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Effects of psychoeducational intervention on internalized homophobia

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EFFECTS OF A PSYCHOEDUCATIONAL INTERVENTION ON INTERNALIZED HOMOPHOBIA

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ABSTRACT

EFFECTS OF A PSYCHOEDUCATIONAL INTERVENTION ON INTERNALIZED HOMOPHOBIA

by Douglas A. White

The topic of homophobia has been the focus of much research as a general area of interest. Its impact on gay men and lesbians has also developed as a more specific study, which in turn has led to the concept of "internalized homophobia." Generally it is described as the internalization of society's negative attitudes toward gay men and lesbians. This in turn is evaluated by its impact on the psycho-social development of the gay man or lesbian. This thesis addresses the topic of internalized homophobia and its purpose is twofold. The first objective is to investigate the effect of a psychoeducational intervention on levels of internalized homophobia, and secondly, to identify individual factors that are associated with personal levels of internalized homophobia.

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ABSTRACT

EFFECTS OF A PSYCHOEDUCATIONAL INTERVENTION ON INTERNALIZED HOMOPHOBIA

The topic of homophobia has been the focus of much research as a general area of interest. Its impact on gay men and lesbians has also developed as a more specific study, which in turn has led to the concept of "internalized homophobia." Generally it is described as the internalization of society's negative attitudes toward gay men and lesbians. This in turn is evaluated by its impact on the psycho-social development of the gay man or lesbian. This thesis addresses the topic of internalized homophobia and its purpose is twofold. The first objective is to investigate the effect of a psychoeducational intervention on levels of internalized homophobia, and secondly, to identify individual factors that are associated with personal levels of internalized homophobia.

The Effects of a Psychoeducational Intervention on Internalized Homophobia

The purpose and intention of this study was twofold. The first goal is to describe the processes and constructs essential to the understanding of internalized homophobia, starting with the concept of homophobia itself, followed by a discussion of how internalized homophobia develops and its effects on the gay men and lesbians. The second goal of this study is to describe the development of an intervention strategy and to report its effectiveness in reducing the level of internalized homophobia in gay men and lesbians.

Homophobia

The popular definition of the term homophobia was first coined by Weinberg as ". . . the dread of being in close quarters with homosexuals" (1972, pg. 4). Homophobia has also been described as a collection of negative behaviors, attitudes, or beliefs directed toward gay men and lesbians (Friedman & Downey, 1994; McHenry & Johnson, 1993; Sullivan, 1995; Vaid, 1995). The negative attitudes, beliefs, or behaviors that define homophobia may be directed at the level of the individual (Meyer, 1995; Savin-Williams, 1994; Zera, 1992), gay men and lesbian women as a class or group (Simon, Glassner-Bayerl, & Stratenwerth, 1991; Weinberg, 1972), or their lifestyle (Ross, 1990; Steele, 1996; Wagner, Serafini, Rabkin, Remien, & Williams, 1994). The adoption of a broad definition of homophobia creates a term that is similar for both the lay and professional audiences (Hudson & Ricketts, 1980). As an illustration of the melding of popular and

professional definitions of homophobia the Random House Unabridged Dictionary 2nd Edition (1993) defines homophobia as an "unreasoning fear of or antipathy toward homosexuals and homosexuality," whereas, the professional definition as defined by the Encyclopedia of Psychology (1994) is simply the "prejudice against lesbians and gay men because of their sexual orientation." A possible reason for the loose definition of homophobia is that homophobia may best be viewed as a construct. "Constructs have a number of characteristics: they are ideas; they are general; they represent whole classes of phenomena; they are themselves abstraction; and their existence is generally inferred indirectly from observable phenomena"(Troiden, 1985, p. 98). From the standpoint of empirical research, Troiden (1985) suggests that "homophobia" as a construct is best used as a heuristic to stimulate investigation.

Various authors have speculated about the etiology of homophobia and how it is maintained. MacDonald (1976), for example, suggests a Freudian approach in that we are inherently undifferentiated with regard to sexual orientation at birth. However, society dictates a preference for heterosexual behavior in the individual and reinforces that behavior. MacDonald (1976) describes the outcome of this process:

> Consequently, most of us repress our homosexual tendencies, and anything that acts to stimulate this repressed material to the conscious level produces anxiety or fear. We reinforce the repression mechanism by openly showing disgust, contempt, and hostility toward homosexuals; for,

> after all, if we have these strong reactions, we ourselves certainly "cannot" be homosexual (MacDonald, 1976, pp. 26-27).

The underlying premise of MacDonald's statement is that heterosexual behavior is the status quo and there exists a tremendous social consequence for deviating. Many other authors have described the resolve of homophobia similarly by describing the pattern of rewards and consequences that maintain homophobia (Fein & Nuehring, 1981; Gardner, 1991; Martin & Hetrick, 1988; Nungesser, 1983; Sullivan, 1995; Weinberg, 1972). Other authors have elaborated on how specific institutions such as the military (Shilts, 1993), business (Woods, 1993), media (Signorile, 1993), and government (Vaid, 1995; Shilts, 1987) have succeeded in supporting the heterosexual status quo.

Homophobia from the Heterosexual Perspective

The power of homophobia in our society is remarkable. Homophobia has the infamous distinction of being one of the last vestiges of prejudice that is still legitimate to exercise. We see this in the effective ban on gay men and lesbians in the military, current legislation pending in many states to deny recognition of same sex marriages, and possibly most obvious is the lack of legal protection regarding housing, health care (Bradford, Caitlin, & Rothblum, 1994, Smith, 1993), and employment (Belz, 1993) for gay men and lesbians. Homophobia has an institutionalized presence within our society and as such exerts its influence in many situations. A study by Neuberg, Smith, Hoffman, & Russel (1994) has shown that homosexuality holds such negative value in our society

that merely associating with a gay male will greatly reduce the status of a heterosexual. In addition, Marsiglio (1993) found that in a study of 15 to 19-year-old males 59% reported that they could not be friends with a gay person. St. Lawrence, Husfeldt, Kelly, Hood, and Smith (1990) in a study of attitudes toward sick persons labeled as either homosexual or heterosexual showed:

> . . . much more negative attitudes toward an ill homosexual than toward an ill heterosexual male, regardless of his specific illness. Homosexual patients were considered more responsible for, and more deserving of their illnesses; more deserving of employment loss; and less deserving of sympathy and medical care. Subjects felt that homosexual males, whether they had AIDS or leukemia, were more deserving to die, should more often consider suicide, and would represent less of a loss to society should they die than heterosexual males with the same illnesses (p. 97).

In a study of health care workers, Smith (1993) found that 77% of the psychiatric nurses that participated in the study showed moderate to severe levels of homophobia which the author suggested may have a negative impact on care given to gay and lesbian clients. Probably most alarming is the effect of homophobia within the therapist/client relationship. Hayes and Gelso (1993) noted a positive relationship between the level of counselor homophobia and the level of counselor discomfort. In addition McHenry and Johnson (1993) describe how conscious and unconscious homophobia may intervene to

undermine the therapeutic setting. "Homophobia in the therapist manifests itself in varying degrees of denial, fear of, dislike of, and devaluation of the client" (McHenry & Johnson 1993, p. 143).

This homophobia may be due in large part to lack of non-stereotypic information about gay men or lesbians and biases that reflect the homophobic stereotypes of society. The lack of non-stereotypic information on gay men or lesbians is discouraging. Weinberg (1972) makes the statement:

> Despite massive evidence that homosexuals are as various in their personalities as anyone else, the public at this time still holds many misconceptions which in some cases are thought to justify our discriminatory practices. Among these misconceptions is the belief that homosexuals seduce young children (child molestation is preponderantly a heterosexual practice); the belief that homosexuals are untrustworthy; that homosexual men hate women; that homosexual women hate men--all beliefs unsupported by evidence, but held unquestioningly by millions (p.5).

In further support of the idea that homophobia is the result of information reinforcing inaccurate stereotypes and distrust, a study by Herek and Glunt showed that "personal contact with a gay man or lesbian is a powerful predictor of heterosexuals' attitudes toward gay men" (1993, p. 242). Herek and Glunt (1993) showed that heterosexual's

attitudes toward homosexuals improved greatly when heterosexuals' interacted personally with lesbians or gay men. It appears that homophobia can be reduced or eliminated by the exposure to situations and information that challenges stereotypes. It is encouraging to think that homophobia may be alleviated by education or interaction, but as noted earlier, homophobia is entrenched and is supported at many levels.

Homophobia from the Gay Male and Lesbian Perspective

Until late the studies on homophobia only gave a cursory look at the effect of homophobia from the perspective of gay men and lesbian women. As the legitimacy of gay and lesbian studies has increased, interest in investigating the effects of homophobia from the gay male and lesbian perspective has grown (Dupras, 1994; Friedman & Downey, 1994; Meyer, 1995).

