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Gay men choosing fatherhood

Sbordone, Albert Joseph, Ph.D.

City University of New York, 1993

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GAY MEN CHOOSING FATHERHOOD

by

Albert J. Sbordone

A dissertation submitted to the Graduate Faculty in Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York.

1993

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This manuscript has been read and accepted for the Graduate Faculty in Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

3/26/93
Date

Vera S. Paster
Vera S. Paster, Ph.D., Chair, Examining Committee

April 5, 1993
Date

Herbert D. Saltzstein
Herbert Saltzstein, Ph.D., Executive Officer

A.J. Franklin, Ph.D.

Charles Silverstein, Ph.D.

April Martin, Ph.D.

William King, Ph.D.

Supervisory Committee

THE CITY UNIVERSITY OF NEW YORK

Abstract

GAY MEN CHOOSING FATHERHOOD

by

Albert J. Sbordone

Advisor: Professor Vera S. Paster

Seventy-eight gay men who are parents via adoption or arrangements with surrogate mothers were compared with 83 gay non-fathers on measures of internalized homophobia, self-esteem and recollections of their families of origin during childhood. Questionnaires included: the Nungesser Homosexual Attitudes Inventory, the Ego-Dystonic Homosexuality Scale, the Rosenberg Self-Esteem Scale, the Marlowe-Crowne Social Desirability Scale, the Family-of-Origin Scale, the Parent-Child Relations Questionnaire II, and a demographic section. Tests of statistical significance included: the t-test, Mann-Whitney U-test, chi-square, Pearson's r , and analysis of variance. This research begins the documentation of a recent phenomenon in the gay community, gay men who are choosing to become fathers within the context of a gay identity.

Results indicate that fathers and non-fathers do not differ significantly in their recollections of maternal and paternal parent-child relationships on measures of love, rejection, attention, or casual versus demanding attitudes toward rules. Nor do the two groups differ significantly on their perceptions of intimacy and autonomy in the family of origin. However, fathers do display significantly higher levels of self-esteem and significantly lower levels of internalized homophobia than non-fathers. Further comparisons include non-fathers who would like to raise a child and those who would not,

and correlations between the arrival of a child and scores on measures of self-esteem and internalized homophobia. The author speculates that the fathers' higher self-esteem and lower internalized homophobia are a result of fatherhood rather than a precursor to it.

Acknowledgements

This work could not have been accomplished without the valuable input of many others. Consequently, I would like to thank and acknowledge the following persons. First and foremost, Dr. Vera Paster advised, valued and nurtured this project from the time of its germination. She has been a mentor of distinction. I will forever be grateful. Dr. Charles Silverstein offered challenges to every assumption. A clear thinker is a precious asset to one's team. Dr. Lou Gerstman provided a steadfast hand while navigating through the Scylla and Charybdis of methodology and statistics. A warm soul, his death has taken some of the sparkle out of future endeavors. Dr. A. J. Franklin was patiently attentive to the earliest formulations of this research, and generously available at the last. Dr. April Martin shared her expertise in and dedication to the propagation of lesbian and gay parenthood. Dr. Bill King lent support and direction for future steps along this course. Dr. Hilary Liberty provided invaluable consultation in matters statistical. Joann Natoli and Gretta Wren helped to process data and words respectively. Without their help this document would still be scraps of paper strewn across a livingroom floor.

I deeply appreciate the participation of my control groups: the male members of a Manhattan gay and lesbian athletic organization, and the men who socialize at a neighborhood gay bar in mid-town Manhattan. And, I am most profoundly grateful to the gay fathers who participated in this research. They have trusted me. Beyond all else, I hope they are pleased. To them I offer the words of George Herbert Mead, "Never doubt that a small band of committed individuals can change the world. Indeed, that's all that ever has."

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Introduction

Gay men have been parents throughout history. They have become parents within the context of heterosexual unions, often hiding or hoping to change their sexuality, wanting children, and having genuine affection for their spouses (Bozett, 1980; Wyers, 1987). Today, however, there is a new phenomenon emerging in the gay community. Gay men are choosing to become fathers while maintaining their identities as gay men. That is, there is a "new breed" of gay fathers who are raising children in the context of a gay relationship or as single gay men. They are gaining access to children through foster care, adoption, contracting with surrogate mothers, and as biological fathers in co-parenting arrangements with lesbian women (Chideya, Leonard, Annin & Joseph, 1990; Gross, 1991; Jacobs, 1992; Ricketts & Achtenberg, 1987; Salholz et al., 1990; Schulenberg, 1985).

Lesbian women also have been parents throughout history, and again within the context of heterosexual unions (Hoeffler, 1981; Kirkpatrick, Smith & Roy, 1981). As those unions have dissolved, and their lesbian identities have emerged, a great many lesbians have been able to maintain custody of their children, though often not without a great deal of legal difficulty (Green, 1992; Knight, 1983; Wittlin, 1983; Wyers, 1987). More recently, lesbians too have begun to have children as single lesbian women or within the context of a lesbian relationship. This phenomenon was observed in the lesbian community before it began among gay men. It now has become widespread among lesbians, and has been referred to as the "lesbian baby boom" (Martin, 1989; Patterson, in press-a). And, lesbians have accomplished this largely by means of alternative insemination with known

or unknown sperm donors (Martin, in press; McCandlish, 1987; Patterson, in press-a; Pies, 1985; Ricketts & Achtenberg, 1987).

Because the phenomenon of choosing parenthood as a self-identified gay man or lesbian is very new, there is relatively little research which addresses it. Martin (in press) has compiled a comprehensive report of interview data collected from lesbians and gay men who have created families within the context of their lesbian and gay identities. Yet, to date, most of the quantitative research regarding gay parenting has focused on lesbian women who have custody of their children from heterosexual unions. Such research has investigated some of the myths and fears about homosexuality with regard to child-rearing (Green, 1982; Hoeffler, 1981; Kirkpatrick, Smith & Roy, 1982; Knight, 1983; Mayadas & Duehn, 1976; Pagelow, 1980; Rand, Graham & Rawlings, 1982; Whittlin, 1983; Wyers, 1987). Thus far, there are only three published reports of statistical research regarding lesbian-headed families in which the mothers had self-identified as lesbians before the arrival of their children (McCandlish, 1987; Patterson, in press-a; Steckel, 1987). The dearth of statistical research involving gay fathers has been limited to gay men who are fathers from heterosexual unions (Bozett, 1981; Miller, 1979; Scallen, 1982; Skeen & Robinson, 1984, 1985; Wyers, 1987), and in part it speaks to the presumption held by the subjects that fatherhood should be achieved only in the context of a heterosexual union, not as a gay man.

In other words, the research to date has dealt primarily with aspects of "homophobia," in the culture at large and within individuals themselves, that historically have stood in the way of gay parenting.

"Homophobia" is defined as the fear and hatred of homosexuals (Hancock, 1986), and

it will be discussed in detail in the following section. It is an important consideration when thinking about the phenomenon of gays and lesbians accessing and parenting children outside of the traditional heterosexual union, as those who are doing so must face this phenomenon.

This present research deals specifically with gay men who are choosing to parent as gay couples or as single gay men via adoption or by contracting with a surrogate mother. In addition to having to deal with homophobia in the culture at large, I would speculate that these men also must overcome to some extent their own internalized homophobia. That is, they must deal with the attitudes, values, and beliefs about homosexuality which abound in the culture and which they as members of society have internalized (Isay, 1985). Overcoming one's own internalized homophobia is a process which involves a loosening of negative stereotypes and the development of a positive identity as a gay man. As such, it is a process of developing self-esteem (Cass, 1979; Malyon, 1982). My hypothesis is that gay men who choose to parent in the context of their gay identity will display low levels of internalized homophobia and a high degree of self-esteem.

Additionally, this research examines the relationship between these gay fathers and their families of origin (the families in which they were raised themselves). Bowen (1972, 1976) discusses healthy family functioning in terms of the family's ability to produce psychologically healthy offspring, that is, offspring who maintain an emotional bond with the family of origin, while, at the same time, achieve an ability to think, feel, and behave independently. Likewise, Lewis, Beavers, Gossett, and Phillips (1976) describe the healthy family as one in which the members achieve both intimacy and autonomy. This context may produce in gay male offspring not only a positive

identification with the concept of family and the role of father, but also an ability to fill that traditional role in a nontraditional way, as a gay father. Here my hypothesis is that these gay fathers will display high levels of both intimacy and autonomy in their families of origin.

These gay fathers constitute a group within the gay community that has not been researched to date. Their endeavor, as self-identified gay men, to access and raise children adds an important dimension to gay identity and to an unfolding gay history. As such, it deserves the attention of scientific documentation. Additionally, the results of this research may prove useful in opening the doors to more gay adoptions, and will begin to document increased life options and expanded identities for gay men.

Literature Review

Historical Overview

Before further discussion of the phenomenon of gay parenting and examination of the relevant research, it is important first to provide a historical context for both.

The history of oppression of gay men and lesbians in Western culture is centuries old. It is based on fundamental Judeo-Christian biblical interpretations of homosexual acts as not only a "sin against God" but also a "sin against nature." These beliefs led to gay men and lesbians being stoned and burned at the stake as witches. In the sixteenth century, Henry VIII of England became foremost among leaders who incorporated matters of sex and morals into secular law. The "sin against nature" became the "crime against nature." Then, during the last century the medical profession, seeking in part to decriminalize homosexuality, and to move it out of the arena of sin and illegality, defined homosexuality as an illness, a dysfunction that fell within its purview. The claims of church, state and medicine have not supplanted each other. They have been added, one upon the other, and form a tripartite foundation for attitudes, values and beliefs that persist today in American society (Bullough & Bullough, 1977).

In recent years gay men and lesbians have been engaged in an ongoing and hard-fought struggle to gain their civil and human rights. Today there are many palpable results of their efforts to address discrimination by the religious, legal and medical institutions in this country. There are now organized gay and lesbian denominations in most of the major religions in America. There is Dignity in the Catholic Church, Integrity in the Episcopal Church, Affirmation among the Methodists, the Presbyterians for Lesbian and Gay Concerns, the New York gay and lesbian synagogue Congregation Beth Simchat

Torah, to name a few, in addition to the national gay and lesbian Metropolitan Community Church. Many legal sanctions have been lifted in the cities and states that now include "sexual preference" in their anti-discrimination legislation. The "sickness" label also has been challenged, and the American Psychiatric Association eliminated both homosexuality in 1974 and ego-dystonic homosexuality in 1986 from the nomenclature of mental disorders.

This is not to say however, that these gains have eliminated oppression by church, state and medicine. On the contrary, the belief in the "sinfulness" of homosexual acts is upheld daily by the fundamentalist religions of the New Right, as well as by some of the more traditional religious denominations. Taylor (1986) reports that an attitude of illegitimacy with regard to non-procreative sex, especially toward homosexual lovemaking, has been fostered by the 1986 Supreme Court decision in *Bowers v. Hardwick*, No. 85-140. In this landmark case it was held that oral and anal sex in private between consenting adults is not only unprotected by the Constitution under the right to privacy, but may be legislated against by the states. So it is today, by almost half of them, though Taylor notes further that such legislation is generally used to prosecute homosexuals only, not heterosexuals.

And in the fields of psychology and psychiatry, particularly among the American psychoanalytic community, there are many who steadfastly hold to the value that heterosexuality is "normal" and "healthy," that which should be "achieved," and that homosexuality is aberrant and inherently pathological. The institutions that form this discriminatory matrix do not exist in isolation from each other. They feed off of one another. The decision in *Hardwick vs. Bowers* reflects religiously based attitudes toward sex and morals that are enshrined in the legal system. And, Richard Isay (1985) a noted

psychoanalytic theorist explains that

Psychoanalysts have also inadvertently contributed to social bias, as well as partaking of it. Psychoanalytic theory and practice have promulgated a theory of developmental aberration and illness that has been used by the neo-traditionalist theologians of all churches to reinforce the view that homosexuality is evil (p. 252).

And, that is the view that holds sway in our legal system as well.

Homophobia

Thus, the social institutions create, sustain and reflect the notion that homosexuality is evil and sick. This is the basis of homophobia, which Mark Freedman (1975) defines as an "extreme rage and fear reaction" toward gay men and lesbians. Martin Hoffman (1986) discusses the fear in the following manner:

The dread of homosexuality is a result of, and derives its tremendous force from, the wishes for homosexual expression which are present in our unconscious minds. In other words the fear is intimately connected with the wish, and the wish is only repressed because of the dread which is conjured up by the social taboo. (pp. 181-182)

Kristin Hancock (1986) focuses on the second aspect of Freedman's definition, the rage. She observes that, while other phobias may be described as a persistent and irrational fear, the additional concepts of rage, anger and hatred are central to a definition of homophobia. The homophobe translates these feelings into actions that discriminate against gay men and lesbians. Herek (1986) notes that in this way homophobia is also a prejudice, not simply a fear. It is more common for many homophobes to discriminate against gay men and lesbians than to go to great lengths to avoid them, as an agoraphobic would avoid crowds.

Herek (1986) further distinguishes homophobia from other phobias. We generally consider a phobia to be based on irrational fear. Herek questions whether homophobia is really irrational. After all, we are members of a culture in which homosexuality is feared. The culture teaches and reinforces this fear. It may be irrational to fear crowds, or elevators, or subways. There is not a cultural context for such fears. However, the cultural context for fearing gay men and lesbians further separates homophobia from other phobias.

Herek (1986) offers clarification of the nature of some of the prejudice that is exhibited against gay men and lesbians when he discusses the term "heterosexism." Rather than an overt act against gay men and lesbians, heterosexism is a world view which does not acknowledge their existence. It is evident in the absence of legal recognition of gay male and lesbian unions. We see this, for instance, when gay male and lesbian partners are not protected by rights of survivorship. It is present when "married couples discounts" do not apply to gay male and lesbian couples. We see it in advertising. We hear it in popular music.

