Attitudes and Internalized Stigma in Gay and Lesbian College Students

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ABSTRACT: Stigma towards gays and lesbians has existed for many years. Previous studies since the 1980s have shown that heterosexuals often express homonegative attitudes towards homosexuals, especially of their own gender. These negative attitudes have also been theorized as being adopted by and internalized within the stigmatized individual, known as internalized homophobia. The current study explored the influence and predictive qualities of homonegative attitudes on internalized homophobia in a sample of 79 gay, lesbian and bisexual college students, and the moderating effects of self esteem on these variables. It was found that both modern and traditional attitudes towards homosexuality are significant predictors of internalized homophobia, and also that traditional attitudes are better predictors of internalized homophobia. Also, although self-esteem was not found to be a moderating variable between these constructs, it does play a role in the development of internalized homophobia.

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Abstract

Stigma towards gays and lesbians has existed for many years. Previous studies since the 1980s have shown that heterosexuals often express homonegative attitudes towards homosexuals, especially of their own gender. These negative attitudes have also been theorized as being adopted by and internalized within the stigmatized individual, known as internalized homophobia. The current study explored the influence and predictive qualities of homonegative attitudes on internalized homophobia in a sample of 79 gay, lesbian and bisexual college students, and the moderating effects of self esteem on these variables. It was found that both modern and traditional attitudes towards homosexuality are significant predictors of internalized homophobia, and also that traditional attitudes are better predictors of internalized homophobia. Also, although self-esteem was not found to be a moderating variable between these constructs, it does play a role in the development of internalized homophobia.

Keywords: homonegativity, internalized homophobia, lesbian, gay
Attitudes and Internalized Stigma in Gay and Lesbian College Students

Within the latter half of the past century, America has been involved in a fight for equality and acceptance of the sexual minorities: gays, lesbians, bisexuals, and transgender individuals (GLBT). Although the struggle continues politically and socially, the GLBT community has also attempted to change perceptions within the psychological community. The first version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association (APA) considered homosexuality to be a pathology. It was not until 1974 when the DSM-II was published that the APA no longer categorized homosexuality as a psychiatric disorder. Thus, while previously clinicians had reasons to view homosexuals as pathological and deviant from the norm (Spitzer, 1981), this seemed to be evidence for a shift toward a more accepting stance. Interestingly, however, in 1980 the APA recategorized homosexuality under the term “sexual orientation disturbance” (American Psychological Association, 1980). It wasn’t until revision of the DSM-III that all references to homosexuality except “persistent and marked distress about sexual orientation” were removed from diagnostic criteria (American Psychological Association, 1987).

For American professionals in the fields of psychology and psychiatry, the DSM-IV-TR is often viewed as the “Holy Grail” – this manual is considered doctrine for classifying mental disorders and it is used as a guideline for making diagnoses (Grob, 1998). Socially, current and long-lasting homophobia has been theorized to stem from an ancient common source in Hebrew law (Norton, 2002). Ancient Hebrews were the only group to condemn homosexuals and homosexuality, and Norton (2002) hypothesizes that laws against homosexuality may have originally developed from a fear of idolatry of the male phallus and the potential worship of a god other than the Hebrew’s one true God.
ATTITUDES AND INTERNALIZED STIGMA

Ancient origins later transitioned into medieval standards of bigotry and homophobia. The Penitential System, written originally by orthodox Catholic churches in Western Europe, spread rapidly throughout the rest of Europe and into Western culture. This system denotes a scale of “years of penance” that would be required for specific homosexual acts (Norton, 2002). The Church, as it is known, has been intolerant of homosexuality for thousands of years, and it still does not acknowledge previous injustices against homosexuals (Tatchell, 2000). The religious roots of America and outward adherence to those traditional morals have potentially delayed years of advancement in equality for the GLBT community. Although socially being a gay or lesbian from religious points is taboo, there have been a few major political milestones towards social acceptance in recent decades.

One of these was in 1969 when New York City experienced a series of police raids and protests known as the Stonewall riots. A botched police raid and backlash from the gay community incited a 3-day set of riots that fundamentally changed the gay rights movement and instilled a sense of urgency into a widespread area of the GLBT community (Prince, 2004). A feeling of safety and stability for working gays and lesbians occurred in 2007 after a bill was approved for equal workplace protection. More recently, gay marriages and civil unions have become officially recognized in a few states. Finally, Clinton’s “Don’t Ask, Don’t Tell” policy, which banned open homosexual conduct in the armed forces, was repealed by President Obama in 2010 (The Leadership Conference on Civil and Human Rights, 2011).

During these advancements an epidemic occurred that still bears stigma today. In 1981, five homosexual men were diagnosed with a previously undiscovered type of autoimmune disease. Since all of the afflicted were gay, the condition was eagerly and incorrectly named by the predominately heterosexual medical community as gay-related immune deficiency (GRID;
Avert, 2011). Immediately following this discovery a widespread panic engulfed the nation, and homosexuals were seen as infected and dangerous (Zierler, Cunningham, Andersen, Shapiro, Bozzette, Nakazono, Morton, Crystal, Stein, Turner, & St. Clair, 2000). Quickly after the discovery of this disease it was found that any person in contact with an infected person’s specific bodily fluids could contract GRID; it was renamed HIV/AIDS (Sutton, Rhondette, Wolitski, Cleveland, Dean, & Fenton, 2009; Kippax & Race, 2003). HIV/AIDS introduced a fear into the population, and since many of its victims were gay men, negative attitudes against men who have sex with men were heightened; that bias still exists today (Kippax & Race, 2003).

George Weinberg introduced a term for the fear of homosexuals in 1972; “homophobia”. The Oxford Dictionary defines homophobia as “an extreme and irrational aversion to homosexuality and homosexual people” (Oxford, 2011). Matthew Shepard, a gay student at the University of Wyoming, was found beaten and tortured by two men who disliked and were afraid of his sexuality (The Lesbian & Gay Foundation, 2011). Shepard later died from his injuries, but his case led to an ultimate reformation of hate crime laws and extended protection to GLBT individuals. However, there are still acts of violence surrounding gay adults and youth that impose a burden on the psyche and interfere with positive psychological and emotional health (Zierler et al., 2000; Meyer, 2010; Almeida, Johnson, Corliss, Molnar, & Azrael, 2009).

Internalized Homophobia.

Homophobia is not a strictly heterosexual phenomenon. Negative attitudes expressed by heterosexuals and the recurrent heterosexism, exhibited by the majority of society, are evident in the social environments of homosexual individuals. Members of the GLBT community often internalize these negative feelings and attitudes (Herek, Gillis, & Cogan, 2009). Stigma toward sexual minorities is not only present, its very existence is known by almost all individuals.
Herek and colleagues (2009) state that by simply knowing that a stigma typically exists, there is an expectation of the enactment of said stigma.

Stigma also originates from the assumption that most people an individual meets are heterosexual, unless this assumption is contradicted; often based on “obvious” external distinctions, such as clothing or physical mannerisms. For nonheterosexuals who do not act or dress like a “butch” lesbian (a masculine woman) or a “flaming” gay man (an effeminate man), there can be more noticeable reactions from others and a choice to reveal their sexuality to others or continue social relationships under this heterosexual assumption (Lasser, Ryser, & Price, 2010). This decision can lead the individual to wonder if they should “come out” to peers or coworkers and how to handle the fear of being treated differently.

Cass (1979) states that to obtain a positive homosexual identity one must overcome many roadblocks, including negative feelings that can accompany internalized homophobia. Internalized homophobia has been found to be negatively correlated with self-esteem (Alexander, 1987; Melamed, 1993), and a significant predictor of depression (Alexander, 1987), anxiety (Miranda & Storms, 1989), and shame (Allen & Oleson, 1999) in homosexuals.

Behaviors consistent with internalized homophobia include: avoidance (sometimes extreme) of other gays/lesbians, hiding one’s true sexuality from others, and even speaking out against homosexuality (Herek et al., 2009). Other homonegative behaviors are more difficult to recognize and treat in clients, especially if coupled with a denial of being homosexual, and may be more intertwined with the internal psychological aspects of well-being, such as depression, anxiety, and low self-esteem (Herek et al., 2009).

Traditional versus Modern Attitudes
A broad range of anti-gay arguments and views exist today. These vary by age, race, nationality, religion, and a variety of other demographic factors that have the potential to influence the views and opinions of gays and lesbians (Herek, 1994). Most research performed on attitudes about homosexuality were developed for and tested in populations of heterosexuals (Morrison & Morrison, 2002; Herek, 1988; Morrison, Morrison, & Franklin, 2009).

