonic and dystonic homosexuals as a function of homosexual or ambiguous feedback personality and arousal.

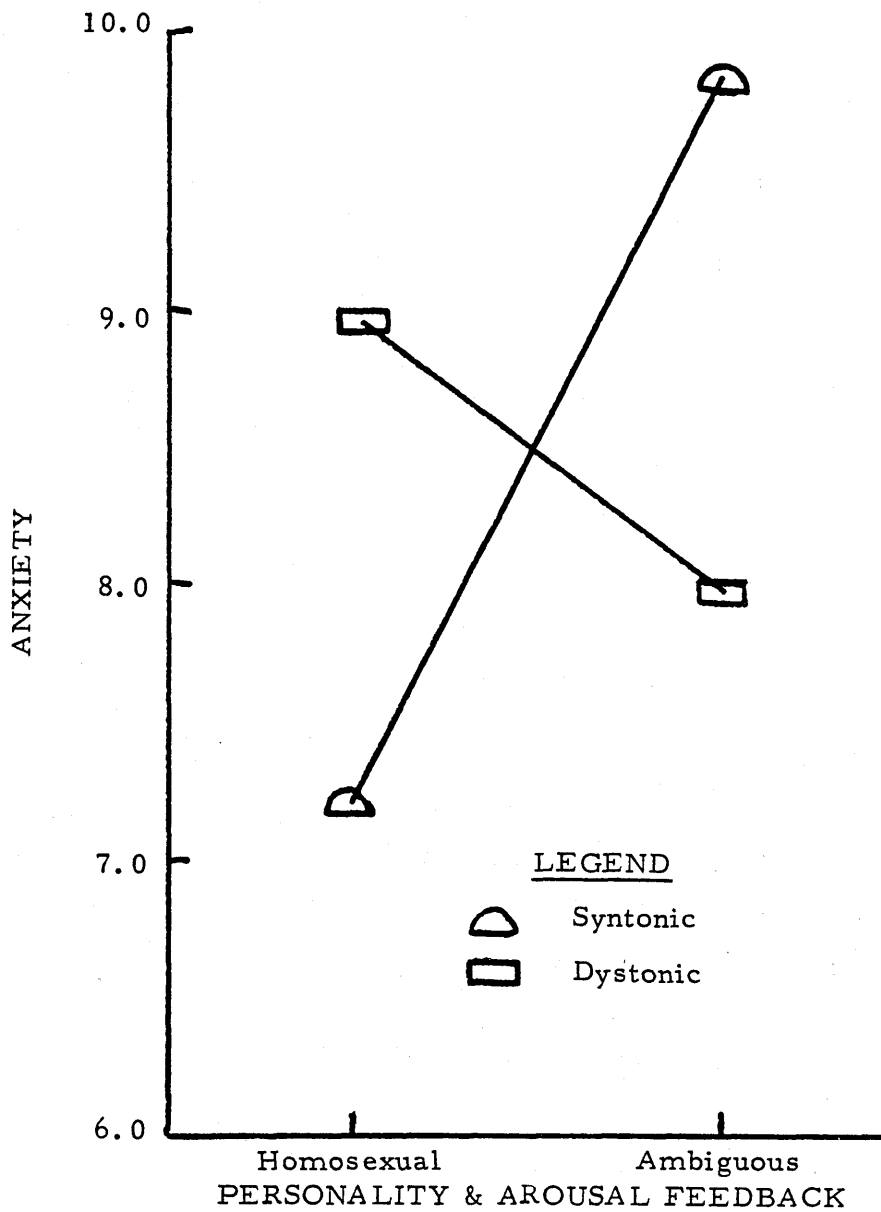


Figure 7. Mean adjusted anxiety scores (premanipulation anxiety score covaried) of syntonic and dystonic homosexuals as a function of homosexual or ambiguous feedback regarding personality and arousal.

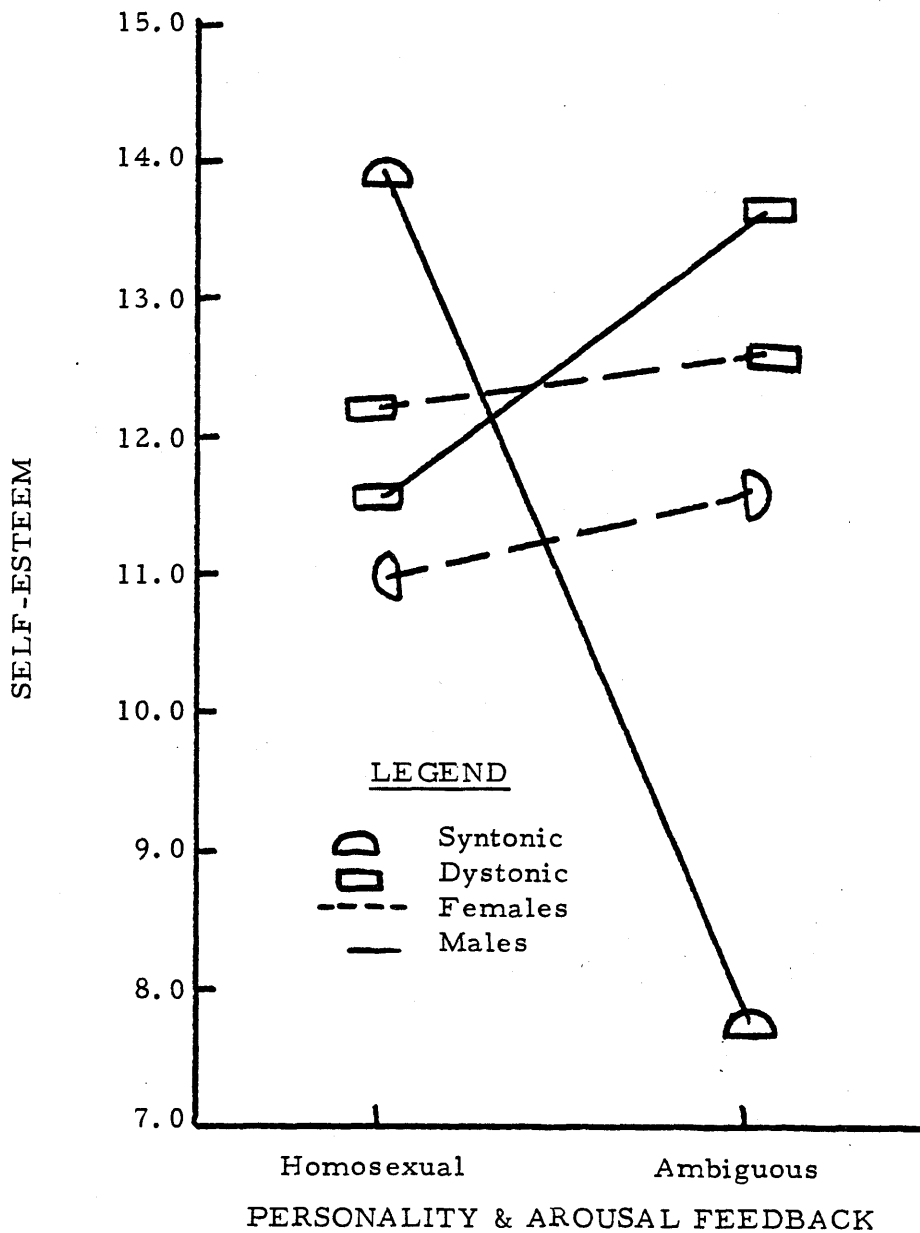


Figure 8. Mean adjusted self-esteem scores (premanipulation self-esteem scores covaried) of syntonic and dystonic females and males as a function of homosexual or ambiguous feedback regarding personality and arousal.

males were compared with those of the dystonics following the feedback. The syntonics had lower self-esteem (14.2 vs. 8.3, $p < .01$) (14.2 vs. 8.3, $p < .01$) following ambiguous feedback than did dystonic males.

These results provide no evidence that subjects who report higher levels of dystonicity become more distressed when they are told that their arousal and personality traits reflect homosexuality than when they are ambiguously defined. The predictions derived from DSM-III were not confirmed. Contrary to expectation, ego-syntonic homosexuals were more distressed by ambiguous arousal feedback than by homosexual arousal feedback.

Effects as a Function of Self-disclosure Dimension. To determine whether less disclosive homosexuals would respond differentially when they were told that their arousal and personality traits reflected homosexuality than when the meaning of both was ambiguous and to determine whether the more disclosive homosexuals would respond similarly to homosexual and ambiguous feedback, a series of 2 (feedback) X 2 (dystonicity) X 2 (sex of subject) factorial analyses of covariance were conducted using the dependent variables and covariates that were discussed in the preceding section.