"Heterosexism" is not a term that has become popularized in the vernacular as "homophobia" has. In fact, it is not directly involved in this research. Yet, it needs to be mentioned here, because it is directly related to the phenomenon of gay parenthood. For many persons "gay parenthood" may seem to be a contradiction in terms (Bozett, 1981), as if gay parents do not exist. The current phenomenon may represent an achievement for the individual gay man in terms of his having rid himself of much of his own internalized homophobia. It is certainly a statement in opposition to the heterosexism which ignores gay men as fathers.

Internalized Homophobia

The critical social atmosphere regarding homosexuality is perceived at a very young age. It is then identified with and becomes internalized. Parents, teachers, heroes and others become the standard bearers, and carry homophobic attitudes, values, and beliefs to the young. These are part and parcel of the identifications that the young make with such persons. They are then internalized, adopted as one's own, and reinforced by the larger mainstream culture (Isay, 1985).

It is my contention that efforts to remove oppression and discrimination succeed because there are some individuals who, having internalized homophobic attitudes like everyone else in a homophobic society, have somehow reduced their own internalized homophobia. These people refuse to accept the proscriptions of the mainstream culture that arise out of its homophobic orientation. They may have successfully reduced their internalized homophobia by "coming out" and deriving a measure of emotional support and self-esteem from a sense of community with other gay men and lesbians, and/or through "gay affirmative" psychotherapy (Hancock, 1986). Gay affirmative psychotherapy begins with the premise that a declaration of one's homosexuality is a move toward improved self-esteem, and indicates an effort to integrate one's sexuality with other esteemed parts of one's self. It is a first step in identifying the homophobia present in oneself and in society, allowing one to distinguish homophobia-related difficulties from others (Malyon, 1982).

Many of these individuals who have taken steps to reduce their internalized homophobia, by the very fact of their visibility, are re-shaping the ways in which society views homosexuality. Some, as mentioned earlier, are re-thinking and re-structuring

religious, legal, and psychiatric and psychological theory and practice. And, many are claiming rights that have historically been denied to them, or are establishing themselves in roles in which they had not been perceived before. These may be the right to be openly gay while pursuing a professional career, the right to protection from harassment, the right to become parents and establish families, among others. These positions are relatively new in the gay and lesbian community. They have developed with momentum since the beginning of the modern gay rights movement in America, which is generally dated from the Stonewall uprisings of 1969 in Greenwich Village (Altman, 1982). In the past, most gay men and lesbians had accepted the proposition that being homosexual meant having to hide one's sexuality (remaining closeted), and having to relinquish many of the rights and roles that were claimed as a matter of course by "normal" persons. These old attitudes and beliefs are now in a state of change.

Gay and Lesbian Parenthood

An important area in which gay men and lesbians are establishing themselves now involves the formation of families headed by gay or lesbian singles or couples. Central to this is the right to raise children. This may occur by having access to one's children from a heterosexual union via custody or visitation rights. Or, it may take the form of gay men and lesbians accessing children through foster care, adoption, alternative insemination or by contracting with surrogates. This research is concerned with the relationships among measures of internalized homophobia, self-esteem, the emotional environment in one's family of origin, and the decision to parent by self-identified gay men.

Almost all of the current relevant research deals with lesbians who are raising children

from a previous heterosexual union. This is due to a number of factors. Children who are products of a heterosexual union are far more likely to be given to the custody of their mothers when a divorce occurs, especially if it is not known that the mother is lesbian. In this way, lesbians have had access to children in large numbers, fairly easily, and for many years. For many, their motherhood had been carried on quietly. In many other cases, however, their lesbianism is discovered by their former spouses, who then often challenge custody arrangements (Green, 1982; Knight, 1983; Whittlin, 1983; Wyers, 1987). This is the point at which they have become an easily identifiable and researchable population. And, the research itself has been concerned with aspects of homophobia, that is, the myths, fears, hatred, and prejudice that surround their dual status as lesbians and mothers. These include concerns about the effects of their homosexuality on the children. Specifically, concerns have been raised about the mothers' sexuality interfering with the children's gender identity, gender role development, sexual orientation, and overall psychological well-being (Green, 1982; Hoeffler, 1981; Kirkpatrick, Smith & Roy, 1981; Knight, 1983).

Other parents have not been so easily identified nor researched. For instance, gay fathers from heterosexual unions, like other fathers from heterosexual unions, are not likely to gain custody of the children from those unions (Wyers, 1987). Lesbians who wish to raise children outside of the traditional heterosexual union, can in fact bear those children themselves via alternative insemination. Thus, these two groups need not come to the attention of adoption or foster care agencies, nor the courts (Pies, 1985). Gay men who are seeking to raise children outside of the traditional heterosexual union are now coming to the attention of adoption and foster care agencies. However, their numbers are

small thus far, and the agencies seem to prefer to keep the matter free of publicity (Goldstein, 1986; "Massachusetts," 1986).

The relevant research on lesbian mothers who are raising children from previous heterosexual unions has raised important issues that document a linkage between homophobia and child rearing by homosexuals. It seems likely that the linkage exists as well for gay men who wish to raise children outside of a heterosexual union.

There has been much concern about whether children raised by lesbian mothers would experience conflicts around issues of gender identity and/or sexual orientation. However, Green (1982) presents information that casts doubt upon this fear. He studied 58 children from three to eleven years old who were being raised by their divorced lesbian mothers. They were matched demographically with 43 children being reared by divorced heterosexual mothers. He looked at these children in terms of development of and conflicts around sexual identity. He defined sexual identity as involving an awareness of being male or female, gender role behavior, and sexual orientation or partner preference. As instruments he used the Draw-a-Person Test, as well as questions regarding gender-typed activities and future plans. He found no significant differences for boys or girls in either group, and concluded that the difficulties and conflicts of the children of the lesbians arose out of the children's reactions to the divorce and not from the mother's lesbianism.

Along the same investigative lines, Kirkpatrick, Smith, and Roy (1982) compared a sample of 40 five-year-old to twelve-year-old children; ten boys and ten girls being raised by divorced lesbian mothers with ten boys and ten girls raised by divorced heterosexual mothers. They conducted blind evaluations using psychological tests (WISC, Holtzman

Inkblot Technique, and Human Figure Drawing), semistructured playroom interviews, and developmental histories. They found no identifiable differences between the two groups in terms of the children's gender development. There was no difference in incidence of emotional disturbance among the children. And, what emotional disturbance did occur was not attributable to the sexual orientation of the mother. There was much similarity between the two groups in terms of child-rearing practices, life-style and general demographic data. This also supports a study by Hoeffler (1981) comparing a similar sample of children aged six through nine years. Using various measures of gender-typed toy preferences, it was found that mother's sexuality played no significant role in the child's acquisition of sex-role behavior, and that there was no difference between the children of lesbian mothers and the children of heterosexual mothers in terms of their toy preference. Again, the children look the same as other children. It is only the sexuality of the mother that looks different.

The theme of homophobia continues with regard to oppression of lesbian mothers. Pagelow (1980) examined perceived oppression in lesbian and heterosexual single mothers. Both groups felt oppressed in terms of housing, child custody, employment and freedom of association. However, the degree of perceived oppression was greater for lesbian mothers. This may be understood in terms of a certain reality-base that emerges in other studies. Mayadas and Duehn (1976) report that welfare systems, in an apparent effort to uphold social values, frequently withhold services from lesbian mothers. Whittlin (1983) reports that custody contests are frequently initiated when a heterosexual parent learns of the homosexuality of the custodial or visiting parent. He sees the controversy around the granting of custody or visitation rights as stemming at least partly

from societal homophobia relative to the influence of the gay or lesbian parent on the developing sexual identity of the child. Apparently the fears, myths and prejudices persist despite consistent empirical data to the contrary.

It is evident that issues raised in the discussion of lesbian motherhood are related to societal homophobia. Rand, Graham and Rawlings (1982) carry this discussion a step further in their research with 25 lesbian mothers whose "psychological health" was measured by three scales on the California Psychological Inventory and by the Affectometer. Their findings supported their hypothesis that lesbian mothers who express their lesbianism are psychologically healthier than those who do not. They found a positive correlation between psychological health and identification with a lesbian community, taking part in feminist activism, and being "out" to children, ex-husbands and employers. These are some of the very actions referred to earlier that are thought to help to reduce one's own internalized homophobia and raise self-esteem. Yet, in this study it is also noted that the courts have repeatedly ruled that lesbian mothers will lose custody and visitation rights if they come out to their children, have a live-in lover, or become affiliated with the lesbian community.

The research indicates that societal homophobia impinges upon lesbian parenting. Concerns about lesbians damaging their children appear to be based upon unrealistic fears and debunked myths, and are not borne out by research. Yet, the literature also points out that homophobic attitudes translate into oppressive actions regarding custody and visitation decisions and service delivery in the welfare systems. Also documented is the struggle of divorced lesbian mothers to overcome both societal and internalized homophobia.

More contemporary research has begun to examine the families formed by lesbians who have decided to become parents as single lesbian mothers or as lesbian couples. Steckel (1987) reports on the separation-individuation process among three- and four-year-olds born to lesbian couples compared to those who were born to heterosexual couples, with 11 children in each group. Using structured interviews with parents, Q-Sorts with parents and teachers, and a projective structured doll play with each child, she examined independence, ego functions, and object relations among the children. Steckel reported that there were many more similarities than differences between the two groups of children. However, the children of heterosexuals saw themselves as more aggressive, and were seen by parents and teachers as more bossy, domineering, and negativistic, and involved in more power struggles. On the other hand, children of lesbians saw themselves as more lovable, and were seen by parents and teachers as more affectionate, responsive, verbal and protective toward younger children. Neither group displayed more psychopathology or difficulty related to the process of separation-individuation. Steckel concluded that this process is not adversely affected by the presence of a female coparent rather than a father, though the child's experience is qualitatively different.

McCandlish (1987) examined five lesbian couples and the seven children, 18 months to seven years old, born to them via alternative insemination. Structured interviews revealed that all children clearly bonded to the nonbiological parent upon emerging from the symbiotic period with the biological mother. During the period of rapprochement, at 14 to 18 months of age, all parents noted the child's clear move toward the nonbiological mother, away from the biological mother. Healthy gender identity, appropriate knowledge of gender differences, and normal overall psychological

development were noted among the children.

Patterson (in press-a) examined the psychosocial development of 37 children adopted by or born to lesbian mothers. The four- to nine-year olds were assessed by means of the Achenbach and Edelbrock Child Behavior Checklist administered to the mothers, the Eder Children's Self-View Questionnaire administered to the children, and open-ended interviews with the children. These were used to assess the children's social competence and behavior problems, their self-concepts, and their sex-role behavior respectively. Patterson reports that the children scored within the normal range on all measures. And, although the children reported feeling more stress, they also displayed a greater sense of well-being than the children of heterosexual mothers studied by Eder in developing the Self-View Questionnaire.

Three comprehensive reviews of the lesbian mother research (Knight, 1983; Patterson, in press-b; Steckel, 1987) offer essentially the same conclusions. There is no evidence to suggest that lesbian mothers have a detrimental effect on the psychosocial or psychosexual development of their children. There appear to be no significant differences between children of lesbian mothers and children of heterosexual mothers in terms of gender identity, choice of gender roles, sexual orientation, or quality of interpersonal relationships.

Although research on gay fathers is relatively scant and devoted to men who became fathers through heterosexual unions, some pertinent and informative data has been reported. It appears that many gay men marry because of love for their spouses. However, other reasons include an effort to conceal or deny their homosexuality, social pressure to conform, trying to "make it" as a heterosexual, and a desire to have children

(Bozett, 1980; Wyers, 1987). These reasons point to a certain amount of internalized homophobia. The "desire to have children" indicates a presumption that this should be done in the context of a heterosexual union, not as a gay man.

In fact, Bozett (1981) in interview data from an exploratory study of 18 gay fathers reports on the difficulty that these men experience in reconciling their role as father with their gay identity. However, he found that this cognitive dissonance was mitigated by the amount of experience that the gay fathers had in the gay community, and that men who had acted on their homosexuality before marriage had an easier time reconciling their gay and father identities. He reports that greater exposure to other gay men led to an awareness of the wide range of men who are gay, the varieties of lifestyles that they lead, and the discovery that there are other gay men who are fathers. These factors helped these men to internalize homosexuality as positive, and to establish a new cognitive category of "gay father."

Furthermore, Miller (1979) interviewed 40 married, separated, or divorced gay fathers and two adoptive single gay fathers across a range of lifestyles, from closeted to openly gay. Fourteen of their 90 children, ages 14 to 33 were also interviewed, as well as 12 of the wives/mothers. Fathers who were openly gay were found to be less authoritarian, used less corporal punishment, and exhibited a stronger desire to parent with egalitarian and non-sexist values than did their closeted counterparts. Miller also reports that these fathers do not sexually abuse their children, nor produce a disproportionate number of homosexual offspring.

In a comparison study of self-reports by gay and heterosexual fathers, Scallen (1982) notes no difference in the child-rearing practices of these two groups in terms of

problem-solving, providing recreation, and encouraging autonomy. However, he does report that gay fathers assess themselves significantly more positively in their paternal role, and appear to demonstrate greater nurturance than their heterosexual counterparts.