The first valid and reliable measure to quantify attitudes towards homosexuals was Herek’s Attitudes Toward Lesbians and Gay Men Scale (1988). His measure focused on what are now considered more “traditional” attitudes towards homosexuality, mainly from religious and moral standpoints (Herek, 1994). While in the 1980’s religious condemnation of homosexuality was the most powerful driving force for antigay attitudes, studies of graduating high school classes have shown that weekly church attendance has dropped from around 40% in 1976 to 32% in 1993 (Presser & Stinson, 1998). The same study also reports that church attendance declines within certain age ranges, mainly 19-24 years of age, or that of a typical college student. Research suggests that students in college, who recently left home and are attempting to formulate their own opinions and ideas about the world, still held antigay attitudes. More recent research has shown that “old-fashioned” religious intolerance against homosexuals is being replaced by more modern negative attitudes (Cullen & Barnes-Holmes, 2008).

Modern homonegative attitudes and arguments now revolve around a political and social bias against homosexuals. With more groups clamoring for equality in marriage, housing, and jobs, the psychological community was pushed to develop a scale that effectively measured these more modern attitudes, leading Morrison and Morrison (2002) to create the Modern Homonegativity Scale (MHS). A national telephone survey conducted by Herek (2002) found that a majority of heterosexuals responded positively when asked about equality for gays and
lesbians in civil domains, such as employment and marriage status. Those who showed higher levels of traditional attitudes, however, also held more stereotypical beliefs of homosexuality and the belief that an individual chooses their sexuality, a popular argument for the "sinful" nature of homosexuality (Herek, 2002; Hicks & Lee, 2006). Interestingly, men seemed to hold more hostile attitudes than women in this study in general, and also there seemed to be more negative attitudes towards gay men, regardless of respondent gender.

**Self-Esteem**

Overt and internalized attitudes about homosexuality within a GLBT sample may be related to self-esteem. To date, the relationship between self-esteem and internalized homophobia is not clear. In lesbians, Romano (1990) and Herek, Cogan, Gillis, and Glunt (1997) did not find significant relationships between self-esteem and internalized homophobia. However, a more recent study conducted by Peterson and Gerrity (2006) did find a negative correlation between internalized homophobia and self-esteem in lesbians ($r = -.34, p = .05$). This significant finding is only moderate, but it does allude to the importance of self-esteem as a relevant variable. There does not appear to be a strong relationship between self-esteem and homophobia in gay men; however, Dupras (1994) did find a significant increase in self-esteem with subsequent decreases in internalized homophobia. Therefore, it appears more research needs to be conducted in this area.

More generally, self-esteem is extremely important for healthy psychological functioning and development (Rosenberg, Schooler, Schoenbach, & Rosenberg, 1995). Rosenberg (1979) defines self-esteem as the degree to which individuals consider themselves to be adequate and valuable to others. Moderate levels of self-esteem have been shown to have positive effects, such as lower levels of psychological distress in at-risk populations (Syzmanski & Gupta, 2009).
Conversely, low levels of self-esteem can be problematic and cause issues in functioning; such as anxiety and depressive symptoms (Harter, 1999; Rosenberg et al., 1995); extremely high self-esteem can lead to narcissistic behaviors (Seligman, 1995).

**Purpose of This Study**

Negative attitudes toward minority groups are not solely held by members outside of the stigmatized group. Often, individuals within the community feel certain amounts of stigma toward themselves. Many GLBT individuals may hold the same homonegative attitudes that have previously been studied only in heterosexuals. Internalization of negative attitudes has been shown to have detrimental effects: internalized homophobia can prevent an individual from being comfortable coming out to others.

Since many GLBT youth are realizing and exploring their sexuality earlier and closer to more important developmental milestones, attitudes are important in establishing self-worth and love of self. Gays and lesbians who hold more positive attitudes about the GLBT community may have less internalizations and stigmas, leading to a healthier psychological development. The reverse is likely true as well; GLBT college students who have negative attitudes may likely have more stigma and distress about their sexuality. This study was intended to investigate the predictive qualities of homonegative attitudes on internalized homophobia, and assess self-esteem as a moderating variable. The following hypotheses were specifically tested:

Hypothesis 1: Homonegative attitudes would be a significant predictor of internalized homophobia, in that individuals with more negative attitudes would have higher levels of internalized homophobia.

Hypothesis 1a. Modern homonegative attitudes would be a significant predictor of internalized
homophobia, in that participants with more negative attitudes would have higher levels of internalized homophobia.

1b. Traditional homonegative attitudes would be a significant predictor of internalized homophobia, in that participants with more negative attitudes would have higher levels of internalized homophobia.

Hypothesis 2: Self-esteem would moderate, or buffer, the effect attitudes have on internalized homophobia, such that higher levels of self-esteem would decrease internalized homophobia, given equal levels of homonegative attitudes held.

Hypothesis 3: Gender differences with regard to attitudes would be present in this sample.
3a. Men would hold more homonegative attitudes than women.
3b. Attitudes toward gay men would be more homonegative regardless of respondent gender.

Method

Participants

Participants for this study were students from the University of North Texas (N = 122). As outlined later in this paper, 23 participants’ data was removed from the final analysis for various reasons, providing a final sample of 79 participants. Most participants (n = 71, 89%) were psychology students who were recruited through UNT’s Sona System and fliers posted in the psychology building, each earned two credit points for their participation. Voluntary participation in this study required each participant to be a student at UNT, be at least 18 years of age, and self-identify as gay, lesbian, or bisexual.

In order to take the survey, these students were asked to sign up using the Sona System and were then redirected to the survey website. Non-psychology participants were recruited
through fliers posted in the psychology building (where other classes are also taught) and also by announcements made at the campus gay and lesbian organization, Gays and Lesbians of Denton (GLAD). Those who participated in this manner sent an email expressing interest in participating to a specified address, and then received a link to the website containing the survey. Compensation for these students was entry into a drawing for two $25 Wal-Mart gift cards.

Descriptive data including age, gender, and sexual orientation are included in Table A1. Mean age for this sample was 20.97 years ($sd = 3.415$). The age range for participants was 18-37, with most participants falling between the ages of 18 and 22 (80.8%) ($n = 63$). This sample was predominately female ($n = 52, 66\%$). When asked to self-identify as gay/lesbian or bisexual, 33 participants (41.3%) identified as gay or lesbian, while the remaining 46 (57.5%) identified as bisexual.

Measures

All participants began the study by completing a questionnaire on self-esteem, followed by demographics and the remaining attitudes and homophobia scales. All of these self-report scales were administered during a single online administration through Qualtrics, a database survey system. All of the questionnaires and the informed consent documents as shown to each participant are included in the Appendices. Descriptive statistics for all variables included in the hypotheses are included in Table B2.

Multidimensional Self-Esteem Scale (Revised Janis-Field Scale) (Appendix D). The Multidimensional Self-Esteem Scale (Revised Janis-Field Scale) is a 36-item measure designed to expose several different facets of self-concept (Fleming & Courtney, 1984). Originally, Janis and Field developed the Feelings of Inadequacy Scale (1959), which measured self-esteem in three distinct facets: Self-Regard, Social Confidence, and School Abilities. Fleming and Watts
(1980) tested for validity and psychometric soundness in the Feelings of Inadequacy Scale and provided the groundwork for the current Revised Janis-Field scale. This new scale is designed to measure five distinct facets of self-esteem: self-regard, the comparison of the self to others, social confidence, school abilities, physical appearance, and physical abilities. Questions include items such as, “Do you ever think that you are a worthless individual?”, and participants are asked to respond on a 7-point Likert-type scale ranging from 1 (very often) to 7 (almost never). All of the responses are added and higher scores reflect a greater amount of self-esteem and a higher self-concept.

The Revised Janis-Field scale was tested for psychometric soundness using a sample of undergraduate psychology students at California State (N=259). Total internal consistency was excellent ($\alpha = .92$), and the measure showed satisfactory factor consistency ranging from .77 to .88 in that sample. Forty-nine students were available for retesting, and test-retest reliability ranged from .79 to .83 for each factor and $r = .84$ for the scale, indicating that the measure had good stability over time. Dimensionality with the Rosenberg Scale was also tested, and correlations for each of the subscales were found to be strongly related ($r = .35$ to .78), with a total correlation of .66 (Rosenberg, 1965). Divergent validity was found with measures related to anxiety and depression, and age and sex seemed to present discrepancies on some factors, such as physical ability (Fleming & Courtney, 1984).