The results of these analyses revealed a reliable feedback by disclosure interaction for self-esteem, $F(1,39) = 4.73$, $p = .036$ (see Figure 9). For the less disclosive homosexuals, homosexual feedback resulted in lower self-esteem than did ambiguous feedback

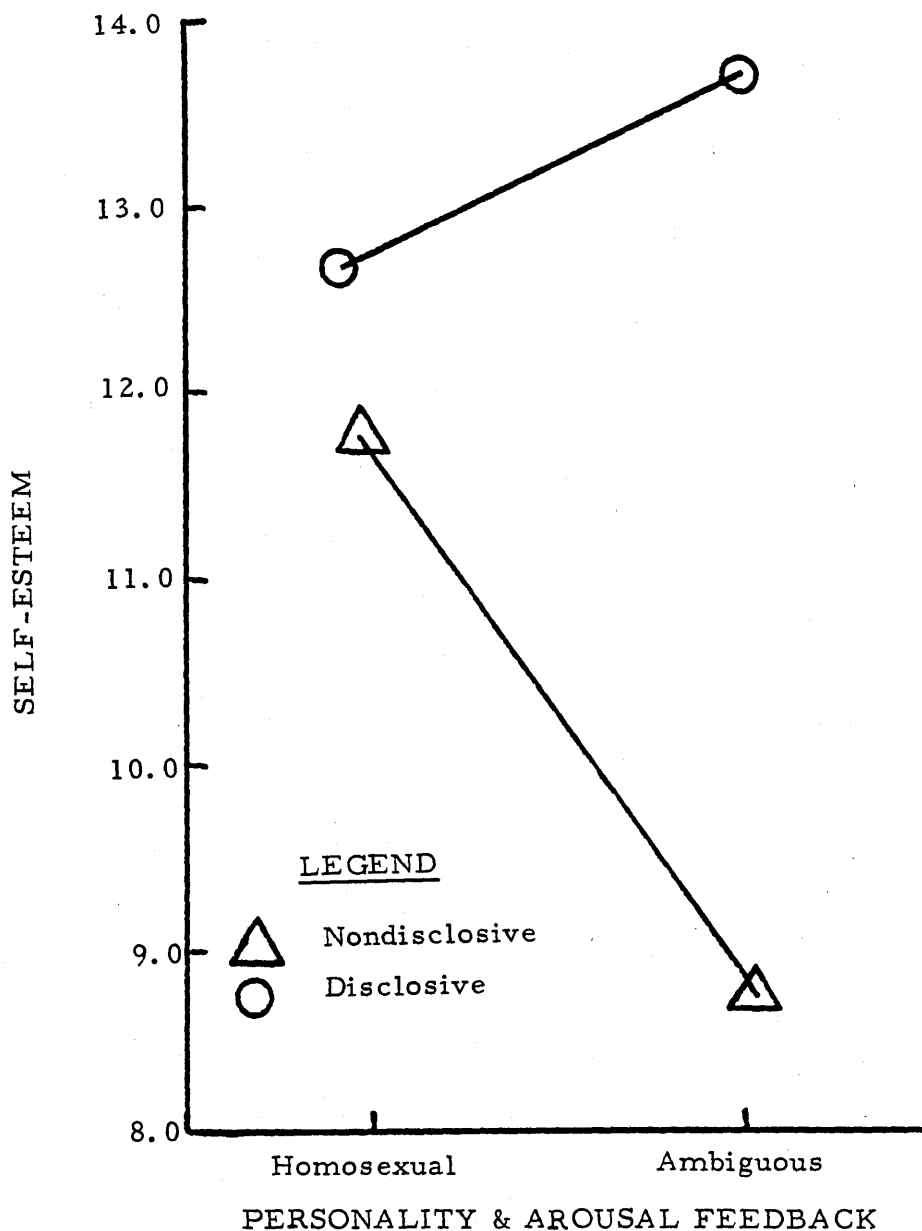


Figure 9. Mean adjusted self-esteem scores (premanipulation self-esteem scores covaried) of nondisclosive and disclosive homosexuals as a function of homosexual or ambiguous feedback regarding personality and arousal.

(13.2 vs. 10.3, $p < .05$). By contrast, for more disclosive homosexuals, the feedback did not reliably effect reports of self-esteem. When the two groups' responses were compared, less disclosives were lower in self-esteem (13.2 vs. 18.3, $p < .01$) following ambiguous feedback than were more disclosive homosexuals.

Analyses of covariance on the loneliness scores revealed a reliable feedback by disclosure by gender interaction, $F(1,39) = 6.84$, $p = .013$ (see Figure 10). Analyses for simple interaction effects were conducted by performing 2 (feedback) X 2 (disclosure) analyses of covariance for females and males separately. There were no reliable effects for females. The feedback by disclosure interaction was reliable for males, $F(1,19) = 10.84$, $p = .004$. As is depicted in figure 10, less disclosive males reported less loneliness following homosexual feedback (16.2 vs. 9.7, $p < .001$) than did more disclosive males. By contrast, the disclosive males did not report reliably different levels of loneliness as a function of feedback. The responses of the two groups of males were compared revealing that the less disclosives were more lonely (16.2 vs. 9.7, $p < .001$) following ambiguous feedback than were the more disclosive males.

These results suggest that less disclosive homosexuals are less distressed following homosexual feedback regarding their arousal and personality traits than following ambiguous feedback; whereas, disclosive homosexuals do not respond differentially to type of feedback. These results are again inconsistent with the view that

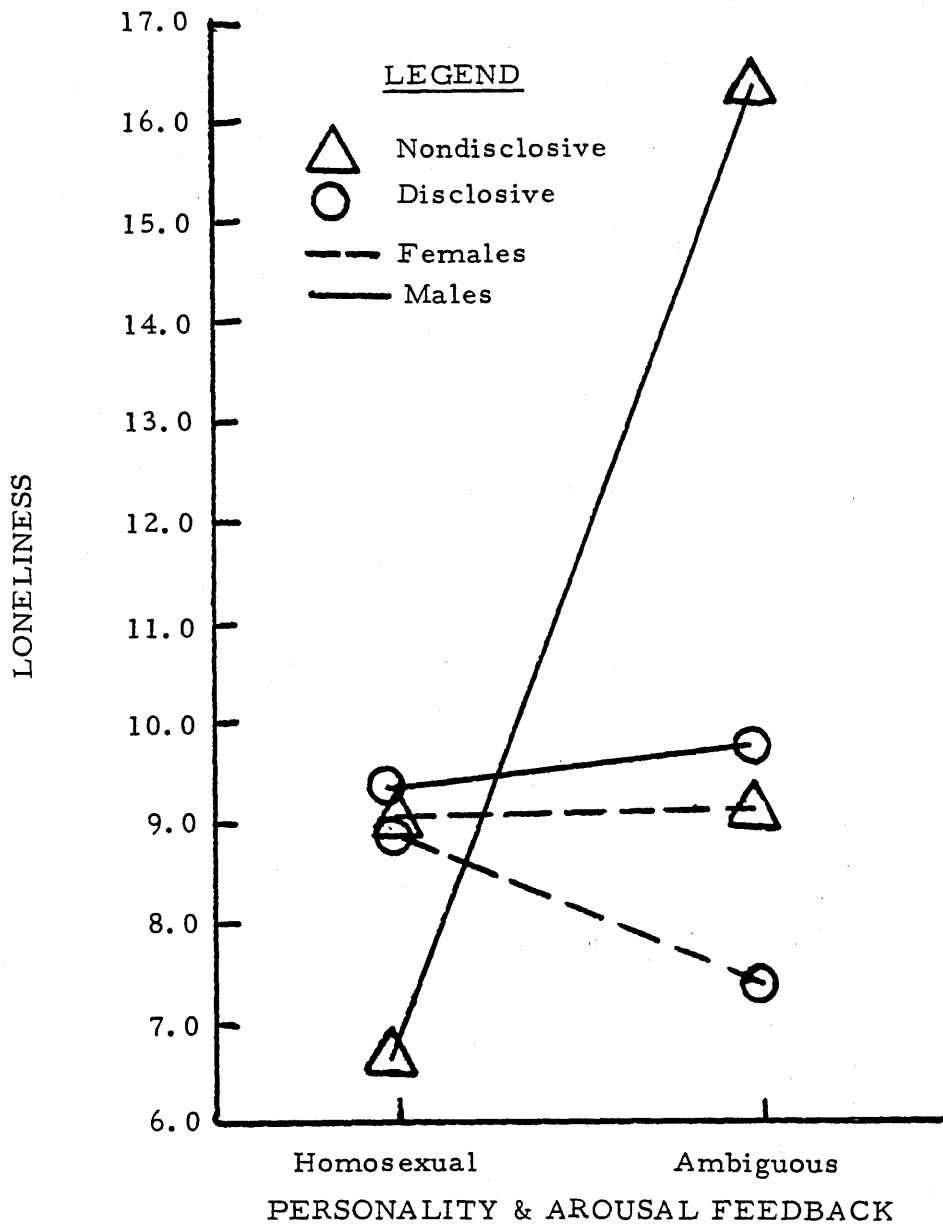


Figure 10. Mean adjusted loneliness scores (premanipulation loneliness scores covaried) of nondisclosive and disclosive females and males as a function of homosexual or ambiguous feedback regarding personality and arousal.

less disclosive homosexuals are more distressed by homosexual feedback than are more disclosive homosexuals.

Conclusions and Implications

Ego-dystonic Homosexuality as Defined by DSM-III

The results of study I and study II clearly and consistently fail to support the conceptualization of ego-dystonic homosexuality that is described in DSM-III. Study I examined three critical aspects of the disorder, and none of the results were consistent with DSM-III. First, the diagnostic components (desire for heterosexual arousal, desire for a heterosexual lifestyle, and distress at homosexual arousal) were rarely reported by homosexuals in therapy and were no more common among the clinical than the nonclinical subjects. Second, according to the DSM-III conceptualization, ego-dystonic homosexuality occurs only when society's negative evaluation of homosexuality has been internalized. Contrary to this, the diagnostic components were found to relate to fear of society's hostile attitudes towards homosexuals in the absence of internalization of the negative evaluation. Third, emotional adjustment was not related to the diagnostic components for the disorder as specified in the manual. Thus, the three critical aspects of ego-dystonic homosexuality that are described in DSM-III were not supported by the results of the survey.

Although these results are consistent, the findings should be interpreted in light of the two following considerations: First, the reliability and validity of the ego-dystonic homosexuality scales

failed to be firmly established. Two of the subscales were only moderately reliable as independent measures, and the scale validity was not ascertainable because of the paucity of ego-dystonic diagnoses given by therapists' of the clinical sample. Second, the sample may not be representative of homosexuals in therapy. The participating therapists contacted through the APA roster may not serve an ego-dystonic homosexual population and/or the questionnaires returned may disproportionately represent the ego-syntonic homosexual clients of these therapists. Therefore, these results should be viewed tentatively, but the findings do seriously question the validity of the DSM-III conceptualization of this disorder.

