

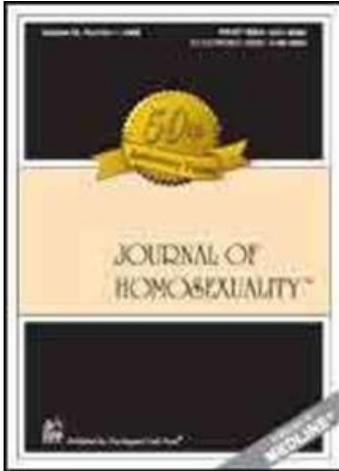
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### Internalized Homophobia, Lesbian Identity Development, and Self-Esteem in Undergraduate Women

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# Internalized Homophobia, Lesbian Identity Development, and Self-Esteem in Undergraduate Women

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**ABSTRACT.** This study examined the relationship between internalized homophobia, self-esteem, and lesbian identity development in 35 undergraduate women. Results indicated evidence of a strong relationship between the two identity development measures, the Stage Allocation Measure (SAM; Cass, 1984) and the Gay Identity Questionnaire (GIQ; Brady & Busse, 1994), and moderate relationships between identity development and internalized homophobia, between identity development and self-esteem, and between internalized homophobia and self-esteem. Implications for research and clinical practice are discussed. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2006 by The Haworth Press, Inc. All rights reserved.]*

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**KEYWORDS.** Lesbian, identity development, lesbian identity development, internalized homophobia, self-esteem, identity formation, sexual identity formation

***INTERNALIZED HOMOPHOBIA, SELF-ESTEEM,  
AND LESBIAN IDENTITY DEVELOPMENT  
IN UNDERGRADUATE WOMEN***

In American society, heterosexuality and heterosexual preference are valued and reinforced. As children, gays and lesbians are raised, by default, as heterosexuals and are socialized to maintain a heterosexual lifestyle, often in an environment filled with antigay sentiment (Kantor, 1998; Meyer & Dean, 1998; Romano, 1990). Typically, homosexuality is portrayed as deviant, or simply is not discussed as an alternative lifestyle, and gays and lesbians are perceived as lacking the proper moral foundation of the rest of society (Forstein, 1988). As a result of that perceived difference, most members of a heterosexist society hold derogatory attitudes toward homosexuals and homosexuality, known as homophobia (Kantor, 1998; Weinberg, 1972).

Even as adults, the impact of heterosexist ideals and homophobia can be observed in the ways in which society, including the psychological community, has dealt with the issue of homosexuality. The medical community considered homosexuality a diagnosable illness until 1973. In response to tremendous pressure from multiple sources, homosexuality was removed from the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)* of the American Psychiatric Association and was replaced with a condition called ego-dystonic homosexuality (Leif & Kaplan, 1986; Meyer & Dean, 1998).

Within the *DSM-III* (APA, 1980), ego-dystonic homosexuality (EDH) was described as being caused by "negative societal attitudes toward homosexuality, which have become internalized" (p. 282). The diagnostic category for EDH has since been removed from subsequent revisions of the *DSM*, due to the misuse of the diagnosis by homophobic practitioners. Meyer and Dean (1998) asserted that the underlying idea of EDH is actually "consistent with the gay-affirmative perspective in that it identifies the cause of psychological distress in societal antihomosexual attitudes" (p. 164). This internalization of negative attitudes toward homosexuals and homosexuality by gay men and lesbians has come to be termed internalized homophobia (Malyon, 1982).

### ***Internalized Homophobia***

Internalized homophobia develops within a gay man or lesbian in response to the negative views that society holds toward individuals with same-sex preferences (Brown, 1986). Taylor (1999) stated that labeling oneself gay or lesbian represents an admission of deviance. Once gays and lesbians develop perceptions of self as deviant, overall mental health and well-being can be impacted (DiPlacido, 1998; Wight, 2000). Ross and Rosser (1996) purported internalized homophobia to be a significant variable impacting gays' and lesbians' psychological health. Understanding and exploring internalized negativity due to societal and familial denigration could be vital for development of effective therapeutic interventions with gays and lesbians (Brown; Friedman, 1991; Gonsiorek, 1988; Greene, 1994; Hancock, 1995; Kahn, 1991; Lock & Kleis, 1998; Malyon, 1982; Margolies, Becker, & Jackson-Brewer, 1987; Ross & Rosser, 1996; Scrivner & Eldridge, 1995; Shidlo, 1994; Sophie, 1987; Taylor, 1999; Wells & Kline, 1987; Zitter, 1987). Additionally, the prevalence of these self-deprecating feelings in lesbians and gay men has been reported to be between 25 and 35% (Lock & Kleis, 1998).

Recent studies indicate that as internalized homophobia decreases in gay men, the level of self-esteem, sexual functioning (Dupras, 1994; Meyer & Dean, 1998), social support (Herek, Cogan, Gillis, & Glunt, 1997), level of disclosure (Herek et al., 1997; Ross & Rosser, 1996), and sense of belonging in the gay and lesbian community (Herek et al., 1997) increases. As internalized homophobia increases in gay men, psychological distress, depression (Herek et al., 1997; Lock & Kleis, 1998), loneliness (Lock & Kleis, 1998), somatic symptoms (Lock & Kleis), distrust (Lock & Kleis), distancing (Kantor, 1998), suicide (Kantor), shame (Allen & Oleson, 1999; Shidlo, 1994), and guilt (Meyer & Dean, 1998) increase. Similar research with lesbians has been lacking, however.

Unlike the substantial amount of research previously discussed with gay men, only six studies investigating internalized homophobia in lesbians could be located. Bell and Weinberg (1978) reported lesbians to have less regret about homosexuality than gays and to be less inclined to desire a method to change to heterosexuals. Results from this study may be limited in generalization due to the lack of distinction between homosexual participants, meaning gays and lesbians that restrict sexual relations to members of the same-sex, and bisexual participants.

In 1990, Romano conducted research evaluating the impact of internalized homophobia on lesbian relationships. Negative relationships were found between internalized homophobia and both disclosure and

relationship satisfaction, while no relationship was found between self-esteem and internalized homophobia. The lack of relationship was hypothesized to mean that participants in the study had other contributing resources for self-esteem. As this study was conducted with lesbians who had been in relationships for 2 or more years, the extent of generalizability to the overall lesbian population is unknown.

Kahn (1991) described positive relationships between internalized homophobia and traditional attitudes toward gender roles, level of parental intimidation, and discomfort with disclosure. Generally, lesbians who were more accepting of the heterosexist status quo also had higher levels of internalized homophobia. Unfortunately, neither the measure, nor the reliability and validity data were provided.

In 1997, Herek, Cogan, Gillis, and Glunt reported internalized homophobia to be associated with discomfort with one's sexual orientation and a perception of being removed or distant from the gay and lesbian community. The authors also reported that lesbians may experience less internalized homophobia than gays and that internalized homophobia may have less of a relationship with self-esteem for lesbians than gays. These findings supported those of Bell and Weinberg (1978), although attainment of participants from pride events offers little information about closeted women.