In the current study, all items on the Multidimensional Self-Esteem Scale were summed to create a total score and used as an overall measure of self-esteem. Internal consistency reliability for this sample was excellent, $\alpha = .94$.

**Demographics Questionnaire (Appendix E).** Participants were asked to answer questions about specific demographic variables, including age, gender, sexual orientation,
romantic relationship status, and religious affiliation and activity. This information is summarized in Table A1.

**Attitudes Toward Lesbians and Gay Men Scale (ATLG).** The Attitudes Toward Lesbians and Gay Men Scale (ATLG) originated as a measure assessing heterosexuals’ negative attitudes towards homosexual men and women (Herek, 1988). The development of this measure was done during a predominately anti-gay and religious climate, therefore most of the questions revolve around a moral and religious response set towards attitudes (Morrison & Morrison, 2002).

The ATLG contains 19 items and can be administered as a complete scale or as two distinct scales. Participants can be randomly selected to complete either the lesbian or the gay male subscale. In this study, both subscales were administered to each participant. The subscales of the ATLG are the ATL (Attitudes Toward Lesbians; Appendix G) and the ATG (Attitudes Toward Gay Men, Appendix F), containing ten and nine questions, respectively. Statements on the ATLG include items such as, “I think (male/female) homosexuality is a sin”. Participants are asked to respond on a 5-point Likert-type scale, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Scoring procedure for the ATLG follows that response numbers chosen on the questionnaire are added, resulting in a total score; higher scores are meant to indicate more negative attitudes towards homosexuals. Scores can be used separately to determine attitudes about gay men or lesbians, but the scale’s total score has been validated as a predictor of global moral and religious attitudes toward homosexuality, regardless of gender (Herek, 1988).

Reliability for the ATLG is satisfactory, with $\alpha = .90$ for the ATLG in its entirety, and .89 and .77 on the ATG and ATL, respectively (Herek, 1988). Originally this scale was developed
and tested at a university in California, with a total sample size of 368 heterosexual undergraduates. Three weeks later test-retest reliability of the scale was determined using 139 participants of the original sample and found to be .90. The ATLG was found to be both reliable and valid.

Currently, the majority of published research on attitudes towards homosexuals has been based on homonegative attitudes from heterosexuals. Therefore, it is important to assess the utility of the ATLG in a homosexual sample. The current study used this attitudes scale in a homosexual population, and found that internal consistency reliability was $\alpha = .95$. Further, the means for women and men found in this study, with a homosexual and bisexual sample, are not very different from those found in the original validation studies. The mean for women on the ATLG in the current study was 29.7. The mean for women in the original study of the measure was 31.74. For men in this sample, the mean score was 31.22. This compares to a mean score of 32.93 in the validation study. Further, Herek (1994) did include a small sample ($n = 29$) of gays and lesbians in a study of the ATLG found that the means for gay men and lesbians were 28.08 and 31.22, respectively. While, a comparison of ranges would be ideal, it is not possible as Herek (1994) did not report those figures. Nonetheless, the current author concludes that the scale measures its desired construct within a homosexual population.

**The Modern Homonegativity Scale (MHS).** The Modern Homonegativity Scale (MHS) was developed by Morrison and Morrison in 2002 to test for more modern manifestations of homonegativity, mainly of a political and social nature, to capture a different dimension of homonegativity. This measure quantifies abstract concerns of more liberal participants, such as the belief that gays and lesbians are no longer discriminated against, gays and lesbians rely too much on their sexuality and refuse to fit into society, and that gay and lesbian populations are
fghting for unnecessary political rights (Morrison, Morrison, & Franklin, 2009). The measure contains a total of 24 items with two subscales, the MHS-G (Appendix K) and MHS-L (Appendix L), both 12 items pertaining to gay men and lesbians. Examples statements include, "Gay men do not have all the rights they need" and, "Many lesbians use their sexual orientation so that they can obtain special privileges". Each item is answered on a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). Scores on the MHS-L and MHS-G are added, with some items being reverse scored. Higher scores on either the total measure or individual subscales indicate greater negative feelings towards all homosexuals or homosexuals of a specific gender.

Norms for the MHS were determined during the creation of the scale in a Canadian college sample (Morrison & Morrison, 2002). The MHS was determined to be a valid scale in that sample (α = .93), and reliability was .91 for the MHS-G and .85-.89 for the MHS-L. Morrison and colleagues (2009) later tested for use in an American sample (N= 608), and found that the MHS is viable for both Canadian and American use, with alpha coefficients ranging from .86-.91.

As with the traditional attitudes measured by the ATLG, the MHS was developed for measuring attitudes in a primarily heterosexual sample. Internal consistency from this study’s sample, however, was found to be α = .93, which is excellent. Earlier research in the development and validation of the MHS with heterosexuals found means on the MHS-G and MHS-L for men to be 35.25 and 37.20, respectively. Women’s scores were 30 (MHS-G) and 31.97 (MHS-L; Morrison & Morrison, 2002). In this sample, gay men’s mean score on the MHS-G were 26.14 and on the MHS-L were 27.56. Lesbians’ scores on the MHS-G were 23.56 and on the MHS-L were 24.77 in the present study. The means in this study were lower than
those found in the development of the scale, but given the excellent alpha the author has determined that the scale is reliable and to continue with data analysis.

**Internalized Homophobia Scale (IHS) (Appendix G).** The Internalized Homophobia Scale (IHS) is a 20-item expansion of the Nungesser Homosexual Attitudes Inventory (Nungesser, 1983) developed by Wagner, Brondolo and Rabkin (1996). Its purpose is to measure the pervasiveness of negative attitudes concerning homosexuality in a population of gay men. Previous research has determined that the IHS positively correlates with measures of different aspects of mental health that pertain to gay men (Wagner et al., 1996).

Questions on the IHS center on internal conflict with sexual orientation ("Homosexuality is deviant"). Responses are recorded on a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). The numbers associated with each response are totaled, and the corresponding sum represents the participant’s level of internalized homophobia. Higher scores on the IHS signify a greater degree of internalized homophobia.

Validity and reliability tests for the IHS were conducted on a pilot sample of 142 gay men who completed both the IHS and varying measures of demoralization and mental health (Dohrenwend, Shrout, Egri, & Mendelsohn, 1987). Internal consistency was found to be .92 for the original sample, and Wagner, Serafini, Rabkin, Remein, and Williams (1994) found positive correlations ($r = .46$) between acceptance of a gay identity and internalized homophobia. This study found internal consistency to be .93 within the sample of gay men ($n = 27$).

**Lesbian Internalized Homophobia Scale (LIHS) (Appendix H).** Prior to the creation of the Lesbian Internalized Homophobia Scale (LIHS), most measures of internalized homophobia were developed with the expectation of use in populations of gay men. Syzmanski
and Chung (2001) created a scale to quantify feelings of homophobia in lesbians, because lesbians often experience different issues than gay men.

The measure contains 39 questions and has five subscales: connection with the lesbian community (CLC), public identification as a lesbian (PIL), personal feelings about being a lesbian (PFL), moral and religious attitudes toward lesbianism (MRATL), and attitudes toward other lesbians (ATOL).

Questions on the LIHS revolve around statements such as, “Female homosexuality is a sin” and, “My feelings toward other lesbians are often negative”. Each item response is recorded on a 7-point Likert-type set ranging from 1 (strongly disagree) to 7 (strongly agree). Total scores are obtained by adding the number that corresponds to each response. Individuals with higher totals for the full scale or the subscales indicate higher levels of homophobia or more negative attitudes (Syzmanski, Chung, & Balsam, 2001).

Norms for the LIHS were determined using an undergraduate population (N = 303) and were found to have alpha correlation of .94. Internal reliabilities for the subscales of the LIHS were found to range from .74 to .92. Test-retest reliability was not published with the development of the scale. Further analysis by the developers discovered a significant correlation with measures of self-esteem ($r = -.255, p < .01$). Internal consistency for this sample was $\alpha = .93$.