The specific incidents of homophobia experienced by the gay male and lesbian fall largely into two categories: discrimination and violence (Meyer, 1995). Discrimination occurs in many situations. Within the health care profession gay men and lesbian women face discrimination in both the receipts of (Bradford, Caitlin, & Rothblum, 1994; Smith, 1993) and the practice of health care (Mathews, Booth, Turner, et al., 1984 as cited in Martin, 1991). Gay men and lesbians face discrimination in employment (Belz, 1993; Elliot, 1993; Etringer, Hillerbrand, & Hetherington, 1990; Milburn, 1993) as well as in many other aspects of life. "Homosexual acts are still considered criminal in many states. Decisions about custody, visitation, and adoption are

frequently made on the basis of sexual orientation. Homosexual partners are not afforded the same protection as marital partners" (Friedman & Downey, 1994, p. 928).

What may be even more unsettling than the knowledge of widespread discrimination is the level of violence gay men and lesbian women experience because of the sexual orientation. A great deal of research has been done in documenting the level of violence directed toward gay men and lesbian women (Berrill, 1990; Comstock, 1989; Martin & Hetrick, 1988; Meyer, 1995; Savin-Williams, 1994). A study conducted by Hetrick and Martin (1987) revealed that one-third of the gay and lesbian adolescents had experienced violence because of their sexual orientation and that 49% of this violence was at the hands of a family member. Another study revealed that among gay and lesbian college students, 72% reported having experienced verbal or physical abuse because of their sexual orientation and that for 23% of that figure the abuse came from faculty, staff, and administrators (D'Augelli, 1992 as cited in Savin-Williams, 1994). Herek (1989) puts the percentage of gay men and lesbians experiencing incidences of abuse related to sexual orientation as high as 92%. "Between 1985 and 1989, reported incidence of anti-gay violence grew by nearly 350%" (Human Rights Campaign Fund, 1994, p. 6).

In addition, the paucity of accurate information and role models available to gay men and lesbians creates many problems. By censuring information about gay men and lesbians they are denied access to membership in a group that may offer them support (Hetrick & Martin, 1987; Telljohann & Price, 1993). That is, the gay male and lesbian is

not likely to develop a sense of group identity, the "we" versus "they" that is essential to developing and maintaining a positive group identity (Hetrick & Martin, 1987). Dank (1971, as cited in Hetrick & Martin, 1987, pp. 29-30) makes a qualitative distinction between the stigmatization experienced by ethnic minorities compared to the stigma that homosexuals must endure:

> . . . the parents of a negro can communicate to their child that he is a negro and what it is like to be a negro, but the parents of a person who is to become homosexual do not prepare their child to be homosexual--they are not homosexual themselves and they do not communicate to him what it is like to be a homosexual.

Hetrick and Martin (1987) elaborates further on Dank's position by stating:

> Hispanic youths may suffer from the conflicting values of opposing cultures, while non-Hispanic homosexual youth may not. But homosexual adolescents have special problems, too. Blacks, Jews, and Hispanics are not thrown out of their families or religions at adolescence for being black, Jewish, or Hispanic; homosexual adolescents are (p. 29).

Discrimination, violence, lack of non-stereotypic information, and lack of positive role models for support work together to create a hostile environment. Through the interaction with one's environment one develops a sense of self (Skinner, 1971). An

environment that provides hostile and negative reinforcement is likely to produce an individual whose sense of self reflects this negativism and hostility. Therefore, in the case of the gay man or lesbian woman we might infer that the unified presence of homophobia in our society might result in the incorporation of homophobic attitudes (Browning, 1987; Dupras, 1994; Malyon, 1982; Wagner, Serafini, Rabkin, Remien, & Williams, 1994). This incorporation of homophobia may result in negative self evaluations and self hate with regard to their homosexuality. The current literature supports this view (Lindsay, 1994; Meyer, 1995; Nungesser, 1983; Sullivan, 1995; Telljohann & Price 1993; Wagner, Serafini, Rabkin, Remien, & Williams, 1994) and has termed this process "Internalized homophobia."

Internalized Homophobia

The term internalized homophobia is used in the literature to define a term very similar to that of homophobia. The explicit difference between the two constructs is that homophobia is an outward projection of negative attitudes, beliefs, and behaviors toward others and internalized homophobia are these negative evaluations directed toward the self. More specifically, "internalized homophobia is defined as the introjection of institutionalized homophobia by gays and lesbians which is manifested in the fear of being homosexual, the fear of being seen as homosexual, and self-hatred" (Hencken, 1982 as cited in McHenry & Johnson, 1993, pp. 142-143).

An appeal to the existing literature on minority stigma has revealed many

interesting parallels with internalized homophobia (Cain, 1991; Fein & Nuehring, 1981; Martin, 1982; Morin & Rothblum, 1991). According to Fein and Nuehring (1981) the acquisition of a stigma first involves the creation of a social category. This category is negatively valued and the defining characteristics of the category are seen as dominant. Persons placed in this category quickly learn that this defining characteristic becomes the overriding definition of that person and category. Fein and Nuehring write:

> homosexual persons cannot assume that they will be evaluated according to their capabilities. Rather, they must realize that they will usually be judged on the basis of their homosexuality. They will be forced continually to consider the implications of their sexual orientation--along with its accompanying stereotypes and related discrimination--as they anticipate their participation in all areas of life (1981, p. 6).

Development of Internalized Homophobia

Many gay men and lesbians report that they noticed feeling "different" as children but do not identify as gay or lesbian until adolescents or later (Newman & Muzzonigro, 1993; Telljohann & Price, 1993). The effect that this temporal gap has on the development of internalized homophobia is that homophobia, so pervasive in our society, has had a length of time to become part of an individual before that individual fully identifies as being the object of homophobia. In essence "we had learned the social levers of hostility to homosexuality before we had even the foggiest clue what they

referred to" (Sullivan, 1995, p. 8). Weinberg (1972) describes the process of forming homophobic attitudes and the later identification as the object of homophobia by the gay man or lesbian woman as:

> Like the prejudiced heterosexual, his early impressions about homosexuality came from the culture around him. As a child he has heard the same nasty references to homosexuals. He has heard them called "queers," seen them portrayed as dissolute and sad, on stage and screen, in novels, in newspaper articles. His own attitude toward homosexuality has evolved out of a context almost wholly derogatory. His prejudice against himself is an almost exact parallel to the prejudice against homosexuals held in the larger culture (p. 74).

"Most adolescents have heard others laughed at and taunted for being 'faggots' or 'dykes.' As a result, they begin to fear similar humiliation or even physical violence. Most gays internalize at least some homophobic stereotypes, and some experience self-hatred resulting from their beliefs and fears about their homosexual feelings" (Zera, 1992, p. 850). The development of a negative self identity is a reciprocal process. "The individual may look for examples in his or her own behavior and character that would confirm the social stereotype or stigma. It is often the case that the homosexual male will internalize others' irrational fears and distrust of homosexuals. This internalization sometimes has the profound effect of creating self-hate, self-denial, and an overall fear of

trusting one's emotions" (Nungesser, 1983, p. 121). "One may accept that one is homosexual and internalize society's devaluation of homosexuality. Such an identity will be a negative identity" (Nungesser, 1983, p. 67). It is through this interaction with a homophobic environment coupled with a lack of non-stereotypic information that would otherwise disconfirm negative stereotypes and attitudes that the gay male and lesbian comes to internalize the negative evaluation that society has of them. These negative evaluations are no longer directed toward others but at themselves as they identify as being gay or lesbian. The current literature suggests that this internalized homophobia may have detrimental effects on the psychological development of the gay male and lesbian as well as hinder their effective interaction with society.

Internalized Homophobia and the Gay Male and Lesbian

The gay male and lesbian is represented within all cultures, ethnicity, and socio-economic backgrounds, in short, gay men and lesbians transcend all demographic boundaries and are physically indistinguishable from their heterosexual counterparts. This creates the potential for invisibility. This ability to go unnoticed, while possibly having some advantages, actually is quite problematic for the gay male and lesbian. In the case of adolescents, "heterosexual adolescents have a multitude of role models for all possible social identities which may touch on their sexual orientation, but homosexual adolescents have no constructive models and indeed are led to believe that their sexual identity precludes other roles" (Martin, 1982, p. 55).

Invisibility, lack of role models, and a lack of group identity creates an environment of hostility and isolation. In a survey conducted by Martin and Hetrick (1988), fully 95% of the gay and lesbian adolescents questioned reported feelings of being alone, having no one to talk to, and feeling that no one else was like them. A vicious cycle forms out of invisibility. Throughout most of childhood, latent sexual orientation is passively invisible. A child's sexuality is more exploratory and is not directed to one sex more than another. Sexual exploration as a child is without knowledge of what homosexual or heterosexual means. As a gay male and lesbian grows up, the passive invisibility of childhood becomes active hiding as an adolescent. The young gay male and lesbian learns quickly the difference between heterosexuals and homosexuals and the rewards and consequences associated with each. With no way to identify and form positive groups with other gay men and lesbian women the ubiquitous presence of homophobia works efficiently to reify itself as internalized homophobia within the gay male and lesbian.