Pitman (1998) reported degree of outness and satisfaction with appearance to be negatively associated with internalized homophobia. Although these results concur with Kahn's (1991), by indicating that lesbians with higher levels of internalized homophobia would be less likely to disclose their sexual orientation, this study was also conducted with a convenience sample from various sources. Also in 1998, DiPlacido found positive correlations between internalized homophobia and depression, affect, and alcohol intake, however, the sample consisted of only 17 lesbians and bisexual women.

Even though research dealing with internalized homophobia in lesbians has historically been scarce, a research knowledge base slowly continues to grow. Many areas exist for future exploration. One of the most striking information gaps at present concerns the potential impact of internalized homophobia on the ability of women to develop a healthy lesbian identity.

### ***Identity Development***

Since the late 1970's, several researchers have attempted to determine the developmental process involved in the formation of a positive gay or

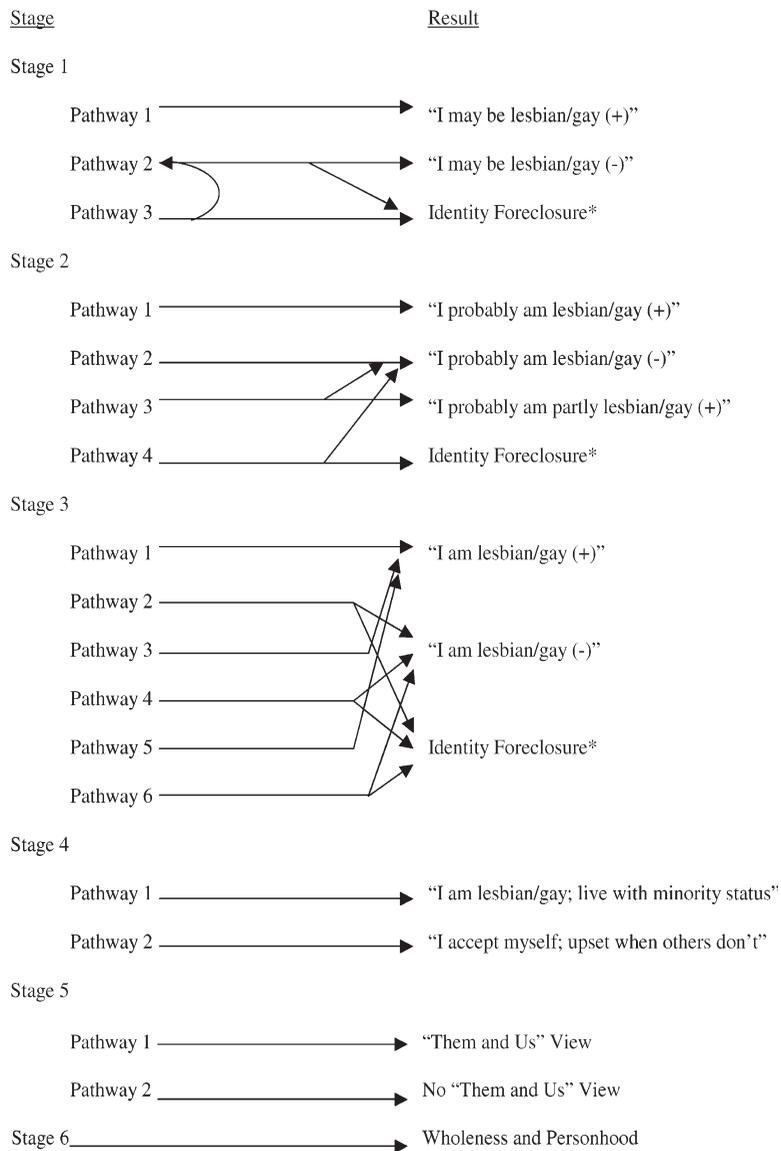
lesbian identity (Cass, 1979; Troiden, 1979). Many, although not all, of these original stage models borrowed ideas from identity development models for other minority groups (e.g., Atkinson, Morten, & Sue, 1979). These models were then adapted to apply to the specific circumstances of the gay and lesbian population.

*Cass's Stage Model.* In 1979, Cass published the first widely accepted model of homosexual identity formation that included both gays and lesbians. Cass's model was based on her clinical experiences, not on identity development models for other minority groups, and consisted of six stages. To aspire to a healthy identity, a gay man or lesbian was expected to proceed through each stage and resolve the conflicts that were encountered. At any point in the model, an individual could become "stuck," choosing not to continue the developmental process. This stagnation was termed "identity foreclosure" (p. 220). In 1996, Cass presented a revision of her earlier model, which included several potential pathways that individuals could follow through each stage. The revised model will be discussed below, in brief, and is represented in abbreviated form in Figure 1.

Identity Confusion, the first stage in the model, begins as the individual recognizes that some of his or her actions, ideas, feelings, or thoughts could be perceived by society as homosexual in nature. This incongruence between the socialized heterosexual entity and the potentially homosexual entity within the individual creates conflict and doubt. At this point, an individual can take one of three pathways. Pathway 1 leads those who find the homosexual categorization of these actions and mental processes desirable and accurate to find ways to neutralize the negative social connotations attached to being gay or lesbian. Pathway 2 encourages those believing the homosexual meaning of their thoughts and behaviors to be accurate and undesirable to attempt to extinguish them. Pathway 3 compels those finding the homosexual definition of their internal and external experiences both undesirable and inaccurate to attempt to redefine those experiences as nonhomosexual. The two potential outcomes of this stage are for the individual to begin considering "I may be a lesbian/gay man; I may not be heterosexual" (Cass, 1996, p. 235) or to redefine the meaning of the thoughts, feelings, and behaviors as heterosexual and begin identity foreclosure. Cass (1979; 1984; 1990) described this stage in the process as being the first step toward the adoption of a gay or lesbian self-image.

As the person progresses to the second stage, called Identity Comparison, he or she begins to evaluate the societal and familial implications of the adoption of a gay or lesbian identity and travels along one of four

FIGURE 1. Sexual Orientation Identity Formation Model–Abbreviated (Cass, 1996)



\*Identity foreclosure indicates that progression through the stages has stopped and does not indicate a "regression" to an earlier stage of development.

pathways. An individual entering this stage with a positive impression of the potential self-image of "homosexual" can take one of two pathways, with those perceiving more positive than negative consequences of having a gay or lesbian self-image following Pathway 1 and those perceiving more negative than positive consequences following Pathway 2. The individual on Pathway 1 begins utilizing strategies to devalue heterosexuals and value lesbians and gays, leading to an increased, positive commitment to "I probably am a lesbian/gay" (Cass, 1996, p. 237) and not a heterosexual. On Pathway 2, the individual attempts to stop gay or lesbian associated behaviors, so that the self-image of gay or lesbian can be rejected. When these attempts are successful, the individual begins identity foreclosure. However, when the individual is unable to stop the behaviors, the individual experiences an increased, although negatively charged, commitment to "I probably am a lesbian/gay" (Cass, 1996, p. 237).