And, Skeen and Robinson (1984, 1985) examined 30 fathers and 30 non-fathers elicited from a nationwide sample of 285 members of Dignity, an organization of gay and lesbian Catholics. All but one of the fathers had been in a previous heterosexual marriage. Contrary to the formulations hypothesized in this research, they found no significant differences between fathers and non-fathers on questionnaire items related to overall, non-specific memories of family relationships during childhood. Both groups described maternal and paternal parent-child relationships as positive, though mothers were perceived as generally more loving and accepting. Both groups also remembered their childhoods as pleasant, and their parents' relationships as free from any unusual amount of discord.

To date, gay men who are becoming fathers outside of a heterosexual union have not been the subject of statistical research. Acknowledgment that this group of men exists has occurred in the popular media. Goldstein (1986) reports on a gay male physician in New York City who adopted a two-year-old boy. He plans to raise the boy with his male partner. Here is an example of an adoption agency and the courts overcoming institutionalized homophobia. Yet, in Boston, at around the same time, two young brothers were removed from their foster care placement due to public outcry when it became publicized that the foster parents were two gay men. This occurred despite the fact that the boys' mother and the state foster care agency had approved the placement, and despite a recommendation of non-discrimination by a governor's commission which

was established to explore the issue of placing children with gay and lesbian foster parents (Goldstein, 1986; "Massachusetts," 1986). Since then, Massachusetts has instituted a policy which in effect prohibits the placement of foster children in the homes of gay and lesbian singles or couples. This is a case of institutionalized homophobia becoming more firmly established. However, in both cases, the gay men involved enacted the dual status of gay man and father.

Martin (in press) has collected information from interviews with 57 families headed by men and women who first self-identified as gay or lesbian then chose parenthood. She notes that at some point most of these parents had seen parenthood as a heterosexual prerogative, and without history and support in the gay community. Reconsidering their desire and ability to raise children, they were able to remove or sufficiently diminish the cognitive dissonance between a homosexual orientation and parenthood, so that they themselves could become parents. They are now in the process of establishing a history of and a foundation for parenthood in their community. They state that having children increases the need for them to disclose their homosexuality in new arenas --- to school personnel, pediatricians, babysitters, neighbors, and others --- in order to clarify the reality of their familial relationships when these clash with the expected heterosexual norm. They also challenge institutionalized homophobia in the legal obstacles to gay and lesbian adoption; and, they address the problem of societal heterosexism when the rights of the same-sex co-parent are not legally recognized, as in authorizing medical care for their children. The children in these families, when confronted with misunderstanding or prejudice, were found to be able to draw from the love in their homes, honest communication from parents about the circumstances of their births, and an appreciation

of difference which had been fostered in their families. These families reported that where exposure to other gay and lesbian headed families is available it creates a haven and a sense of belonging that mitigates some of the emotional effects of homophobia and heterosexism.

Self-Esteem

A further elucidation of the impact of homophobia as it relates to the individual and the society may be gained from a brief examination of some of the early modern social theorists. They discuss the development of the "self", and how one feels about oneself, in terms of an interactional process with the society at large.

Mead (1934), developing his concept of the "I" and the "me," describes the "I" as the assertive, spontaneous and unpredictable part of the person. The "I" is the actor, the individual. The "me" is that part which is acted upon, is a member of the community, is a censor of the "I" for the community. The "I" and the "me" are in a constant dialogue, which is informed by social cues which are discovered in interaction with others. It is out of these interactions that a sense of one's self is developed. The "conversation" continues when one's behavior is affected by the attitudes of the community, and when one's behavior instigates a reply on the part of the community. This allows a sense of self to emerge. "The self . . . is essentially a social structure, and it arises out of social experience" (Mead, 1934, p. 140). The individual may act in accordance with community standards, or act in unsanctioned ways. However, in all interactions one takes on the role of the other person in the interaction, in a process of understanding how one is seen by the other, who is a representative of the community. Eventually, this response information is crystallized into a single attitude of the community toward the self. This

crystallized attitude is called the "generalized other." This attitude of the generalized other then becomes a standard against which the self can be valued, esteemed, or not.

Cooley's (1912) "looking glass self" is not unlike the concept of the generalized other. However, the looking-glass self relies more on the imaginings of the individual. It is an idea about the self based on three elements: what one imagines one's appearance is to another person; one's imagination of the other's judgment about that appearance; and, derived from these, a feeling about one's self, such as a feeling of pride or of shame.

Rosenberg (1965) acknowledges that one's self-esteem is likely influenced by what one imagines others think of one's self. He notes as well that one is likely to feel that others share the opinion that one holds of one's own self. And, he adds, "Both processes are doubtlessly circular and mutually reinforcing" (Rosenberg, 1965, p. 176).

Rosenberg (1979) also examines Mead's concept of the generalized other, and discusses it as a basis of low self-esteem among members of minority groups. He sees this phenomenon as a process of internalization of the views of the society at large. For example, Rosenberg sees prejudice and discrimination against blacks as resulting in lower socio-economic status, impaired school performance, and stigmatized family structure. These, in turn, result in lower self-esteem, because the minority group member will compare oneself to the majority on the basis of these variables. One will attribute failure to membership in the minority group, rather than to low self-esteem, prejudice, and discrimination.

Here I would speculate that a similar process operates for members of the gay and lesbian minority. As mentioned previously, the attitudes, values, and beliefs of the larger culture are internalized resulting in internalized homophobia, and resulting as well in low

self-esteem. One's sense of self is informed by the social cues one perceives relative to homosexuality. One sees oneself as one imagines that others do. Such problems as difficulties in interpersonal relationships, substance abuse, suicide, etc. are then attributed to one's membership in the minority. What becomes overshadowed here is the idea that such problems may be the result of low self-esteem, which is caused by prejudice and discrimination in the larger community.

However, Mead (1934) also notes the following:

We can react against the disapproval of the entire community . . . by setting up a higher sort of community which in a certain sense out-votes the one we find. A person may reach a point of going against the whole world about him; he may stand out by himself over against it. But to do that he has to speak with the voice of reason to himself. (pp. 167-168)

James (1890) holds that this type of internal dialogue takes the form of deciding which, among all desirable qualities, are most desirable. In this way, a hierarchical organization of values becomes established. If one values highly a certain quality, then a self-estimate related to this quality will be closely related to one's global self-estimate. The less value placed on a certain quality, the less effect one's measure against that quality will have upon one's overall self-esteem.

Gay men and lesbians, then, who place a high value on the quality "heterosexuality," would be likely to find their overall self-esteem effected negatively. However, if they are able to de-value heterosexuality per se, and to value their own homosexuality, perhaps through identification with the gay and lesbian community, then self-esteem will be enhanced (Cass, 1979; Isay, 1985; Malyon, 1982).

Mead (1934) also acknowledges that we are not bound by the community, but engaged in a continuous dialogue with it. He notes that the community responds to what we have to say, and that this is the basis of social change. And, he insists that "the changes that we make in the social order in which we are implicated necessarily involve our also making changes in ourselves" (Mead, 1934, p. 309). So, social reconstruction and reconstruction of the self are reciprocal, and constitute two sides of a singular process of human social evolution. This process, he claims, is carried on in communities "only by means of the progressive achievement of greater and greater degrees of functional, behavioristic differentiation among the individuals who constitute them" (Mead, 1934, p. 310). Thus, self-esteem grows and social evolution progresses as a result of a process of differentiation and connectedness, that is, when persons who establish new values in their own lives, unsanctioned by the community, act upon those values and continue to dialogue with the community.

Family of Origin

The family theorists apply concepts of differentiation and connectedness to their understanding of how families function. Bowen (1972, 1976) defines differentiation as the ability to separate emotional and intellectual functioning. He conceptualizes a continuum or scale which measures one's ability to do this. At the low extreme are those persons whose emotional and intellectual functioning are so fused that their lives are controlled and determined by automatic emotional responses. Their intellect is dominated by their emotions, and thus, so is their behavior. They live in a feeling-dominated world where it is impossible to distinguish feeling from fact. These are emotionally dependent people, whose relationships are based on seeking love and approval. They are in a

constant quest for emotional need-gratification, yet their dependency needs can never adequately be met. There is no energy left over for self-directed life goals. These are persons who are rigid, inflexible, not adaptable; who become symptomatic or dysfunctional under relatively low levels of stress; and, who inherit the majority of health, financial, and social problems.

In the healthier range are people who are more autonomous and self-directed. They are able for the most part to keep separate their emotional and intellectual functions. They are able to state their own convictions without attacking others or defending themselves. Their life courses are clearly defined, and their goals successfully attained. Within the family of origin they are emotionally connected, but are able to maintain a sense of self separate from others. They choose partners of an equal level of differentiation, and maintain a relationship which is a functioning partnership. They can be emotionally intimate without losing a solid sense of self. They allow their children to grow and develop as autonomous selves, without becoming unduly anxious or trying to mold the children into their own image. They are flexible and adaptable under stress, and are relatively free of physical, emotional, and social dysfunctions.

Just as differentiation and autonomy are valued, so is an ability to maintain intimate connections within the family of origin (Bowen, 1974, 1976). In fact, the ability to be intimate is a hallmark of the process of differentiation. A person who is emotionally and/or physically cut off from his/her family of origin is seen as having run away from unresolved emotional conflicts and attachments. A low level of differentiation may just as likely result in a cutoff from the family of origin as in an intense dependent attachment to the family of origin.

Thus, healthy individuals will result from families that foster differentiation, where autonomy and intimacy among family members coincide. Autonomy without intimacy produces offspring who are disengaged from their emotional worlds. Intimacy without autonomy results in emotional enmeshment and dependency.

Lewis, et al. (1976) describe what healthy families look like. In doing so, they emphasize such concepts as distribution of overt power, clarity of communication, range of affective expression, and family tone. A healthy family, producing healthy offspring, will be led by parents who can share power, make decisions for the family, and provide direction. They take responsibility while allowing and considering input from all family members. Conflicts get resolved through negotiation, and the integrity of each member's sense of self is not compromised. In these families communication among members is direct and clear, and "I" statements are encouraged. The system itself encourages individuation among its members, and differences are respected. There is a wide range of affective expression, where feelings are discussed and responses are forthcoming. The family tone is warm, and feelings of closeness characterize the relationships among the members. These families produce children who can leave the family while maintaining an emotional bond with it, and they accept separation and loss as a part of the ongoing process of family life.

These family theorists have described healthy families as those which are able to produce offspring who can sustain emotionally intimate bonds within and outside of the family, while maintaining a sense of one's own autonomy. Offspring emerge from such families well-prepared to continue this process into the partnerships which they form and the new families which they create. They become self-directed individuals who can create

and achieve autonomous goals. In the matter at hand, I would speculate that these are essential characteristics for gay men and lesbians who choose to parent. In order to carry on the family process into one's own gay or lesbian adulthood, one would need to have developed not only a positive attachment to the family construct, but also enough autonomy to embrace the role of parent in a very non-traditional way.

Hypotheses

- H₁:** Gay men who have chosen fatherhood will display lower levels of internalized homophobia than gay non-fathers.
- H₂:** Gay men who have chosen fatherhood will display higher levels of self-esteem than gay non-fathers.
- H₃:** Gay men who have chosen fatherhood will perceive higher levels of intimacy within the family of origin than gay non-fathers.
- H₄:** Gay men who have chosen fatherhood will perceive higher levels of autonomy within the family of origin than gay non-fathers.

Methodology

Subjects

Historically, gay fathers have been those men who were in heterosexual unions, had children within that traditional context, then, at some later point, affirmed their homosexuality. However, a new breed of gay fathers has emerged recently. They are self-identified gay men who have chosen to become fathers within the context of their gay identity. That is, they have first declared themselves as gay men, then chosen to raise children either within a gay male partnered relationship or as single gay men.

The subjects here are 78 men who belong to this new breed of gay fathers. They have accessed children either through adoption or via arrangements with surrogates, in which the gay man is the biological father, and the birth mother has relinquished her rights to the child. Though many gay men currently are entering into co-parenting arrangements with lesbians, especially where the men are the biological fathers via donor insemination, they were not included in this research. The reason for their exclusion is that the level of involvement with the child by the fathers in these arrangements spans a range that is wide and unwieldy and would call for an arbitrary quantification in order to qualify for inclusion. On the other hand, the men included in this research have established families in which gay men are the sole parents.

Controls are self-identified gay men who are not fathers. They were solicited from two places: a neighborhood bar in mid-town Manhattan which is frequented primarily by gay men, and a New York City gay and lesbian athletic group.

Scales

In addition to a brief demographic questionnaire, subjects completed a battery of self-report measures (see Appendix A), which included the following:

1. Nungesser Homosexual Attitudes Inventory (Nungesser, 1983)
2. Ego-Dystonic Homosexuality Scale (Meyer, 1989)
3. Rosenberg Self-Esteem Scale (Rosenberg, 1965, 1979)
4. Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960)
5. Family-of-Origin Scale (Hovestadt, Anderson, Piercy, Cochran & Fine, 1985)
6. Parent-Child Relations Questionnaire II (Siegelman & Roe, 1979)

The Nungesser Homosexual Attitudes Inventory (NHAI) is a measurement of internalized homophobia specifically designed for administration to gay men. It consists of attitude statements regarding three categories: one's own homosexuality; homosexuality in general and other gay males; and, one's own homosexuality being disclosed to others (Nungesser, 1983). The category of attitudes toward one's own homosexuality includes reactions to one's own behavior, thoughts, feelings, attractions, and sexuality. Attitudes toward homosexuality in general and toward other gay men are elicited from statements about perceived negative traits of gay men (or the absence of positive traits), attitudes about the legal status of homosexuality, and attitudes about the morality and value of homosexuality. Attitudes concerning disclosure of one's own homosexuality are addressed via the respondent's feelings about letting other persons know of his homosexuality and the respondent's expectation of oppression. Thus, three subscales are identified: (A) attitudes toward self (SELF); (B) attitudes toward others (OTHER); and, (C) attitudes

toward disclosure of one's own homosexuality (DISCLOSURE).