Psychological Effects of Internalized Homophobia

Adolescence is a time when individuals begin to self identify as gay and lesbian (Newman & Muzzonigro, 1993; Telljohann & Price, 1993). Self identification is considered an early stage in the coming-out process. It is at this stage of the coming-out process that the effects of internalized homophobia may be most problematic (Meyer,

1995). Several authors have suggested that there is a strong relationship between internalized homophobia and the alarming rate of suicide in adolescent gay men and lesbians (D'Augelli, 1993; Friedman & Downey, 1994; Nelson, 1994; Remafedi, Farrow, & Deisher, 1991). Savin-Williams (1994), conducted a meta-analysis of the existing literature on stressors for gay, lesbian, and bi-sexual youth. They concluded that suicide is the leading cause of death among lesbian, gay, and bisexual youths, primarily because of the debilitating effects of growing up in a homophobic society. Gay, lesbian, and bi-sexual youth are two to three times more likely to kill themselves than are heterosexual youths. In addition, the literature suggests a relation between internalized homophobia and other instrumental factors such as education (Ross, 1990), low self-esteem (Walters & Simoni, 1993), shame, guilt, anxiety, depression (D'Augelli, 1993; Gonsiorek, 1988 as cited in Telljohann & Price, 1993; O'Brien, Wortman, Kessler, & Joseph, 1993), acceptance (Sophie, 1987), promiscuous sexual behavior, substance abuse, unsafe sex practices, (Price & Telljohann, 1991), employment (Elliot, 1993; Etringer, Hillerbrand, & Hetherington, 1990; Hetrick & Martin, 1987; Milburn, 1993), identity formation (Malyon, 1982), development of relationships (Martin, 1982; Martin & Hetrick, 1988), willingness to seek help (Bradford, Caitlin, & Rothblum, 1994; Martin & Hetrick, 1988), and family relations (Kurdek & Schmitt, 1987; Savin-Williams, 1989, 1994). This list is in no way complete but is put forth to illustrate the trend in the literature that recognizes the intricate role that internalized homophobia may play in the life of a gay man or

lesbian woman. Unfortunately, the articles mentioned above are conceptual in nature and do not define an empirical relation between internalized homophobia and the factors mentioned (e.g., shame, guilt, substance abuse, relationships, etc). The number of empirical studies examining the relation between internalized homophobia and other factors remain few. However, the empirical research that has been done supports the general theoretical assumption that internalized homophobia has a pervasive and negative effect on the social functioning and psychological health of the gay man or lesbian woman.

Empirical Evidence of Internalized Homophobia

Dupras (1994) utilized a scale developed by Nungesser (1983) to measure levels of internalized homophobia in gay males. Dupras reports that "scores on internalized homophobia are positively correlated with those on sexual depression, sexual anxiety, fear of sexuality, and concern about sexual image" (p. 26). The positive correlation between internalized homophobia and concern about sexual image were interpreted to mean that gay men that scored high on internalized homophobia were very conscious of the reactions other people had to their homosexuality. Dupras also found that internalized homophobia was " negatively linked with internal sexual control, sexual esteem, and sexual satisfaction" (p. 26). According to Dupras this suggests that gay men scoring high on internalized homophobia are "uncomfortable and unsure when engaging in sexual activities and . . . they project the negative image they have of themselves onto their

sexual partners" (p. 27). This projection of negative image onto their sexual partners, according to Dupras, may stem from a combination of their having difficulty perceiving themselves as homosexual and the great importance they put on opinions of others. A study by Nicholson and Long (1990) investigated the relationship between internalized homophobia, self esteem, perceived social support and the use of different coping strategies in gay men that have tested positive for the Human Immunoficiency Virus. Nicholson and Long, using the Nungesser scale (1983), found that higher levels of internalized homophobia positively correlated with avoidant coping strategies and lowered self-esteem. They also found that lower levels of internalized homophobia were correlated with proactive coping strategies and higher levels of self-esteem. These findings support their assumption that higher levels of internalized homophobia is associated with negative self valuation and unwillingness to seek external sources of support due to a perception of a lack of social support.

Religion has been thought to play an important role in how gay men and lesbians perceive their sexual orientation. Traditionally the church has held a negative view on homosexuality both in principle and practice. Wagner, Serafini, Rabkin, Remien, and Williams (1994) designed a study that examined the relationship between internalized homophobia and religious affiliation in a population of gay men. The study was conducted with a population of Dignity members (Dignity is a catholic organization designed for and by gay men and lesbians in order to offer positive religious support) and

a community sample of gay men in which 50% claimed no religious affiliation. They found that there was no significant difference with regard to levels of internalized homophobia between the two populations sampled. Although no significant differences in levels of internalized homophobia were found between the two population samples, Wagner, et. al. (1994) did find a significant correlation between age of self identification as gay and level of internalized homophobia. They found that persons that came out (self identified as gay) at a later age reported significantly higher levels of internalized homophobia than did those individuals who self identified as gay at a young age. In addition, persons from the Dignity population reported a significantly later age of coming out than the community population. This finding led the authors to conclude that "the later a gay man experiences events such as an ongoing gay relationship, acceptance of being gay, and positive feelings related to being gay, the longer his identity as a gay man has been suppressed and society's negative attitudes towards homosexuality internalized" (Wagner, et. al, 1994, pp. 105-106).

In a study by Meyer (1995) the relationship between minority stress and the inexplicable lack of difference in rates of mental disorder and distress between minority and nonminority groups was investigated in the gay community. Meyer (1995) investigated internalized homophobia, stigma, and discrimination as both independent factors and collectively as a single factor labeled "minority stressors." The effects of the three minority stressors on mental health were tested in a sample of 741 gay men. Meyer

used demoralization (dread, anxiety, sadness, helplessness, hopelessness, psychophysiological symptoms, perceived physical health problems, poor self esteem, and confused thinking), feelings of guilt, presence of suicidal ideation, level of psychological distress related to the effects of the AIDS epidemic, and sexual problems as the dependent measures. Meyer (1995) using a multiple regression technic found that of the three minority stressors described, only internalized homophobia was significantly correlated on all five dependent measures. The standardized regression coefficients (betas) and R^2 values for the five dependent measures demoralization, guilt, suicidal ideation, AIDS distress, and sexual problems are $\beta = .25$, $R^2 = .06$, $\beta = .31$, $R^2 = .10$, $\beta = .15$, $R^2 = .02$, $\beta = .24$, $R^2 = .06$, and $\beta = .12$, $R^2 = .01$ respectively. Meyer (1995) concludes that in contrast to other studies, suggesting that minority stress is not related to adverse mental health as measured by rates of disorders or distress between minority and nonminority groups, this study shows that minority stress does play an adverse role in the mental health of gay men.

Statement of the Problem

The thrust of this paper to this point has been to detail the origins of internalized homophobia within our society as well as the role that internalized homophobia plays in the life events of gay men and lesbians. It is suggested that internalized homophobia may be one of the single greatest threats to the psychological health and self acceptance for gay men and lesbians (Dupras, 1994; Malyon, 1982; Meyer, 1995; Sophie, 1987;

Sullivan, 1995; Vaid, 1995). Internalized homophobia appears to be an inescapable reality for gay men and lesbians. This opinion is summed up well by Meyer (1995, pp. 40-41):

> Although internalized homophobia is likely to be most acute early in the coming-out process, it is unlikely that internalized homophobia completely abates even when the person accepts his or her homosexuality (Cass 1984; Coleman 1982; Troiden 1989). Because of the strength of early socialization experiences and continued exposure to anti-homosexual attitudes, internalized homophobia remains an important factor in the gay person's psychological adjustment throughout life (Hetrick and Martin 1984; Gonsiorek 1988; Malyon 1982; Nungesser 1983).

There is a growing body of literature suggesting a link between internalized homophobia and psychosocial adjustment of the gay man or lesbian woman (Bradford, Caitlin, & Rothblum, 1994; D'Augelli, 1993; Elliot, 1993; Etringer, Hillerbrand, & Hetherington, 1990; Gonsiorek, 1988 as cited in Telljohann & Price, 1993; Hetrick & Martin, 1987; Kurdek & Schmitt, 1987; Malyon, 1982; Martin, 1982; Martin & Hetrick, 1988; Milburn, 1993; O'Brien, Wortman, Kessler, & Joseph, 1993; Price & Telljohann, 1991; Ross, 1990; Savin-Williams, 1989, 1994; Sophie, 1987; Walters & Simoni, 1993) and a small number of empirical studies supporting these assumptions (Dupras, 1994; Meyer, 1995; Nicholson & Long, 1994; Wagner, et. al., 1994). However, there has been to date no

published empirical research specifically targeting the impact of an intervention on internalized homophobia. As early as 1982 Malyon described a psychodynamic model of affirmative psychotherapy for gay men, and yet, no empirical evidence exists to suggest that a intervention of any type can and does lower levels of internalized homophobia. The need for developing an intervention and subsequently examining its effectiveness in reducing levels of internalized homophobia is evident. As has been detailed in this paper, internalized homophobia finds its origins in an environment of single minded attitudes and beliefs, kept in line by threat of violence or withdrawal of social and familial support. That is, the gay man or lesbian woman is from a very early age confronted with a negative view of who and what they are. They are socialized to de-value homosexuality and learn that in order to be accepted they must conform to the heterosexual norm and hide their true self. In an environment lacking positive or opposing views of homosexuality, there is only one lesson to be learned. That lesson is that homosexuality is wrong, not acceptable, and will not be tolerated. From the perspective that internalized homophobia is the result of a learning process, it is theorized that an essential component to any process leading to the reduction of internalized homophobia will require the presentation of alternative viewpoints, attitudes, and beliefs. The purpose of this study will be to employ an educational intervention as a means to reduce internalized homophobia.