An individual entering the second stage with a negative impression of the potential self-image of "homosexual" also takes one of two pathways, with those perceiving more positive than negative consequences of having a gay or lesbian self-image following Pathway 3 and those perceiving more negative than positive consequences following Pathway 4. The individual on Pathway 3 adopts one of four frameworks to account for the possibility that he or she is potentially heterosexual, including

Special case ("If not for this special person whom I love, I would be heterosexual"); bisexual ("I can also enjoy relationships with members of the opposite sex if I meet someone I really like"); temporary ("I'm just thinking or acting this way [homosexual] for now"); and personal innocence ("It's not my fault I've been made this way; with help I could be heterosexual"). (p. 237)

Successful implementation of any of these frameworks enables a less negative commitment to "I probably am (partly) a homosexual/probably not (entirely) heterosexual" (p. 237), while unsuccessful implementation results in a negative commitment to "I probably am a homosexual" (p. 237). On Pathway 4, the individual uses strategies to stop all gay or lesbian associated behaviors and attempts to devalue homosexuality and value heterosexuality. When the individual is able to extinguish the behaviors, identity foreclosure occurs. When unsuccessful in stopping the behaviors, however, extremely negative commitment to

“probably gay or probably lesbian” (p. 239) occurs, with accompanying amounts of self-hatred.

In the third stage, the gay or lesbian individual is confronted with the task of Identity Tolerance. Social isolation and alienation heighten in this stage as the incongruence between the perception of self and the perception of the gay/lesbian held by society become greater. In response to those feelings of loneliness, the individual is driven to connect with the gay and lesbian community. An individual entering the third stage with a positive self-image as probably gay or lesbian takes one of two directions, with those experiencing positive interactions with the gay and lesbian community following Pathway 1 and those experiencing negative interactions following Pathway 2. Pathway 1 encourages further acceptance of a gay or lesbian self-image, while individuals on Pathway 2 utilize strategies to minimize further contact with the gay and lesbian community and devalue a homosexual self-image. When the individual succeeds in his/her attempts, identity foreclosure occurs. When unsuccessful, the individual develops a self-identity as gay or lesbian that is less positive than that previously held. An individual entering the third stage with a negative self-image as probably gay or lesbian also takes one of two directions, with those experiencing positive interactions following Pathway 3 and those experiencing negative interactions following Pathway 4. Pathway 3 leads to a more positive evaluation and acceptance of “I am gay or lesbian,” while the compounded negative experiences on Pathway 4 encourage further distancing from the gay and lesbian community and either identity foreclosure or a negative understanding of self as gay or lesbian. An individual entering the third stage with a positive self-image as partly gay or lesbian takes either Pathway 5 or 6, with those experiencing positive interactions following Pathway 5 and those experiencing negative interactions following Pathway 6. The positive experiences on Pathway 5 encourage a positive evaluation of self as gay or lesbian, without the use of any qualifier, while Pathway 6 increases the desire to maintain a self-image as partly gay or lesbian. If the individual is able to maintain a self-identity as partly gay or lesbian, identity foreclosure occurs. When unsuccessful, a negative gay or lesbian self-image is adopted.

In stage four, Identity Acceptance, “There is increasing contact with the gay subculture and the development of a network of homosexual friends. The world is divided into homosexual (likely to be supportive) and nonhomosexuals (likely to be hostile) . . .” (p. 249). Through increased contact with other gays and lesbians, the individual becomes identified by others as gay or lesbian thus, increasing their sense of self

as gay or lesbian. The experiences in this stage encourage a more positive view toward homosexuality and the belief that “gays are just as good as straights” (Cass, 1996, p. 245). When positive interactions concerning homosexuality are anticipated, the individual experiences a sense of calm, while negatively anticipated interactions promote the use of strategies such as passing as heterosexual, selective disclosure of one’s gay or lesbian identity, and limiting contact with nonsupportive individuals. An individual follows Pathway 1 if they are successfully able to implement the strategies above to buffer societal oppression. Those on Pathway 2 are unable to consistently utilize the strategies, feel the full impact of their minority status, and adopt the following belief, “I accept myself as homosexual, but when others don’t I feel awful” (p. 245).

Within stage five, Identity Pride, intense anger is generated toward society and nongays, while pride in the gay and lesbian community occurs. A division of the world into gay and nongay categories is expected, with nongays evoking negative thoughts and feelings. The individual’s anger and pride culminate in confrontation with nonsupportive others. On Pathway 1, confrontations ending negatively reinforce the “them and us” mentality, which increases both anger and pride. Positive reactions to confrontations encourage the individual to follow Pathway 2, where the lines between “them and us” are not as clear.

For the final stage in Cass’ model, Identity Synthesis, the gay or lesbian integrates the gay or lesbian identity into the other portions of his or her personality, creating a whole. The individual no longer needs to focus on the gay identity as the main element of meaning or significance in his or her life (Cass, 1979, 1984, 1990). Cass (1990) added that disclosure is inevitable at this stage, due to the fact that the gay or lesbian has developed confidence and security in the integrated identity and has experienced some reward from interactions with the nongay world.

*Critiques of Stage Models.* Although most identity development research is based on this model, stage models have been criticized due to current research supporting a more individualized and fluid process (Brown, 1995; D’Augelli, 1994; Elliott, 1992; Hancock, 1995; Kahn, 1991; Romano, 1990). Gonsiorek (1988) also contradicted the assumption that identity development is identical for gays and lesbians by reporting that lesbians are more likely than gays to react to identity development in an emotional manner using reflection and self-absorption. Cox and Gallois (1996) referred to the potential for differences in identity formation for gays and lesbians, as well. Similarly, Cass (1990)

recognized the need to embed an individualistic component into her model by stating, "Individual differences are apparent in the rate of progression through the stages, the final stage of development reached, the paths of development taken within each stage, and strategies adopted to cope with the tasks of each stage". (p. 247)

Despite contradictory information, researchers agree on many aspects of identity development. Elliott (1992) reviews these commonalities by affirming,

Writers agree that a developmental process is involved and that the time required to complete the process varies greatly. They agree also on the importance of social interaction (both heterosexual and homosexual) and on the difficulty of resolving the identity problem to the mutual satisfaction of society and the individual. (p. 101)

Researchers agree that acceptance of a positive identity is difficult for gays and lesbians and many barriers to self-acceptance and identity integration stem from internalized homophobia (Allen & Oleson, 1999; Hancock, 1995; Kahn, 1991; Meyer & Dean, 1998; Ross & Rosser, 1996; Shidlo, 1994; Sophie, 1987).

Amazingly, research concerning lesbian identity development is even more scarce than that of internalized homophobia. Many books and journal articles have been published regarding the various theories and models of development, as discussed earlier in this paper. There is, however, a dearth of empirical data.

In 1984, Cass devised the Stage Allocation Measure (SAM), which she used to determine the level of identity formation that the gays and lesbians in her study had achieved. Placement into stages was conducted by presenting the participants with seven narrative descriptions. Participants then selected the descriptions that appeared to fit their present state of functioning.

Also in this study, Cass (1984) developed the 210-item Homosexual Identity Questionnaire (HIQ), which was administered to the same sample in order to assess its effectiveness as a measure of identity development in gays and lesbians. While the results of the study did support the efficacy of the SAM and the HIQ to produce similar outcomes, the study made no distinction between the development of gays and lesbians. In addition, no reliability and validity data was provided.