**Procedure**

Students were informed of the study either through the UNT Sona System or through fliers posted on campus, at which point they either signed up through the online administration, or sent an e-mail to a specified account. After signing up or sending the researchers an e-mail, the participants were sent a link directing them to the survey itself. Initially they were asked to
identify whether they were a psychology student participating for extra credit, or a general student. After this, they were presented with one of two Informed Consent forms, depending on which type of student they identified as. At the end of this page, consent was assumed if the participant chose “I Agree”, and then allowed to continue the survey. Upon entry into the survey, participants were presented with the Multidimensional Self-Esteem Scale. After this they completed the demographics. Within the demographics they were asked to identify as “gay/lesbian”, “bisexual”, or “straight”. If the participant identified themselves as straight, they were thanked for their time and not permitted to continue the survey; removing 42 participants from our original sample of 122 participants. By identifying as gay, lesbian, or bisexual, the participant was permitted to continue the survey. They were then presented with the IHS or LIHS (depending on gender), ATLG, and MHS. General students were routed to a different website that asked for their e-mail address to be entered into a drawing for one of two $25 Wal-Mart gift cards. Psychology students were thanked for their time and granted two Sona credits after the survey period had passed, allowing each participant who signed up to complete the survey. Those who identified as straight were not removed from this list and also received credit. Total time requirement for this study was approximately 45 minutes. The Qualtrics survey site was only accessible through the researcher’s personal myUNT account and the e-mail account used for recruitment was password-protected for the integrity of the survey. No personal identification material was kept with the data.

Results

Demographics and Descriptive Analysis

Tabachnick & Fiddell (1996) provided the basic guidelines for preliminary data analyses for this study. Missing data was analyzed, and it was discovered that although 122 participants
signed up to complete this survey, 40 self-identified as straight and were unable to complete the rest of the survey. Three more GLB participants were removed for failing to complete integral portions of the survey. All 43 of these participants’ data were removed, leaving a total sample size of 79.

Although key questions such as sexual orientation and agreement to participate in the survey were forced responses, the rest of the survey did not include this restriction. Only 3 participants failed to answer less than 90% of the questions in each scale. Those entire responses were removed from the sample. The author further concluded that those participants’ whose data was removed from analysis were not major outliers in age or other variables of interest. The participant’s mean score for the scale was used to replace any other missing data in any scale. This approach was chosen because it is an approved method by Tabachnick & Fidell (1996), and was also more likely to represent the participant’s attitudes had the question been answered.

The data was also checked for both univariate outliers using standardized scores and histograms. No cases were found to be outside of +/- 2.5, which is well within range of the suggested +/- 3.29 (Tabachnick & Fidell, 1996). To determine skewness and kurtosis and check for normality within this dataset, each variable was analyzed by dividing skewness/kurtosis by their respective standard errors. Any value greater than 3.3 was considered to be a significant deviation from normality; analysis found no values to be significantly skewed or kurtotic.

**Hypothesis Testing**

Prior to testing our hypotheses, assumptions related to regression analyses were assessed through graphical and statistical analyses. Before conducting the linear multiple regressions, tests were run to ensure that no violations of the assumptions of linearity, homoscedasticity, and homogeneity of variance occurred. Correlations were used to test for the assumption of
collinearity with the MHS and ATLG (Table A3). A correlation of .74 was found between the two variables, but the Tolerance and Variation Inflation Factor (VIF) were found to be within normal range (.36 and 2.79, respectively). This suggests that both scales measure similar constructs, but also have distinct differences, as seen in Hypothesis 1a and 1b when the variances are assessed. Visual inspections through the use of scatterplots for homogeneity of variance and homoscedasticity also revealed no violations of assumptions, and analysis of hypotheses continued.

**Hypothesis 1.** Linear multiple regressions were used to determine if homonegative attitudes are a significant predictor of internalized homophobia in gay and bisexual men and women. Traditional attitudes accounted for 53% of the variance, suggesting that traditional attitudes play an important role in predicting internalized homophobia in gay and bisexual men ($R^2 = .532$, $F(1, 25) = 17.58$, $b = .727$, Beta = .730, $p < .001$). Modern attitudes, to a lesser degree, accounted for variance in internalized homophobia in gay and bisexual men. Approximately 34% of the variance was accounted when the MHS was entered as a predictor ($R^2 = .338$, $F(1, 25) = 12.783$, $b = .509$, Beta = .582, $p < .01$).

Traditional attitudes accounted for 38% of the variance in lesbian and bisexual women’s homophobia ($R^2 = .385$, $F(1, 50) = 31.343$, $b = 1.687$, Beta = .621, $p < .001$). Modern attitudes accounted for 37% of the variance ($R^2 = .366$, $F(1, 50) = 28.853$, $b = 1.393$, Beta = .605, $p < .001$). These results support the hypothesis that both traditional and modern attitudes about homosexuality are statistically significant predictors of internalized homophobia in gay men and lesbians.

**Hypothesis 1a and b.** After finding that both traditional and modern attitudes were significant predictors, a hierarchical multiple regression was used to determine how much of a
role the separate attitudes have in predicting internalized homophobia. Traditional attitudes as measured by the ATLG were placed in the first block of the regression, and scores on the MHS, to represent modern attitudes, were placed in the second.

The regression was run for women first. In the first block approximately 38% of the variance was accounted for by traditional attitudes ($R^2 = .385$, Adj. $R^2 = .373$, $F(1, 50) = 31.34$, $p < .001$). When the next step was run (modern attitudes were added), an additional 3% of the overall variance in homophobia was accounted for. This change, however, was not significant ($R^2 = .418$, Adj. $R^2 = .394$, $F(2, 49) = 2.112$, $p > .05$).

Men exhibited the same type of pattern in variance, with traditional attitudes making up 53% of the total variance ($R^2 = .532$, Adj. $R^2 = .513$, $F(1, 25) = 28.44$, $p < .001$). Interestingly, more of the variance was accounted for by traditional attitudes in men than women. This suggests that a sex difference may exist. When modern attitudes were assessed in the second block, $R^2$ change = .014, meaning that only 1.4% more variance was accounted for with the addition of modern attitudes as predictors of internalized homophobia ($R^2 = .546$, Adj. $R^2 = .508$, $F(1, 24) = 14.45$, $p > .05$). These findings support the final part of hypothesis 1, that traditional attitudes are significant predictors of internalized homophobia, however, when paired with traditional attitudes, modern homonegative attitudes do not contribute enough variance to be statistically significant.

**Hypothesis 2.** To determine if self-esteem acts a moderating variable between homonegative attitudes and internalized homophobia, a hierarchical multiple regression was performed. First, each variable was standardized and centered by subtracting each variable by the variable mean. A product term was then created by multiplying the centered attitudes and the centered self-esteem scores. The first block of the model contained the centered independent
variable (total attitude score); the second contained the centered moderator variable (self-esteem); the third contained the product term, to represent the interaction between total attitude score and total self-esteem score. To prevent confounds, self-esteem was assessed for its buffering effects for traditional and modern attitudes separately.

In women, traditional attitudes accounted for 38.5% of the variance ($R^2 = .385$, Adj. $R^2 = .373$, $F(1, 50) = 31.343, p < .001$) and self-esteem contributed an additional 11.6% of variance ($R^2 = .501$, Adj. $R^2 = .481$, $F(1, 49) = 24.590, p < .01$), bringing the total variance accounted for by these two predictors to 50.1%. Both traditional attitudes ($b = 1.709$, Beta = .629, $p < .001$) and self-esteem ($b = -.329$, Beta = -.340, $p < .01$) were significant predictors of internalized homophobia in the second block of the regression, as expected. There was not, however, a significant change in variance for the product term ($R^2$ change = .003, $b = -.004, p > .05$), suggesting that self-esteem is not effective as a moderator between internalized homophobia and traditional homonegative attitudes in women for this sample.

Modern attitudes seemed to have the same type of results. Modern attitudes ($R^2 = .366$, Adj. $R^2 = .353$, $F(1, 50) = 28.853, p < .001$) and self-esteem ($R^2 = .489$, Adj. $R^2 = .469$, $F(1, 49) = 243.480, p < .01$) were significant predictors of internalized homophobia, as expected. There was not, however, a significant change in variance for the product term ($R^2$ change = .009, $b = -.007, p > .05$), suggesting that self-esteem is not effective as a moderator between internalized homophobia and modern homonegative attitudes in women for this sample.

Similar results were found for men. Both traditional attitudes ($R^2 = .532$, Adj. $R^2 = .513$, $b = .727, p < .001$) and self-esteem ($R^2 = .631$, Adj. $R^2 = .601$, $b = -.130, p < .05$) are significant predictors of internalized homophobia in men. Self-esteem was not found to moderate the relationship between them ($R^2$ change = .015, $b = -.003, p > .05$).
The moderating effect of self-esteem was not found to be present with regards to modern attitudes and male internalized homophobia ($R^2$ change = .005, $b = -.001, p > .05$). As before, however, modern attitudes ($R^2 = .338$, Adj. $R^2 = .312$, $b = .511, p < .01$) were found to be a significant predictor of internalized homophobia. Unlike the other variable combinations, self-esteem was not found to be a significant predictor of internalized homophobia in men with modern homonegative attitudes ($R^2 = .368$, Adj. $R^2 = .315$, $b = -.069, p > .05$). Reasons for this will be explored in the discussion.