Similarly, the results of the experimental investigation do not support the DSM-III conceptualization of ego-dystonic homosexuality. Dystonic homosexuals did not report more distress when their arousal was labeled as homosexual than when it was labeled as typical of heterosexuals and homosexuals (ambiguous), nor did they report more distress when given feedback that their personalities were homosexual than when given the ambiguous feedback. Thus, these results do not support the contention in DSM-III that dystonic homosexuals are distressed either specifically by their homosexual arousal or more generally by other aspects of themselves that are identified as homosexual.

The results of study II also may have limited generalizability because of sampling biases. Again, a paucity of the subjects participating in this study reported dystonic feelings about their

homosexuality; therefore, the results may not be applicable to truly ego-dystonic homosexuals. Further research is needed to determine whether dystonicity exists or is simply not represented in the sample of homosexuals participating in these studies.

Psychosocial Perspective of Dystonicity

In contrast to the DSM-III conceptualization, the psychosocial perspective of dystonicity is consistent with many of the results of this research. According to this formulation, dystonics are distressed by their homosexuality because they fear society's hostile evaluation of persons who adopt a homosexual lifestyle. The findings regarding the three aspects of the disorder considered in study I are consistent with this perspective. First, distress at the thought of adopting a homosexual lifestyle was found to be a component of dystonicity. Second, the diagnostic components for the disorder were found to relate to fear of society's hostile attitudes towards homosexuals. Third, distress at the thought of adopting a homosexual lifestyle was the only component of dystonicity found to be associated with emotional adjustment. Thus, dystonicity appears to be related to fear of society's negative evaluation of and hostility towards homosexuals and their lifestyles.

The results from study II are also consistent with the psychosocial conceptualization of dystonicity. In this study, homosexuals were given feedback about their arousal and personality traits but were also told that this information would be kept strictly confidential. Therefore, the participants had no reason to

fear that the feedback would evoke an evaluative response from others. In this situation, dystonics were no more distressed by homosexual feedback than by more ambiguous feedback.

Ego-syntonic Homosexuality

An unexpected but interesting result in study II was that some syntonic homosexuals become more distressed when provided with ambiguous feedback than do syntonics provided with homosexual feedback. Although a variety of explanations might be offered for this result, a possibility consistent with the psychosocial perspective presented here is that some syntonic homosexuals reject a heterosexual lifestyle and want a homosexual lifestyle. Thus, these syntonics may be distressed when they are identified ambiguously rather than clearly as homosexual because they have responded to the social stigma of their lifestyle by rejecting heterosexuality. Thus, they may be distressed when they are led to doubt their homosexual arousal and personality features. Unfortunately, these results cannot be unequivocally interpreted and, therefore, this effect warrants further investigation.

Self-disclosure

Although the primary focus of this research was on ego-dystonic homosexuality, a secondary focus was to assess the role of self-disclosure of sexual orientation in relationship to dystonicity and emotional adjustment of homosexuals. The results from study I show that less disclosive homosexuals are more dystonic and somewhat less well adjusted psychologically than are more disclosive homosexuals.

In addition, the results of study II provide evidence that self-disclosure is related to distress about homosexuality. Specifically, less disclosive homosexuals reported more distress when given ambiguous feedback than when given explicit feedback indicating that they were homosexual.

Past research suggests that less disclosive homosexuals may fail to publicly identify themselves in part because they are uncertain about their identity (Miranda & Storms, 1984). Roesler and Deisher (1972) found that many males are emotionally distressed during the period of time (M=4 years) from first homosexual experience to certainty of identification. This uncertainty may be partially responsible for the generally higher levels of anxiety reported by less disclosive homosexuals as compared to their more disclosive counterparts in a previous study by Miranda and Storms (1984). In this study, homosexual feedback may have decreased the uncertainly less disclosives experience regarding their identity and thus led to a sense of relief and lowered feelings of distress. Further research is warranted to clearly examine the role of self-disclosure in homosexual identification.

Less disclosive homosexuals generally reported less distress following homosexual feedback than following ambiguous feedback; the effect was more extensive for males than for females. Less disclosive males, when compared with their more disclosive male counterparts, reported reliably less distress on three of the four measures following arousal feedback and on two of five measures

following personality feedback; whereas, less disclosive females responded differently than more disclosive females on two of four measures following arousal feedback and on one of five measures following personality feedback. Although these results are consistent with the commonly held view that sexual identity is a more important component of self-identification for males than for females, it is not possible to clearly interpret this finding. Future research is needed to clarify the meaning of this interesting gender difference.

Implications

With regard to implications of these results, the conclusions regarding the DSM-III conceptualization of ego-dystonic homosexuality seem particularly noteworthy. The results from these studies would indicate that the current DSM-III category may fail to designate the critical factors for understanding the emotional adjustment of persons distressed by their homosexuality. Based upon these results, three factors that may contribute to distress are: 1) fear of the social stigma attached to a homosexual lifestyle, 2) failure to be certain about a homosexual identity, and 3) failure to disclose one's sexual orientation to others. Further research is needed to clarify the contribution and interaction of these factors in determining emotional adjustment of homosexuals.

In summary, these studies did not support the DSM-III conceptualization of ego-dystonic homosexuality. The three essential aspects of the disorder that are defined in DSM-III were not validated. If these results are replicated by future research, ego-

dystonic homosexuality, as currently defined, should not be retained as a diagnostic category for mental illness. If the term dystonic is to be retained, it would be consistent with the results of this study to delete "ego" from the concept because the critical factor for predicting emotional distress appears to be society's negative evaluation of homosexuality rather than negative self evaluation. Because these factors have strong implications for therapy, reconceptualization of the disorder in light of these results seems crucial in order to provide the most beneficial psychological services for distressed homosexuals.

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Appendix A

Documents and Measures for Study I

Appendix A



THE UNIVERSITY OF KANSAS

Department of Psychology
426 Fraser Hall
Lawrence, Kansas 66045
(913) 864-4131

Oct. 7, 1983

Dear Colleague:

As past chair of the A.P.A. Committee on Gay Concerns (first author) and as members of the Association of Lesbian and Gay Psychologists (both authors), we have become very aware of heterosexual bias in past research on homosexuality. Fortunately, more studies are now being designed to investigate issues of concern to homosexuals themselves. One of the most pressing issues for many homosexuals who seek therapy involves the diagnostic category of ego-dystonic homosexuality. As you may know, ego-dystonic homosexuality is identified as a clinical syndrome by the DSM III, but it has not been validated through empirical research.

We are currently conducting a nationwide research project designed to investigate ego-dystonic homosexuality. We have obtained your name and address from an A.P.A. listing of persons interested in either therapy or research with lesbians and gay men, and we are writing to request your assistance in obtaining subjects for this study.

The primary goal of this study will be to assess ego-dystonic feelings among homosexual persons currently in therapy. This will provide a crucial test of the assumption in DSM III that ego-dystonic feelings lead homosexuals to seek therapy. In addition, we will examine the relationship of ego-dystonic feelings with a variety of other variables, such as cultural values, anxiety, depression, loneliness, etc. We hope to begin to determine some of the factors that lead to ego-dystonic feelings among homosexuals, as well as understanding the symptoms that may accompany this disorder.

Main Campus, Lawrence
College of Health Sciences and Hospital, Kansas City and Wichita

Page two

In order to conduct this study, we need your help in obtaining a sample of homosexual men and women who are currently in therapy. These persons do not need to be ego-dystonic homosexuals, but rather any homosexual person who is currently in therapy could participate in this research. If you indicate on the enclosed post card the number of such participants that you could provide for this study, we will then mail to you questionnaires to be distributed to your homosexual therapy clients. We have enclosed a copy of the questionnaire for your examination; it consists of approximately 100 items with simple directions for self-administration. When we receive your returned post card, we will send to you the number of questionnaires that you have indicated you could distribute and self-addressed, stamped envelopes for return of the questionnaires to us.

We plan to complete this project by early spring. Upon completion, we will mail to you a written report of the results of this investigation that we hope will prove useful in your future work with homosexual persons.

We sincerely thank you for your help with what we believe is an important study of ego-dystonic homosexuality. If you wish to share this letter with others who have access to homosexuals in therapy, we would greatly appreciate your efforts and assistance.

Sincerely,

Michael D. Storms, Ph.D.
Professor

Jeanne Miranda, M.A.
Graduate student researcher

Appendix A

INTRODUCTION

In this study we are interested in looking at a number of aspects of sexuality. At the present time there is very little useful, unbiased research in this area. It is hoped that through this study we will gain new insights which will further our understanding of sexuality.

This questionnaire should take you less than one-half hour to complete. We appreciate both the time and effort that you spend participating in this research. It is through such efforts by individuals such as yourself that psychologists are better able to understand human behavior and thereby better able to provide assistance to people when it is needed. We truly thank you for your help.

Your response will be completely anonymous and confidential. Although you will be asked to provide some demographic data, your name will not appear anywhere on the questionnaire. Your participation is totally voluntary. If at any time you wish to discontinue filling out the questionnaire, you are free to do so. You also have the option of not returning it once you've filled it out.

Your cooperation with this research is greatly appreciated.

Michael D. Storms, Ph.D.

Jeanne Miranda, M.A.

Appendix A

EGO-DYSTONIC HOMOSEXUALITY SCALE

Please indicate how you feel about each of the following items on the computer sheet provided. Answer each item according to the following scale:

- 1 = strongly disagree
- 2 = moderately disagree
- 3 = mildly disagree
- 4 = mildly agree
- 5 = moderately agree
- 6 = strongly agree

Desire to be heterosexually aroused:

1. I would like like to imagine enjoying sexual relationships with someone of the opposite sex
2. I do not want to become sexually aroused by sexy pictures of persons of the opposite sex.
3. I do not want to have sex with persons of the opposite sex.
4. I would like to be sexually aroused by sexual fantasies about persons of the opposite sex.