More research on identity development in lesbians was conducted in 1987 by Chapman and Brannock. These researchers attempted to empirically examine lesbian identity development by disseminating surveys containing 42 self-report items, including 9 open-ended subjective items,

to a sample of 197 lesbians. Responses from the surveys were coded and then used to develop another stage model of identity development called the Proposed Model of Lesbian Identity Awareness and Self-Labeling. The stages in this new model are same-sex orientation, incongruence, self-questioning/exploration, self-identification, and choice of lifestyle. Although this research contributes to identity theory, the omission of the assessment items and the lack of reliability and validity data do little to further the empirical study of lesbian identity development.

Finally, in 1997, Levine explored the issue of lesbian identity development more fully. A thorough literature search revealed a measure of identity development that had been produced by Brady (1983) called the Self-Identity Questionnaire (SIQ). The SIQ had been created from the Cass (1984) Stage Allocation Measure (SAM) and had proven valid and reliable for use with gay men. Levine (1997) paired the SIQ with the SAM and a measure of self-esteem in an attempt to evaluate the SIQ's effectiveness as a measure of identity development in lesbians. While the study indicated support for the SIQ, Levine's (1997) research, like much of the other studies on identity development in gays and lesbians, was limited by a lack of data from lesbians in the early stages of development. Brady and Busse (1994) had also converted the SIQ into the Gay Identity Questionnaire (GIQ) in their later research and had achieved successful results in the gay male population.

Identity development research with lesbians is consistently expanding to incorporate the varying concerns of the lesbian population. An exhaustive literature review yielded few studies dealing with either internalized homophobia or identity development. However, of the studies that were located, the majority also included self-esteem issues in their investigation of internalized homophobia and identity development in lesbians.

### *Self-Esteem*

The degree to which an individual believes himself or herself to be valuable or adequate is known as self-esteem (Rosenberg, 1979). In general, self-esteem has been operationalized as a continuous variable, ranging from lower to higher values. Individuals with higher self-esteem are characterized by a more positive view of and satisfaction with self, while those with lower self-esteem are portrayed as having a more negative self-perception, including possible feelings of inferiority or self-hatred (Coopersmith, 1979). As noted in the discussion of research regarding internalized homophobia and lesbian identity development, the

distinct impact that internalized homophobia and identity development has on self-esteem in lesbians has been debated. Although internalized homophobia and self-esteem are negatively correlated for gay men (Dupras, 1994; Meyer & Dean, 1998), Romano (1990) and Herek et al. (1999) reported no relationship between internalized homophobia and self-esteem. Levine (1997) reported a positive relationship between lesbian identity development and self-esteem, however, other research studies on this relationship are lacking.

### ***Summary***

Although research conducted with lesbians is increasing, an alarming void currently exists. Differences have been shown in the ways in which internalized homophobia and self-esteem impact gays and lesbians, indicating a need for more research to understand the distinct impact that self-esteem and internalized homophobia has on lesbians. Similarly, findings from Cass (1984), Chapman and Brannock (1987), and Levine (1997) highlighted the necessity for the empirical support of lesbian identity stage development and validation of an established model to aid in evaluation of current and future theories. The inclusion of sampling techniques that allow for identification of closeted participants would also enable gathering of data for the early stages of identity development in lesbians. The need for culturally diverse samples is also well documented.

### ***Purpose of This Study***

Within the study, the relationships between internalized homophobia, self-esteem, and lesbian identity acquisition were examined in a sample of undergraduate women. Conducting this research at a large northeastern university increased the chance of acquiring ethnically diverse participants from each of the stages in Cass' (1984) model, a problem for researchers in the past. Additional validity data for the Gay Identity Questionnaire as a measure of lesbian identity development were also anticipated. The research questions were: (1) Is there a positive relationship between the Gay Identity Questionnaire (Brady & Busse, 1994) and the Stage Allocation Measure (Cass, 1984) in lesbians? (2) Is there a relationship between identity development stage and internalized homophobia in lesbians? (3) Is there a relationship between identity development stage and self-esteem in lesbians? and (4) Is there a relationship between internalized homophobia and self-esteem in lesbians?

## METHOD

### *Participants*

Data was collected from undergraduate women at a large, northeastern university through distribution of 2,250 packets in the residence halls, 30 packets in the student union and through email requests sent to the entire undergraduate, female population. A total of 158 surveys were completed, 14 of which were received via the website. The paper packets distributed in the student union and via campus mail were identical, so the exact origin of the remaining 144 survey responses is not known. Thirty-five of the 158 surveys met the criteria for inclusion in the statistical analyses. To be included in the study, participants needed to select one of Cass' stages on the SAM as being most representative of their current identity or complete all of the other measures in the packet. One of the 35 participants completed the entire packet, except for the SAM, and was also included in the analyses.

### *Measures*

*Stage Allocation Measure (SAM)*. The SAM (Cass, 1984) is a self-report measure of identity formation in gays and lesbians developed to test the validity of the Homosexual Identity Questionnaire. It consists of seven paragraphs that describe each of the identity stages. Participants are instructed to read each paragraph and choose the one paragraph that most closely resembles them today. As this is a one-item response measure, there is no available reliability or validity data for the SAM. In the present study, the SAM was used as a screening measure, instructing anyone who chose pre-stage one to stop completing the remainder of the survey.

*Gay Identity Questionnaire (GIQ)*. The GIQ (Brady & Busse, 1994) is an assessment of identity development stage derived from the SAM (Cass, 1984), consisting of 45 true-false items. True responses add points to the stages and the stage receiving the most points is deemed the best fit. In the current study, the two participants with multiple stage designations due to equal points in separate stages were placed into the median stage to more accurately represent their pattern of responding. No reliability or validity data are available for stages one and two, but inter-item consistency within stages three through six yields a range of reliability estimates between .44 and .78. This measure appears to have acceptable validity for use with gay men in the later stages of identity development. With lesbians, Levine (1997) reported the Self-Identity

Questionnaire, the predecessor of the GIQ, to correlate  $r = .69$  with the SAM. In the current study, reliability for the GIQ was moderate with a Cronbach alpha of .69.

*Internalized Homophobia Scale (IHP).* The IHP (Martin & Dean, 1988) is a nine-item subjective questionnaire, derived from diagnostic criteria for ego-dystonic homosexuality in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III) (1980)* of the American Psychiatric Association that assesses internalized homophobia experienced by gays and lesbians via a five-point scale. Responses range from strongly disagree to strongly agree and possible scores range from 9 to 45, with higher scores indicating increased internalized homophobia. Reported internal consistency of the items was established with a Cronbach alpha of .79, however, content validity has been criticized due to narrow operationalization of the construct. Reliability analysis in the current study yielded a Cronbach alpha of .93.

*Rosenberg Self-Esteem Scale (RSE).* The RSE (Rosenberg, 1979) is a 10-item, self-administered assessment of self-esteem devised for use with adolescents. Responses are given on a four-point scale, ranging from strongly disagree to strongly agree, with potential scores between 10 and 40, and higher scores indicating higher self-esteem. Internal reliability was supported with Cronbach alphas of .85 and .88. Predictive, concurrent, and construct validity have also been shown (Rosenberg, 1979). The Cronbach alpha calculated in the current study was .90.

*Demographic Questionnaire.* A 10-item questionnaire was included in the packet to obtain background data including age, race, undergraduate major, class standing, number of semesters at the university, and whether or not the individual was a transfer student. Items addressing self-selected sexual orientation (heterosexual, bisexual, or lesbian), age of first self-awareness of sexual orientation, number of friends informed of the individual's sexual orientation, and whether or not the individual's parents had been informed were also included.