**Hypothesis 3a.** An independent samples $t$-test between men’s scores and women’s scores on both the ATLG and the MHS was performed to determine if there are significant differences in homonegative attitudes between men and women. No significant differences were found between men and women with traditional attitudes, $t(77) = .443, p > .05$, or those with modern attitudes $t(77) = 1.373, p > .05$.

**Hypothesis 3b.** To determine if there are sex differences between attitudes toward men and those toward women, a paired-samples $t$-test was performed between the ATG and the ATL, and the MHSG and MHSL. Significant differences were not found between the ATG and the ATL, $t(78) = 1.53, p > .05$. There were significant gender differences between modern attitudes, $t(78) = 3.838, p < .001$, implying that traditional attitudes are viewed as constant for men and women, but differences exist within political and social spheres of thinking.

**Discussion**

Although much previous research has focused on the relationship between internalized homophobia and measures of depression, anxiety, and stress, the current study pursued another route to determine if gays and lesbians experience the same attitudes and prejudices that have been studied in heterosexuals. In theory, these homonegative attitudes, when experienced by
ATTITUDES AND INTERNALIZED STIGMA

homosexuals, would negatively affect the well-being of the individual, including increasing levels of internalized homophobia.

The first set of hypotheses set out to discover if the attitudes scales developed in heterosexual populations were usable in a population of the target group, and if those attitudes could act as predictors of internalized homophobia. Data analyses suggest that both traditional and modern attitudes are significant predictors of internalized homophobia. It seemed that traditional attitudes were a better predictor and accounted for more variance in the analysis of internalized homophobia than modern attitudes did. This means that individuals with more traditional attitudes endorsed more internalized homophobia items than individuals with more modern attitudes.

Statistically, this finding may be due to the differences in means found between the development study of the MHS and those in this study. Differences in sample sizes between the scale development and this study also could be a factor that influenced the predictive qualities of modern attitudes on internalized homophobia.

Another reason for this finding may be that traditional attitudes are typically more morally and religious based, which still may resonate with students living in North Texas. According to data on religions in Texas, 91% of those who identified with a religion were from a descendent of Christianity (Advameg, Inc, 2000). The same data also stated that 44.5% of the population did not identify themselves with any religious affiliation. The current study’s analyses did not inquire about an individual’s extent of religion or religiosity, but future studies may investigate the role that religion or religiosity could have on traditional and modern attitudes, and therefore levels of internalized homophobia.
The recent presidential election in 2008 revealed Texas to be a more liberal state than previously realized. The gap between the two major candidates was only 11%, much less than expected (CNN, 2009). This upsurge in liberal voters could also be a factor that explains why modern attitudes might not have been as significant or accounted for as much variance as traditional attitudes in predicting internalized homophobia.

Sex differences in relation to attitudes seemed to be present between the samples of men and women in this study. One reason for this could be difference in the number of men and women who participated in this study; more women than men completed the survey. More of the variance concerning internalized homophobia was accounted for in men than in women, suggesting that men were more affected by homonegative attitudes than women. This difference may be exacerbated by social environments, such as media portrayal of negativity towards gay men; other factors that this study did not account for. Future research investigating environmental factors influencing attitudes and internalized homophobia is warranted to better understand this gender difference.

Self-esteem was found to be significant predictor in most cases of internalized homophobia, but was not found to be a moderating variable between attitudes and internalized homophobia. This suggests that regardless of self-esteem, homonegative attitudes will still have a significant effect on internalized homophobia, meaning that self-esteem by itself is not an all-encompassing factor to lowering internalized homophobia. More research in this area is needed to determine if other factors in addition or instead of self-esteem can be used to moderate the effect of attitudes on internalized homophobia. This is also important for clinical implications in treating gay and lesbian clients who experience disconcordance with their sexuality and attitudes; self-esteem is not the major or only limiting factor to consider in treatment. The only case of
self-esteem not found to be significant in predicting internalized homophobia by itself was in gay men. Again, this may be because negative stereotypes towards gay men exist throughout the media and history, but could also be from the small number of gay male participants who participated in this survey.

The final facet of this study was to determine if sex differences exist between attitudes held by men and women, and whether findings in previous research could be replicated about more hostile attitudes towards men than women (Hicks & Lee, 2006). In this study, no significant differences were found between attitudes scores between men and women. Meaning this may be due to the difference in sample sizes; there were more lesbian and bisexual women participants than gay or bisexual males. This could also suggest that men and women are beginning to gain similar attitude concepts. Further research replicating and finding these results is necessary to understand what relationship exists between gender and hostile attitudes towards gay and bisexual men, if any.

Consistent with Morrison & Morrison (2002), sex differences were found between the MHSG and the MHSL, implying that in relation to societal benefits and rights, differences exist between the attitudes posed towards gay men and lesbians. It was not entirely clear in this study whether the differences were attributed towards more hostile attitudes from one gender, or if those attitudes were held by both men and women. Future studies should focus on this difference to determine whether these attitudes are held by men, women, or both genders, or if this finding was synonymous with this study only.

Limitations

One limitation of this study is related to the population from which the sample was drawn. Ideally, this study would have the ability to predict internalized homophobia much more
accurately if samples could be drawn from different areas of the country, and a greater range of ages. Since all of the participants from this study were drawn from the University of North Texas, it is difficult to determine whether the conservative nature of the area or other factors influenced the outcome of variables.

Another limitation of this study was the sample size itself. A sample size of 79 may have impacted the power needed to find a significant moderating relationship between self-esteem and the outcome variables. Additionally, there were almost twice as many women than men in this study, which may have played a factor in the conclusion that a sex difference was present between modern attitudes.

Clinical Implications

According to Cass (1979), there are many variables that affect a person who is emerging into a gay or lesbian identity. Typically in adolescence, coming out within one’s family and community can be a heart-wrenching and difficult experience to overcome and emerge no worse for the wear. With a clinician’s guidance, this study aimed at shedding a light on the role that either traditional, modern, or a combination of attitudes play in determining general mental health. By understanding the importance of homonegative attitudes, and how they can affect and increase internalized homophobia, clinicians can focus on behavior change techniques, and acceptance therapies, such as Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, Wilson, 1999). This type of therapy could be an important factor in helping gays and lesbians accept themselves and increase their quality of life.

Future Directions

There are many different directions to pursue in future research related to different types of attitudes and the effects those attitudes have on internalized homophobia. This study has
found evidence to suggest that attitudes do play an important role in the internalized homophobia, which is essential to developing a secure GLB identity. Further study in this area should be assessed to determine the extent that these attitudes interact with different facets of the GLB individual's psyche such as quality of life, depression, anxiety, and shame. It would also be important to evaluate the impact of religion and religiosity on measures of internalized homophobia, perhaps as its potential mediating or moderating effects between attitudes and internalized homophobia, instead of self-esteem, as done in this study.

Conclusion

Internalized homophobia and attitudes are important concepts in good mental health in GLB individuals. This study has helped to contribute to the growing literature of aspects concerning the GLB community, and will continue to deepen the understanding of psychological health in GLB individuals.
TABLE A1
Sample Descriptive Statistics

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
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<td>Gender</td>
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<tr>
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</tr>
<tr>
<td>Sexual Orientation</td>
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<td></td>
</tr>
<tr>
<td>Gay/Lesbian</td>
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<td>41.8</td>
</tr>
<tr>
<td>Bisexual</td>
<td>46</td>
<td>58.2</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-22</td>
<td>63</td>
<td>80.8</td>
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<tr>
<td>23-30</td>
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<td>16.6</td>
</tr>
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<td>Over 30</td>
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<td>2.6</td>
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TABLE A2
Descriptive Statistics for Variables of Interest

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<th>Scale</th>
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<th>Possible Range of Scores</th>
<th>Min. (in sample)</th>
<th>Max. (in sample)</th>
<th>Mean</th>
<th>SD</th>
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<tr>
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<td>37.76</td>
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<td>15.65</td>
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<td>39-273</td>
<td>48</td>
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<td>119.77</td>
<td>36.31</td>
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<td>ATLG (Total)</td>
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<td>19-95</td>
<td>19</td>
<td>71</td>
<td>30.24</td>
<td>14.12</td>
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<td>ATG</td>
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<td>9-45</td>
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<td>7.01</td>
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<td>10-50</td>
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<td>16.6</td>
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<td>12-60</td>
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<td>9.03</td>
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<td>MHS-L</td>
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<td>12-60</td>
<td>14</td>
<td>44</td>
<td>25.72</td>
<td>7.78</td>
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</tbody>
</table>