Distress over homosexual arousal:

5. I do not want to have sex with persons of my own sex.
6. I do want to become sexually aroused by sexual fantasies about persons of my own sex.
7. I do not want to become sexually aroused by sexy pictures of persons of my own sex.
8. I do not want to be sexually aroused by persons of my own sex.

Desire for heterosexual lifestyle:

9. I would like to be married to a person of the opposite sex.
10. I do not want to lead a traditional lifestyle (i.e., heterosexual spouse and children.)
11. I would like to have an intimate heterosexual relationship.

12. I would not like to fall in love with someone of the opposite sex.

Distress over homosexual lifestyle:

13. I do not like to think of myself living a homosexual lifestyle.

14. Homosexuals do not live the way I want to live.

15. I would enjoy falling in love with a person of my own sex.

16. I would like to have homosexual friends and be part of a homosexual social circle.

Appendix A

ATTITUDES TOWARD HOMOSEXUALS

Please read each item and indicate on the computer answer sheet your agreement or disagreement with the statement. Please answer each item on the following scale:

- 1 = strongly disagree
- 2 = moderately disagree
- 3 = mildly disagree
- 4 = mildly agree
- 5 = moderately agree
- 6 = strongly agree

1. I enjoy the company of homosexuals.
2. It would be beneficial to society to recognize homosexuality as normal.
3. Homosexuals should not be allowed to work with children.
4. Homosexuality is a mental disorder.
5. Homosexuality is immoral.
6. All homosexual bars should be closed down.
7. Homosexuals are mistreated in our society.
8. Homosexuals should be given social equality.
9. Homosexuals are a viable part of our society.
10. Homosexuals should have equal opportunity employment.
11. There is no reason to restrict the places where homosexuals work.
12. Homosexuals should be free to date whomever they want.
13. Homosexuality is a sin.
14. Homosexuals do need psychological treatment.
15. Homosexuality endangers the institution of the family.

16. Homosexuals should be accepted completely into our society.
17. Homosexuals should be barred from the teaching profession.
18. Those in favor of homosexuality tend to be homosexuals themselves.
19. There should be no restrictions on homosexuality.
20. I avoid homosexuals whenever possible.

Appendix A

Perceived Hostility towards Homosexuals

Please read each of the following items carefully. Respond on the computer answer sheet with the number from the following scale that best represents your feeling:

- 1 = strongly disagree
- 2 = moderately disagree
- 3 = mildly disagree
- 4 = mildly agree
- 5 = moderately agree
- 6 = strongly agree

1. If I had to spend the remainder of my life on a desert island undiscovered by the rest of humanity, I would choose to be with a person of my same sex.
2. If the rest of society suddenly approved of homosexuality and if homosexuals could lead a lifestyle of their own choosing and if society allowed homosexuals to adopt children, then I would be happy about my homosexuality.
3. Homosexuals are generally fired from their jobs if it is discovered that they are homosexuals.
4. People in this society do not hate homosexuals.
5. Homosexuals are often excluded from their families if their families discover that they are homosexual.
6. Most homosexuals are accepted by others, even if they know that they are homosexual.

Appendix A

Revised UCLA Loneliness Questionnaire

Please answer each of the following items on the enclosed computer scored answer sheet. Darken the number that best represents your feelings regarding each statement on the following scale:

- 1 = strongly disagree
- 2 = moderately disagree
- 3 = mildly disagree
- 4 = mildly agree
- 5 = moderately agree
- 6 = strongly agree

1. I feel in tune with the people around me.
2. I lack companionship.
3. There is no one I can turn to.
4. I do not feel alone.
5. I feel part of a group of friends.
6. I have a lot in common with the people around me.
7. I am no longer close to anyone.
8. My interests and ideas are not shared by those around me.
9. I am an outgoing person.
10. There are people I feel close to.
11. I feel left out.
12. My social relationships are superficial.
13. No one really knows me very well.
14. I feel isolated from others.
15. I can find companionship when I want it.
16. There are people who really understand me.
17. I am unhappy being so withdrawn.
18. People are around me but not with me.

19. There are people I can talk to.

20. There are people I can turn to.

Appendix A

BECK INVENTORY

On this questionnaire are groups of statements. Please read each group of statements carefully. Then pick out the one statement in each group which best describes the way you have been feeling the PAST WEEK, INCLUDING TODAY. Indicate the number on the computer answer sheet that best describes your feelings. If several statements in the group seem to apply equally well, indicate each one on the answer sheet. Be sure to read all the statements in each group before making your choice or choices.

1. 0 I do not feel sad.
1 I feel sad.
2 I am sad all the time and I can't snap out of it.
3 I am so sad or unhappy that I can't stand it.

2. 0 I am not particularly discouraged about the future.
1 I feel discouraged about the future.
2 I feel I have nothing to look forward to.
3 I feel that the future is hopeless and that things cannot improve.

3. 0 I do not feel like a failure.
1 I feel I have failed more than the average person.
2 As I look back on my life, all I can see is a lot of failure.
3 I feel I am a complete failure as a person.

4. 0 I get as much satisfaction out of things as I used to.
1 I don't enjoy things the way I used to.
2 I don't get real satisfaction out of anything anymore.
3 I am dissatisfied or bored with everything.

5. 0 I don't feel particularly guilty.
1 I feel guilty a good part of the time.
2 I feel quite guilty most of the time.
3 I feel guilty all of the time.

6. 0 I don't feel I am being punished.
1 I feel I may be punished.
2 I expect to be punished.
3 I feel I am being punished.

7. 0 I don't feel disappointed in myself.
 1 I am disappointed in myself.
 2 I am disgusted with myself.
 3 I hate myself.
8. 0 I don't feel I am any worse than anybody else.
 1 I am critical of myself for my weaknesses and mistakes.
 2 I blame myself all the time for my faults.
 3 I blame myself for everything bad that happens.
9. 0 I don't have any thoughts of killing myself.
 1 I have thoughts of killing myself, but I would not carry them out.
 2 I would like to kill myself.
 3 I would kill myself if I had the chance.
10. 0 I don't cry anymore than usual.
 1 I cry more now than I used to.
 2 I cry all the time now.
 3 I used to be able to cry, but now I can't cry even though I want to.
11. 0 I am no more irritated now than I every am.
 1 I get annoyed or irritated more easily than I used to.
 2 I get irritated all the time now.
 3 I don't get irritated at all by the things that used to irritate me.
12. 0 I have not lost interest in other people.
 1 I am less interested in other people than I used to be.
 2 I have lost most of my interest in other people.
 3 I have lost all of my interest in other people.
13. 0 I make decisions about as well as I ever could.
 1 I put off making decisions more than I used to.
 2 I have greater difficulty in making decisions than before.
 3 I can't make decisions at all anymore.
14. 0 I don't feel I look any worse than I used to.
 1 I am worried that I am looking old or unattractive.
 2 I feel that there are permanent changes in my appearance that make me look unattractive.
 3 I believe that I look ugly.

15. 0 I can work about as well as before.
 1 It takes an extra effort to get started at doing something.
 2 I have to push myself very hard to do anything.
 3 I can't do any work at all.
16. 0 I can sleep as well as usual.
 1 I don't sleep as well as I used to.
 2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
 3 I wake up several hours earlier than I used to and cannot get back to sleep.
17. 0 I don't get more tired than usual.
 1 I get tired more easily than I used to.
 2 I get tired from doing almost anything.
 3 I am too tired to do anything.
18. 0 My appetite is no worse than usual.
 1 My appetite is not as good as it used to be.
 2 My appetitie is much worse now.
 3 I have no appetite at all anymore.
19. 0 I haven't lost much weight, if any lately.
 1 I have lost more than 5 pounds.
 2 I have lost more than 10 pounds.
 3 I have lost more than 15 pounds.
20. 0 I am no more worried about my health than usual.
 1 I am worried about physical problems such as aches and pains; or upset stomach; or constipation.
 2 I am very worried about physical problems and it's hard to think of much else.
 3 I am so worried about my physical problems, that I can't think about anything else.
21. 0 I have not noticed any recent change in my interest in sex.
 1 I am less interested in sex than I used to be.
 2 I am much less interested in sex now.
 3 I have lost interest in sex completely.

Appendix A

Eysenck Personality Inventory

Please read each item and indicate on the computer answer sheet your agreement or disagreement with the statement. Please answer each item on the following scale:

- 1 = strongly disagree
- 2 = moderately disagree
- 3 = mildly disagree
- 4 = mildly agree
- 5 = moderately agree
- 6 = strongly agree

1. I often need understanding friends to cheer me up.
2. I find it very hard to take no for an answer.
3. My mood often goes up and down.
4. I sometimes feel "just miserable" for no good reason.
5. I suddenly feel shy when I want to talk to an attractive stranger.
6. I often worry about things I should not have done or said.
7. My feelings are rather easily hurt.
8. I am sometimes bubbling over with energy and sometimes very sluggish.
9. I daydream a lot.
10. I am often troubled about feelings of guilt.
11. I would call myself tense or "highly strung."
12. After I have done something important, I often come away feeling I could have done better.
13. Ideas run through my head so that I cannot stop them.
14. I get palpitations or thumping in my heart.
15. I get attacks of shaking or trembling.

16. I am an irritable person.
17. I worry about awful things that might happen.
18. I have many nightmares.
19. I am troubled by aches and pains.
20. I would call myself a nervous person.
21. I am easily hurt when other people find fault with me or my work.
22. I am troubled with feelings of inferiority.
23. I worry about my health.
24. I suffer from sleeplessness.