Purpose of the Study

The purpose of this study is to examine the impact of an educational intervention

on levels of internalized homophobia in gay men and lesbian women. A secondary purpose of this study is to identify factors such as social economic status, stage of coming out, age, etc. that may be associated with internalized homophobia. The following hypotheses are postulated:

H_1: An educational intervention will have the effect of reducing levels of internalized homophobia in gay men and lesbian women.

H_2: Individual factors (i.e., social economic status, stage of coming out, age, etc.) will be associated with levels of internalized homophobia.

Method

Participants

All participants were self-identified gay men or lesbian women enrolled in a for-credit class offered through a San Francisco bay area community college gay and lesbian studies department. The study was conducted in two phases. During the first administration 177 questionnaires were distributed (108 male, 69 female). A total of 56 questionnaires were returned (38 male, 18 female). Out of these returned only 51 were usable (33 male, 18 female) giving a response rate of 32% (35% male, 26% female). The first phase ($N = 51$) participants ages ranged from 18 - 51 years ($M = 30.80$, $SD, = 7.66$). The gender break down was 33 males (65%) and 18 females (35%). Ethnicity was collected for six groups White (38, 74.5%), African American (1, 2%), Asian (4, 7.8%), Hispanic (2, 3.9%), Native American (0, 0%), and Other (6, 11.8%). The second

administration had 83 (44 male, 39 female) questionnaires distributed. The number returned was 32 (20 male, 12 female). Out of this group only 25 (14 male, 11 female) were deemed usable. This gave a response rate of 39% (45% male, 30% female) for the second administration. The second phase ($N = 25$) participants ages ranged from 18 - 51 years ($M = 30.16$, SD, = 8.14). The gender break down was 13 males (52%) and 12 females (48%). Ethnic break down was White (18, 72%), African American (1, 4%), Asian (1, 4%), Hispanic (1, 4%), Native American (0, 0%), and Other (4, 16%). Participation in the study in no way impacted their credit or grade. Participants received no incentive for participation. Demographic data is listed in Table 1.

Measures

Two psychometric instruments as well as a detailed individualized profile screen (IPS) was administered. The two psychometric instruments administered are the Internalized Homophobia Scale (Wagner, et. al., 1994) and the Gay Identity Questionnaire (Brady, S., & Busse, W. J., 1994). The IPS was constructed specifically for this study.

Internalized Homophobia Scale.

Internalized homophobia was measured using the Internalized Homophobia Scale (Wagner, et. al., 1994). The Internalized Homophobia Scale (IHS) was developed to measure the level of internalized homophobia in gay males. The IHS consists of 20 items (Appendix A). The IHS uses a 5-point rating scale: 1 = strongly disagree to 5 = strongly

Table 1

Descriptive Statistics and Ethnic Breakdown for Pre and Post Administrations

First Administration

Age	N	Min	Max	M	SD
	51	18	51	30.80	7.66

Gender		N	Percent
	Male	33	65%
	Female	18	35%
Ethnicity	White	38	74.5%
	African American	1	2%
	Asian	4	7.8%
	Hispanic	2	3.9%
	Native American	0	0%
	Other	6	11.8%

Second Administration

Age	N	Min	Max	M	SD
	25	18	51	30.16	8.14

Gender		N	Percent
	Male	13	52%
	Female	12	48%
Ethnicity	White	18	72%
	African American	1	4%
	Asian	1	4%
	Hispanic	1	4%
	Native American	0	0%
	Other	4	16%

agree. Participants are asked to state their level of agreement with statements such as "male homosexuality is a natural expression of sexuality in a human male," "whenever I think a lot about being gay, I feel depressed," and "I have no regrets about being gay." Ten items are positively scored and ten items are reverse scored. The range of total score is 20 - 100 with higher scores indicating greater internalized homophobia. Reported Cronbach alpha for the IHS is .92 (Wagner, et. al., 1994). Validity tests of the IHS has found it positively correlated with demoralization (r = .49), global psychological distress (r = .37), and depression (r = .36) (Wagner, et. al., 1994). In order, to include the lesbian population the IHS administered to lesbian women had all references to gay male changed to lesbian women and all appropriate male pronouns were changed to female pronouns (Appendix B). The change in gender specifications did not appear to alter the meaning or content of the items.

Gay Identity Questionnaire.

The Gay Identity Questionnaire (Brady, S. & Busse, W., 1994) (Appendix C) is based on the Homosexual Identity Formation (HIF) model of homosexual identity formation proposed by Cass (1979, 1984). Cass' model proposes six stages of homosexual identity formation, identity confusion, identity comparison, identity tolerance, identity acceptance, identity pride, and identity synthesis. The model represents a linear progression of acceptance and openness of ones homosexuality that is thought by many to equate with improved psychological well-being and psychosocial

adjustment (Bradford, et. al., 1994; Cass, 1979, 1984; Sullivan, 1995; Sophie, 1987). The Gay Identity Questionnaire (GIQ) is a brief inventory designed to assess the particular stage of HIF. The GIQ consists of 45 items. Participants are asked answered either true or false to statements such as "my homosexuality is a valid private identity, that I do not want made public," I am not as angry about society's treatment of gays because even though I've told everyone about my gayness, they have responded well," and "I am openly gay with everyone, but it doesn't make me feel all that different from heterosexuals." Forty two items relate to the 6 stages (7 questions for each stage) with 3 questions used to verify that the subject is a gay male (Appendix C). The instrument is scored by assigning a value of one to each response marked true and zero to each response marked false. The stage that receives the highest total score (most responses marked true) is considered the stage of homosexual identity formation for that particular participant. Interitem correlation scores for stages 3 thru 6 are $r = .76$, $r = 71$, $r = 44$, $r = .78$ respectively (Brady, et. al.,1994). Only a few subjects were included in stages 1 ($N = 1$) and 2 ($N = 4$), therefore they were not included for further statistical analysis. A relationship between advanced stages of HIF and psychological well-being appears to be supported. Brady, et. al. (1994) found a "significant positive relationship between subject stage of HIF and composite measure of psychological well-being ($F(3.189) = 8.67$, $p = .0000$)." The composite measure of psychological health was comprised of 8 subscales measuring happiness, loneliness, anxiety, kindness, sexual satisfaction, suicidal

ideation, mental hygiene, and physical health. Seven of these subscales were significant, happiness ($F(3,191) = 4.23$, $p = .0064$), loneliness ($F(3,190) = 4.25$, $p = .0062$), anxiety ($F(3,190) = 3.08$, $p = .0286$), sexual satisfaction ($F(3,191) = 3.77$, $p = .0116$), suicidal ideation ($F(3,191) = 14.45$, $p = .0000$), mental hygiene ($F(3,191) = 6.05$, $p = .006$), and physical health ($F(3,191) = 4.59$, $p = .0400$). Only kindness was not found to be significant ($F(3, 191) = 1.67$, $p = .1745$) (Brady, et. al.,1994). The GIQ is based on Cass' HIF model. The HIF model was validated for both the gay male and lesbian populations. However, the GIQ has been validated for the gay male population only. Brady, et. al. (1994) does suggest that their instrument was designed to generalize to the lesbian population. Therefore it is not seen as problematic to the utility of the instrument to make necessary changes on several items (gay to lesbian, male to female), thereby, tailoring the instrument to the lesbian population (Appendix D).

Individualized Profile Screen.

The IPS (Appendix E) is a composite of items both gleaned from other studies (Nungesser, 1983; Wagner, et. al., 1994) and developed by this author. The questions included in the IPS are considered exploratory in nature. The items in the IPS were selected based on the criterion that they be relevant in providing information as to the previous exposure to homophobic attitudes and exposure to positive gay and lesbian attitudes and experiences. In addition, the IPS examines past and present gay/lesbian educational experience as well as demographic information. Some examples of the

questions on the IPS are "while growing up homosexuality was considered an alternative lifestyle in my family discussions," " at what age were you when you were exposed to material that was positive about being gay," and "how involved are you in the lesbian and gay rights movement." The response format is a collection of multiple choice and fill in the blank. The utility of the IPS is based on its predicted ability to identify past and present experiences that are associated with an individual's level of internalized homophobia.