### **Procedure**

Research packets consisted of an explanation of the study, instructions and criteria for inclusion in the study, the SAM, the GIQ, the IHP, the RSE, a demographic questionnaire, self-addressed envelope, and information concerning entry into a random drawing for a \$25 gift certificate to a local bookstore. Participants were asked to answer questions regarding gender and student status and to complete the SAM (Cass, 1984) first, to determine eligibility for the study. If the person was not

female, was not an undergraduate, or if they marked paragraph one in the SAM, the instructions advised the return of the uncompleted packet and drawing entry postcard separately via campus mail. Those individuals who did meet the criteria were asked to complete the packet, return all materials in the envelope provided, and to separately mail the drawing postcard. The cover letter instructed all participants to refrain from placing identifying information in the packet.

In this study, packets were distributed to female, undergraduate students in three ways.

*Residence Halls.* A list of undergraduate women living in the residence halls was obtained from the Office of Residential Life and Housing. A random sample of 1,000 women was chosen to receive the first mailing of packets. Of the names that were remaining, 750 women were randomly selected for the second mailing, and 500 for the third mailing. All 2,250 packets were sent through the university postal system to undergraduate women residing in university residence halls with one-week intervals between mailings.

*Student Union.* Research packets were distributed at a booth in the student union staffed by graduate students. Signs were placed in front of the table to attract the attention of female, undergraduate students, as table sitters were instructed to not approach students. Thirty research packets were distributed to female undergraduate students.

*Website.* Due to low response rates from the distributions in the residence halls and student union, a list of emails for all undergraduate women enrolled at the university was obtained from the campus computing office. A bulk email was sent to each female, undergraduate student inviting her to visit the survey website and complete the online research packet. A reminder email was sent out the following week. The online packet was identical to the paper version of the packet and all visitors to the site were invited to enter the second drawing for a \$25 gift certificate to a local bookstore, which was held two months after the original email was sent out.

### ***Statistical Analyses***

Frequencies, percentages, means, standard deviations, and Cronbach alphas were calculated as appropriate. A one-tailed Spearman's rho correlation was used to identify the relationship between the Stage Allocation Measure and the Gay Identity Questionnaire scores, whereas a two-tailed Spearman's rho was utilized to identify the relationship between identity development stage and internalized homophobia, and

between identity development stage and self-esteem. Three chi-square analyses were conducted to determine differences in stage by race, class standing, and self-selected orientation. A two-tailed Pearson's  $r$  was utilized to examine the relationship between internalized homophobia and self-esteem.

## RESULTS

In the current study, a total of 158 surveys were completed and 35 of those surveys met the criteria for inclusion in the statistical analyses. For inclusion, participants had to self-report at least some lesbian identity development (by endorsing stages 1 through 5 on the SAM or by placement into stages 1 through 5 on the GIQ). Of the 35 participants, 26 self-reported as Caucasian, four Asian, two Hispanic, two African American, and one unspecified, with a mean age of 21.88 years ( $SD = 5.35$  years). Out of the 35 participants, 12 self-reported their sexual orientation as lesbian, 14 as bisexual, and nine as heterosexual (see Table 1). Separate analyses were not run for lesbian-identified and bisexual-identified women due to the small sample attained; all three groups were combined for the purposes of this study.

### *Preliminary Analyses*

Two chi-square analyses were conducted to determine whether there were any significant differences on the GIQ by race (Caucasian  $n = 26$ , Other  $n = 8$ ) or class standing (Freshman  $n = 10$ , Sophomore  $n = 8$ , Junior  $n = 8$ , Senior  $n = 7$ ). Due to small racial variability, the categories Caucasian ( $n = 26$ ) and Other ( $n = 8$ ) were used. The analyses of race ( $\chi^2 = 6.45$ ,  $p = .27$ ) and class standing ( $\chi^2 = 14.19$ ,  $p = .51$ ) were both non-significant.

A chi-square analysis was run to determine whether there was a significant difference on the GIQ by self-selected orientation (heterosexual  $n = 9$ , bisexual  $n = 14$ , lesbian  $n = 12$ ). This analysis was significant ( $\chi^2 = 21.18$ ,  $p = .02$ ). These results indicate that there is an association between self-selected orientation and lesbian identity development. Further analysis of the data revealed that seven of the women who self-identified as heterosexual obtained GIQ scores within stage one or stage two, compared with nine bisexual-identified women and two lesbian-identified women. Frequencies and percentages for each stage and selected orientation are presented in Table 1.

TABLE 1. Frequency and Percentage of Self-Selected Orientation Participants Per GIQ Stage (N = 35)

GIQ Stage	Self-Selected Orientation					
	Heterosexual (N = 9)		Bisexual (N = 14)		Lesbian (N = 12)	
	#	%	#	%	#	%
1	5	55.60	5	35.70	1	8.30
2	2	22.20	4	28.60	1	8.30
3	1	11.10	–	–	–	–
4	–	–	1	7.10	6	50.00
5	1	11.10	–	–	2	16.70
6	–	–	4	28.60	2	16.70

Interestingly, nine participants self-reported as heterosexual, despite having self-selected one of Cass’s lesbian identity stages. Twenty-four of the participants who identified as lesbian or bisexual have discussed their sexual orientation with at least a few of their friends. Two women self-identified as lesbian or bisexual have talked with all of their friends. Twenty-three of the 27 self-reported lesbian and bisexual women reported to have not discussed their sexuality with their parents. Additionally, 17 self-reported lesbian and bisexual women reported that they knew about their sexual orientation before the age of 18 years, with the sample mean being 18.12 years ( $SD = 7.12$  years).

A MANOVA was run with identity stage, measured by the GIQ, as the independent variable and age and age-out to self as dependent variables to assess if age and/or length of time since self-identification were different across stages. This analysis yielded a non-significant result using Wilks’ Lambda ( $F(8,40) = 1.15, p = .35$ ), with an observed power of .46 and an effect size of .19.

*Is there a relationship between the GIQ and the SAM in lesbians?* A Spearman’s rho was calculated to investigate the relationship between the two measures of identity development used in the study, which were the Stage Allocation Measure and the Gay Identity Questionnaire. Results indicated a significant and positive, strong relationship between the measures ( $r = .74, p < .01$ ). Therefore, as scores increased on the SAM, scores on the GIQ also increased. As the SAM and GIQ were significantly correlated, analyses of the relationship between identity development and other variables were conducted using only the GIQ.

*Is there a relationship between identity development and internalized homophobia in lesbians?* A Spearman's rho was utilized, yielding a significant and negative, although moderate, correlation between the GIQ and IHS variables ( $r = -.47, p < .01$ ). Therefore, as identity development stages increased on the GIQ, internalized homophobia scores decreased.

*Is there a relationship between identity development stage and self-esteem in lesbians?* A Spearman's rho was performed, yielding a significant, moderate, and positive relationship between identity development and self-esteem ( $r = .49, p < .01$ ). Therefore, results indicated that as identity development stages increased, self-esteem increased, as well.