The original questionnaire, containing 84 items, was answered by 50 self-identified gay men. They were sought at public meeting areas and at a gay activist meeting at a West Coast university. There was an 85% return rate of the questionnaires. The 84 items were refined to enhance face validity and item reliability. An item analysis also was performed in order to determine the power of each item to discriminate between high and low overall test scores.

After testing the instrument with this sample, 34 true/false items were selected from the original 84. Reliability coefficients (D scores) were obtained for each subscale: Subscale A (SELF)=.94; Subscale B (OTHER)=.88; and, Subscale C (DISCLOSURE)=.91.

A correlational study was then conducted. The 34 true/false items of the NHAI were converted to 5-point Likert scaling indicating agreement or disagreement. Also, the Environmental Factors Questionnaire (EFQ) was developed to assess environmental antecedents of positive gay identity, but will not be used in this present study. Both were administered to two additional groups of self-identified gay men: 25 men at a meeting of an urban gay organization, and 25 men at a private party for faculty, students, and staff at the same West Coast university. Standardized item alphas were computed for the full-scale NHAI score and for each subscale: Full-scale NHAI=.94; Subscale A (SELF)=.89; Subscale B (OTHER)=.68; and, Subscale C (DISCLOSURE)=.93. Additionally, item-subscale correlation coefficients were computed to measure the amount that each item on the NHAI correlates with that item's total subscale score. The range of correlation coefficients is .40 to .82, with one exception at .14.

The Environmental Factors Questionnaire (EFQ) was developed to assess psychosocial and behavioral antecedents of a positive gay identity. A multiple regression analysis revealed that four items on the EFQ accounted for most of the variance in NHAI scores. These four items are: frequency of passing for heterosexual, the average reaction of significant others, gay age (chronological age minus the age at which the respondent first labeled himself as gay), and frequency of socializing with other gay males. Beta weights for these items are -.842, .847, .367, and -.322 respectively. These four items correlated significantly with the total score on the NHAI.

The magnitude of the beta weight for "frequency of passing for heterosexual" is obviously impacted by the fact that the NHAI includes a "disclosure" subscale. Passing may likely be another aspect of disclosure and homophobia. Similarly, "frequency of socializing with other gay males" appears to be a behavioral expression of the attitudes measured on subscale OTHER. Thus, these two items seem redundant, and were not used in the data collection here. Nor was data collected regarding the "reaction of significant others" to one's homosexuality. It had been proposed that this variable would be addressed in interviews with a small subgroup of fathers. However, the interview format was discarded in favor of a narrative segment in the demographic section of the questionnaire. In that segment many of the fathers discussed the reactions of others to their dual status as gay men and fathers, but not to their homosexuality per se. "Gay age" was specifically addressed in the demographic section of the questionnaire. It is an important variable which measures the amount of time that a subject has had to deal with his own homophobia as a self-identified gay man.

A limitation with the NHAI should also be noted here. Nungesser did not report what

procedure was used to develop subscales. Nor did he report intercorrelations among the subscales. Shidlo (1987) also makes note of this. In his study of 54 gay men from several northeastern cities, the NHAI full-scale score was robust in predicting maladjustment in gay men on measures of depression, somatization, self-worth, self-competence, distrust, stability of self, loneliness, and a composite index of adjustment based on all of the above. However, differential predictions based on subscale measures were not generally supported. Shidlo expected that the SELF subscale would be most predictive of adjustment, and that subscales OTHER and DISCLOSURE would be most predictive of involvement in the gay community. However, he did not obtain any meaningful differences among the subscales in terms of their predictive ability. This raises two questions. Are the subscales measuring indistinct phenomena of a broader concept? Or, are the subscales not refined well enough to be sensitive to differences among closely related but separate constructs? This research provides additional information regarding these questions.

It should be noted here that, due to a typographical error, question #13 was changed from the original NHAI questionnaire. It originally stated, "Male homosexuals are overly promiscuous," and was included in subscale OTHER. It was inadvertently changed to read, "Male homosexuality should be legalized." In fact, same-sex sexual relations are illegal in about half of the states in the United States. Additionally, the new statement does address one's attitudes and beliefs about homosexuality in general. So, it was included in all computations, and remained as part of subscale OTHER. However, its direction was recoded for all computations.

The Ego-Dystonic Homosexuality (EDH) scale was developed by John L. Martin and

Laura L. Dean (1987) as part of a larger study of the impact of AIDS on the gay male community (Martin et al., 1989). Though itself not discussed in published reports of this larger study, the scale was presented at a recent meeting of the American Psychological Association (Meyer, 1989). It is a nine-item questionnaire, scored on a four-point Likert scale. The questions address a level of comfort or discomfort with one's homosexual orientation (higher scores indicating a higher level of discomfort), and the wish to be a heterosexual. They reflect the diagnostic criteria for ego-dystonic homosexuality, an entity once thought to indicate a psychosexual disorder (American Psychiatric Association, 1980).

Meyer (1989) reports that the questionnaire was given to a sample of 745 gay men who were solicited from gay organizations and meeting places throughout New York City. The range of scores produced by this sample was 9-33, out of a possible range of 9-36. The scores reflect a skewed sample in that the median score was 11, with 30% scoring 9, and only 10% scoring over 17. However, t-tests for validity yielded significant results. Men who identified themselves as "out of the closet," "readers of gay newspapers," and "members of gay organizations," all produced significantly lower scores ($p < .001$). Those who self-identified as a "partner" in a couple also produced lower scores significant at $p < .005$. Multiple regression yielded Beta weights for these four variables of $-.35$, $-.11$, $-.10$, and $-.08$ respectively. These, again respectively, reached statistical significance at $p < .001$, $.003$, $.006$, and $.02$. Testing for reliability produced alpha of $.79$.

Further investigation (Meyer, 1989) suggests that high scores on the EDH scale are an indicator of psychological distress for gay men. When the above-mentioned variables were controlled for, and a multiple regression was computed, the following results were

obtained. Independent measures of guilt, demoralization, and sexual problems showed that high scores on these variables contributed significantly ($p < .0001$ for each) to higher levels of discomfort related to being gay. A measure of satisfaction with one's lover correlated negatively ($p < .01$).

Three slight modifications were made in the EDH scale for purposes of this research. First, the time frame for the subject to recall his feelings and behaviors regarding his homosexuality was expanded from one year to five years. Thus, low scores will reflect a more long-standing and perhaps more solidly incorporated sense of one's own sexuality. Second, the order of response (i.e., "often, sometimes, almost never, never") was inverted for some items as a counterbalance to prevent a response set pattern. And third, Question 8 originally asked, ". . . have you sought or wanted to seek professional help . . ." This was broken down into two questions, because to have actually "sought" professional help is different than simply to have "wanted to seek" such help. This scale is used here as a redundant global measure of internalized homophobia.

The Rosenberg Self-Esteem Scale (RSE), also known as the New York State Self-Esteem Scale, is a widely used measure of self-esteem (Rosenberg, 1965, 1979). It is a ten-item Guttman scale, with a reproducibility coefficient of .92, and a scalability coefficient of .72.

Pretesting was conducted with 50 adult volunteers from a group of "normal volunteers" retained as research subjects by the National Institutes of Health, and with 272 seniors from two high schools in the vicinity of Washington, DC. Chi-square tests were significant at the .05 level when the RSE was compared with observations by self and others of depressive affect, psychosomatic symptoms, sociometric status, etc.

For purposes of standardization, the RSE was then tested on a very large random sample of 5,024 high school juniors and seniors in New York state. The result is a ten-item questionnaire on which subjects indicate agreement or disagreement on a 4-point continuum. The RSE correlated significantly with self-reports of psychosomatic symptoms, loneliness, depression, anxiety indicators, etc. In addition, Silber and Tippett (1965) using a small college sample, report a two-week test-retest reliability of $r=.85$.

For the purpose of ease in scoring in this research, the RSE was scored on an additive basis rather than as a Guttman scale. Negatively stated items were recoded so that all items scored in a positive direction. This format was followed by O'Brien (1985), though he also included a neutral response option which was not included here. His factor analysis of the RSE suggested a single factor ("I take a positive attitude toward myself.") on which all items had strong factor loadings (.57 to .81). This single factor had an eigenvalue of 5.28, and accounted for 52.8% of the total variance. All of this strongly suggests the unidimensionality of the RSE and the appropriate nature of additive scoring. O'Brien also reported high convergent validity between the RSE and other global measures of self-esteem.

The Marlowe-Crowne Social Desirability Scale (M-C SDS) is a 33-item true-false questionnaire (Crowne & Marlowe, 1960). It was developed to determine certain test behaviors of subjects, that is whether subjects tended to respond to test items based upon a sense of which response would be culturally sanctioned. At the same time, the authors included only items which did not imply pathology, whether answered in the culturally desirable or undesirable direction. In contrast, the authors examined the Edwards Social Desirability Scale (Edwards, 1957), which is comprised of a heterogeneous pool of items

from the Minnesota Multiphasic Personality Inventory (MMPI). Because the MMPI is used as an indicator of pathology, the authors consider that the Edwards Social Desirability Scale (Edwards SDS) blurs the distinction between social desirability and pathological symptomatology.

An original set of 50 items was presented to psychology faculty and graduate students for ratings on social desirability and degree of maladjustment. Forty-seven items were judged to be high on social desirability and neutral as an indicator of maladjustment. The same judges rated socially undesirable responses on the Edwards SDS as indicative of maladjustment. A t-test of significance of difference between the means of ratings on the two scales reached significance beyond the .0001 level. Then the scale was administered to 76 students in two introductory psychology courses. Thirty-three items were found to discriminate between high and low total scores at or beyond the .05 level. When the test was then administered to similar samples of undergraduates, the authors obtained a reliability coefficient of .88, and a test-retest coefficient of .89. A correlation of .35 was obtained when comparing total scores on the MCSDS with total scores on the Edwards SDS. This correlation was significant at .01, showing a tendency for the scores on the two tests to be associated.

Then a sub-sample was also administered the MMPI. Consistently higher correlations were obtained between the Edwards SDS and the MMPI than between the MCSDS and the MMPI. This is not surprising considering the Edwards SDS consists of heterogeneous items from the MMPI subscales, and the MCSDS contains only four approximate and one exact replication from two MMPI subscales. However, the indication is that the Edwards SDS does not discriminate between subjects who are truly asymptomatic and those who

conceal symptoms because of a sense that they are socially undesirable. The authors consider the MCSDS a truer measure of social desirability as a distinct motivation in subjects' responses to test items.

The Family-of-Origin Scale (FOS) is a 40-item questionnaire with a 5-point Likert scale (Hovestadt et al., 1985). It is designed as a measurement of the degree of perceived health in a subject's family of origin. Twenty items address the concept of autonomy in one's family of origin, and 20 items address the degree of intimacy in the family of origin. The FOS is based upon the research of Lewis, et al. (1976), who identified five aspects of family functioning as important to the development of capable and adaptive offspring. These aspects are: the power structure in the family; family individuation; perception of reality; affect; and, acceptance of separation and loss. Related to these aspects are the core constructs of the FOS. The FOS employs five core constructs to measure autonomy: clarity of expression; acceptance of responsibility for one's actions; respect for others; openness to others; and, openly dealing with separation and loss. Similarly, five core constructs address the concept of intimacy: encouragement of expression of a wide range of feelings; a warm mood and love within the family; resolution of conflict; empathy; and, trust.

The normative sample consisted of 278 undergraduate and graduate students, from which means and standard deviations were obtained for each construct as well as for individual construct items. A subsequent testing of 41 graduate psychology students yielded a test-retest reliability coefficient of .97 ($p < .001$); and a third study of 116 undergraduates produced a Cronbach's alpha of .75 and a Standardized Item alpha of .97.

Hovestadt, Anderson, Piercy, Cochran and Fine (1985) cite Holter's research as

evidence of empirical validation. Holter studied 50 men in distressed marriages. A significant difference was found in the FOS scores of men in alcohol-distressed marriages as compared with men whose alcohol use was not a factor in the marital distress. The men in the non-alcohol-distressed marriages scored higher on the FOS, indicating a greater degree of perceived health in the family of origin. Fine and Hovestadt (1984) conducted a study of 184 never married college freshmen and sophomores. The results of this study indicated that persons who scored higher on the FOS (i.e., perceived a higher degree of health in the family of origin) had more positive perceptions of marriage, and scored higher on their level of rationality. Additionally, Canfield (cited in Hovestadt et al., 1985) found a significant correlation between perceived health in the family of origin and perceived health in the family of procreation among 171 currently married subjects.

The Parent-Child Relations Questionnaire (PCR) was designed to measure parental behavior toward their children (Siegelman & Roe, 1979). It was originally constructed for use with adult subjects, and based upon their recollections of their parents' behavior toward them as they were growing up, especially before age 12. The items address specific behaviors, rather than attitudes and feelings, in order to mitigate some of the difficulties in using retrospective data. Subjects rate parental behaviors on a 4-point Likert scale. The vocabulary in the current version does not go beyond a fourth grade reading level, making it appropriate for use with children as well. There are four forms of the questionnaire, for use with both same-sex and cross-sex parents.