Procedure

The educational intervention selected for this study was several college level courses offered for credit by the gay and lesbian studies department at a San Francisco bay area community college. The topic and context of the courses were all focused on gay and/or lesbian issues. The specific content of the courses differ from one another on areas of interest, however they fall largely into three categories. These categories are, [1] art and literature, [2] politics and history, and [3] health and relationships. This particular intervention was chosen for two reasons. One, it satisfied the hypothesis of the study that an essential component to any process that will lead to the reduction of internalized homophobia will require the presentation of alternative viewpoints, attitudes, and beliefs. In fact, the course work offered by the gay and lesbian studies department of this college is designed specifically to do just that (J. Katz, personal communication, June, 1996). Secondly, sampling of the gay male and lesbian population can be problematic. Because

gay men and lesbians cross all racial, ethnic, and socio-economic boundaries they are not as readily identifiable as other minorities. Also, many gay men and lesbians do not want their sexual orientation known to others. These factors and others make collecting a representative sample of gay men and lesbians difficult (Catania, Gibson, Chitwood, & Coates, 1990; Darrow, Barrett, Jay, & Young, 1981). Though self selected, utilizing these classes provided an identifiable and diverse cross section of the gay male and lesbian population.

The procedure consisted of administering the measures (IHS, GIQ, and IPS) on two different occasions, the first week class meeting and the last week class meeting before final exam week. As detailed in the measures section, the individual measures were tailored differently for gay men and lesbian women and thus, gay men received the appropriate measures as did the lesbian women. On both occasions the GIQ and the IHS were administered. The IPS was administered on the first class meeting. All participants were given a cover letter detailing the general purpose of the study and stating their rights under the guidelines for the San Jose State University Institutional Review Board's policy on human participants (Appendix F). Included in that cover letter was a description of the study and its aims as well as the need for the study and encouragement of participation for the entire study. Participants were verbally informed on the instructions and the importance of filling out the measures honestly, completely, and without help from others (Appendix G). In order to attach a unique identifier for each participant, the

participants were instructed to write their first initial and last four digits of their social security number on the appropriate line of the cover sheet. In addition, participants were instructed to write the class number on the appropriate line of the cover sheet to identify which class the instruments were collected. Using these two identifiers enabled tracking participants' scores across administrations and categorizing them by class. Participants were then informed to complete the instruments at a later time and return them using an attached self addressed, postage paid envelope. Additionally, the procedure of using a stamped self addressed, postage paid envelope was used for the second administration. Participants were thanked and informed of when the next administration would take place.Results

In order to determine the effect of the psychoeducational intervention on levels of internalized homophobia, IHS scores were calculated for all participants. High IHS scores correspond with higher levels of internalized homophobia, the scale ranges from 20 - 100. The N, M, and SD were calculated for all participants that completed the first administration, all participants that completed the second administration and the pre IHS scores for the subpopulation of participants that filled out both the pre and post. The scores are listed in Table 2. The means of all three groups fall within a close range of each other. The total pre-intervention group has a mean of 31.63, the pre-intervention subpopulation has a mean of 31.28, and the post-intervention group's mean is 30.28.

Table 2

Descriptive Statistics for IHS Scores, Pre Total, Pre Sub, and Post

	N	Min	Max	M	SD
Pre IHS Total	51	19	79	31.63	12.06
Pre IHS Sub	25	19	54	31.28	9.61
Post IHS	25	20	49	30.28	8.43

To test the first hypothesis a Paired Sample T-test was conducted to determine the effect of the psychoeducational intervention on levels of internalized homophobia as measured by the IHS scores. The analysis shows that there is not a significant difference between the pre and post groups, $t = .884$, $p = ns$. This finding suggests that there was no significant effect from the psychoeducational intervention. However, it appears by looking at the means for participants that completed both the pre-intervention and post-intervention administrations that there was a slight decrease (pre $M = 31.28$, post $M = 30.28$). This decrease was in the anticipated direction. Because of the small sample size no further analysis were conducted on subsets of the population (e.g., gender or class).

In order to test the second hypothesis that there may be individual factors that would be related with internalized homophobia, a Pearson correlation matrix was calculated on the pre-intervention sample group ($N=51$). Included in the correlation matrix are the pre-intervention Internalized Homophobia Scale (IHS) scores, pre-intervention Gay Identity Questionnaire (GIQ) scores and the items from the Individual Profile Screen (IPS). The results of the calculations are listed in Table 3.

A review of the correlation matrix displays several significant results. IHS shows a significant correlation with two other factors. The first factor, GIQ, is $r = -.59$, $p < .01$. This result was anticipated. High GIQ and low IHS are both equated with acceptance of ones homosexuality. The second factor significantly correlated with IHS is question 14 pertaining to level of involvement in the gay and lesbian rights movement. For this factor

Table 3

Pearson Correlation Matrix Pre IHS Scores, Pre GIQ Scores, and IPS Items

Variables	AGE	GENDER	GIQ	IHS	INCOME	#6	#7	#8	#10	#11	#12	#13	#14	#15	#16	#17	#18	#19	#20	#21
AGE	1.00																			
GENDER	-.34*	1.00																		
GIQ	.00	-.16	1.00																	
IHS	-.10	-.09	-.59*	1.00																
INCOME	.58**	-.34*	.00	.00	1.00															
#6	-.20	-.08	.00	.04	-.14	1.00														
#7	.28*	-.30*	-.04	-.02	.24	.05	1.00													
#8	.06	.00	.19	-.21	-.05	.15	-.15	1.00												
#10	.40**	.01	-.16	.03	.37**	-.08	.30*	-.40*	1.00											
#11	.58**	-.08	-.13	.05	.54**	-.13	.28	-.34*	.73**	1.00										
#12	-.02	.49**	-.28*	.21	.11	-.16	.20	-.21	.35*	.28	1.00									
#13	.24	.17	-.09	.12	.26	-.16	.08	-.32*	.68**	.58**	.44**	1.00								
#14	-.03	-.14	-.41*	.31*	-.10	-.21	.22	-.29*	.14	.08	.07	.02	1.00							
#15	.25	-.13	.00	.05	.46**	.04	-.08	-.15	.23	.43**	-.06	.35*	-.15	1.00						
#16	-.24	-.02	.01	.04	-.24	.18	.06	-.05	-.20	-.02	-.19	.14	.10	.20	1.00					
#17	.03	-.08	.05	.11	.17	.11	.09	.23	-.06	-.05	-.10	-.12	-.19	.04	-.08	1.00				
#18	-.24	.16	-.06	.01	-.32*	.02	.18	-.20	.00	-.14	.11	-.16	.31*	-.28	.05	-.25	1.00			
#19	-.23	.20	-.20	.22	-.19	.12	.10	-.08	-.04	-.05	.23	.11	.24	-.07	.24	-.23	.62**	1.00		
#20	.07	.19	-.15	-.01	.19	-.07	.10	-.25	.40**	.35*	.11	.12	.04	.09	-.03	-.02	.27	.06	1.00	
#21	-.15	.08	.04	-.07	-.08	-.20	.01	-.17	.22	-.02	.20	.07	.07	-.05	-.06	-.34*	.46**	.44**	.37**	1.00

Note: Range of N from 46 - 51.

*Correlation is significant at the 0.05 level (2-tailed).

**Correlation is significant at the 0.01 level (2-tailed).

$r = .31$, $p < .05$. This positive correlation becomes clearer when it is noted that question 14 was reversed coded. That is a higher score on question 14 was equated with less involvement. Therefore, high IHS equates with low involvement and low IHS equates with high involvement.

Other significant correlations found in the matrix show interesting relationships. Age is significantly correlated with question 10 (age exposed to positive material) $r = .40$, $p < .001$, and question 11 (age exposed to positive gay opinion from a heterosexual) $r = .58$, $p < .001$. These relationships might be interpreted as younger gay men and lesbian women are exposed to positive images and opinions at a younger age than their older peers. In further support of this, Age is significantly correlated with Income, $r = .58$, $p < .001$, Income is significantly correlated with question 10 (age exposed to positive material) $r = .38$, $p < .001$, and question 11 (age exposed to positive gay opinion from a heterosexual) $r = .54$, $p < .001$. These relations suggest the pattern that income is significantly correlated with question 10 and 11 because higher income indicates older age and older age is correlated with later life exposure to positive images and opinions. GIQ is significantly correlated with question 12 (age of first erotic feelings for same sex) $r = .-.28$, $p < .05$. This may suggest that persons expressing satisfaction with their sexual orientation became aware of their same sex feelings at a younger age than persons less comfortable with the sexual orientation. Question 10 (age exposed to positive material) is significantly correlated with three other factors. These are question 11 (age exposed to

positive gay opinion from a heterosexual) $r = .73$. $p < .001$, question 12 (age of first erotic feelings for same sex) $r = .35$, $p < .05$, and question 13 (age labeled self as homosexual) $r = .68$, $p < .001$. These relationships suggest that early exposure to positive images and opinions may facilitate early identification of one's sexual orientation. Finally, an interesting significant correlation exists between question 13 (age labeled self as homosexual) and question 15 (level of education) $r = .35$, $p < .05$. This may suggest that gay men and lesbian women that take longer to self identify than their peers achieve higher academic goals.

Discussion

The main hypothesis of this study states that there would be a positive effect on reducing levels of internalized homophobia with the use of a psychoeducational intervention. The results do not support this assumption. However, despite the finding of non-significant, several indicators suggest that there may be a relation between the psychoeducational intervention and internalized homophobia. The mean IHS scores for the pre-administration and post-administration showed a decrease from $M = 31.28$ to $M = 30.28$. In addition, the maximum IHS score for these two populations fell 5 points from 54 to 49. These two indicators may suggest that if the sample size had been larger a finding of significant may have resulted.