Appendix A

Rosenberg Self-esteem Scale

Please indicate how strongly you agree or disagree with each of the following statements by indicating the number from the following scale on the computer answer sheet:

- 1 = strongly disagree
- 2 = moderately disagree
- 3 = mildly disagree
- 4 = mildly agree
- 5 = moderately agree
- 6 = strongly agree

1. I feel that I'm a person of worth, at least on an equal basis with others.
2. I feel that I have a number of good qualities.
3. All in all, I am inclined to feel that I am a failure.
4. I am able to do things as well as most other people.
5. I feel that I do not have much to be proud of.
6. I take a positive attitude toward myself.
7. On the whole, I am satisfied with myself.
8. I wish I could have more respect for myself.
9. I certainly feel useless at times.
10. At times, I think that I am no good at all.

Appendix A

Psychological Well-being Measure

Please read each of the following items carefully. Respond on the computer answer sheet with the number from the following scale that best represents your feeling:

- 1 = strongly disagree
- 2 = moderately disagree
- 3 = mildly disagree
- 4 = mildly agree
- 5 = moderately agree
- 6 = strongly agree

1. Aside from any concerns about my sexual feelings, I feel satisfied with my current job.
2. Aside from any concerns about my sexual feelings, I feel dissatisfied with my current friendships.
3. Aside from any concerns about my sexual feelings, I feel satisfied with my current relationships at work.
4. Aside from any concerns about my sexual feelings, I feel dissatisfied with my family relationships.
5. Aside from any concerns about my sexual feelings, I feel satisfied with my leisure time activities.
6. Aside from any concerns about my sexual feelings, I feel dissatisfied with my life as a whole.

Appendix B

Tables of Results of Study I

Table B-1
Inter-item Correlation Matrix for Ego-dystonic Homosexuality Measures

Item	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Desire heterosexual arousal														
1. arousal to pictures	1.00000													
2. sex	.62061	1.00000												
3. fantasies	.57243	.55493	1.00000											
4. imagine sex	.54539	.57233	.55286	1.00000										
Desire heterosexual lifestyle														
5. relationship	.44280	.67029	.47044	.43469	1.00000									
6. marriage	.34788	.44090	.34053	.31227	.56503	1.00000								
7. fall in love	.52314	.65635	.46942	.48038	.62725	.64721	1.00000							
8. family life	.35639	.41864	.35182	.34995	.45359	.65178	.60604	1.00000						
Distress at homosexual lifestyle														
9. arousal to pictures	.00383	.22228	.09522	.28757	.20679	.31252	.28042	.16023	1.00000					
10. sex	.03713	.06473	.05273	.18987	.06150	.05354	.02408	.04945	.43605	1.00000				
11. fantasies	.14198	.19150	.18627	.11495	.24405	.10326	.25453	.11134	.28197	.16425	1.00000			
Distress at homosexual lifestyle														
12. relationships	.12587	.14008	.04505	.04544	.12561	.30782	.28453	.15595	.29075	.16840	.01921	1.00000		
13. way of life	.10179	.05786	.02220	.11947	.14923	.29650	.25945	.24239	.23934	.14174	.01174	.32454	1.00000	
14. lifestyle	.25371	.29275	.14563	.21829	.34512	.29119	.29704	.30181	.19938	.20504	.15931	.27686	.27236	1.00000

Table B-2
Correlation between subject characteristics and distress at homosexual arousal

Groups	N	Demographic Characteristics					Homosexual Involvement		
		Age	Gender	Educational Attainment	Occupational Status	Yearly Income	Time since awareness	Number of lovers	Self-label
Total	173	-.1600**	-.1595**	-.0240	.0756	-.0840	-.2240***	-.0428	.3172**
Clinical	126	-.0816	-.0702	.1112	-.1407	.0843	-.1800*	.0556	.1845*
females	35	.1053		.2166	-.1938	.2174	-.3095*	.2602*	.0887
males	91	-.1442		.0688	-.1173	.0447	-.1058	.0400	.2549**
Nonclinical	48	-.0427	-.2850*	-.2484*	.1168	-.2542*	-.0960	-.4179**	.46***
females	24	-.4120		-.3606*	.4839	-.6678***	.1960	-.2455	.3457*
males	24	.0639		-.4292	.1936	.0124	-.3301*	-.6801***	.6423***
Females	58	-.1782		-.0026	.2250*	-.1590	-.2137	.1108	.2212*
Males	115	-.1591		-.0409	.0404	-.0222	-.1894*	-.1640*	.3619***

*p<.05

**p<.01

***p<.001

Table B-3
Correlation between subject characteristics and distress at homosexual lifestyle

Groups	N	Demographic Characteristics					Homosexual Involvement		
		Age	Gender	Educational Attainment	Occupational Status	Yearly Income	Time since awareness	Number of lovers	Self-label
Total	173	.0083	.1744**	.0273	-.0360	.0393	-.0205	-.0547	.1722**
Clinical	126	-.0264	.1769*	.0394	-.0458	-.0136	-.0713	.0247	.1926**
females	35	.2814*		-.1787	.0732	-.0825	.0688	.1629	.1336
males	91	-.0964		.1115	-.1026	-.0067	-.1794*	.0260	.3114***
Nonclinical	48	-.2323*	.0896	-.2642*	.2306	-.2047	-.1129	-.3677	.4048**
females	24	-.3385		-.2860	.2962	.6130***	-.1970	.3355	.5184**
males	24	-.0461		-.1969	.1847	.2016	-.1236	-.4059*	.2901
Females	58	.1072		-.2046*	.1439	-.1317	.0134	.0096	.2505*
Males	115	-.0219		.1259	-.1059	.0692	.0862	-.0337	.1804*

*p<.05

**p<.01

***p<.001

Table B-4
Correlation between subject characteristics and desire for heterosexual arousal

Groups	N	Demographic Characteristics					Homosexual Involvement		
		Age	Gender	Educational Attainment	Occupational Status	Yearly Income	Time since awareness	Number of lovers	Self-label
Total	173	.0983	-.0845	.0352	-.1033	.0918	-.0519	.0323	.4507***
Clinical	126	.1549*	-.0628	.0731	-.0761	.1390	-.1211	.0272	.5729***
females	35	.3378*		.0570	-.0292	.0942	-.0312	.2880*	.4728**
males	91	.0981		.0180	-.0792	.1558	-.0627	-.0852	.6546***
Nonclinical	47	-.0202	-.1346	.0656	-.2684*	.1048	.0006	.0380	.3749**
females	23	-.2666		-.0566	-.1926	-.2100	-.0650	.0718	.5026***
males	24	.1420		.1179	-.2906	.3753*	.0516	-.0290	.2816
Females	58	.1153		.0112	-.0621	-.0086	-.0535	.2101*	.4728***
Males	115	.0928		.0914	-.1118	.1520*	-.0286	-.0736	.4332***

*p<.05
 **p<.01
 ***p<.001

Table B-5
 Correlation between subject characteristics and desire for heterosexual lifestyle

Groups	N	Demographic Characteristics					Homosexual Involvement		
		Age	Gender	Educational Attainment	Occupational Status	Yearly Income	Time since awareness	Number of lovers	Self-label
Total	173	-.1219*		.0449	.0134		-.0671	-.1033	.4735***
Clinical	126	-.0646	.1040	.1576*	-.0975		.0498	-.0414	.5364***
females	35	.1914		-.0699	.0099		-.1924	-.2330	.5051***
males	91	-.1216		.2318*	-.1413		-.0054	-.0863	.6223***
Nonclinical	47	-.2683*	.2215	-.2583*	.0990		-.0670	-.3383**	.4732***
females	23	-.4592*		-.3979*	.1124		-.1028	-.2975	.7433***
males	24	.0875		.0401	-.0127		-.0304	-.3336	.2323
Females	58	-.0644		.2013	.0987		-.1749	.0283	.6071***
Males	115	-.1412		.1484*	-.0236		-.0574	-.1187	.4481***

*p<.05

**p<.01

***p<.001

Table B-6

Correlations between ego-dystonic components and internalized
negative attitudes towards homosexuality by sample and gender

Group	N	Desire for Heterosexual Arousal	Desire for Heterosexual Lifestyle	Distress over Homosexual Arousal	Distress over Thought of Adopting Homosexual Lifestyle
Total					
population	190	.30***	.41***	.24**	.42***
females	62	.27*	.23*	.37**	.38***
males	128	.46***	.49***	.20*	.43***
Clinical	142	.42***	.47***	.26***	.48***
females	39	.36*	.17	.37*	.53***
males	103	.45***	.55***	.24**	.46***
Nonclinical	48	.33**	.22	.33**	.26*
females	24	.16	.33	.43*	.19
males	24	.67***	.13	.12	.21

*p<.05

**p<.01

***p<.001

Table B-7

Correlations between ego-dystonic components and fear of social hostility by sample and gender

Group	N	Desire for Heterosexual Arousal	Desire for Heterosexual Lifestyle	Distress over Homosexual Arousal	Distress over Thought of Adopting Homosexual Lifestyle
Total					
population	190	.22***	.17**	.15*	.18**
females	62	.30**	.16	.21*	.22*
males	128	.17*	.27***	.10	.17*
Clinical	142	.22*	.21**	.02	.20**
females	39	.32*	.11	.05	.25
males	103	.18*	.26**	.01	.20*
Nonclinical	40	.21	.28*	.48***	.20
females	24	.25	.43*	.53**	.14
males	24	.19	.25	.54**	.30

*p<.05

**p<.01

***p<.001

Table B-8

Correlations between components of ego-dystonic homosexuality and emotional adjustment measures by sample and gender