In the original version (Roe & Siegelman, 1963), ten subtests included 130 items, and all subjects were given the same form. Six of the subtests addressed parental behaviors which were categorized as Loving, Protecting, Demanding, Rejecting, Neglecting, or

Casual. These were derived from a model developed by Roe (1957). Speculating on the early emotional antecedents of eventual vocational choice, she classified dominant patterns of parental attitudes as follows: an emotional concentration on the child (ranging between extremes of overprotection and overdemanding); and avoidance of the child (the extremes named as emotional rejection and neglect of the child); and acceptance of the child (a cool, casual non-interference or a loving acceptance). The remaining four subtests of the PCR I were Symbolic-Love Reward, Symbolic-Love Punishment, Direct-Object Reward, and Direct-Object Punishment. They derive from the work of Sears, Macoby, and Levin (1957), who interviewed mothers regarding various dimensions of child-rearing practices. They observed that mothers tended to utilize one of two sets of techniques when disciplining their children: love-oriented (e.g., love as a reward, isolation or withdrawal of love as a punishment); or, object-oriented (e.g., tangible rewards, deprivation of privileges or physical punishment).

Roe and Siegelman (1963) then submitted the original set of questions to colleagues who independently assigned each item to a subtest category or discarded it. There was unanimous agreement regarding which items were retained and to which category each was assigned. This resulted in 15 items each for the six subtest categories based on the Roe (1957) model and 10 items each for the four categories based on the work of Sears, Macoby, and Levin (1957). The same set of questions was applied to both mothers and fathers, and a pilot study was conducted with 26 male NYU students. Tests of reliability and item analysis led to changes and additions on both the mother and the father scales, resulting in 11 items being different for the two parents. The revised instrument was then submitted to a sample of male and female subjects. This sample included 142 Harvard

seniors, 44 adult males (average age 34 years), and 44 adult females (average age 36 years). Each adult group consisted of 22 engineers and 22 social workers. A factor analysis elicited three factors for each group Loving-Rejecting (LR), Casual-Demanding (CD), and Overt Concern (O), the first two being bipolar, and the latter unipolar. Along with the subtests for Loving and Rejecting, the original subtest for Neglecting, and both Symbolic-Love subtests (Reward and Punishment) loaded on the LR factor. Subtests Casual, Demanding, and both Punishment subtests (Symbolic-Love and Direct-Object) loaded on the CD factor. Both Reward subtests (Symbolic-Love and Direct-Object) along with the Protecting subtest, loaded on factor O. Further analysis of the instrument (Siegelman, 1965, 1973; Siegelman & Roe, 1979) with samples of male and female undergraduates from Harvard and City College of New York, totaling over 900 subjects in all, led to the development of the current version. Items with the highest factor loading saturation were retained and included in the appropriate PCR II subtest. Factor O was renamed Attention (A). The resulting five subtests are Loving (L), Rejecting (R), Casual (C), Demanding (D), and Attention (A). There are ten questions in each, and separate forms for Son-Father, Son-Mother, Daughter-Father, and Daughter-Mother. On the forms for daughters, 33 of the 50 items are the same for mother and father. The forms for sons contain 32 items which are the same for each parent. Likewise, about a third of the items differ from sons to daughters on both the mother and father forms. The five subtest variables elicited the same three factors: bipolar factor Loving-Rejection (LR), bipolar factor Casual-Demanding (CD), and unipolar factor Attention (A).

The current version was then administered to a sample of over 700 black and white undergraduate students from New York, Arizona, Louisiana, and Georgia (Siegelman,

1973). Mothers tended to score slightly higher on Loving and a little lower on Rejecting. Black parents appeared somewhat higher on Loving. There were no other notable differences. Reliabilities for all sample groups ranged from .63 to .97. Unanimous agreement among four independent judges in assigning items to specific subtests supported content validity. Rotated factor loadings ranged from .84 to .98 for the white sample, with some lower saturations reported for the black sample group.

The category Loving is marked by parental behaviors which were affectionate, respected and encouraged expression of the child's point of view, and fostered a sense of being wanted. Rejecting parents are characterized as not having spent any more time with the child than necessary, having ridiculed and complained about the child, and discouraged the child's input into family decisions. Casual parents are described as having set fewer rules, allowed the child as much freedom of choice as wanted, and having been disinclined to punishment. Parents whose behavior is described as Demanding were strict in enforcing rules, and demanded unquestioning respect and obedience. High scores in the Attention category reflect parents who were very cognizant of the child's wants, and rewarded the child with special attention, material goods or privileges. For the purposes of this study, parents who score higher on the Attention, Loving and Casual categories are seen as more connected to their children in ways that are consistent with healthy family functioning described by the family theorists mentioned in the previous chapter. The converse is true of those who score lower on Attention, but higher on Rejecting and Demanding. The PCR is used in this research as a redundant measure of family functioning with the Family of Origin Scale.

The six scales are followed by a demographics section (see Appendix A). Among

other questions, the men are asked to disclose their income, age, and gay age (chronological age minus the age at which a person first self-identified as gay). Income is an important factor here because accessing a child can be an expensive process. Income disparity between fathers and controls might have the effect of including in the control group men for whom fatherhood is not an option because of insufficient income. Chronological age might impact in a man's decision to parent, older men perhaps considering themselves too old to begin a family. And, gay age might impact on degree of internalized homophobia. That is, the amount of time that has elapsed since one has self-identified as gay might mitigate one's internalized homophobia, simply by virtue of having had more time to deal with the issue as a self-identified gay man (Nungesser, 1983).

Beyond question 25 of the demographic section of the questionnaire the father and control versions differed. Controls (see Appendix B) were asked whether they have any children, and if so to explain. This is to ascertain that they truly belong in the non-fathers group. They were then asked if they would like to raise a child. Fathers, on the other hand, were asked for information about the circumstances by which they became fathers, about their children, and about shared responsibility with their partners. Fathers were also invited to use a page at the end of the demographics section to write about their particular circumstances and experiences as a gay father.

Procedures

In March, 1987, a pilot project was conducted with a sample of men (N=20) who were staff and clients at a gay-affirmative psychotherapy clinic in mid-town Manhattan. All were self-identified gay men between the ages of 26 and 44. The NHAI and the EFQ

were the only instruments used with this sample. The only man in the sample who was in fact raising an adopted child scored in the low group on the measure of internalized homophobia. Three non-fathers did not see the categories "gay" and "father" as compatible, and scored high or very high on levels of internalized homophobia. Despite the small numbers and scant data reported here, the results of this pilot project provided enough encouragement to continue with plans to further conceptualize this research project. Feedback from this original sample indicated that the EFQ was unwieldy, and it was omitted. Other instruments were examined, and in June, 1989, a new version of the questionnaire was piloted with ease of completion in mind. It included the NHAI, FOS, RSE, MCSDS, and a brief demographic section. The four subjects reported generally favorable responses to the questionnaire. In September, 1991, the final version of the questionnaire was completed. The demographic section was expanded, and the PCR and EDH were included. Again, it was piloted, this time with three colleagues, for ease of completion. Again the responses were favorable, and a completion time of approximately 30 minutes was reported.

The fathers who participated in this most current phase of the research were accessed primarily by word of mouth from a network of personal and professional contacts which was begun five years ago. A few were contacted through notices placed in newsletters of one international and three local organizations for gay and lesbian parents (see Appendix C). Outreach was made to all regions of the country. A total of 110 questionnaires were distributed, 78 were returned, and none were rejected, for an estimated return rate of 71%. The actual return rate was likely somewhat higher. Five of the men who were contacted requested a total of 24 additional questionnaires for

anonymous friends. At least four of these were returned. Of the remainder, it is likely that some of the friends were also contacted personally by this researcher, and so received duplicate questionnaires. The majority of respondents reside in the Northeast, Mid-Atlantic, West Coast, and Pacific Northwest regions of the country. Specifically, they reside in Massachusetts, New Jersey, New York, Maryland, Virginia, the District of Columbia, California and Washington. A few subjects (<10) responded from Alabama, Arizona, Ohio and Pennsylvania. Personal and/or telephone contact was made with each single gay father and with at least one partner of each gay father couple. The only exceptions here involved the few fathers who returned questionnaires which had been passed on to them by fathers with whom telephone contact had already been established. All subjects were mailed questionnaires and a Request Form (see Appendix D) on which they could indicate their interest in receiving results of the research and their willingness to participate in an interview which might be conducted at some unspecified later date. They were instructed not to identify themselves on the questionnaire, and no pre-existing codes were used. Of course, the Request Form required identifying data, that is name, address, and telephone number. However, postage-paid envelopes were included in the questionnaire packet so that these forms could be returned separately from the questionnaires. All return envelopes identified this researcher as both addresser and addressee. Postmarks and Request Forms were used to determine the state of origin of respondents.

Controls were solicited from two places in New York City. Sixty-five questionnaires were distributed at a neighborhood bar in mid-town Manhattan which is frequented primarily by gay men. This particular bar was chosen because its clientele spans a wide

range of age, ethnicity, and socio-economic status. Bartenders were instructed to distribute questionnaires to patrons who appeared to range in age from their late-twenties to late-thirties. The age range was established because at that point it was the age range of the fathers who had returned questionnaires. They instructed patrons to complete the questionnaire at home and to return it at a later date in a sealed manila envelope which was provided to assure anonymity. The envelope was then returned to this researcher. Thirty-one questionnaires were returned, for a return rate of 48%. Four of these were eventually discarded because the respondents self-identified as bi-sexual rather than gay.

Seventy-five questionnaires were also distributed at two meetings of a gay and lesbian athletic association in New York City. Again, this organization was chosen because it was believed that it would attract gay men across a broad spectrum of demographic variables. At this point, completed questionnaires from older fathers had been returned, so the age range of men solicited from the athletic group was expanded to include men through their early-fifties. Many of the men in this group completed questionnaires after the business meeting of their organization was concluded, and returned them immediately. Others were provided a stamped envelope with the researcher identified as both addresser and addressee in order to assure anonymity. Fifty-eight questionnaires were returned from this group, for a return rate of 77%. Two questionnaires were later rejected because the respondents indicated that they had children.

In all, 140 questionnaires were distributed to controls, 89 were returned, and six were rejected. The overall return rate for controls was 64%.

Potential respondents were given no important information about the nature of the research. They were told simply that this was "a research project designed to help us to

understand some important issues for gay men," and that it was "being conducted in partial fulfillment of the requirements of the doctoral degree in clinical psychology." Of course, the fathers were also told that they were being solicited especially because the research involved gay men who had chosen to become fathers in the context of their gay identity. In order to assure anonymity, respondents were instructed not to sign the questionnaires, and no identifying codes were used. However, as questionnaires were collected from both groups of controls they were then coded by group so that separate analyses could be conducted. As an incentive, controls were informed that for each returned questionnaire this researcher would contribute two dollars to the charity with which their group was affiliated. Both the bar and the athletic association are so affiliated.

Fathers were contacted during a five month period from November, 1991 through March, 1992. The bar controls were solicited during a one-month period in January, 1992. And, the athlete controls were included in March and April, 1992.

Data Analysis

Except where noted previously, the performances of all subjects and controls were scored according to the instructions of the test creators. All scores were then entered into the computer for further analysis to test all hypotheses contrasting fathers with non-fathers. t-tests were employed with all intervally scaled data; Mann-Whitney U-tests with ordinally scaled data; and, chi-square with nominally-scaled data. Pearson's r was used to examine correlations between interval scales. And, a one-way fixed-effect ANOVA was employed specifically to examine the effect of level of education on all scale scores. In the case of t-tests, Student's t, based on common variance estimates, was generally

employed. Wherever unequal variances occurred, an approximated t with separate variance estimates was computed. This is so noted in both text and tables wherever it occurs.

Results

Demographics

The subjects of this research are 78 gay men who have chosen to become fathers within the context of their gay identity, that is as single gay men, or within a gay male partnered relationship. Seventy men are raising children whom they or their partners have adopted, or whom they both have adopted. One man is raising a child of a relative in an informal adoption arrangement, as well as an unrelated child whom he has legally adopted. Nine men are raising children who were born in a surrogacy arrangement where either the subject or his spouse equivalent is the biological father. In these arrangements, the surrogate mothers have no or little involvement in raising the children. One of these fathers is also raising an adopted child. Ninety-four per cent of the fathers are white, whereas 54% of the children are children of color.

Sixty-five subjects are raising children in partnered relationships. In 28 cases both partners completed questionnaires; in nine cases only one partner responded. One of the latter was in a previous partnered relationship when he adopted his first child; the ex-partner is no longer involved in raising this child. However, this subject and his current partner are raising this first child as well as a second child who was adopted since they have become partners. The remaining 64 subjects were in their current relationships when their children arrived. Two subjects were partnered when their child arrived, have since separated, but continue to share child-rearing responsibility. One subject was in a partnered relationship when his eldest child arrived, though the partner did not consider himself a father, and they did not live together. This subject is now single, and his ex-partner fills an "uncle" role in relation to the subject's three children. This subject is

among eleven subjects who consider themselves as always having been single fathers.

Sixty-three per cent of the 49 families represented here live in a major city; 37% live in smaller cities, suburbs or rural areas. This is in contrast to the non-fathers, 93% of whom live in New York City, and only 7% of whom live in a suburb or rural area.

Fathers ranged in age from 28 to 57 years old ($M=37.7$, $SD=6.0$). Non-fathers ranged in age from 25 to 52 years old ($M=35.4$, $SD=6.7$). Though the father's mean age is only 2.3 years older than the non-fathers', at a $p \geq .05$ level of significance, there is a significant difference in the ages between the two groups, $t(159) = 2.37$, $p = .019$. (See Table 1.) Fathers ranged in gay age (the number of years one has been self-identified as gay) from 8 to 38 years ($M=19.9$, $SD=6.7$). Non-fathers ranged in gay age from 4 to 41 years ($M=17.7$, $SD=8.4$). At a .05 cutoff for level of significance which is maintained throughout this research, this does not constitute a significant difference, $t(152) = 1.77$, $p = .078$ (t computed with separate variance estimates). (See Table 1.)