Note. IHS = Internalized Homophobia Scale. LIHS = Lesbian Internalized Homophobia Scale. ATLG = Attitudes Toward Lesbians and Gay Men. MHS = Modern Homonegativity Scale.
TABLE A3
Correlations between Variables of Interest

<table>
<thead>
<tr>
<th></th>
<th>Self-Esteem</th>
<th>IHS</th>
<th>LIHS</th>
<th>ATLG</th>
<th>MHS</th>
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<tr>
<td>Self-Esteem</td>
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<td>-.325*</td>
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<td>.033</td>
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<tr>
<td>IHS</td>
<td>.165</td>
<td></td>
<td>.730**</td>
<td>.582**</td>
<td></td>
</tr>
<tr>
<td>LIHS</td>
<td>-.325*</td>
<td></td>
<td>.621**</td>
<td>.605**</td>
<td></td>
</tr>
</tbody>
</table>

*Note.* IHS = Internalized Homophobia Scale. LIHS = Lesbian Internalized Homophobia Scale. ATLG = Attitudes Toward Lesbians and Gay Men. MHS = Modern Homonegativity Scale. *p < .05. **p < .01.

TABLE B1
Summary Regression Analysis for Attitudes as Predictors of Internalized Homophobia in Gay and Bisexual Men

<table>
<thead>
<tr>
<th>Predictor</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
<th>Adj. $R^2$</th>
<th>$R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Attitudes (ATLG)</td>
<td>.727</td>
<td>.136</td>
<td>.730</td>
<td>.513</td>
<td>.532***</td>
</tr>
<tr>
<td>Modern Attitudes (MHS)</td>
<td>.509</td>
<td>.142</td>
<td>.582</td>
<td>.312</td>
<td>.338**</td>
</tr>
</tbody>
</table>

*Note.* ATLG = Attitudes Toward Lesbians and Gay Men. MHS = Modern Homonegativity Scale. **p < .01. ***p < .001.
TABLE B2
Regression Analysis for Total Attitudes as Predictors of Internalized Homophobia in Lesbian and Bisexual Women

<table>
<thead>
<tr>
<th>Predictor</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
<th>Adj. $R^2$</th>
<th>$R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Attitudes (ATLG)</td>
<td>1.687</td>
<td>.301</td>
<td>.621</td>
<td>.385</td>
<td>.373***</td>
</tr>
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<td>Modern Attitudes (MHS)</td>
<td>1.393</td>
<td>.259</td>
<td>.605</td>
<td>.353</td>
<td>.366***</td>
</tr>
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</table>

Note. ATLG = Attitudes Toward Lesbians and Gay Men. MHS = Modern Homonegativity Scale. ***$p < .001$. 

TABLE B3
Summary Regression Analysis for Attitudes as Predictors of Internalized Homophobia in Gay and Bisexual Men

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th></th>
<th>Model 2</th>
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</tr>
</thead>
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<tr>
<td></td>
<td>$B$</td>
<td>$SE B$</td>
<td>$B$</td>
<td>$SE B$</td>
</tr>
<tr>
<td>Traditional Attitudes</td>
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<td>Modern Attitudes</td>
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<tr>
<td>$R^2$</td>
<td>.532</td>
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<td>.546</td>
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<td>Adj. $R^2$</td>
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<td>$F$ for change in $R^2$</td>
<td>28.441***</td>
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<td>.745</td>
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</table>

Note. **$p < .01$. ***$p < .001$. 


### TABLE B4

*Summary Regression Analysis for Attitudes as Predictors of Internalized Homophobia in Lesbian and Bisexual Women*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Model 1</th>
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<th>Model 2</th>
<th></th>
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</thead>
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<tr>
<td></td>
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<td>β</td>
<td>B</td>
<td>SE B</td>
<td>β</td>
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<td>.380*</td>
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<td>Modern Attitudes</td>
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</tr>
<tr>
<td></td>
<td>.692</td>
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<tr>
<td>$R^2$</td>
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<td></td>
<td>.418</td>
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</tr>
<tr>
<td>Adj. $R^2$</td>
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<td></td>
<td></td>
<td>.394</td>
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<tr>
<td>$F$ for change in $R^2$</td>
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<td></td>
<td></td>
<td>2.732</td>
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*Note.***p < .001.*
TABLE B6
Summary Regression Moderation Analysis for Self-Esteem as a Moderator for the Relationship Between Modern Attitudes and Internalized Homophobia in Gay and Bisexual Men

<table>
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<tr>
<th>Variable</th>
<th>Model 1</th>
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<th>Model 2</th>
<th></th>
<th>Model 3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>SE B</td>
<td>β</td>
<td>B</td>
<td>SE B</td>
<td>β</td>
</tr>
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<td>.511</td>
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<td>.793**</td>
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<td></td>
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<td>Adj. R²</td>
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<td>.315</td>
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<td>.291</td>
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</tr>
<tr>
<td>F for change in R²</td>
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<td>1.115</td>
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Note. **p < .01.

TABLE B7
Summary Regression Moderation Analysis for Self-Esteem as a Moderator for the Relationship Between Traditional Attitudes and Internalized Homophobia in Lesbian and Bisexual Women

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<tr>
<th>Variable</th>
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<th>Model 2</th>
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<th>Model 3</th>
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<td>β</td>
<td>B</td>
<td>SE B</td>
<td>β</td>
</tr>
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<td>1.709</td>
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<td>.629***</td>
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<tr>
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<td>.098</td>
<td>-.340**</td>
<td>-.355</td>
<td>.099</td>
<td>-.346**</td>
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Note. **p < .01. ***p < .001.
TABLE B8  
Summary Regression Moderation Analysis for Self-Esteem as a Moderator for the Relationship Between Modern Attitudes and Internalized Homophobia in Lesbians and Bisexual Women

<table>
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<th>Model 3</th>
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</thead>
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<td>( SE_B )</td>
<td>( \beta )</td>
</tr>
<tr>
<td>Modern Attitudes</td>
<td>1.393</td>
<td>.259</td>
<td>.605***</td>
</tr>
<tr>
<td>Modern Attitudes x Self-Esteem</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( R^2 )</td>
<td>.366</td>
<td></td>
<td>.489</td>
</tr>
<tr>
<td>( Adj. R^2 )</td>
<td>.353</td>
<td></td>
<td>.469</td>
</tr>
<tr>
<td>( F ) for change in ( R^2 )</td>
<td>28.853***</td>
<td></td>
<td>11.847**</td>
</tr>
</tbody>
</table>

Note. **p < .01. ***p < .001.

TABLE B9  
Summary of Independent Samples \( t \)-test of Attitudes Between Gay and Bisexual Men and Women

<table>
<thead>
<tr>
<th></th>
<th>( t )</th>
<th>( df )</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATLG</td>
<td>.443</td>
<td>77</td>
</tr>
<tr>
<td>MHS</td>
<td>1.373</td>
<td>77</td>
</tr>
</tbody>
</table>

Note. ATLG = Attitudes Toward Lesbians and Gay Men. MHS = Modern Homonegativity Scale.

TABLE B10  
Summary of Paired-Samples \( t \)-test of Attitudes Toward Gay Men and Attitudes Toward Lesbian Women

<table>
<thead>
<tr>
<th></th>
<th>( t )</th>
<th>( df )</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATL &amp; ATG</td>
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<td>77</td>
</tr>
<tr>
<td>MHS-L &amp; MHS-G</td>
<td>3.838***</td>
<td>77</td>
</tr>
</tbody>
</table>

APPENDIX B

Informed Consent Form for Psychology Students

University of North Texas Institutional Review Board

Informed Consent Form

Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the purpose, benefits and risks of the study and how it will be conducted.

Title of Study: Attitudes and Internalized Stigma in Gay and Lesbian College Students

Principal Investigator: Amy R. Murrell, University of North Texas (UNT) Department of Psychology.

Purpose of the Study: You are being asked to participate in a research study which involves answering questions about attitudes often felt towards gay, lesbian, and bisexual (GLB) individuals. These attitudes can often lead to negative thoughts and feelings, which some members of the GLB community may experience as shame and depression. This study is observing the effects of negative attitudes on different aspects of life as a GLB individual.