The second hypothesis stated that individual factors would be identified as having a relationship with levels of internalized homophobia. The results conclude that a

number of factors included in this study show a significant correlation with internalized homophobia. The two factors that correlated significantly with internalized homophobia were scores on the Gay Identity Questionnaire and level of involvement in the gay and lesbian rights movement. Both of these findings were expected.

The GIQ is based on Cass's (1979) homosexual identity formation model. This model suggests that gay and lesbian persons move through stages of identity formation with the highest level being associated with assimilation into the larger society. This ability to assimilate with the larger society as a openly gay or lesbian persons comes from having resolved negative feelings regarding their homosexuality. According to this model it logically follows that persons scoring higher on the GIQ (more assimilated) would have lower levels of internalized homophobia. This was the finding.

The significant correlation with level of involvement in the gay and lesbian rights movement and IHS was also expected. As with the GIQ, the IHS measures integration of gay and lesbian identity. Those persons scoring low on the IHS are expected to be open and comfortable with their gay or lesbian identity. Those persons that are open and comfortable with their identity are more likely to be involved in activities that are identified as gay or lesbian. Whereas, persons scoring high on the IHS would be expected to be unwilling to identify with gay and lesbian positive activities.

Other significant correlations found in the study that are not directly related to the second hypothesis suggest some interesting patterns. The most interesting set of findings

point to gay men and lesbian women receiving positive images and opinions at a younger age than their older peers. Several of the questions on the IPS (question 10, and 11) were significantly correlated with age. These questions pertained to the age in which the first positive exposure to gay or lesbian information occurred. This is a very important finding. The underlying assumption of this study was that as part of the process to eliminate internalized homophobia, there would need to be exposure to positive gay and lesbian information. These significant correlations suggest that this is in fact what is happening. With regard to this population the younger participants reported receiving their first exposure to positive information at a younger age than their older peers.

Another important finding is that of the significant correlation between factors associated with first exposure to positive gay and lesbian information (question 10, 11, 12, and 13 on the IPS) and age that one labels themselves as gay or lesbian. This finding is supported by the literature on internalized homophobia. It is fully expected that exposure to positive gay and lesbian information will reduce levels of internalized homophobia. Reduced levels of internalized homophobia is equated with comfort with ones identity and ability to self identify as gay or lesbian. Therefore, if a gay man or lesbian women is exposed to positive information about being gay or lesbian at a younger age they would be more likely to overcome the negative effects of internalized homophobia and self identify as gay or lesbian.

Limitations of Study

There were three factors that may have impacted the study greatly. The first was the extreme attrition rate of the population between the first and second administration. Student enrollment fell from 177 to 83 or 53 percent. This single factor alone cut the sample population by half. The second factor that may have influenced our participation rate was having the participants mail back their responses. The literature suggests that using a mail response reduces participation rates to below 50 percent, whereas, having persons fill out instruments in person produces response rates closer to 100 percent (Fowler, 1993). These two factors most likely had an effect on the return sample size. However, a third factor may have contributed and this factor is especially relevant to this study.

The third factor that may have limited sample size is internalized homophobia. The body of literature presented in this paper suggests that internalized homophobia has a potentially profound negative impact on gay men and lesbian women. During one of the class administrations a student stated that they would not participate because filling out these instruments was the hardest thing they had ever done. This sentiment was corroborated by several course instructors. These instructors stated hearing similar comments from other students in the classes. It appears that many persons were uncomfortable answering specific questions pertaining to their feelings of their homosexuality. Those that felt this discomfort may have chosen not to participate.

Persons that chose to participate in the study have low end IHS scores indicating relatively low levels of internalized homophobia. In addition, persons participating in this study also showed higher scores on the GIQ. High scores on the GIQ show integration of ones gay or lesbian identity. Though we are unable to speak to the population of non-respondents, it appears that the profile of participants was to be expected. That is, this study tacitly required persons to self identify as gay or lesbian in order to complete the instruments. The theory supporting the IHS and the GIQ suggest that persons that have not integrated their gay or lesbian identity would be less likely to self identify as gay or lesbian. Therefore, in keeping with these theories the IHS scores and GIQ scores of the respondents would reflect a more integrated identity, this was found. The evident consequence of these three factors and the minimization of the sample size are profound. Inadvertently, yet systematically, eliminating persons from the sample pool has the dire effect of limiting generalizability of the results. We can not say that the population is representative of the larger population or even the population of all potential participants of this study. In addition, the results of the study show that the participants for this study have a restricted range of IHS scores. By not having a representation of all potential participants the range of scores may not have been fully represented. This has the effect of limiting variability. Without variability in a population it becomes increasingly difficult to show effect.

Future Research Needs

The findings of this study strongly support the existing literature. Up to this point, the preponderance of the literature has merely speculated on the role that internalized homophobia plays in the lives of gay men and lesbian women. It is through studies such as this one that we can start to explore these assumptions. The findings of this study clearly point in the direction of support for the hypotheses. Now that factors have been empirically identified as being correlated with internalized homophobia further research is essential. The findings of this study dictate the importance of receiving positive information at a young age for gay and lesbian persons. In addition, future research must include a component that addresses the issue of internalized homophobia and participation. This may be resolved by conducting one to one interviews or arranging for all persons to fill out the instruments in person. For this study, mail back response was the only way to work within the college's policy. However, in another setting a different response format may be utilized.

Conclusion

The conclusion that can be drawn from the findings of this study is that the basic underlying assumption of this study was supported. Despite the non-significant findings for the main hypothesis subtle trends were recognized. A significant finding might be found with a larger sample size and better control of the sample response. In addition, a number of significant correlations between other factors show that even with this small

sample such things as early exposure to positive gay and lesbian information is correlated with lower levels of internalized homophobia, higher levels of identity formation, and greater participation in gay and lesbian identified activities. However, despite these optimistic findings this researcher made an observation that questions the simple relation between internalized homophobia and self acceptance of ones gay or lesbian identity. This observation may play a significant role in directing future research on internalized homophobia.

During the first and second administration this researcher heard comments expressed by the participants and course instructors. Some of these comments suggested that the participants felt that these instruments were difficult to fill out. The difficulty arose not because of the physical structure of the instruments but because of the questions themselves. These participants appeared to be by and large comfortable with identifying as gay or lesbian and participating in gay and lesbian identified activities. However, despite this outward appearance of acceptance there appeared to be an undercurrent of discomfort surrounding the topic of internalized homophobia. Anecdotally, one of the course instructors stated that he believed that a large number of the openly gay and lesbian population still harbored unresolved issues surrounding their homosexuality. In essence, he was suggesting that despite the outward expression of acceptance of ones homosexuality there still may exist high levels of internalized homophobia. This was the observation made by this researcher.

Within a supportive environment persons may feel comfortable in expressing themselves more openly. This study took place in a very gay and lesbian supportive community, San Francisco. This supportive surrounding may allow people the opportunity to express themselves with a feeling of safety, but this may or may not impact unresolved internalized homophobia. This researcher would like to suggest for future research further investigation on how positive information and internalized homophobia interrelate. It is clear that the path is not simple nor straightforward.

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APPENDIX A

Internalized Homophobia Scale

1. Male homosexuality is a natural expression of sexuality in human males.

Strongly Disagree Disagree Neutral Agree Strongly Agree

2. I wish I were heterosexual.

Strongly Disagree Disagree Neutral Agree Strongly Agree

3. When I am sexually attracted to another gay man, I do not mind if someone else knows how I feel.

Strongly Disagree Disagree Neutral Agree Strongly Agree

4. Most problems that homosexuals have come from their status as an oppressed minority, not from their homosexuality per se.

Strongly Disagree Disagree Neutral Agree Strongly Agree

5. Life as a homosexual is not as fulfilling as life as a heterosexual.

Strongly Disagree Disagree Neutral Agree Strongly Agree

6. I am glad to be gay.

Strongly Disagree Disagree Neutral Agree Strongly Agree

7. Whenever I think a lot about being gay, I feel depressed.

Strongly Disagree Disagree Neutral Agree Strongly Agree

8. I am confident that my homosexuality does not make me inferior.

Strongly Disagree Disagree Neutral Agree Strongly Agree

9. Whenever I think a lot about being gay, I feel depressed.

Strongly Disagree Disagree Neutral Agree Strongly Agree

10. If it were possible, I would accept the opportunity to be completely heterosexual.

Strongly Disagree Disagree Neutral Agree Strongly Agree

11. I wish I could become more sexually attracted to women.

Strongly Disagree Disagree Neutral Agree Strongly Agree

12. If there were a pill that could change my sexual orientation, I would take it.

Strongly Disagree Disagree Neutral Agree Strongly Agree

13. I would not give up being gay even if I could.

Strongly Disagree Disagree Neutral Agree Strongly Agree

14. Homosexuality is deviant.

Strongly Disagree Disagree Neutral Agree Strongly Agree

15. It would not bother me if I had children who were gay.

Strongly Disagree Disagree Neutral Agree Strongly Agree

16. Being gay is a satisfactory and acceptable way of life for me.

Strongly Disagree Disagree Neutral Agree Strongly Agree

17. If I were heterosexual, I would probably be happier.

Strongly Disagree Disagree Neutral Agree Strongly Agree

18. Most gay people end up lonely and isolated.

Strongly Disagree Disagree Neutral Agree Strongly Agree

19. For the most part, I do not care who knows I am gay.

Strongly Disagree Disagree Neutral Agree Strongly Agree

20. I have no regrets about being gay.

Strongly Disagree Disagree Neutral Agree Strongly Agree

APPENDIX B

Internalized Homophobia Scale Modified for Lesbian Population

1. Female homosexuality is a natural expression of sexuality in human females.

Strongly Disagree Disagree Neutral Agree Strongly Agree

2. I wish I were heterosexual.

Strongly Disagree Disagree Neutral Agree Strongly Agree

3. When I am sexually attracted to another lesbian woman, I do not mind if someone else knows how I feel.

Strongly Disagree Disagree Neutral Agree Strongly Agree

4. Most problems that homosexuals have come from their status as an oppressed minority, not from their homosexuality per se.