Group	N	Loneliness	Depression	Anxiety	Self-esteem	Well-being
Desire for heterosexual arousal						
total	(190)	.0485	.0667	.0814	.0731	-.0171
clinical	(142)	.1165	.1081	.1011	.1267(.06)	.0111
nonclinical	(48)	-.2583*	-.0972	.0357	-.2223(.06)	-.1404
females	(62)	.0681	.0631	.1974(.06)	-.0213	-.0608
males	(128)	.0541	.0889	-.0508	.1148(.09)	.0209
Desire for heterosexual lifestyle						
total	(190)	.0783	.1315*	.1337*	.0596	.0889
clinical	(142)	.1418*	.1729*	.1320*	.1011	.1013
nonclinical	(48)	-.1428	.0188	.2504*	-.1298	.1210
females	(62)	.1146	.2273*	.1752(.09)	-.0849	.1999(.06)
males	(128)	.0563	.0837	.1018	.1178(.09)	.0360
Distress over homosexual sex						
total	(190)	-.0285	.0165	-.0486	-.0094	-.0509
clinical	(142)	.0532	.0680	-.0407	.0733	-.0094
nonclinical	(48)	.0538	.1341	.2244(.06)	-.1248	.0757
females	(62)	.0390	.1146	-.1746(.08)	-.0179	
males	(128)	-.0359	.0058	-.0108	.1047	-.0332

Table B-8 (continued)

Distress over
homosexual
lifestyle

total	(190)	.2219***	.2901***	.1996**	.1651**	.2175***
clinical	(142)	.1999**	.2599***	.1676*	.1564*	.1870*
nonclinical	(48)	.1456	.3437**	.2290*	.0064	.2517
females	(62)	.3747***	.4843***	.2953**	.0869	.1356
males	(128)	.1486*	.1931*	.1222(.08)	.1833**	.2194**

DSM-III

total	(190)	.0510	.1002	.0863	.0606	.0174
clinical	(142)	.1410*	.1570*	.0986	.1326(.06)	.0514
nonclinical	(48)	-.1739	.0098	.2158(.07)	-.2154(.07)	.0144
females	(62)	.1039	.1825(.08)	.1721(.09)	-.0939	.0552
males	(128)	.0403	.0825	.0688	.1419(.06)	.0163

*p<.05

**p<.01

***p<.001

Table B-9

Correlations between components of ego-dystonic homosexuality and self-disclosure of sexual orientation by sample and gender

Group	N	Desire for Heterosexual Arousal	Desire for Heterosexual Lifestyle	Distress over Homosexual Arousal	Distress over Thought of Adopting Homosexual Lifestyle	Total Components
Total	190	-.15*	-.26***	-.21***	-.19**	-.28***
Clinical	142	-.18**	-.27***	-.19**	-.19**	-.29***
females	39	-.35**	-.35**	-.37**	-.10	-.29
males	103	-.10	-.26**	-.11	-.27**	-.25**
Nonclinical	48	-.06	-.22	-.34**	-.18	-.27*
females	24	-.02	-.52**	-.07	-.22	-.30
male	24	-.09	-.05	-.52**	-.18	-.25
Females	62	-.23*	-.40***	-.23*	-.14	-.40***
Males	128	-.09	-.21**	-.20**	-.24**	-.24**

*p<.05

**p<.01

***p<.001

Table B-10
Correlations between self-disclosure of sexual orientation and emotional adjustment by samples and gender

Group	N	Loneliness	Depression	Anxiety	Self-esteem	Well-being
Total	173	-.18**	-.01	-.06	-.16*	-.06
Clinical	126	-.12	-.01	-.06	-.19*	-.10
females	35	-.25	.18	-.19	-.18	-.19
males	91	-.11	-.10	-.06	-.21*	-.10
Nonclinical	47	-.39**	.01	-.06	-.12	.08
females	23	-.37*	-.07	-.26	-.11	-.20
males	24	-.41*	.08	-.08	-.11	.35*
Females	58	-.30*	.08	-.22	-.18	-.22*
Males	115	-.16*	-.06	-.02	-.16*	-.03

*p<.05

**p<.01

***p<.001

Appendix C

Documents and Measures of Study II

Appendix C

Introduction to Study II

This is Professor David Holmes of the Psychology Department speaking and I want to begin by thanking you on behalf of Professor Michael Storms and myself for agreeing to participate in this experiment. We know that your data will be helpful in our research program and we hope that this will be an interesting experiment for you. At this point, I would like to tell you a little bit about what we will be doing in this experiment. This research deals with arousal and attraction to visual stimuli. More specifically, we are studying arousal and attraction to pictures of people. A lot of previous research has been conducted in this area, but in that research the measures of arousal and attraction were only effective when the levels of arousal and attraction were very high. What is unique about our research is that by combining more sophisticated state-of-the-art physiological measures with new personality measures, we are able to detect very low levels of arousal and attraction. In fact, in the last two experiments our techniques were so effective that we were able to detect levels of arousal and attraction that were so low that the subjects themselves were not consciously aware of them. We expect that that may also be the case with you today.

This experiment is divided into two parts. In the first part, you will be asked to fill out a personality questionnaire that will be computer scored and that will provide us with some background information about you. In the second part of the experiment, we will measure your arousal and attraction. I will tell you more about that after you have completed the questionnaire. Jeanne Miranda will now give you the questionnaire.

(following completion of questionnaire)

Thank you. We can now begin the second part of the experiment during which we will measure your arousal and attraction. In this part of the experiment, the experimenter will first attach some physiological recording sensors to your head and fingers. Be assured that you will not feel anything from these sensors. It will simply be used to pick up your physiological responses. After the sensors have been attached, we will ask you to simply sit quietly for a moment so that we may assess your resting level of arousal and attraction. Then we will show you a series of three slides of attractive people and measure your level of attraction and arousal to each of those slides. In previous research using these slides we have found that most homosexual persons become aroused and attracted by these slides and, therefore, your responses to these slides provides us with a good measure of your homosexual attraction and arousal.

(In the control condition, the sentence that follows is substituted for the preceding sentence: In previous research using these slides we have found that most homosexual persons do not become more aroused and attracted by these slides than do heterosexuals, and therefore your responses to these slides do not provide us with a measure of your homosexual arousal and attraction.)

As you rest and as you view the slides, our physiological equipment will measure your arousal and attraction and it will be displayed for you on the meter that is mounted on the wall to your right. The level of arousal and attraction will be displayed to you for two reasons: First, we have found that subjects are interested in seeing their responses; and, second we would like you to help us with our measurements by recording your level of arousal and attraction for us after you have rested and viewed each slide. Jeanne Miranda will now come in and attach the sensors to you.

We will now begin the second part of the experiment. First, we want to assess your resting level of arousal and attraction, so for the next 15 seconds we want you to simply sit back and relax. At the end of that interval we will want you to record your level of arousal and attraction. For now just sit back and relax. (15 second pause) Please now look at the meter and record your current level of arousal and attraction on the sheet you have been given. Thank you. I will now show you the first slide. The slide will be on the screen for 15 seconds. While the slide is on the screen please continue to focus your attention on the slide. This is slide number one. (15 second pause) Now please look at the meter and record your current level of arousal and attraction. Thank you. I will now show you the second slide. It also will be on the slide for 15 seconds and I want you to continue to focus your attention on it while it is on the screen. This is slide number two. (15 second pause) Please now look at the meter and record your current level of arousal and attraction. Thank you. I will now show you the last slide. It will be on the screen for 15 seconds and while it is on the screen I want you to focus your attention on it. This is slide number three. (15 second pause) Thank you. Please now look at the meter and record your current level of arousal and attraction. Thank you. The experimenter will now come in and remove the sensors and tell you about the remaining portion of the experiment.

Pages 116 through 118
do not exist

Appendix C

MAACL

Below you will find words which describe different kinds of moods and feelings. Mark on the scale to the right the degree to which each word describes the way you feel right now. Be sure to rate all of the words.

	RIGHT NOW I FEEL _____			LIKE THIS	
	VERY MUCH	SOME- WHAT	SLIGHTLY	NOT MUCH	NOT AT ALL
1. afraid	1	2	3	4	5
2. alone	1	2	3	4	5
3. amiable	1	2	3	4	5
4. guilty	1	2	3	4	5
5. calm	1	2	3	4	5
6. awful	1	2	3	4	5
7. irritated	1	2	3	4	5
8. shameful	1	2	3	4	5
9. cheerful	1	2	3	4	5
10. tormented	1	2	3	4	5
11. offended	1	2	3	4	5
12. acceptable	1	2	3	4	5
13. contented	1	2	3	4	5
14. fine	1	2	3	4	5
15. unhappy	1	2	3	4	5
16. moral	1	2	3	4	5
17. fearful	1	2	3	4	5
18. glad	1	2	3	4	5
19. kindly	1	2	3	4	5
20. happy	1	2	3	4	5
21. hopeless	1	2	3	4	5
22. furious	1	2	3	4	5
23. joyful	1	2	3	4	5
24. lucky	1	2	3	4	5
25. cooperative	1	2	3	4	5
26. nervous	1	2	3	4	5
27. peaceful	1	2	3	4	5
28. upset	1	2	3	4	5
29. strong	1	2	3	4	5
30. shaky	1	2	3	4	5

Appendix C

Homosexual Personality Feedback

Name:
Date of report:
Test administrator: Jeanne Miranda

AUTOMATED INTERPRETATION

PERSONALITY PROFILE

This interpretation should be viewed as a series of hypotheses which may require further investigation. While the results from this personality assessment are most generally accurate, it is always desirable to confirm these conclusions with information from other sources.

This report is strictly confidential and will not be shared with anyone. Your name will not be associated with this report or with any aspect of this research. All of the information that you have provided for us in this research will be kept strictly confidential.

Personality Summary

Personality characteristics: You are disciplined and controlled in appearance. You are often constructively critical of your actions. Your adjustment has presented some problems for you. You are relatively concerned about variety and change. You are moderately worrisome and insecure. You often get original ideas. Your aspirations are realistic. You are rather effective at being a cooperative person. Your temper is often mild but sometimes a problem.