Mann-Whitney U-tests (two tailed α significant at .05) were performed to determine whether fathers and non-fathers differed significantly on reports of self-income, household income (for partners who live together), and level of education (see Table 2). The median self-income reported by fathers is 45K; for non-fathers, 35K. However, difference in self-income does not reach a level of significance ($U=237.0$, $z=-1.6324$, $\alpha=.103$). All 65 fathers who report a spouse equivalent also indicate that they live with their partners. Fifty-six of them responded to a question on household income, reporting a median household income of 75K. Twenty-nine non-fathers report a spouse equivalent, with 21 indicating that they cohabit with their partners. Of these latter, 17 report a median

Table 1

Fathers v. Non-Fathers Re Age and Gay Age

Age	Group		t	
	<u>n</u>	Fathers		<u>n</u>
Age	78		83	2.37*
<u>M</u>		37.7		35.4
<u>SD</u>		6.0		6.7
Gay Age	78		81	1.77 ^a
<u>M</u>		19.9		17.7
<u>SD</u>		6.7		8.4

^at computed with separate variance estimates.

*p < .02, two-tailed.

Table 2

Fathers v. Non-Fathers Re Self-Income, Household Income and Education

Demographic	n	Group		Mann-Whitney U
		Fathers	Non-Fathers	
Self-Income	70	80		2372.0, $z=1.63$
Median		45k	35k	
Mean Rank		81.6	70.2	
Household Income	56	17		452.5, $z=-0.32$
Median		75k	75k	
Mean Rank		37.4	35.6	
Education	78	83		2622.5, $z=2.12^*$
Median		Grad Degree	Undergrad Degree	
Mean Rank		88.9	73.6	

* $p < .05$, two tailed.

household income of 75K. On the basis of these reports (though the non-fathers numbers are small) there is no difference on this variable ($\underline{U}=452.5$, $\underline{z}=-0.3186$, $\alpha=.750$). Fathers and non-fathers do appear significantly different on self-reports of level of education ($\underline{U}=2622.5$, $\underline{z}=-2.1167$, $\alpha=.034$). The median education reported by fathers is at the graduate degree level; for non-fathers, at the undergraduate degree level. However, at these levels, both groups are well-educated. Nevertheless, an analysis of variance was computed for level of education and scores on all of the measures used in this research. The only comparison which reached significance involved the Parent-Child Relations Questionnaire II, Mother-Son version (PCRMA). On this measure there were significant differences between levels of education and scores on the subscale ATTENTION, $\underline{F}(7,153)=2.47$, $p=.0201$) The trend here is that the higher the level of education the lower the scores on ATTENTION. The same trend was seen on the PCRMA subscale LOVING, $\underline{F}(7,149)=2.00$, $p=.0591$; and the related FACTOR 1 scores, $\underline{F}(7,149)=2.01$, $p=.0504$. Both of these comparisons approached but did not quite reach significance.

An analysis of variance was computed for education and age. As might be expected, there was a tendency for younger subjects to be less educated. This comparison also approached but did not reach significance, $\underline{F}(7,153)=1.99$, $p=.0591$.

There are 5 non-whites among the fathers group, and 12 among the non-fathers group. A chi-square elicited no significant difference between the two groups in terms of race, $\chi^2(1, N=161)=1.97$, $\alpha=.160$.

So, fathers are significantly older and more educated than the non-fathers in this sample. However, there is no significant difference between the two groups on reports of gay age, self-income, household income, and race.

Hypothesis 1

Fathers did score significantly lower than non-fathers on almost all measures of internalized homophobia. (See Table 3.) On the Nungesser Homosexual Attitudes Inventory (NHAI) total score, fathers produced a mean score of 55.5, with a standard deviation of 12.3; the mean for non-fathers was 61.5, with a standard deviation of 14.2, $t(159)=-2.84$, $p=.005$. On the NHAI subscale *SELF*, fathers produced a mean score of 14.5, with a standard deviation of 3.4; the mean for non-fathers was 16.7, with a standard deviation of 4.9, $t(147)=-3.35$, $p=.001$ (t computed with separate variance estimates). On the NHAI subscale *OTHER*, the mean score for fathers was 15.2, with a standard deviation of 3.1; non-fathers produced a mean of 17.0, and a standard deviation of 4.2, $t(150)=-3.08$, $p=.002$ (t computed with separate variance estimates). On the third NHAI subscale, *DISCLOSURES*, the mean score for fathers was 25.8, with a standard deviation of 8.6; the mean for non-fathers was 27.8, with a standard deviation of 8.4. There was no significant difference in the scores of the two groups on this last subscale, $t(159)=-1.46$, $p=.145$.

On the second overall measure of internalized homophobia, the Ego-Dystonic Homosexuality Scale (EDH), the fathers again scored significantly lower than the non-fathers. Fathers produced a mean score of 11.8 with a standard deviation of 2.0; non-fathers produced a mean of 13.9, with a standard deviation of 3.7, $t(125)=-4.46$, $p=.000$ (t computed with separate variance estimates).

Hypotheses 2

Fathers did score significantly higher on a measure of self-esteem, the Rosenberg Self-Esteem Scale (RSE). (See Table 3.) Fathers produced a mean score of 35.0, with a

Table 3

Fathers v. Non-Fathers Re Internalized Homophobia and Self-Esteem

		Scales						
Group	<u>n</u>	EDH	NHAI TOTAL	NHAI SELF	NHAI OTHER	NHAI DISC.	RSE	
Fathers	78							
		<u>M</u>	11.8	55.5	14.5	15.2	25.8	35.0
		<u>SD</u>	2.0	12.3	3.4	3.1	8.6	4.2
Non-Fathers	83							
		<u>M</u>	13.9 ^a	61.5	16.7	17.0	27.8	33.3
		<u>SD</u>	3.7 ^a	14.2	4.9	4.2	8.4	4.9
<u>t</u>			-4.46 ^b	-2.84	-3.35 ^b	-3.08 ^b	-1.46	2.35
			***	**	***	**		.

^an=81.

^bt computed with separate variance estimates.

*p≤.02, two tailed. **p≤.005, two-tailed. ***p≤.001, two-tailed.

Note. EDH = Ego-Dystonic Homosexuality Scale. NHAI = Nungesser Homosexual Attitudes Inventory Scale (with subscales Self, Other and Disclosure). RSE = Rosenberg Self-Esteem Scale.

standard deviation of 4.2; the mean score for the non-fathers was 33.3, with a standard deviation of 4.9, $t(159)=2.35$, $p=.02$.

Hypothesis 3

There were no significant differences between fathers and non-fathers on any of the various measures of intimacy in the family of origin. (See Tables 4 and 5.) These measures include: the Family-of-Origin Scale (FOS) subscale INTIMACY; the Parent-Child Relations Questionnaire II Father-Son form (PCRFA) and Mother-Son form (PCRMA) subscales LOVING, REJECTING, and ATTENTION, and FACTOR 1 (LOVING minus REJECTING). The range of two-tailed p for these comparisons is .141 to .823.

Hypothesis 4

There were no significant differences between the scores of fathers and non-fathers on measures of autonomy in the family of origin. (See Tables 6 and 7.) These measures include: FOS subscale AUTONOMY; PCRFA and PCRMA subscales CASUAL, and DEMANDING, and Factor 2 (CASUAL minus DEMANDING). The range of two-tailed p for these comparisons is .090 to .999.

Correlations Between Scales

The measures related to H_1 all correlate significantly with one another. These are the Ego-Dystonic Homosexuality Scale (EDH), the Nungesser Scale (NHAI) and its subscales SELF, OTHER and DISCLOSURE. (See Table 8.) These are strong correlations, with Pearson Correlation Coefficients (r) ranging from .4161 to .8940, and with all one-tailed tests of probability equalling .000. The EDH is most highly correlated with the NHAI subscale SELF ($r=.6282$, $p=.000$). Among the correlations between the various NHAI

Table 4

Fathers v. Non-Fathers Re Measures of Intimacy with Father

Scale	Group				t
	n	Fathers	n	Non-Fathers	
FOS Intimacy	78		82		1.48
<u>M</u>		66.0		66.2	
<u>SD</u>		15.9		16.5	
PCRFA Loving	75		83		0.93
<u>M</u>		24.1		23.0	
<u>SD</u>		7.6		7.1	
PCRFA Rejecting	73		81		-1.05
<u>M</u>		21.9		23.1	
<u>SD</u>		7.2		6.7	
PCRFA Factor 1	73		81		1.04
<u>M</u>		52.1		50.1	
<u>SD</u>		14.5		13.2	
PCRFA Attention	73		81		0.77
<u>M</u>		19.2		18.6	
<u>SD</u>		5.2		4.7	

Note. If missing values in subscale ≤ 3 , then subscale mean inserted for missing values. If missing values in subscale >3 , then subscale discarded.

Note. FOS=Family-of-Origin Scale. PCRFA=Parent-Child Relations Questionnaire II Father-Son.

Table 5

Fathers v. Non-Fathers Re Measures of Intimacy with Mother

Scale	Group				t
	n	Fathers	n	Non-Fathers	
FOS Intimacy	78		82		1.48
<u>M</u>		66.0		66.2	
<u>SD</u>		15.9		16.5	
PCRMA Loving	76		81		0.22
<u>M</u>		30.1		30.1	
<u>SD</u>		5.9		6.4	
PCRMA Rejecting	78		83		-1.16
<u>M</u>		16.3		17.3	
<u>SD</u>		5.4		5.8	
PCRMA Factor 1	76		81		0.61
<u>M</u>		64.3		63.2	
<u>SD</u>		10.9		11.7	
PCRMA Attention	78		83		-0.61
<u>M</u>		24.4		24.8	
<u>SD</u>		4.5		4.7	

Note. If missing values in subscale ≤ 3 , then subscale mean inserted for missing values. If missing values in subscale >3 , then subscale discarded.

Note. FOS=Family-of-Origin Scale. PCRMA=Parent-Child Relations Questionnaire II Mother-Son.

Table 6

Fathers v. Non-Fathers Re Measures of Autonomy with Father

Scale	Group		t	
	<u>n</u>	Fathers		<u>n</u>
FOS Autonomy	78		82	1.71
<u>M</u>		63.6		59.2
<u>SD</u>		15.5		16.6
PCRFA Casual	73		81	-0.16
<u>M</u>		23.9		24.1
<u>SD</u>		5.3		6.2
PCRFA Demanding	75		83	-0.94
<u>M</u>		26.1		27.1
<u>SD</u>		6.6		6.7
PCRFA Factor 2	73		81	0.53
<u>M</u>		47.7		46.8
<u>SD</u>		10.5		11.5

Note. If missing values in subscale ≤ 3 , then subscale mean inserted for missing values. If missing values in subscale >3 , then subscale discarded.

Note. FOS=Family-of-Origin Scale. PCRFA=Parent-Child Relations Questionnaire II Father-Son.

Table 7

Fathers v. Non-Fathers Re Measures of Autonomy with Mother

Scale	Group		t	
	<u>n</u>	Fathers		<u>n</u>
FOS Autonomy	78		82	1.71
<u>M</u>		63.6		59.2
<u>SD</u>		15.5		16.6
PCRMA Casual	78		83	-0.46
<u>M</u>		23.2		23.6
<u>SD</u>		4.7		5.3
PCRMA Demanding	76		81	0.00
<u>M</u>		25.0		25.0
<u>SD</u>		5.5		5.6
PCRMA Factor 2		76	81	-0.26
<u>M</u>		48.1		48.5
<u>SD</u>		9.1		9.9

Note. If missing values in subscale ≤ 3 , then subscale mean inserted for missing values.

If missing values in subscale > 3 , then subscale discarded.

Note. FOS = Family-of-Origin Scale. PCRMA = Parent-Child Relations Questionnaire II, Mother-Son.

Table 8

Correlations Between Measures of Internalized Homophobia and Self-Esteem

Scale	NHAI SELF	NHAI OTHER	NHAI DISC	NHAI TOTAL	RSE
EDH	.63****	.42****	.44****	.59****	-.16**
NHAI Self	—	.51****	.47****	.76****	-.32****
NHAI Other	—	—	.42****	.70****	-.03
NHAI Disc	—	—	—	.89****	-.14*
NHAI Total	—	—	—	—	-.20***

* $p < .05$, one-tailed. ** $p < .02$, one-tailed. *** $p \leq .01$, one-tailed.

**** $p = .000$, one-tailed.

Note. EDH = Ego-Dystonic Homosexuality Scale. NHAI = Nungesser Homosexual Attitudes Inventory Scale (with subscales Self, Other, Disclosure). RSE = Rosenberg Self-Esteem Scale.

scores, the strongest correlation is between the TOTAL and DISCLOSURE scores ($r=.8940$, $p=.000$).

The single measure of self-esteem, the RSE, which is related to H_2 , correlates significantly with almost all measures of internalized homophobia. (See Table 8.) That is, it correlates with the EDH ($r=-.1647$; $p=.019$), the NHAJ TOTAL ($r=-.2044$; $p=.005$), and the DISCLOSURE subscale ($r=-.1441$; $p=.034$). However, the only fairly robust correlation is with the NHAJ SELF subscale ($r=-.3240$, $p=.000$), accounting for 10.5% of the variance in scores of SELF. It does not correlate significantly with the NHAJ subscale OTHER.