*Is there a relationship between internalized homophobia and self-esteem in lesbians?* The relationship between internalized homophobia and self-esteem was analyzed using a Pearson's  $r$ , yielding a significant, moderate, negative correlation ( $r = -.34, p = .05$ ). Therefore, as internalized homophobia decreased, self-esteem increased.

### **Post Hoc Tests**

Means, standard deviations, and number of participants per lesbian identity stage are provided in Table 2. A MANOVA was run with GIQ as the independent variable and internalized homophobia and self-esteem as the dependent variables. This analysis was significant using Wilks' Lambda ( $F(10,54) = 2.79, p < .01$ ) with an observed power of .94 and effect size of .34. Univariate analyses for internalized homophobia ( $F(5,28) = 2.68, p = .04$ ) and self-esteem ( $F(5,28) = 3.74, p = .01$ ) were

TABLE 2. Means and Standard Deviations for Lesbian Identity Development as a Function of Internalized Homophobia and Self-Esteem

Stage	N	Internalized Homophobia		Self-Esteem	
		M	SD	M	SD
1	11	24.27	9.20	28.36	4.82
2	6	24.33	12.74	31.00	5.73
3	1	36.00	—	30.00	—
4	7	20.71	4.86	36.86	3.93
5	3	15.00	9.54	38.67	2.31
6	6	12.33	3.08	33.00	6.03

TABLE 3. Multivariate and Univariate Analyses of Variance for Lesbian Identity Development as a Function of Internalized Homophobia and Self-Esteem

	<i>df</i>	Wilks' Lambda Test		<i>p</i>	
	10,54	2.79		.01	
Source	Between Subjects				
	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Lesbian identity development	5				
Internalized homophobia		968.69	193.74	2.67	.04
Self-esteem		455.69	91.14	3.74	.01
Error	28				
Internalized homophobia		2028.28	72.44		
Self-esteem		682.07	24.36		

both significant. Results are provided in Table 3. No post hoc tests could be utilized due to having only one person in the 3rd GIQ stage. So, while there were significant differences between internalized homophobia and self-esteem on identity stage, it was not possible to analyze the exact nature of those differences.

### DISCUSSION

The results of this study demonstrated the following: (1) support for the GIQ as a stage identity measure for lesbians based on concurrent validity with the SAM, (2) a sample that includes women in the early stages of lesbian identity development, and (3) the significant relationship between lesbian identity development and internalized homophobia and self-esteem.

#### *Concurrent Validity of SAM and GIQ*

*Is there a relationship between the GIQ and the SAM in lesbians?* A significant, positive relationship was found between the Stage Allocation Measure and the Gay Identity Questionnaire for lesbians. While the GIQ had been used with gay men in the past (Brady & Busse, 1994), only one previous study had utilized a version of the GIQ with women

(Levine, 1997). The current study provides modest support for the use of the GIQ with the lesbian population, as the inter-item reliability was  $\alpha = .69$  and the correlation between the SAM and GIQ was significant and positive at  $r = .74$ . Future researchers can be somewhat confident that the SAM and GIQ are both actually measuring identity development. Similarly, practitioners can potentially use either the SAM or GIQ as a therapeutic tool to reveal a client's current development stage. The GIQ, however, could provide additional information about the client through analysis of responses to specific questions.

### ***Sampling Early Stage Lesbians***

Even though a small sample was gathered in this study, 19 of the 35 participants fell in the 1st three stages of identity development on the GIQ. This provides evidence that samples of lesbians in the early stages of identity development can be obtained and that groups other than those specifically identified as gay or lesbian may be most useful in locating this segment of the lesbian population, to whom anonymity is often deemed essential. It also encourages development of larger studies to address the needs and issues of these women. It lends support to the notion that anonymity is essential when targeting lesbian participants in the early stages of identity development.

### ***Identity Development Findings***

*Is there a relationship between identity development and internalized homophobia in lesbians?* In this study, a significant, negative relationship was found between identity stage and internalized homophobia. This adds support to the notion that lesbians in the early stages of identity development are more likely to have higher internalized homophobia than those in the later stages. In Cass's (1996) model, lesbians on Pathways 2 and 3 in Stage 1 and on Pathways 2 and 4 in Stage 2 would be expected to internalize negativity toward the developing lesbian identity. Researchers such as Herek et al. (1997), Romano (1990), Kahn (1991), and Pitman (1998) all previously investigated similar ideas by analyzing lesbians' "outness" or comfort with disclosure in relation to internalized homophobia. As indicated by the identity development models, disclosure is typically an action seen in women in the later stages.

*Is there a relationship between identity development stage and self-esteem in lesbians?* Also in this study, a significant, positive

relationship between identity stage and self-esteem was found. Similar to Levine (1997), these results indicate that lesbians in later identity stages are likely to have higher self-esteem than those in the beginning stages of development. In Cass's (1996) model, lesbians on Pathways 2 and 3 in Stage 1 and on Pathways 2 and 4 in Stage 2 would be expected to have lower self-esteem as a result of their growing negativity toward the developing lesbian identity. These findings are also congruent with previous studies that have analyzed the ways in which disclosure of a lesbian identity is related to self-esteem in women (Jordan & Deluty, 1998).

### ***Internalized Homophobia and Self-Esteem***

*Is there a relationship between internalized homophobia and self-esteem in lesbians?* A significant, moderate, negative relationship was found between internalized homophobia and self-esteem in this study. In the literature, Romano (1990) and Herek et al. (1997) did not find a relationship between these variables for lesbians. Romano has discussed this issue as being representative of lesbians' tendency to gather self-esteem from multiple sources. Herek et al. proposed that internalized homophobia may not have as great an impact on, or be as prevalent with, lesbians compared with gay men. In the present study, a majority of participants fell within the first three identity development stages where internalized homophobia and self-esteem appear to have the greatest impact. It is possible that the large proportion of early stage lesbians in this study could account for the significant results. The discrepancies found throughout the literature on this relationship indicate that large-scale research must be conducted, in order to further understand the complexity of the relationship between these variables for lesbians.

### ***Limitations***

Due to the nature of this study, there were several limitations. While attempts were made to locate a large and diverse sample, the final sample was relatively small and homogenous. Approximately 26 participants were Caucasian, providing little information about diverse cultural groups. In addition, 14 of the sample self-reported as bisexual, making it difficult to determine the distinct impact of these results on lesbians. The fact that only 35 surveys could be utilized in data analysis also limits the generalizability of the results. However, there was adequate power for the analyses of the research questions.

In addition, 14 of the sample self-reported as bisexual. Nine of the 14 bisexual-identified women fell within the first two stages of identity development, making it unclear as to whether these women were in the process of bisexual identity formation or utilizing the bisexual strategy, outlined by Cass (1996) in Stage 2, Pathway 3, to cope with the lesbian identity development process. Four of the bisexual-identified women were in Stage 6 and one in Stage 4, indicating the likelihood of a bisexual identity development process for those individuals. Cass made a clear distinction between the bisexual coping strategy and bisexual identity formation when discussing her model. Unfortunately, the current measure was not developed to incorporate Cass's pathways, making further analysis of the connection between the bisexual coping strategy, bisexuality, and identity formation impossible.