Study Procedures: You will be asked to answer questions on an online survey that will take about an hour of your time.

Foreseeable Risks: The potential risks involved in this study are mild feelings of discomfort.

Benefits to the Subjects or Others: This study is not expected to be of any direct benefit to you, but we hope to use the information we collect to extend knowledge about issues that gay, lesbian, and bisexual individuals to others.

Compensation for Participants: You will receive two (2) Sona points as compensation for your participation. An e-mail will be sent to you confirming the credit of these points.

Procedures for Maintaining Confidentiality of Research Records: Your name and e-mail address will not be connected in any way with the answers you provide during the course of this online study. No person outside of the principal investigators will have access to the e-mail account containing your name and e-mail address. The confidentiality of your individual information will be maintained in any publications or presentations regarding this study.

Questions about the Study: If you have any questions about the study, you may contact Amy Murrell at e-mail address: amurrell@unt.edu.
Review for the Protection of Participants: This research study has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted at (940) 565-3940 with any questions regarding the rights of research subjects.

Research Participants’ Rights:

By clicking the “agree” button below, you indicate that you have read all of the above and that you confirm all of the following:

You understand the possible benefits and the potential risks and/or discomforts of the study.

You understand that you do not have to take part in this study, and your refusal to participate or your decision to withdraw will involve no penalty or loss of rights or benefits.

Your decision whether to participate or to withdraw from the study will have no effect on your grade or standing in this course.

You understand why the study is being conducted and how it will be performed.

You understand your rights as a research participant and you voluntarily consent to participate in this study.

You are able to request a copy of this form by e-mailing the principal investigator.

I have read and understand the above form and choose to participate in this study.

- [ ] Yes
- [ ] No
APPENDIX C

Informed Consent Form for Non-Psychology Student

University of North Texas Institutional Review Board

Informed Consent Form

Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the purpose, benefits and risks of the study and how it will be conducted.

Title of Study: Attitudes and Internalized Stigma in Gay and Lesbian College Students

Principal Investigator: Amy R. Murrell, University of North Texas (UNT) Department of Psychology.

Purpose of the Study: You are being asked to participate in a research study which involves answering questions about attitudes often felt towards gay, lesbian, and bisexual (GLB) individuals. These attitudes can often lead to negative thoughts and feelings, which some members of the GLB community may experience as shame and depression. This study is observing the effects of negative attitudes on different aspects of life as a GLB individual.

Study Procedures: You will be asked to answer questions on an online survey that will take about an hour of your time.

Foreseeable Risks: The potential risks involved in this study are mild feelings of discomfort.

Benefits to the Subjects or Others: This study is not expected to be of any direct benefit to you, but we hope to use the information we collect to extend knowledge about issues that gay, lesbian, and bisexual individuals to others.

Compensation for Participants: You will be entered in a drawing for one of two $25 Walmart gift cards. An e-mail will be sent to you confirming your entry after completion of this survey, and a later e-mail will be sent to you if your name was randomly chosen as one of the winners.

Procedures for Maintaining Confidentiality of Research Records: Your name and e-mail address will not be connected in any way with the answers you provide during the course of this online study. No person outside of the principal investigators will have access to the e-mail account containing your name and e-mail address. The confidentiality of your individual information will be maintained in any publications or presentations regarding this study.

Questions about the Study: If you have any questions about the study, you may contact Amy Murrell at e-mail address: amurrell@unt.edu.
Review for the Protection of Participants: This research study has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted at (940) 565-3940 with any questions regarding the rights of research subjects.

Research Participants' Rights:

By clicking the "agree" button below, you indicate that you have read all of the above and that you confirm all of the following:

- You understand the possible benefits and the potential risks and/or discomforts of the study.

- You understand that you do not have to take part in this study, and your refusal to participate or your decision to withdraw will involve no penalty or loss of rights or benefits.

- You understand why this study is being conducted and how it will be performed.

- You understand your rights as a research participant and you voluntarily consent to participate in this study.

- You are able to request a copy of this form by e-mailing the principal investigator.

I have read and understand the above form and choose to participate in this study.

- [ ] Yes
- [ ] No
APPENDIX E

Multidimensional Self-Esteem Scale (Revised Janis-Field Scale)*

Rate yourself on each of the following items by selecting the number closest to your position on a 1 – 7 scale. For example, if you are asked how often you worry about the impression you make on others, circle a 1 if you are very concerned, circle a 7 if you are not at all concerned, or circle some point in between to indicate your degree of concern. **

1. How often do you feel inferior to most of the people you know?
2. How often do you feel worried or bothered about what other people think of you?
3. How confident are you that others see you as being physically appealing? (R)
4. Have you ever thought of yourself as physically uncoordinated?
5. How much do you worry about how well you get along with other people?
6. When you make an embarrassing mistake or have done something that makes you look foolish, how long does it take you to get over it?
7. Do you ever think that you are a worthless individual?
8. When trying to do well at a sport and you know other people are watching, how rattled or flustered do you get?
9. When you have to read an essay and understand it for a class assignment, how worried or concerned do you feel about it?
10. Compared with classmates, how often do you feel you must study more than they do to get the same grades?
11. When in a group of people, do you have trouble thinking of the right things to talk about?
12. How often are you troubled with shyness?
13. How often do you have the feeling that there is nothing you can do well?
14. How confident do you feel that someday people you know will look up to you and respect you? (R)
15. How often do you worry about criticisms that might be made of your work by your teacher or employer?
16. Do you often feel uncomfortable meeting new people?
17. When you have to write an argument to convince your teacher, who may disagree with your ideas, how concerned or worried do you feel about it?
18. Have you ever felt inferior to most other people in athletic ability?
19. In turning in a major assignment such as a term paper, how often do you feel you did an excellent job on it? (R)
20. Do you ever feel afraid or anxious when you are going into a room by yourself where other people have already gathered and are talking?
21. How often do you worry whether other people like to be with you?
22. How often do you have trouble expressing your ideas when you have to put them into writing as an assignment?
23. Do you often feel that most of your friends or peers are more physically attractive than yourself?
24. When involved in sports requiring physical coordination, are you often concerned that you will not do well?
25. Have you ever felt ashamed of your physique or figure?
26. In general, how confident do you feel about your abilities? (R)
27. How often do you feel self-conscious?
28. How often do you have trouble understanding things you read for class assignments?
29. Do you often wish or fantasize that you were better looking?
30. Have you ever thought that you lacked the ability to be a good dancer or do well at recreational activities involving coordination?
31. How much do you worry about whether other people regard you as a success or failure in your job or at school?
32. How often do you dislike yourself?
33. When you think that some of the people you meet might have an unfavorable opinion of you, how concerned or worried do you feel about it?
34. How often do you imagine that you have less scholastic ability than your classmates?
35. Do you ever feel so discouraged with yourself that you wonder whether you are a worthwhile person?
36. Have you ever been concerned or worried about your ability to attract love interests?

*During test administration the title of the measure was not shown, and response options were presented after each question. This measure was administered to only to gay and bisexual men.
**Responses were 1-7 (Dissent – Assent), unless noted with an (R) for reverse scored items.
APPENDIX F

Demographic Questionnaire

1. What is your age (in years)? _______________

2. What grade level:
   - Freshman
   - Sophomore
   - Junior
   - Senior
   - Other (Please Specify) _______________

3. What best describes your sexual orientation?
   - Straight
   - Gay/lesbian
   - Bisexual

4. How would you classify your national origin or race?
   ________________________________

5. What is your gender? (Or to which gender do you identify with the most)
   - Male
   - Female

6. What is your current marital status?
   - Single
   - In a Committed Relationship
ATTITUDES AND INTERNALIZED STIGMA

- Married
- Divorced
- Widowed

7. Is/Was this partner:
   - The same sex
   - The opposite sex
   - None (single/never married)

8. Please describe to which religion you identify the most.

9. How often do you attend religious services?
   - Less than once a year
   - Two to four times a year
   - Monthly
   - Weekly
   - More than once weekly
APPENDIX G

Internalized Homophobia Scale*

Instructions: The following are some statements that individuals can make about being gay. Please read each one carefully and decide the extent to which you agree with the statement, then select the response which best reflects how much you disagree or agree with the statement.**

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

2. I wish I were heterosexual.

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

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

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

6. I am glad to be gay. (R)

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

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

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

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

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

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

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

14. Homosexuality is deviant.

15. It would not bother me if I had children who were gay. (R)
16. Being gay is a satisfactory and acceptable way of life for me. (R)

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

18. Most gay people end up lonely and isolated.

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

20. I have no regrets about being gay. (R)

*During test administration the title of the measure was not shown, and response options were presented after each question. This measure was administered to only to gay and bisexual men.