There are many significant correlations between measures related to H_3 and H_4 , i.e. the Family-of-Origin Scale (FOS) and the Parent-Child Relations Questionnaire II both father and mother forms (PCRFA and PCRMA). These are reported in Table 9. There are very robust correlations between FACTOR 1 on both forms of the PCR and the FOS subscales INTIMACY and AUTONOMY ($r=.5975$ to $.6840$, $p=.000$ for all). The same is true of the PCR subscales LOVING and REJECTING (which constitute the FACTOR 1 score) and the FOS subscales ($r=-.5380$ to $.7209$, $p=.000$ for all). There are also robust correlations between the PCRFA subscale ATTENTION and the FOS subscales INTIMACY and AUTONOMY ($r=.4157$ and $.3980$ respectively, $p=.000$ for both), but weaker correlations between the PCRMA ATTENTION and FOS subscales ($r=.2656$, $p=.000$ and $r=.2262$, $p=.002$ respectively). The remaining correlations are also fairly weak ($r=.2277$ to $.3100$, $p=.000$ to $.002$). And, there are no significant correlations between both the PCRMA CASUAL and FACTOR 2 and the two FOS subscales.

Additionally, the correlation between the two FOS subscales, INTIMACY and

Table 9

Correlations Between Family-Of-Origin and Parent-Child Relations Scales

PCR Subscale	<u>PCRFA</u>		<u>PCRMA</u>	
	FOS	FOS	FOS	FOS
	Intimacy	Autonomy	Intimacy	Autonomy
Loving	.72**	.68**	.61**	.57**
Rejecting	-.60**	-.54**	-.65**	-.59**
Factor 1	.68**	.63**	.65**	.60**
Attention	.42**	.40**	.27**	.23*
Casual	.27**	.23*	-.05	-.03
Demanding	-.29**	-.28**	-.23*	-.24**
Factor 2	.31**	.28**	.11	.12

* $p = .002$, one-tailed. ** $p \leq .001$, one-tailed.

Note. FOS = Family-of-Origin Scale. PCRFA/MA = Parent-Child Relations Questionnaire II, Father-Son and Mother-Son.

AUTONOMY, is very robust, ($r=.9106$, $p=.000$).

Table 10 displays the highly robust correlations among the PCRFA FACTOR 1 and its component subscales, LOVING and REJECTING ($r=-.8636$ to $.9673$, $p=.000$ for all). The same is true of the correlations among the PCRFA FACTOR 2 and its component subscales CASUAL and DEMANDING ($r=-.5746$ to $.9035$, $p=.000$ for all). The subscale ATTENTION is more highly correlated with subscales LOVING and REJECTING and FACTOR 1 ($r=-.6373$ to $.6990$, $p=.000$ for all) than to subscales CASUAL and DEMANDING and FACTOR 2 ($r=.3419$ to $.3852$, $p=.000$ for all). Very similar findings for the PCRMA are reported in Table 11. There are very robust correlations among FACTOR 1 and the two component subscales ($r=-.8723$ to $.9707$, $p=.000$ for all), and among FACTOR 2 and the two component subscales ($r=-.5993$ to $-.9042$, $p=.000$ for all). Subscale ATTENTION is more highly correlated with the former set ($r=-.5162$ to $.5885$, $p=.000$ for all) than with the latter set ($r=-.1555$, $p=.026$ and $r=.1845$, $p=.010$). There is no significant correlation between ATTENTION and DEMANDING.

The Marlowe-Crowne Social Desirability Scale (MCSDS) correlates significantly with the PCRFA FACTOR 1 ($r=.1559$, $p=.028$) and its component subscales LOVING ($r=.1448$, $p=.036$) and REJECTING ($r=-.1503$, $p=.032$). However, scores on the MCSDS account for less than 3% of the variance in the scores on these aforementioned measures. Furthermore, there are no significant differences on these PCRFA measures between any of the groups compared (on t-tests) in this research.

There is only one comparison between groups in which the MCSDS approximates significance: bar controls ($M=14.2$; $SD=6.6$) score higher than athlete controls ($M=11.4$; $SD=5.5$), $t(79)=1.98$, $p=.051$). Additionally, these are the only two groups which differ

Table 10

Correlations Between PCRFA Subscales

Subscale	Reject	Factor 1	Attention	Casual	Demand	Factor 2
Loving	-.86***	.97***	.70***	.22***	-.39***	.34***
Rejecting	—	-.96***	-.64***	-.14*	.31***	-.26***
Factor 1	—	—	.69***	.19**	-.36***	.31***
Attention	—	—	—	.34***	.34***	.39***
Casual	—	—	—	—	-.57***	.87***
Demanding	—	—	—	—	—	-.90***

* $p < .05$, one-tailed. ** $p < .01$, one-tailed. *** $p \leq .001$, one-tailed.

Note. PCRFA = Parent-Child Relations Questionnaire II, Father-Son.

Table 11

Correlations Between PCRMA Subscales

Subscale	Reject	Factor 1	Attention	Casual	Demand	Factor 2
Loving	-.87***	.97***	.59***	.30***	-.45***	.42***
Rejecting	—	-.96***	-.52***	-.19*	.46***	-.37***
Factor 1	—	—	.57***	.26**	-.47***	.41***
Attention	—	—	—	.18**	.12	.16*
Casual	—	—	—	—	-.60***	.89***
Demanding	—	—	—	—	—	-.90***

* $p < .05$, one-tailed. ** $p < .01$, one-tailed. *** $p \leq .001$, one-tailed.

Note. PCRMA = Parent-Child Relations Questionnaire II, Mother-Son.

significantly on the FOS INTIMACY and AUTONOMY subscales, to which the MCSDS correlates significantly but weakly ($r=.2279$, $p=.002$ and $r=.1677$, $p=.018$ respectively). The bar controls ($M=68.5$; $SD=12.6$) score higher than athletes ($M=59.4$; $SD=17.3$) on FOS INTIMACY, $t(80)=2.42$, $p=.018$. On FOS AUTONOMY, bar controls ($M=66.3$; $SD=13.4$) again score higher than athlete controls ($M=55.9$; $SD=17.0$), $t(80)=2.73$, $p=.008$.

The MCSDS also correlates significantly with the RSE, the EDH, the NHAJ TOTAL, and the NHAJ subscales SELF and DISCLOSURE. However, none of these correlations are very robust ($r=-.1636$ to $-.2873$, $p=.000$ to $.020$). Furthermore, where there are significant differences between groups in scores on these measures, there are no coinciding significant differences in scores on the MCSDS.

Bar Controls v. Athlete Controls

When comparing bar controls with athlete controls, there were no significant differences on measures related to self-esteem or on measures related to internalized homophobia, except that 56 athletes scored significantly lower ($M=16.3$; $SD=4.3$) than 27 bar controls ($M=18.3$; $SD=3.5$) on the NHAJ subscale OTHER, $t(81)=2.08$, $p=.041$. Bar controls did score significantly higher on an overall measure of intimacy in the family of origin, the FOS subscale INTIMACY, as well as on all related PCRMA measures pertaining to intimacy with mothers, but not with fathers. (See Tables 12 and 13.) Also, 26 bar controls scored significantly higher ($M=66.3$; $SD=13.4$) than 56 athlete controls ($M=55.9$; $SD=17.0$) on an overall measure of autonomy in the family of origin, the FOS subscale AUTONOMY, $t(80)=2.73$, $p=.008$. However, there were no significant differences in scores between the two groups on FACTOR 2, subscale CASUAL, or subscale DEMANDING on either the PCRFA or the PCRMA.

Table 12

Bar Controls v. Athlete Controls Re Measures of Intimacy with Father

Scale	Group				t
	n	Bar Controls	n	Athlete Controls	
FOS Intimacy	26		56		2.42*
<u>M</u>		68.5		59.3	
<u>SD</u>		12.6		17.3	
PCRFA Loving	27		56		1.62
<u>M</u>		24.8		22.2	
<u>SD</u>		6.9		7.2	
PCRFA Rejecting	26		55		-1.15
<u>M</u>		21.8		23.7	
<u>SD</u>		6.5		6.8	
PCRFA Factor 1	26		55		1.36
<u>M</u>		52.6		48.4	
<u>SD</u>		12.5		13.3	
PCRFA Attention	26		55		1.25
<u>M</u>		19.5		18.2	
<u>SD</u>		5.3		4.3	

Note. If missing values in subscale ≤ 3 , then subscale mean inserted for missing values.

If missing values in subscale > 3 , then subscale discarded. * $p < .02$, two-tailed.

Note. FOS = Family-of-Origin Scale. PCRFA = Parent-Child Relations Questionnaire II, Father-Son.

Table 13

Bar Controls v. Athlete Controls Re Measures of Intimacy with Mother

Scale	Group				t
	<u>n</u>	Bar Controls	<u>n</u>	Athlete Controls	
FOS Intimacy	26		56		2.42*
<u>M</u>		68.5		59.3	
<u>SD</u>		12.6		17.3	
PCRMA Loving	26		55		3.20**
<u>M</u>		33.7		29.1	
<u>SD</u>		5.0		6.5	
PCRMA Rejecting	27		56		-3.27**
<u>M</u>		14.5		18.7	
<u>SD</u>		4.3		5.9	
PCRMA Factor 1	26		55		3.85**
<u>M</u>		69.1		60.5	
<u>SD</u>		8.5		12.1	
PCRMA Attention	27		56		3.05**
<u>M</u>		27.0		23.8	
<u>SD</u>		4.9		4.2	

Note. If missing values in subscale ≤ 3 , then subscale mean inserted for missing values. If missing values in subscale > 3 , then subscale discarded. * $p < .02$, two-tailed. ** $p \leq .003$.
 Note. FOS = Family-of-Origin Scale. PCRMA = Parent-Child Relations Questionnaire, Mother-Son.

On the Marlowe-Crowne Social Desirability Scale, the 27 bar controls score higher ($M=14.2$; $SD=6.6$) than 54 athlete controls who responded on this scale ($M=11.4$; $SD=5.5$). This difference closely approaches significance, $t(79)=1.98$, $p=.051$.

In terms of demographics (see Tables 14 and 15), the bar controls ranged in age from 25 to 46 years ($M=32.7$; $SD=6.1$); and the athletes ranged in age from 25 to 52 years ($M=36.6$; $SD=6.7$). There is a significant difference in age between the two control groups, $t(81)=-2.58$, $p=.012$). There is no significant difference between the two groups in terms of gay age. Mann-Whitney U-tests elicited a significant difference between the two control groups in terms of self-income and education. Bar controls reported a median income of 25K, while the athlete controls reported a median income of 45K ($U=402.0$, $z=-3.1228$, $p=.002$). Although the median education level for both groups was at the level of an undergraduate degree, the mean rank for the bar controls was 30.41 compared to a mean rank of 47.59 for the athlete controls, ($U=443.0$, $z=-3.1118$, $p=.002$). So, the athlete controls are significantly older and more educated, and have significantly higher incomes than the bar controls. However, there is no significant difference between the two control groups in terms of gay age. Nor is there a significant difference between the two control groups in terms of household income for cohabiting partners, though here the numbers are small -- 4 of 27 bar controls, and 13 of 56 athlete controls.

In terms of race, there were 8 non-whites among the 27 bar controls, and 4 among the 56 athlete controls. Chi square was computed with Yates' correction for one degree of freedom, and yielded a significant difference between the two groups, $\chi^2(1, N=83)=5.74$, $p=.0166$. As the expected frequency in one cell is less than 5, this statistic should be interpreted with caution (minimum $EF=3.904$).

Table 14

Bar Controls v. Athlete Controls Re Age and Gay Age

Demographic Variable	Group				<u>t</u>
	<u>n</u>	Bar Controls	<u>n</u>	Athlete Controls	
Age	27		56		-2.58*
<u>M</u>		32.7		36.6	
<u>SD</u>		6.1		6.7	
Gay Age	26		55		0.50
<u>M</u>		18.4		17.4	
<u>SD</u>		8.9		8.3	

* $p=.012$, two-tailed.

Table 15

Bar Controls v. Athlete Controls Re Self-Income, Household Income and Education

Demographic Variable	Group				Mann-Whitney U
	<u>n</u>	Bar Controls	<u>n</u>	Athlete Controls	
Self-Income	26		54		402.0, $z=-3.12^*$
Median		25k		45k	
Mean Rank		29.0		46.1	
Household Income	4		13		19.0, $z=-0.84$
Median		55k		100k	
Mean Rank		7.3		9.5	
Education	27		56		443.0, $z=3.11^*$
Median		Undergrad Degree		Undergrad Degree	
Mean Rank		30.4		47.6	

* $p<.002$, two tailed.

Controls Who Want a Child v. Controls Who Do Not Want a Child

The version of the questionnaire given to controls asked "Would you like to raise a child?" Of the 80 controls who responded to this question, 43 of them (53.75%) answered "Yes," whereas 37 (46.25%) answered "No". There are few and isolated differences between these two groups. The 43 controls who indicated that they would like to raise a child scored significantly higher on Parent-Child Relations Questionnaire II Mother-Son (PCRMA) subscale LOVING ($M=32.2$; $SD=5.6$) than 35 controls who do not want children and for whom this subscale score was computed ($M=28.5$; $SD=6.9$), $t(76)=2.61$, $p=.011$. The 43 controls who want children also scored significantly higher on the related PCRMA FACTOR 1 ($M=65.8$; $SD=10.8$) than the 37 who do not want children ($M=59.8$; $SD=12.4$), $t(78)=2.29$, $p=.025$. Additionally, those who want children scored significantly higher on PCRFA (the Father-Son version) subscale DEMANDING ($M=28.8$; $SD=5.9$) than those who do not want children ($M=24.8$; $SD=7.1$), $t(78)=2.72$, $p=.025$.

In terms of demographics, there is a significant difference in age between these two groups. Those who want children are younger ($M=33.4$; $SD=6.3$) than those who do not want children ($M=37.2$; $SD=6.4$), $t(78)=-2.66$, $p=.009$. These two groups do not differ significantly on any other reported demographic measures: gay age, self-income, household income, education, or race.