Another factor limiting generalizability of these results involves the utilization of college student participants. The women included in this research cannot be considered representative of the overall lesbian population in terms of socioeconomic status, educational level, and many other factors. These results do, however, provide some insights into lesbian identity development among undergraduate women.

### ***FUTURE DIRECTIONS***

Overall, these findings provide several implications for future research development and treatment planning with lesbians. First, a large-scale nationwide study targeting "closeted" lesbians would be beneficial. The sampling method employed in this study appeared to be a strong one, in that it enabled more closeted women to participate in the study. Little information has been gathered in the past concerning women who are not already "out" (Bell & Weinberg, 1978), with the majority of research being conducted with women attending pride events. This has skewed the data in the past to only represent those who have already disclosed their sexual orientation to others. Gathering information on "closeted" lesbians would also enable practitioners to better understand the treatment needs of women in the early stages of lesbian identity development. It could help shape the topics addressed in therapy and the goals set forth. For example, these results suggest that women experiencing lowered self-esteem in the early stages of lesbian identity development may, in fact, benefit from interventions aimed at the investigation of identity issues, as well as interventions aimed at increasing self-esteem.

Second, a comparison study of lesbian, bisexual, and heterosexual women would also provide an empirical step forward for research in this area. Findings from a well-designed and implemented study would provide practitioners with valuable information concerning the unique treatment needs of each of these female client populations. The incorporation of bisexual identity measures is also suggested, as lesbian and bisexual women were not examined separately in this study. As 9 of the 14 bisexual-identified women were placed in the first two stages of the GIQ and appear to be utilizing Cass's (1996) bisexual coping strategy, development of a measure that assesses placement along the potential pathways at each stage is also recommended. Due to the small sample size obtained in the current study and the theoretical foundation asserting that only 4 of the bisexual-identified women were likely in the process of bisexual identity formation, it was not possible to separately analyze lesbian and bisexual women. It is quite likely, however, that lesbian and bisexual women have differing concerns, identity development processes, and responses to internalized homophobia. As stated earlier, investigation of the differences between lesbian and bisexual identity development would provide practitioners with the information needed to target the specific needs of lesbian and bisexual clients.

Third, as the GIQ did yield significant results for lesbians in this study, it is recommended that this identity development measure be utilized with larger sample sizes in the future. At present, few scales exist that attempt to address lesbian identity development. Significant findings in large-scale research studies would further support the GIQ as a useful measure of the identity development process for lesbians.

Overall, results from this study highlight the need for practitioners to be willing to work on lesbian identity development issues with clients questioning their sexuality or those just beginning the development process. While identity development has not been shown to cause changes in self-esteem, consistent relationships between these variables appear to exist. The causal nature of the relational patterns between these variables has yet to be discovered and empirically supported. Therefore, a combined emphasis on lesbian identity development and self-esteem issues in lesbians may be the most useful place to begin therapeutically.

As stated previously, researchers have only begun to investigate and validate the experiences of lesbians in our society as being distinct from gay men. Since the development and implementation of this study, research on internalized homophobia and identity development in lesbians has increased dramatically. Mohr and Fassinger (2000) have devised the Lesbian and Gay Identity Scale (LGIS), based on McCarn and

Fassinger's (1996) sexual minority identity formation model, and have shown preliminary reliability and validity data for its use with both lesbian and gay samples. Szymanski and Chung (2001) have developed a reliable and valid measure of internalized homophobia in lesbians, the Lesbian Internalized Homophobia Scale (LIHS), and have conducted initial inquiries into potential correlates of internalized homophobia for lesbians (Szymanski, Chung, & Balsam, 2001). While this area of research progresses, practitioners would do well to examine the potential impact of internalized homophobia and identity development concerns in lesbian clients. Practitioners are also encouraged to review the guidelines set forth by APA (2000) for the ethical treatment of gay and lesbian clients and to seek training as necessary.

## REFERENCES

- Allen, D. J., & Oleson, T. (1999). Shame and internalized homophobia in gay men. *Journal of Homosexuality*, 37(3), 33-43.
- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders (3rd ed.)*. Washington, DC: Author.
- American Psychological Association. (2000). *Guidelines for psychotherapy with lesbian, gay, and bisexual clients*. Washington, DC: Author.
- Atkinson, D. R., Morten, G., & Sue, D. W. (1979). *Counseling American minorities*. Dubuque, IA: Brown.
- Bell, A. P., & Weinberg, T. S. (1978). *Homosexualities: A study of diversity among men and women*. New York: Simon & Schuster.
- Brady, S. & Busse, W. J. (1994). The Gay Identity Questionnaire: A brief measure of homosexual identity formation. *Journal of Homosexuality*, 26(4), 1-22.
- Brown, L. S. (1995). Lesbian identities. In A. R. D'Augelli, & C. J. Patterson (Eds.), *Lesbian, gay, and bisexual identities over the lifespan* (pp. 3-23). New York: Oxford University Press.
- Brown, L. S. (1986). Confronting internalized oppression in sex therapy with lesbians. *Journal of Homosexuality*, 12, 99-107.
- Cass, V. C. (1996). In R. P. Cabaj & T. S. Stein (Eds.), *Textbook of homosexuality and mental health* (pp. 239-266). Washington, DC: American Psychiatric Press.
- Cass, V. C. (1990). The implications of homosexual identity formation for the Kinsey model and scale of sexual preference. In D. P. McWhirter, S. A. Sanders, & J. M. Reinisch (Eds.), *Homosexuality/heterosexuality: Concepts of sexual orientation* (pp. 239-266). New York: Oxford University Press.
- Cass, V. C. (1984). Homosexual identity formation: Testing a theoretical model. *Journal of Sex Research*, 20(2), 143-167.
- Cass, V. C. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality*, 4(3), 219-235.
- Chapman, B. E., & Brannock, J. C. (1987). Proposed model of lesbian identity development: An empirical examination. *Journal of Homosexuality*, 14(3/4), 69-80.