**Responses were 1-5 (Strongly Disagree – Strongly Agree), unless noted with an (R) for reverse scored items.
APPENDIX H

Lesbian Internalized Homophobia Scale*

Please indicate your agreement or disagreement with each of the following statements by selecting the appropriate response from the scale below. There are no right or wrong answers; however, for the data to be meaningful, you must answer each statement given below as honestly as possible. Your responses are completely anonymous. Please do not leave any statement unmarked. Some statements may depict situations that you have not experienced; please imagine yourself in those situations when answering those statements.**

1. I try not to give signs that I am a lesbian. I am careful about the way I dress, the jewelry I wear, the places, people and events I talk about.

2. I can’t stand lesbians who are too “butch”. They make lesbians as a group look bad.

3. Attending lesbian events and organizations is important to me. (R)

4. I hate myself for being attracted to other women.

5. I believe female homosexuality is a sin.

6. I am comfortable being an “out” lesbian. I want others to know and see me as a lesbian. (R)

7. I have respect and admiration for other lesbians. (R)

8. I wouldn’t mind if my boss knew that I was a lesbian. (R)

9. If some lesbians would change and be more acceptable to the larger society, lesbians as a group would not have to deal with so much negativity and discrimination.

10. I am proud to be a lesbian. (R)

11. I am not worried about anyone finding out that I am a lesbian. (R)

12. When interacting with members of the lesbian community, I often feel different and alone, like I don’t fit in.

13. I feel bad for acting on my lesbian desires.
14. I feel comfortable talking to my heterosexual friends about my everyday home life with my lesbian partner/lover or my everyday activities with my lesbian friends. (R)

15. Having lesbian friends is important to me. (R)

16. I am familiar with lesbian books and/or magazines. (R)

17. Being a part of the lesbian community is important to me. (R)

18. It is important for me to conceal the fact that I am a lesbian from my family.

19. I feel comfortable talking about homosexuality in public. (R)

20. I live in fear that someone will find out I am a lesbian.

21. If I could change my sexual orientation and become heterosexual, I would.

22. I do not feel the need to be on guard, lie, or hide my lesbianism to others. (R)

23. I feel comfortable joining a lesbian social group, lesbian sports team, or lesbian organization. (R)

24. When speaking of my lesbian lover/partner to a straight person I change pronouns so that others will think I'm involved with a man rather than a woman.

25. Being a lesbian makes my future look bleak and hopeless.

26. If my peers knew of my lesbianism, I am afraid that many would not want to be friends with me.

27. Social situations with other lesbians make me feel uncomfortable.

28. I wish some lesbians wouldn't "flaunt" their lesbianism. They only do it for shock value and it doesn't accomplish anything positive.

29. I don't feel disappointment in myself for being a lesbian. (R)

30. I am familiar with lesbian movies and/or music. (R)

31. I am aware of the history concerning the development of lesbian communities and/or the lesbian/gay rights movement. (R)
32. I act as if my lesbian lovers are merely friends.

33. I feel comfortable discussing my lesbianism with my family. (R)

34. I could not confront a straight friend or acquaintance if she or he made a homophobic or heterosexist statement to me.

35. I am familiar with lesbian music festivals and conferences. (R)

36. When speaking of my lesbian lover/partner to a straight person, I often use neutral pronouns so the sex of the person is vague.

37. Lesbians are too aggressive.

38. I frequently make negative comments about other lesbians.

39. I am familiar with community resources for lesbians (i.e., bookstores, support groups, bars, etc.). (R)

*During test administration the title of the measure was not shown, and response options were presented under each item. This measure was presented only to lesbian and bisexual women.

**Response options varied from 1 (Strongly Disagree) to 7 (Strongly Agree), except those indicated by an (R) for reverse-scored items.
APPENDIX I

Attitudes Toward Gay Men Scale (ATG)*

For the following statements please choose the response that fits best with how much you agree or disagree with the following statements. **

1. Male homosexual couples should be allowed to adopt children the same as heterosexual couples. (R)

2. I think male homosexuals are disgusting.

3. Male homosexuals should not be allowed to teach school.

4. Male homosexuality is a perversion.

5. Male homosexuality is a natural expression of sexuality in men. (R)

6. If a man has homosexual feelings, he should do everything he can to overcome them.

7. I would not be too upset if I learned that my son were a homosexual. (R)

8. Sex between two men is just plain wrong.

9. The idea of male homosexual marriage is ridiculous to me.

*During test administration the title of the measure was not shown, and response options were presented under each item.

**Response options varied from 1 (Strongly Disagree) to 5 (Strongly Agree), except those indicated by an (R) for reverse-scored items.
APPENDIX J

Attitudes Toward Lesbians Scale (ATL)*

For the following statements please choose the response that fits best with how much you agree or disagree with the following statements.**

1. Lesbians just can’t fit into our society.

2. A woman’s homosexuality should not be a cause for job discrimination in any situation. (R)

3. Female homosexuality is bad because it breaks down the natural divisions between the sexes.

4. State laws against private sexual behavior between consenting adult women should be abolished. (R)

5. Female homosexuality is a sin.

6. The growing number of lesbians indicates a decline in American morals.

7. Female homosexuality is not a problem unless society makes it a problem. (R)

8. Female homosexuality is a threat to many of our basic social institutions.

9. Female homosexuality is an inferior form of sexuality.

10. Lesbians are sick.

*During test administration the title of the measure was not shown, and response options were presented under each item.

**Response options varied from 1 (Strongly Disagree) to 5 (Strongly Agree), except those indicated by an (R) for reverse-scored items.
APPENDIX K

Modern Homonegativity Scale- Gay Men (MHS-G)*

For the following statements please choose the response that fits best with how much you agree or disagree with the following statements.**

1. Many gay men use their sexual orientation so that they can obtain special privileges.

2. Gay men seem to focus on the ways in which they differ from heterosexuals, and ignore the ways in which they are the same.

3. Gay men do not have all the rights they need. (R)

4. The notion of universities providing students with undergraduate degrees in Gay and Lesbian Studies is ridiculous.

5. Celebrations such as “Gay Pride Day” are ridiculous because they assume that an individual’s sexual orientation should constitute a source of pride.

6. Gay men still need to protest for equal rights. (R)

7. Gay men should stop shoving their lifestyle down other people’s throats.

8. If gay men want to be treated like everyone else, then they need to stop making such a fuss about their sexuality/culture.

9. Gay men who are “out of the closet” should be admired for their courage. (R)

10. Gay men should stop complaining about the way they are treated in society, and simply get on with their lives.

11. In today’s tough economic times, Americans’ tax dollars shouldn’t be used to support gay men’s organizations.

12. Gay men have become far too confrontational in their demand for equal rights.

*During test administration the title of the measure was not shown, and response options were presented under each item.
**Response options varied from 1 (Strongly Disagree) to 5 (Strongly Agree), except those indicated by an (R) for reverse-scored items.
Modern Homonegativity Scale- Lesbians*

For the following statements please choose the response that fits best with how much you agree or disagree with the following statements.**

1. Many lesbians use their sexual orientation so that they can obtain special privileges.

2. Lesbians seem to focus on the ways in which they differ from heterosexuals, and ignore the ways in which they are the same.

3. Lesbians do not have all the rights they need. (R)

4. The notion of universities providing students with undergraduate degrees in Gay and Lesbian Studies is ridiculous.

5. Celebrations such as “Gay Pride Day” are ridiculous because they assume that an individual’s sexual orientation should constitute a source of pride.

6. Lesbians still need to protest for equal rights. (R)

7. Lesbians should stop shoving their lifestyle down other people’s throats.

8. If lesbians want to be treated like everyone else, then they need to stop making such a fuss about their sexuality/culture.

9. Lesbians who are “out of the closet” should be admired for their courage. (R)

10. Lesbians should stop complaining about the way they are treated in society, and simply get on with their lives.

11. In today’s tough economic times, Americans’ tax dollars shouldn’t be used to support lesbian’s organizations.

12. Lesbians have become far too confrontational in their demand for equal rights.

*During test administration the title of the measure was not shown, and response options were presented under each item.
**Response options varied from 1 (Strongly Disagree) to 5 (Strongly Agree), except those indicated by an (R) for reverse-scored items.
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