Cognitive style: People do not need to supervise you since you learn quickly. Your memory is adequate. Even in stressful situations you are able to reason out the facts. You have good judgment. Comprehending and sizing up situations is one of your strengths.

Homosexuality scale: Your personality is typical of a homosexual person. There is a high probability that you are a homosexual.

Appendix C

Ambiguous Personality Feedback

Name:

Date of report:

Test administrator: Jeanne Miranda

AUTOMATED INTERPRETATION

PERSONALITY PROFILE

This interpretation should be viewed as a series of hypotheses which may require further investigation. While the results from this personality assessment are most generally accurate, it is always desirable to confirm these conclusions with information from other sources.

This report is strictly confidential and will not be shared with anyone. Your name will not be associated with this report or with any aspect of this research. All of the information that you have provided for us in this research will be kept strictly confidential.

Personality Summary

Personality characteristics: You are disciplined and controlled in appearance. You are often constructively critical of your actions. Your adjustment has presented some problems for you. You are relatively concerned about variety and change. You are moderately worrisome and insecure. You often get original ideas. Your aspirations are realistic. You are rather effective at being a cooperative person. Your temper is often mild but sometimes a problem.

Cognitive style: People do not need to supervise you since you learn quickly. Your memory is adequate. Even in stressful situations you are able to reason out the facts. You have good judgment. Comprehending and sizing up situations is one of your strengths

Homosexuality scale: Your personality is typical of both heterosexual and homosexual persons. There is no indication of your sexual preference from your responses on this questionnaire.

Appendix C

Dependent measures - Study II

Please answer each of the following items on the scale that follows:

- 1 = strongly disagree
- 2 = moderately disagree
- 3 = mildly disagree
- 4 = mildly agree
- 5 = moderately agree
- 6 = strongly agree

State self-esteem:

1. Right now, I don't question my worth as a person.
2. Right now, I'm bothered by feelings of inferiority.
3. I'm not feeling shy and self-conscious in this situation.
4. At this time, I feel I have a real inner strength for handling things.
5. At this time, I feel that I'm a person of worth, on an equal plane with others.
6. If asked right now, I'd say I strongly believe in myself.
7. I'm not feeling very normal.

State loneliness:

8. At this time, I feel loved.
9. Right now, I feel lonesome.
10. At this time, I feel like there are people who really understand me.
11. Right now, I don't feel I will be very close to anyone.
12. Now I just feel like nobody wants me.

State depression:

13. I'm feeling like the future looks bright.

14. Things seem hopeless to me right now.

15. I'm feeling down in the dumps.

16. I'm feeling very good.

State anxiety:

17. I'm feeling jumpy and nervous.

18. Right now I feel calm.

19. I'm feeling bothered by things.

20. I'm feeling relaxed and confident.

State well-being:

21. Right now, I'm feeling satisfied with most aspects of my life.

22. I have gotten a good deal out of life.

23. I don't seem to get what I deserve.

24. I'm feeling very satisfied with my relationships with others.

Appendix D

Tables of Results of Study II

Table D-1
Summary of Arousal Feedback by Desire for Heterosexual Arousal by Sex
ANOVA

Measure	Source	df	MS	f	Probability
Depression	Feedback	1	16.133	2.157	.121
	Sex	1	1.132	.177	.677
	Dystonicity	1	4.615	.720	.401
	Feedback X Sex	1	4.399	.686	.412
	Feedback X Dystonicity	1	.137	.021	.885
	Sex X Dystonicity	1	.013	.002	.965
	Feedback X Sex X Dystonicity	1	.157	-.25	.876
	Error	39	6.410		
Anxiety	Feedback	1	8.273	1.764	.192
	Sex	1	29.489	6.286	.016
	Dystonicity	1	21.441	4.571	.039
	Feedback X Sex	1	2.839	6.05	.441
	Feedback X Dystonicity	1	3.430	.731	.398
	Sex X Dystonicity	1	.971	.207	.652
	Feedback X Sex X Dystonicity	1	7.093	1.685	.202
	Error	39	4.691		
Guilt	Feedback	1	7.759	3.743	.060
	Sex	1	6.750	3.256	.079
	Dystonicity	1	.067	.032	.858
	Feedback X Sex	1	.882	.425	.518
	Feedback X Dystonicity	1	3.343	1.613	.212
	Sex X Dystonicity	1	1.798	.867	.357
	Feedback X Sex X Dystonicity	1	.244	.118	.733
	Error	39	2.073		
Hostility	Feedback	1	7.145	1.686	.202
	Sex	1	17.767	4.191	.047
	Dystonicity	1	.912	.215	.645
	Feedback X Sex	1	.454	.107	.745
	Feedback X Dystonicity	1	.405	.096	.759
	Sex X Dystonicity	1	.163	.038	.846
	Feedback X Sex X Dystonicity	1	.970	.229	.635
	Error	39	4.239		

Table D-2
Summary of Arousal Feedback by Desire for Heterosexual Lifestyle by Sex ANOVA

Measure	Source	df	MS	f	Probability
Depression	Feedback	1	16.291	2.718	.017
	Sex	1	1.289	.215	.645
	Dystonicity	1	.008	.001	.972
	Feedback X Sex	1	6.385	1.065	.308
	Feedback X Dystonicity	1	16.921	2.823	.101
	Sex X Dystonicity	1	3.356	.560	.459
	Feedback X Sex X Dystonicity	1	.004	.001	.981
	Error	39	5.993		
Anxiety	Feedback	1	8.912	1.680	.203
	Sex	1	33.372	6.290	.016
	Dystonicity	1	.363	.068	.795
	Feedback X Sex	1	6.045	1.139	.292
	Feedback X Dystonicity	1	3.387	.638	.429
	Sex X Dystonicity	1	1.881	.354	.555
	Feedback X Sex X Dystonicity	1	.003	.001	.981
	Error	39	5.306		
Guilt	Feedback	1	7.701	4.467	.041
	Sex	1	6.750	3.915	.055
	Dystonicity	1	6.824	3.958	.054
	Feedback X Sex	1	.829	.481	.492
	Feedback X Dystonicity	1	4.423	2.569	.117
	Sex X Dystonicity	1	4.162	2.414	.128
	Feedback X Sex X Dystonicity	1	3.186	1.848	.182
	Error	39	1.724		
Hostility	Feedback	1	6.721	1.648	.207
	Sex	1	18.348	4.499	.040
	Dystonicity	1	.001	.001	.987
	Feedback X Sex	1	.722	.177	.676
	Feedback X Dystonicity	1	4.334	1.063	.309
	Sex X Dystonicity	1	.876	.215	.646
	Feedback X Sex X Dystonicity	1	3.140	.770	.386
	Error	39	4.978		

Table D-3
Summary of Arousal Feedback by Distress over Homosexual Arousal by Sex ANOVA

Measure	Source	df	MS	f	Probability
Depression	Feedback	1	16.546	2.833	.100
	Sex	1	1.563	.268	.608
	Dystonicity	1	6.093	1.043	.313
	Feedback X Sex	1	5.910	1.012	.321
	Feedback X Dystonicity	1	10.142	1.736	.195
	Sex X Dystonicity	1	2.767	.474	.495
	Feedback X Sex X Dystonicity	1	10.580	1.811	.186
	Error	39	5.841		
Anxiety	Feedback	1	9.424	1.893	.177
	Sex	1	36.283	7.288	.010
	Dystonicity	1	8.076	1.622	.210
	Feedback X Sex	1	4.356	.875	.355
	Feedback X Dystonicity	1	5.664	1.138	.293
	Sex X Dystonicity	1	.838	.168	.684
	Feedback X Sex X Dystonicity	1	5.431	0.091	.303
	Error	39	4.979		
Guilt	Feedback	1	6.614	3.576	.066
	Sex	1	6.750	3.649	.063
	Dystonicity	1	3.984	2.154	.150
	Feedback X Sex	1	.116	.063	.083
	Feedback X Dystonicity	1	.854	.327	.260
	Sex X Dystonicity	1	.003	.002	.968
	Feedback X Sex X Dystonicity	1	1.174	.635	.430
	Error	39	1.850		
Hostility	Feedback	1	6.068	1.440	.237
	Sex	1	20.612	4.891	.033
	Dystonicity	1	2.553	.606	.441
	Feedback X Sex	1	.424	.101	.753
	Feedback X Dystonicity	1	.755	.179	.674
	Sex X Dystonicity	1	.743	.176	.677
	Feedback X Sex X Dystonicity	1	.005	.001	.972
	Error	39	4.214		

Table D-4
Summary of Arousal Feedback by Distress Over Thought of Adopting a Homosexual Lifestyle by Sex ANOVA

Measure	Source	df	MS	f	Probability
Depression	Feedback	1	16.108	2.651	.112
	Sex	1	1.107	.182	.672
	Dystonicity	1	.530	.087	.769
	Feedback X Sex	1	4.739	.780	.383
	Feedback X Dystonicity	1	12.761	2.100	.155
	Sex X Dystonicity	1	.109	.018	.894
	Feedback X Sex X Dystonicity	1	4.170	.686	.412
	Error	39	6.076		
Anxiety	Feedback	1	9.222	1.709	.199
	Sex	1	35.313	6.545	.015
	Dystonicity	1	.119	.022	.833
	Feedback X Sex	1	6.851	1.270	.267
	Feedback X Dystonicity	1	.001	.001	.991
	Sex X Dystonicity	1	.439	.081	.777
	Feedback X Sex X Dystonicity	1	1.419	.263	.611
	Error	39	5.396		
Guilt	Feedback	1	7.165	4.305	.045
	Sex	1	6.750	4.056	.051
	Dystonicity	1	7.636	4.589	.038
	Feedback X Sex	1	1.245	.748	.392
	Feedback X Dystonicity	1	3.078	1.850	.182
	Sex X Dystonicity	1	4.453	2.676	.110
	Feedback X Sex X Dystonicity	1	5.705	1.428	.310
	Error	39	1.664		
Hostility	Feedback	1	7.552	1.961	.169
	Sex	1	17.277	4.086	.041
	Dystonicity	1	1.158	.301	.587
	Feedback X Sex	1	.339	.088	.768
	Feedback X Dystonicity	1	.118	.031	.862
	Sex X Dystonicity	1	13.011	3.378	.074
	Feedback X Sex X Dystonicity	1	3.304	.858	.360
	Error	39	3.852		