- Coopersmith, S. (1967). *The antecedents of self-esteem*. San Francisco, CA: W.H. Freeman and Company.
- Cox, S., & Gallois, C. (1996). Gay and lesbian identity development: A social identity perspective. *Journal of Homosexuality*, 30(4), 1-30.
- DiPlacido, J. (1998). Minority stress among lesbians, gay men, and bisexuals. In G. M. Herek (Ed.), *Stigma and sexual orientation* (pp. 138-159). Thousand Oaks, CA: Sage.
- Dupras, A. (1994). Internalized homophobia and psychosexual adjustment among gay men. *Psychological Reports*, 75, 23-28.
- Elliott, P. E. (1992). Theory and research on lesbian identity formation. In W. R. Dynes & S. Donaldson (Eds.), *Lesbianism* (pp. 94-101). New York: Garland.
- Forstein, M. (1988). Homophobia: An overview. *Psychiatric Annals*, 18(1), 33-36.
- Friedman, R. C. (1991). Couple therapy with gay couples. *Psychiatric Annals*, 21(8), 485-490.
- Gonsiorek, J. C. (1995). Gay male identities: Concepts and issues. In A. R. D'Augelli & C. J. Patterson (Eds.), *Lesbian, gay, and bisexual identities over the lifespan* (pp. 24-47). New York: Oxford University Press.
- Gonsiorek, J. C. (1988). Mental health issues of gay and lesbian adolescents. *Journal of Adolescent Health Care*, 9, 114-122.
- Greene, B. (1994). Lesbian and gay sexual orientations: Implications for clinical training, practice, and research. In B. Greene & G. M. Herek (Eds.), *Lesbian and gay psychology: Theory research, and clinical applications* (pp. 1-24). Thousand Oaks, CA: Sage.
- Hancock, K.A. (1995). Psychotherapy with lesbians and gay men. In A. R. D'Augelli & C. J. Patterson (Eds.), *Lesbian, gay, and bisexual identities over the lifespan* (pp. 398-432). New York: Oxford University Press.
- Herek, G. M., Cogan, J. C., Gillis, J. R., & Glunt, E. K. (1997). Correlates of internalized homophobia in a community sample of lesbians and gay men. *Journal of the Gay and Lesbian Medical Association*, 2, 17-25.
- Herek, G. M. (1995). Psychological heterosexism in the United States. In A. R. D'Augelli & C. J. Patterson (Eds.), *Lesbian, gay, and bisexual identities over the lifespan* (pp. 321-346). New York: Oxford University Press.
- Jordan, K. M. & Deluty, R. H. (1998). Coming out for lesbian women: Its relation to anxiety, positive affectivity, self-esteem, and social support. *Journal of Homosexuality*, 35(2), 41-63.
- Kahn, M. J. (1991). Factors affecting the coming out process for lesbians. *Journal of Homosexuality*, 21(3), 47-70.
- Kantor, M (1998). *Homophobia: Description, development, and dynamics of gay bashing*. Westport, CT: Praeger.
- Leif, H. I., & Kaplan, H. S. (1986). Ego-dystonic homosexuality. *Journal of Sex and Marital Therapy*, 12(4), 259-266.
- Levine, H. (1997). A further exploration of the lesbian identity development process and its measurement. *Journal of Homosexuality*, 34(2), 67-78.
- Lock, J., & Kleis, B. N. (1998, June). A primer on homophobia for the child and adolescent psychiatrist. *Journal of the American Academy of Child & Adolescent Psychiatry*, 37(6), 671-673.

- MacDonald, A. P., & Games, R. G. (1974). Some characteristics of those who hold positive and negative attitudes toward homosexuals. *Journal of Homosexuality*, *1*(1), 9-27.
- Malyon, A. K. (1982). Psychotherapeutic implications of internalized homophobia in gay men. *Journal of Homosexuality*, *7*, 59-69.
- Margolies, L., Becker, M., & Jackson-Brewer, K. (1987). Internalized homophobia: Identifying and treating the oppressor within. In Boston Lesbian Psychologies Collective (Eds.), *Lesbian Psychologies* (pp. 229-241). Chicago, IL: University of Illinois Press.
- Martin, J. L., & Dean, L. L. (1988). *The impact of AIDS on gay men: A research instrument*. Unpublished technical report. New York: Columbia University.
- McCarn, S. R., & Fassinger, R. E. (1996). Revisioning sexual minority identity formation: A new model of lesbian identity and its implications for counseling and research. *The Counseling Psychologist*, *24*(3), 508-534.
- Meyer, I. H., & Dean, L. (1998). Internalized homophobia, intimacy, and sexual behavior among gay and bisexual men. In G. M. Herek (Ed.), *Stigma and sexual orientation* (pp. 160-186). Thousand Oaks, CA: Sage.
- Mohr, J., & Fassinger, R. (2000). Measuring dimensions of lesbian and gay male experience. *Measurement and Evaluation in Counseling and Development*, *33*, 66-89.
- Nicholson, W. D., & Long, B. C. (1990). Self-esteem, social support, internalized homophobia, and coping strategies of HIV+ gay men. *Journal of Consulting and Clinical Psychology*, *58*(6), 873-876.
- Nungesser, L. G. (1983). *Homosexual acts, actors, and identities*. New York: Praeger.
- Pitman, G. E. (1998). The relationship between body-dissatisfaction and internalized homophobia in lesbians. Unpublished doctoral dissertation, California School of Professional Psychology at Alameda.
- Plummer, K. (1975). *Sexual stigma: An interactionist account*. London: Routledge & Kegan Paul.
- Romano, K. (1990). *The relation of perceived societal and familial homonegativism and homophobia and individual homophobia to relationship satisfaction and self-esteem in partnered lesbians*. Unpublished doctoral dissertation, New York University.
- Rose, S. (1994). Sexual pride and shame in lesbians. In B. Greene, & G. M. Herek (Eds.), *Lesbian and gay psychology: Theory research, and clinical applications* (pp. 71-83). Thousand Oaks, CA: Sage.
- Rosenberg, M. (1979). *Conceiving the self*. New York: Basic Books.
- Ross, M. W., & Rosser, B. R. (1996, January). Measurement and correlates of internalized homophobia: A factor analytic study. *Journal of Clinical Psychology*, *52*(1), 15-21.
- Scrivner, R., & Eldridge, N. S. (1995). Gay and lesbian family therapy. In R. H. Mikesell, D. Lusterman, & S. H. McDaniels (Eds.), *Integrating family therapy: Handbook of family psychology and systems theory* (pp. 327-343). Washington, DC: APA.

- Shidlo, A. (1994). Internalized homophobia: Conceptual and empirical issues in measurement. In B. Greene & G. M. Herek (Eds.), *Lesbian and gay psychology: Theory research, and clinical applications* (pp. 176-205). Thousand Oaks, CA: Sage.
- Sophie, J. (1987). Internalized homophobia and lesbian identity. *Journal of Homosexuality*, 14(1&2), 53-65.
- Sophie, J. (1985/1986). A critical examination of stage theories of lesbian identity development. *Journal of Homosexuality*, 12(2), 39-51.
- Szymanski, D. M., & Chung, Y. B. (2001). The Lesbian Internalized Homophobia Scale: A rational/theoretical approach. *Journal of Homosexuality*, 41(2), 37-52.
- Szymanski, D. M., Chung, Y. B., & Balsam, K. F. (2001). Psychosocial correlates of internalized homophobia in lesbians. *Measurement and Evaluation in Counseling and Development*, 34, 27-38.
- Taylor, B. (1999). 'Coming out' as a life transition: Homosexual identity formation and its implications for health care practice. *Journal of Advanced Nursing*, 30(2), 520-525.
- Troiden, R. R. (1988). *Gay and lesbian identity: A sociological analysis*. Dix Hills, NY: General Hall, Inc.
- Troiden, R. R. (1979). Becoming homosexual: A model of gay identity acquisition. *Psychiatry*, 42(4), 362-373.
- Weinberg, G. (1972). *Society and the healthy homosexual*. Boston: Alyson.
- Wells, J. W., & Kline, W. B. (1987). Self-disclosure of homosexual orientation. *Journal of Social Psychology*, 127(2), 191-197.
- Wight, R. G. (2000). Precursive depression among HIV infected AIDS caregivers over time. *Social Science and Medicine*, 51, 759-770.
- Zitter, S. (1987). Coming out to mom: Theoretical aspects of the mother-daughter process. In Boston Lesbian Psychologies Collective (Eds.), *Lesbian Psychologies* (pp. 177-194). Chicago, IL: University of Illinois Press.