Strongly Disagree Disagree Neutral Agree Strongly Agree

5. Life as a homosexual is not as fulfilling as life as a heterosexual.

Strongly Disagree Disagree Neutral Agree Strongly Agree

6. I am glad to be lesbian.

Strongly Disagree Disagree Neutral Agree Strongly Agree

7. Whenever I think a lot about being lesbian, I feel depressed.

Strongly Disagree Disagree Neutral Agree Strongly Agree

8. I am confident that my homosexuality does not make me inferior.

Strongly Disagree Disagree Neutral Agree Strongly Agree

9. Whenever I think a lot about being a lesbian, I feel depressed.

Strongly Disagree Disagree Neutral Agree Strongly Agree

10. If it were possible, I would accept the opportunity to be completely heterosexual.

Strongly Disagree Disagree Neutral Agree Strongly Agree

11. I wish I could become more sexually attracted to men.

Strongly Disagree Disagree Neutral Agree Strongly Agree

12. If there were a pill that could change my sexual orientation, I would take it.

Strongly Disagree Disagree Neutral Agree Strongly Agree

13. I would not give up being a lesbian even if I could.

Strongly Disagree Disagree Neutral Agree Strongly Agree

14. Homosexuality is deviant.

Strongly Disagree Disagree Neutral Agree Strongly Agree

15. It would not bother me if I had children who were lesbian.

Strongly Disagree Disagree Neutral Agree Strongly Agree

16. Being lesbian is a satisfactory and acceptable way of life for me.

Strongly Disagree Disagree Neutral Agree Strongly Agree

17. If I were heterosexual, I would probably be happier.

Strongly Disagree Disagree Neutral Agree Strongly Agree

18. Most lesbian people end up lonely and isolated.

Strongly Disagree Disagree Neutral Agree Strongly Agree

19. For the most part, I do not care who knows I am a lesbian.

Strongly Disagree Disagree Neutral Agree Strongly Agree

20. I have no regrets about being a lesbian.

Strongly Disagree Disagree Neutral Agree Strongly Agree

APPENDIX C

Gay Identity Questionnaire (GIQ)

Directions: Please read each of the following statements carefully and then circle whether you feel the statements are true (T) or false (F) for you at this point in time. A statement is circled as true if the *entire* statement is true, otherwise it is circled as false.

1.	I probably am sexually attracted equally to men and women.	T	F
2.	I live a homosexual lifestyle at home, while at work/school I don not want others to know about my lifestyle.	T	F
3.	My homosexuality is a valid private identity, that I don not want made public.	T	F
4.	I have feelings I would label as homosexual.	T	F
5.	I have little desire to be around most heterosexuals.	T	F
6.	I doubt that I am homosexual, but still am confused about who I am sexually.	T	F
7.	I do not want most heterosexuals to know that I am definitely homosexual.	T	F
8.	I am very proud to be gay and make it known to everyone around me.	T	F
9.	I don't have much contact with heterosexuals and can't say that I miss it.	T	F
10.	I generally feel comfortable being the only gay person in a group of heterosexuals.	T	F
11.	I'm probably homosexual, even though I maintain a heterosexual image in both my personal and public life.	T	F
12.	I have disclosed to 1 or 2 people (very few) that I have homosexual feelings, although I'm not sure I'm homosexual.	T	F
13.	I am not as angry about society's treatment of gays because even though I've told everyone about my gayness, they have responded well.	T	F
14.	I am definitely homosexual but I do not share that knowledge with most people.	T	F

15.	I don't mind if homosexuals know that I have homosexual thoughts and feelings, but I don't want others to know.	T	F
16.	More than likely I'm homosexual, although I'm not positive about it yet.	T	F
17.	I don't act like most homosexuals do, so I doubt that I'm homosexual.	T	F
18.	I'm probably homosexual, but I'm not sure yet.	T	F
19.	I am openly gay and fully integrated into heterosexual society.	T	F
20.	I don't think that I'm homosexual.	T	F
21.	I don't feel I'm heterosexual or homosexual.	T	F
22.	I have thoughts I would label as homosexual.	T	F
23.	I don't want people to know that I may be homosexual, although I'm not sure if I am homosexual or not.	T	F
24.	I may be homosexual and I am upset at the thought of it.	T	F
25.	The topic of homosexuality does not relate to me personally.	T	F
26.	I frequently confront people about their irrational, homophobic (fear of homosexuality) feelings.	T	F
27.	Getting in touch with homosexuals is something I feel I need to do, even though I'm not sure I want to.	T	F
28.	I have homosexual thoughts and feelings but I doubt that I'm homosexual.	T	F
29.	I dread having to deal with the fact that I may be homosexual.	T	F
30.	I am proud and open with everyone about being gay, but it isn't the major focus of my life.	T	F
31.	I probably am heterosexual or non-sexual.	T	F
32.	I am experimenting with my same sex, because I don't know what my sexual preference is.	T	F
33.	I feel accepted by homosexual friends and acquaintances, even though I'm not sure I'm homosexual.	T	F

34.	I frequently express to others, anger over heterosexuals' oppression of me and other gays.	T	F
35.	I have not told most of the people at work that I am definitely homosexual.	T	F
36.	I accept but would not say I am proud of the fact that I am definitely homosexual.	T	F
37.	I cannot imagine sharing my homosexual feelings with anyone.	T	F
38.	Most heterosexuals are not credible sources of help for me.	T	F
39.	I am openly gay around gays and heterosexuals.	T	F
40.	I engage in sexual behavior I would label as homosexual.	T	F
41.	I am not about to stay hidden as gay for anyone.	T	F
42.	I tolerate rather than accept my homosexual thoughts and feelings.	T	F
43.	My heterosexual friends, family, and associates think of me as a person who happens to be gay, rather than as a gay person.	T	F
44.	Even though I am definitely homosexual, I have not told my family.	T	F
45.	I am openly gay with everyone, but it doesn't make me feel all that different from heterosexuals.	T	F

APPENDIX D

Gay Identity Questionnaire (GIQ) Modified for Lesbian Population

Directions: Please read each of the following statements carefully and then circle whether you feel the statements are true (T) or false (F) for you at this point in time. A statement is circled as true if the *entire* statement is true, otherwise it is circled as false.

1.	I probably am sexually attracted equally to men and women.	T	F
2.	I live a homosexual lifestyle at home, while at work/school I don not want others to know about my lifestyle.	T	F
3.	My homosexuality is a valid private identity, that I don not want made public.	T	F
4.	I have feelings I would label as homosexual.	T	F
5.	I have little desire to be around most heterosexuals.	T	F
6.	I doubt that I am homosexual, but still am confused about who I am sexually.	T	F
7.	I do not want most heterosexuals to know that I am definitely homosexual.	T	F
8.	I am very proud to be lesbian and make it known to everyone around me.	T	F
9.	I don't have much contact with heterosexuals and can't say that I miss it.	T	F
10.	I generally feel comfortable being the only lesbian person in a group of heterosexuals.	T	F
11.	I'm probably homosexual, even though I maintain a heterosexual image in both my personal and public life.	T	F
12.	I have disclosed to 1 or 2 people (very few) that I have homosexual feelings, although I'm not sure I'm homosexual.	T	F
13.	I am not as angry about society's treatment of lesbians because even though I've told everyone about my lesbianness, they have responded well.	T	F

14.	I am definitely homosexual but I do not share that knowledge with most people.	T	F
15.	I don't mind if homosexuals know that I have homosexual thoughts and feelings, but I don't want others to know.	T	F
16.	More than likely I'm homosexual, although I'm not positive about it yet.	T	F
17.	I don't act like most homosexuals do, so I doubt that I'm homosexual.	T	F
18.	I'm probably homosexual, but I'm not sure yet.	T	F
19.	I am openly lesbian and fully integrated into heterosexual society.	T	F
20.	I don't think that I'm homosexual.	T	F
21.	I don't feel I'm heterosexual or homosexual.	T	F
22.	I have thoughts I would label as homosexual.	T	F
23.	I don't want people to know that I may be homosexual, although I'm not sure if I am homosexual or not.	T	F
24.	I may be homosexual and I am upset at the thought of it.	T	F
25.	The topic of homosexuality does not relate to me personally.	T	F
26.	I frequently confront people about their irrational, homophobic (fear of homosexuality) feelings.	T	F
27.	Getting in touch with homosexuals is something I feel I need to do, even though I'm not sure I want to.	T	F
28.	I have homosexual thoughts and feelings but I doubt that I'm homosexual.	T	F
29.	I dread having to deal with the fact that I may be homosexual.	T	F
30.	I am proud and open with everyone about being lesbian, but it isn't the major focus of my life.	T	F
31.	I probably am heterosexual or non-sexual.	T	F