Table D-5
Summary of Arousal plus Personality Feedback by Desire for
 Heterosexual Arousal by Sex ANOVA

Measure	Source	df	MS	f	Probability
Loneliness	Feedback	1	30.147	3.422	.072
	Sex	1	7.856	.892	.351
	Dystonicity	1	2.842	.323	.573
	Feedback X Sex	1	48.523	5.508	.024
	Feedback X Dystonicity	1	1.827	.207	.651
	Sex X Dystonicity	1	.274	.031	.861
	Feedback X Sex X Dystonicity	1	1.451	.165	.687
	Error	39	8.810		
Depression	Feedback	1	2.188	.747	.393
	Sex	1	2.872	.980	.328
	Dystonicity	1	.801	.273	.604
	Feedback X Sex	1	6.357	2.169	.149
	Feedback X Dystonicity	1	1.734	.592	.446
	Sex X Dystonicity	1	.536	.183	.671
	Feedback X Sex X Dystonicity	1	1.839	.627	.433
	Error	39	2.931		
Anxiety	Feedback	1	4.418	.659	.422
	Sex	1	34.563	5.158	.029
	Dystonicity	1	3.343	.499	.484
	Feedback X Sex	1	5.761	.860	.360
	Feedback X Dystonicity	1	10.251	1.529	.224
	Sex X Dystonicity	1	.082	.012	.912
	Feedback X Sex X Dystonicity	1	.889	.133	.718
	Error	39	6.702		
Self-esteem	Feedback	1	1.879	.189	.666
	Sex	1	.995	.100	.754
	Dystonicity	1	19.680	1.977	.168
	Feedback X Sex	1	9.811	.986	.327
	Feedback X Dystonicity	1	.252	.025	.874
	Sex X Dystonicity	1	3.600	.362	.551
	Feedback X Sex X Dystonicity	1	21.788	2.189	.147
	Error	39	9.955		

Table D-5 (continued)

Well-being	Feedback	1	3.673	.522	.474
	Sex	1	30.678	4.362	.043
	Dystonicity	1	8.200	1.166	.287
	Feedback X Sex	1	6.562	.933	.340
	Feedback X Dystonicity	1	20.543	2.921	.095
	Sex X Dystonicity	1	13.025	1.852	.181
	Feedback X Sex X Dystonicity	1	25.811	3.670	.073
	Error	39	7.033		

Table D-6
Summary of Arousal plus Personality Feedback by Desire for
Heterosexual Lifestyle by Sex ANOVA

Measure	Source	df	MS	f	Probability
Loneliness	Feedback	1	29.796	3.486	.069
	Sex	1	7.785	.911	.346
	Dystonicity	1	.490	.057	.812
	Feedback X Sex	1	49.890	5.837	.020
	Feedback X Dystonicity	1	8.465	.990	.326
	Sex X Dystonicity	1	5.067	.593	.446
	Feedback X Sex X Dystonicity	1	.019	.002	.962
	Error	39	8.548		
Depression	Feedback	1	2.190	.806	.375
	Sex	1	2.870	1.056	.310
	Dystonicity	1	.291	.107	.745
	Feedback X Sex	1	5.900	2.172	.149
	Feedback X Dystonicity	1	12.545	4.618	.038
	Sex X Dystonicity	1	.701	.258	.614
	Feedback X Sex X Dystonicity	1	.215	.079	.780
	Error	39			
Anxiety	Feedback	1	4.393	.668	.419
	Sex	1	34.470	5.245	.027
	Dystonicity	1	.815	.124	.727
	Feedback X Sex	1	4.769	.726	.399
	Feedback X Dystonicity	1	8.806	1.340	.254
	Sex X Dystonicity	1	10.405	1.583	.216
	Feedback X Sex X Dystonicity	1	.348	.053	.819
	Error	39	6.572		
Self-esteem	Feedback	1	1.769	.168	.684
	Sex	1	.313	.029	.864
	Dystonicity	1	2.282	.217	.644
	Feedback X Sex	1	12.785	1.214	.277
	Feedback X Dystonicity	1	8.104	.770	.386
	Sex X Dystonicity	1	2.318	.220	.642
	Feedback X Sex X Dystonicity	1	6.704	.637	.430
	Error	39	10.528		

Table D-6 (continued)

Well-being	Feedback	1	3.668	.550	.463
	Sex	1	30.621	4.591	.038
	Dystonicity	1	18.913	2.836	.100
	Feedback X Sex	1	5.333	.800	.377
	Feedback X Dystonicity	1	51.713	7.754	.008
	Sex X Dystonicity	1	10.504	1.575	.217
	Feedback X Sex X Dystonicity	1	1.772	.266	.609
	Error	39	6.669		

Table D-7
Summary of Arousal plus Personality Feedback by Distress over
Homosexual Arousal by Sex ANOVA

Measure	Source	df	MS	f	Probability
Loneliness	Feedback	1	32.548	4.224	.047
	Sex	1	8.340	1.082	.305
	Dystonicity	1	15.785	2.048	.160
	Feedback X Sex	1	41.022	5.323	.026
	Feedback X Dystonicity	1	27.683	3.592	.065
	Sex X Dystonicity	1	.739	.096	.758
	Feedback X Sex X Dystonicity	1	18.404	2.388	.130
	Error	39	7.706		
Depression	Feedback	1	2.217	.756	.390
	Sex	1	2.839	.968	.331
	Dystonicity	1	1.660	.566	.456
	Feedback X Sex	1	8.260	2.817	.101
	Feedback X Dystonicity	1	.961	.328	.570
	Sex X Dystonicity	1	.481	.164	.688
	Feedback X Sex X Dystonicity	1	.062	.021	.886
	Error	39	2.933		
Anxiety	Feedback	1	4.440	.655	.423
	Sex	1	34.645	5.114	.029
	Dystonicity	1	8.868	1.309	.260
	Feedback X Sex	1	2.681	.396	.533
	Feedback X Dystonicity	1	4.332	.640	.429
	Sex X Dystonicity	1	1.958	.289	.594
	Feedback X Sex X Dystonicity	1	.129	.019	.891
	Error	39	6.774		
Self-esteem	Feedback	1	1.770	.168	.684
	Sex	1	.391	.030	.863
	Dystonicity	1	.091	.009	.926
	Feedback X Sex	1	14.228	1.353	.252
	Feedback X Dystonicity	1	11.089	1.055	.311
	Sex X Dystonicity	1	.079	.008	.931
	Feedback X Sex X Dystonicity	1	7.743	.736	.396
	Error	39	10.515		

Table D-7 (continued)

Well-being	Feedback	1	3.691	.469	.497
	Sex	1	30.844	3.923	.055
	Dystonicity	1	7.486	.952	.335
	Feedback X Sex	1	2.811	.358	.553
	Feedback X Dystonicity	1	16.508	2.099	.158
	Sex X Dystonicity	1	4.839	.615	.438
	Feedback X Sex X Dystonicity	1	10.516	1.338	.255
	Error	39			

Table D-8
Summary of Arousal plus Personality Feedback by Distress over the
Thought of Adopting a Homosexual Lifestyle X Sex ANOVA

Measure	Source	df	MS	f	Probability
Loneliness	Feedback	1	30.737	4.603	.038
	Sex	1	7.975	1.194	.281
	Dystonicity	1	22.660	3.394	.073
	Feedback X Sex	1	56.905	8.521	.006
	Feedback X Dystonicity	1	35.851	5.369	.026
	Sex X Dystonicity	1	17.814	2.668	.110
	Feedback X Sex X Dystonicity	1	3.248	.486	.490
	Error	39	6.678		
Depression	Feedback	1	2.242	.856	.360
	Sex	1	2.810	1.073	.307
	Dystonicity	1	1.404	.536	.468
	Feedback X Sex	1	5.785	2.209	1.45
	Feedback X Dystonicity	1	5.594	2.136	.152
	Sex X Dystonicity	1	7.182	2.743	.106
	Feedback X Sex X Dystonicity	1	4.022	1.536	.223
	Error	39	2.618		
Anxiety	Feedback	1	4.413	.877	.355
	Sex	1	34.545	6.868	.012
	Dystonicity	1	.000	.000	.998
	Feedback X Sex	1	5.002	.945	.325
	Feedback X Dystonicity	1	39.855	7.923	.008
	Sex X Dystonicity	1	37.682	7.492	.009
	Feedback X Sex X Dystonicity	1	1.917	.381	.541
	Error	39	5.030		
Self-esteem	Feedback	1	1.669	.211	.649
	Sex	1	.021	.003	.959
	Dystonicity	1	.875	.110	.741
	Feedback X Sex	1	13.744	1.734	.196
	Feedback X Dystonicity	1	54.491	6.876	.021
	Sex X Dystonicity	1	19.697	2.485	.123
	Feedback X Sex X Dystonicity	1	45.542	5.746	.021
	Error	39	7.925		

Table D-8 (continued)

Well-being	Feedback	1	3.590	.465	.499
	Sex	1	29.818	3.863	.057
	Dystonicity	1	.019	.002	.961
	Feedback X Sex	1	5.316	.689	.412
	Feedback X Dystonicity	1	19.147	2.480	.123
	Sex X Dystonicity	1	18.930	2.452	.125
	Feedback X Sex X Dystonicity	1	2.309	.299	.588
	Error	39	7.720		