32.	I am experimenting with my same sex, because I don't know what my sexual preference is.	T	F
33.	I feel accepted by homosexual friends and acquaintances, even though I'm not sure I'm homosexual.	T	F
34.	I frequently express to others, anger over heterosexuals' oppression of me and other lesbians.	T	F
35.	I have not told most of the people at work that I am definitely homosexual.	T	F
36.	I accept but would not say I am proud of the fact that I am definitely homosexual.	T	F
37.	I cannot imagine sharing my homosexual feelings with anyone.	T	F
38.	Most heterosexuals are not credible sources of help for me.	T	F
39.	I am openly lesbian around lesbians and heterosexuals.	T	F
40.	I engage in sexual behavior I would label as homosexual.	T	F
41.	I am not about to stay hidden as lesbian for anyone.	T	F
42.	I tolerate rather than accept my homosexual thoughts and feelings.	T	F
43.	My heterosexual friends, family, and associates think of me as a person who happens to be lesbian, rather than as a lesbian person.	T	F
44.	Even though I am definitely homosexual, I have not told my family.	T	F
45.	I am openly lesbian with everyone, but it doesn't make me feel all that different from heterosexuals.	T	F

APPENDIX E

Individualized Profile Screen

Directions: For each of the questions below either mark an "X" in the box to the response that best describes you or fill in the blank.

1. Gender
[1] Male [2] Female

2. I would describe myself as mostly:
[ ] Lesbian [ ] Gay [ ] Bisexual [ ] Heterosexual

3. Your age is: _____

4. Ethnicity
[ ] Asian [ ] White
[ ] African American [ ] Native American
[ ] Hispanic/Latino [ ] Other:_____

5. What is your annual income.
[ ] $0-$10,000 [ ] $25,001-$30,000
[ ] $10,001-$15,000 [ ] $30,001-$40,000
[ ] $15,001-$20,000 [ ] $40,001-$50,000
[ ] $20,001-$25,000 [ ] over $50,000

6. Have you ever served in the military?
[ ] Yes [ ] No

7. While growing up homosexuality was considered an alternative lifestyle in my family discussions.
[ ] Yes [ ] No

8. While growing up homosexuality was considered a sexual perversion and/or sinful in my family discussions.
[ ] Yes [ ] No

9. If you are not a bay area native where did you move here from?
[ ] Big city (250,000 people or more) [ ] Small city (less than 250,000 people)

[ ] The country [ ] I am a bay area native

10. At what age were you when you were exposed to material that was positive about being gay?

_____Age [ ] Has not happened yet

11. At what age were you when you were exposed to a heterosexual person who placed a positive value on being gay?

_____Age [ ] Has not happened yet

12. How old were you when you were first aware of erotic feelings for persons of the same sex?

_____Age [ ] Has not happened yet

13. How old were you when you first labeled yourself as a homosexual?

_____Age [ ] Has not happened yet

14. How involved are you in the lesbian and gay rights movement?
[ ] Very involved [ ] Involved very little
[ ] Somewhat involved [ ] Not at all involved

15. What is your highest or current level of education?
[ ] Less than high school diploma [ ] Some college
[ ] High school diploma [ ] College Degree
[ ] GED [ ] Some graduate study
[ ] Vocational/Technical school [ ] Graduate degree (Masters/Ph.D.)

16. Have you ever been in a relationship with a person of the same sex for more than 6 months?
[ ] Yes [ ] No

17. How many classes have you taken here or elsewhere that had gay and/or lesbian issues as there primary topic? (Include all past classes as well as currently enrolled in classes)

_____ Number of classes taken [ ] This is my first one

18. Do you currently belong to any gay and/or lesbian clubs or organizations.
[ ] Yes [ ] No

19. Have you ever in the past belonged to any gay and/or lesbian clubs or organizations.
[ ] Yes [ ] No

20. Do you currently belong to a gay and/or lesbian support group?
[ ] Yes [ ] No

21. Have you in the past belonged to a gay and/or lesbian support group?
[ ] Yes [ ] No

APPENDIX F

Participant's Rights, Instructions, and Consent Form

This study that you are being asked to participate in investigates the interaction of education and psychological well being. Much work has been done looking at these various factors within the heterosexual community but the gay and lesbian population has been sorely neglected. Therefore, you have the opportunity to include the gay and lesbian population in the body of knowledge focused on the benefits of education. If you decide to participate you will be asked to fill out three questionnaires. I will return two more times during the semester and ask you to fill out only one of the questionnaires again. You may choose to stop participating in the study any time you wish and there will be no consequence for doing so. There is no risk for participating in the study and unfortunately there is no compensation either. However, your anonymity will be protected, and in no way will your questionnaires be traceable back to you. Your confidentiality is our utmost concern. A name and phone number will be given to you to call if you have any questions or would like to see the results of the study after it is completed. Your participation is greatly appreciated, thank you.

Agreement to Participate in Research

Responsible Investigator: Douglas White

I have been asked to participate in a research study investigating the interaction of education and psychological well being. I will be asked to fill out three questionnaires on the first day of class, one questionnaire in the middle of the semester, and one more questionnaire in the last week of class. I understand that there is no risk or benefit to me directly. I also understand that my anonymity will be protected and in no way will the data collected be traceable back to me. I have been informed that if I have any questions I can call Douglas White at (408) 559-9295 and if I have any complaints about the study I can call the San Jose State University Department Chair, Dr. Cooper at (408) 924-5600. Also, any complaints about my rights or research related injuries may be addressed to Serena Stanford, Ph.D. Associate Academic Vice President for Graduate Studies and research, at (408) 924-2480. I also understand that my participation in this study is voluntary and I may quit at any time. Participation in this study will not affect my relationship with this class or any educational institution. I have been offered a signed and dated copy of this consent form.

_____ _____

Participant's Signature Date

_____ _____

Investigator's Signature Date

APPENDIX G

Instructions for Classes

Hello, my name is _____. I am representing Douglas White, a graduate student at San Jose State University's Department of Psychology. I am here to ask you to participate in a study. This study that you are being asked to participate in investigates the interaction of education and psychological well being. Much work has been done looking at these various factors within the heterosexual community, but the gay and lesbian population has been sorely neglected. Therefore, you have the opportunity to include the gay and lesbian population in the body of knowledge focused on the benefits of education. If you decide to participate you will be asked to fill out three questionnaires. I will return two more times during the semester, once in the middle of the semester and once near the end, and ask you to fill out brief questionnaires again. You may choose to stop participating in the study any time you wish and there will be no consequence for doing so. Because of the newness of this research, the questionnaires being used are only structured for gay and lesbian persons. All persons are welcome to participate in the project, but they may find many of the questions difficult to answer. We are including a stamped self addressed envelop for you to return the questionnaires. The Department of Gay, Lesbian, and Bisexual Studies has a policy of insuring a safe non-threatening environment. Therefore no one regardless of their comfort level with their sexual orientation will be asked to self-identify in class. There is no risk for participating in the study and unfortunately there is no compensation either. However, your

anonymity will be protected, and in no way will your questionnaires be traceable back to you. Your confidentiality is our utmost concern. Also, a name and phone number will be given to you to call if you have any questions or would like to see the results of the study after it is completed. Your participation is greatly appreciated, thank you.

Directions for the Questionnaires

1. Fill in the top sheet
   - ID = their first initial and the last four digits of their social security number.
   - Class = the class number (you can get this off of the class list sheet)
2. Second sheet "Participants Rights, Instructions, and Consent Form"
   - Tell them to read the consent form before participating
   - They may keep this sheet and **only** this sheet out of the packet!!!
3. Third sheet "Agreement to Participate"
   - Very important that they sign this before mailing I can not use their questionnaires if they are not signed
   - Inform them that signed copies of the "Agreement to Participate" are available if they would like a copy to keep. They cannot have the one in the packet.
4. Forth Sheet "LIHS or GIHS"
   - Circle the most appropriate response and only one response .
5. Sixth Sheet "LGIQ or GGIQ"
   - Follow the instructions on the top of the page.
6. Seventh Sheet "Individualized Profile Screen"
   - Follow the instructions on the top of the page.
7. Mail entire packet back with the stamped self-addressed envelope

If Asked any questions remember

You only know what has been presented in the packet. Therefor, if any questions are asked that go beyond the information in the packet please state "I am a research assistant, I cannot provide you with any more information than what I already have, however, if you feel you need more information before participating in this study please call Douglas White at 408.559.9295.