Fathers v. Controls Who Would Like to Raise a Child

When fathers are compared with controls who state that they would like to raise a child, the results look very similar to those that were found when fathers were compared with all non-fathers. (See Table 16.) That is, differences appear in the areas of

Table 16

Fathers v. Controls Who Would Like to Raise a Child Re InternalizedHomophobia and Self-Esteem

		Scales					
Group	n	EDH	NHAI TOTAL	NHAI SELF	NHAI OTHER	NHAI DISC.	RSE
Fathers	78						
	<u>M</u>	11.8	55.5	14.5	15.2	25.8	35.0
	<u>SD</u>	2.0	12.3	3.4	3.1	8.6	4.2
Controls	43						
	<u>M</u>	14.2 ^a	62.5	16.9	17.2	28.4	33.4
	<u>SD</u>	2.4 ^a	15.3	5.3	4.0	8.9	4.2
	<u>t</u>	-3.70 ^{b**}	-2.73 [*]	-2.70 ^{b*}	-2.86 ^{b*}	-1.54	1.90

^an=42.^bt computed with separate variance estimates.^{*}p≤.01, two tailed. ^{**}p=.000, two-tailed.

Note. EDH = Ego-Dystonic Homosexuality Scale. NHAI = Nungesser Homosexual Attitudes Inventory Scale (with subscales Self, Other and Disclosure). RSE = Rosenberg Self-Esteem Scale.

self-esteem and internalized homophobia. Specifically, on the Rosenberg Self-Esteem Scale, fathers ($M=35.0$; $SD=4.2$) score higher than non-fathers who want children ($M=33.4$; $SD=4.2$). Though this difference does not achieve significance, it does closely approximate significance, $t(119)=1.90$ $p=.60$. Differences do achieve significance on the EDH, as well as on the NHAJ TOTAL score, NHAJ subscale SELF, and NHAJ subscale OTHER, though not on the NHAJ subscale DISCLOSURE.

One other isolated difference occurs between these two groups. On the PCRFA subscale DEMANDING, the 43 non-fathers who want children score higher ($M=28.8$; $SD=5.9$) than 75 fathers for whom this subscale score was computed ($M=26.1$; $SD=6.6$). This constitutes a significant difference, $t(116)=-2.20$, $p=.030$.

In terms of demographics, fathers are significantly older than controls who want children, both in terms of chronological age as well as gay age. (See Table 17.) Fathers also rank significantly higher on reports of self-income and education, but not on household income. (See Table 18.) Additionally, there were only 5 non-whites among the 78 fathers, but 9 non-whites among the 43 non-fathers who want to raise a child. Chi square was computed with Yates' correction for one degree of freedom, and yielded a significant difference between the two groups, $\chi^2(1, N=121)=4.38$, $p=.0363$. However, this statistic should be interpreted with caution, as the expected frequency in one cell is less than 5 (minimum $EF=4.975$).

Fathers v. Controls Who Would Not Like to Raise a Child

There were no significant differences between fathers and controls who stated that they would not like to raise a child on any of the demographic variables which have been reported here: age, gay age, self-income, household income, and education, and race.

Table 17

Fathers v. Controls Who Would Like to Raise A Child Re Age and Gay Age

Age	Group		t
	Fathers (<u>n</u> =78)	Controls (<u>n</u> =43)	
Age			-3.78**
<u>M</u>	37.7	33.4	
<u>SD</u>	6.0	6.3	
Gay Age			2.60*
<u>M</u>	19.9	16.3 ^a	
<u>SD</u>	6.7	7.8 ^a	

^an=42.

*p=.01, two-tailed. **p=.000, two-tailed.

Table 18

Families v. Controls Who Would Like to Raise a Child Re Self-Income.Household Income and Education

Demographic Variable	Group		Mann-Whitney U
	<u>n</u> Fathers	<u>n</u> Controls	
Self-Income	70	42	1079.5, $z=-2.38^{**}$
Median	45k	35k	
Mean Rank	62.1	47.2	
Household Income	56	7	158.5, $z=-0.85$
Median	75k	65k	
Mean Rank	32.7	26.6	
Education	78	43	1264.5, $z=-2.27^*$
Median	Grad Degree	Undergrad Degree	
Mean Rank	66.3	51.4	

* $p < .05$, two tailed. ** $p < .02$, two-tailed.

However, there is a significant difference between the two groups in scores on the PCRMA subscale REJECTING. Here controls who do not want children recall their mothers as more rejecting ($M=18.6$; $SD=5.9$) than do the fathers group ($M=16.3$; $SD=5.4$), $t(113)=-2.09$, $p=.039$. Thus, fathers score higher ($M=64.3$; $SD=10.9$) than controls who do not want children ($M=59.8$; $SD=12.4$) on the related factor score PCRMA FACTOR 1 (LOVING minus REJECTING). This difference approaches, but does not quite reach the .05 level of significance, $t(109)=1.96$, $p=.052$.

Additionally, there is a small cluster of scores related to self-esteem and internalized homophobia which indicate significant differences between the two groups. (See Table 19.) Fathers score significantly higher on the Rosenberg Self-Esteem Scale (RSE), $t(56)=2.12$, $p=.038$ (t computed with separate variance estimates), significantly lower on the Ego-Dystonic Homosexuality Scale (EDH), $t(49)=-2.77$, $p=.008$ (t computed with separate variance estimates), and significantly lower on the Nungesser Homosexual Attitudes Inventory Scale (NHAI) subscale SELF, $t(56)=-2.40$, $p=.020$ (t computed with separate variance estimates).

Correlations Between Demographics and Scale Scores

Demographic variables AGE, GAY AGE, and ARRIVAL YEAR OF FIRST CHILD (ARYR 1) were tested for any correlations with all scale scores, using a Pearson Correlation Coefficient (r). Some significant but weak correlations emerged between these demographic variables and the various measures of autonomy and intimacy in the family of origin (the Family-of-Origin subscales and the Parent-Child Relations subscales and factors). Age and gay age accounted for only 2% to 4% of the variance in scores on isolated measures of intimacy and autonomy in the family of origin, and there were no

Table 19

Fathers v. Controls Who Would Not Like to Raise a Child Re InternalizedHomophobia and Self-Esteem

		Scales					
Group	n	EDH	NHAI TOTAL	NHAI SELF	NHAI OTHER	NHAI DISC.	RSE
Fathers	78						
	<u>M</u>	11.8	55.5	14.5	15.2	25.8	35.0
	<u>SD</u>	2.0	12.3	3.4	3.1	8.6	4.2
Controls	37						
	<u>M</u>	13.4 ^a	60.0	16.5	16.4	27.1	32.8
	<u>SD</u>	3.2 ^a	13.1	4.6	4.1	8.2	5.6
	<u>t</u>	-2.77 ^{b***}	-1.78	-2.40 ^{b*}	-1.52 ^b	- 0.75	2.12 ^{b*}

^an=36.^bt computed with separate variance estimates.^{*}p=.038, two tailed. ^{**}p=.02, two-tailed. ^{***}p=.008, two-tailed.

Note. EDH = Ego-Dystonic Homosexuality Scale. NHAI = Nungesser Homosexual Attitudes Inventory Scale (with subscales Self, Other and Disclosure). RSE = Rosenberg Self-Esteem Scale.

significant correlations between ARYR 1 and any of these measures. However, the majority of significant correlations (which also were generally more significant and stronger correlations) were clustered among these demographic variables and the various measures of internalized homophobia and self-esteem (the NHAJ TOTAL and subscale scores and the EDH). These are reported in Table 20. The most robust correlations are between ARYR 1 and both NHAJ DISCLOSURE ($r=-.3883$, $p=.000$) and NHAJ TOTAL ($r=-.3645$, $p=.001$).

Fathers' Comments

As stated previously, at the end of the demographics section fathers were invited to write about their particular circumstances and experiences. Sixty-five, or 83% of these men chose to do so. The length of their comments ranged from a few words to three essays which one father had composed for a creative writing course.

Their comments touched upon a number of meaningful topics. Many fathers talked about the necessity of continued disclosure of their homosexuality as they became involved in various activities related to their children's lives -- at the PTA or with medical personnel, for example. Some discussed the problems faced in dealing with homophobic and heterosexist attitudes which are encountered in institutions as well as in interpersonal contacts. Some noted experiences of non-acceptance in the gay community as well as in the heterosexual world. Still others observed that children are a common denominator which open up new ties to their extended families and to the heterosexual world in general.

Some fathers reported that their problems are less related to their homosexuality but pertain more to parenting issues, such as child development, difficulties of single

Table 20

Internalized Homophobia and Self-Esteem Correlated with Demographics(Arrival Year Of First Child, Age and Gay Age)

Scale	Arrival Year		
	Of First Child	Age	Gay Age
EDH	-.27***	-.11	-.20***
NHAI Self	-.22*	-.14***	-.22***
NHAI Other	-.13	.14*	.06
NHAI Disc	-.39****	.09	.03
NHAI Total	-.36****	.05	-.04
RSE	-.02	.16**	.19***

* $p < .05$, one-tailed. ** $p < .02$, one-tailed. *** $p \leq .01$, one-tailed.

**** $p \leq .001$, one-tailed.

Note. EDH = Ego-Dystonic Homosexuality Scale. NHAI = Nungesser Homosexual Attitudes Inventory Scale. RSE = Rosenberg Self-Esteem Scale.

parenthood, and relationship issues that arise with the addition of a child. Those who are in support groups value them highly. Others who do not have access to such groups note their need for them.

Many fathers encouraged future research regarding families headed by gay men. They offered to participate in future research, and indicated their interest in seeing the results of this study.

Specific comments by the fathers will be integrated where appropriate in the Discussion section.

Discussion

Demographics

During the conception of this project, it was suspected that independent variables age and gay age might affect responses on the various measures used to test the four hypotheses. It was also suspected that income disparity between fathers and non-fathers might have the effect of including among the controls men for whom adoption is not an option because of insufficient income. In examining these variables, it was found that among the men in this sample the fathers are significantly older than non-fathers. However, there are no significant differences between the two groups in terms of gay age, individual income, or household income for co-habiting partners.

Age and gay age were examined further to see if in fact these variables did influence scores on any of the various scales. Though there were some significant correlations between these variables and scores on measures related to the family of origin, the correlations were weak, accounting for only 2% to 4% of the variance in scores. What does emerge is a cluster of significant correlations between these independent variables and measures of internalized homophobia and self-esteem. (These are reported in Table 20.) However, once again the correlations are rather weak, with age accounting for only about 2% to 3% of the variance in scores on these measures. So, although fathers are significantly older than non-fathers in this sample, age does not appear to greatly influence their scores on any of the various measures used to test the four hypotheses.

Fathers also reported significantly higher levels of education than non-fathers. An analysis of variance suggests a tendency for more highly educated subjects to recall their mothers as less attentive and less loving during childhood. This is the only area in

which level of education appears to have any effect. Perhaps more education contributes in some way to a more realistic, less idealized sense of one's history with one's mother. Yet, when fathers and non-fathers are compared on measures related to their recollection of their childhood relationship with their mothers, there are no significant differences in their scores. Also, it should be remembered that both groups are well-educated. It might be the case that there exists a combined effect of education with an unknown variable which then produces the affect noted here.

Hypothesis 1

Hypothesis 1 was supported by the data. Fathers scored significantly lower than non-fathers on all measures related to internalized homophobia except one, the Nungesser Homosexual Attitudes Inventory (NHAI) subscale DISCLOSURE (see Table 3). On this subscale fathers again scored lower, indicating that they are somewhat more comfortable with disclosing their homosexuality, but the difference in scores did not reach significance.

These findings indicate that the fathers feel more comfortable with their sexuality in general than do the non-fathers. The subscale scores of the NHAI may be providing more discrete information. This, of course, depends on whether these subscales are measuring distinct phenomena of a broader concept. (This will be addressed in a discussion of supplementary findings.) However, if the subscales are discrete measures, then the fathers in this sample are more comfortable not only with their own sexuality, but also with homosexuality in others. The fact that the fathers' lower scores on DISCLOSURE do not reach significance may indicate that fathers and non-fathers perceive a similar level of acceptance of their homosexuality among members of the society at large. However,

given that the controls in this sample were solicited from New York City, this finding might not be replicated with controls solicited from less urban areas.

At this point it seems reasonable to continue to speculate that gay men who are more accepting of their homosexuality might also be less accepting of the restrictions placed on them because of their homosexuality by the society at large. Here, of course, the restriction is that they should not be parents.

Hypothesis 2

The data also supported Hypothesis 2. Fathers did in fact display significantly higher levels of self-esteem than the non-fathers. (See Table 3.) Suffice to say that it is not surprising to find that gay men who are more comfortable with their sexuality, such a core aspect of one's being, will likely feel better about themselves in general.

Again, the original speculation appears to be consistent with these results, that gay men who possess a greater sense of self-worth might be less accepting of society's restriction on their right and ability to parent.

Hypotheses 3 and 4

These hypotheses are not supported by the data. There is no significant difference in scores between fathers and non-fathers in this sample on either of the global measures related to intimacy (see Tables 4 and 5) and autonomy (see Tables 6 and 7) in the family of origin. It would appear then that fathers do not recall from their own childhood memories that their families fostered more intimacy or autonomy among family members than do non-fathers. When examining more discrete related measures, neither group recalls their fathers as being more loving, rejecting, casual, demanding, or attentive in relation to them. The same is true in their recollections of their childhood relationships

with their mothers. Thus, there is no evidence from this sample on these various measures to suggest that fatherhood among gay men is in any way related to their perceptions of their childhood relationships in their families of origin. This finding is supported by the results obtained by Skeen and Robinson (1984, 1985) reported previously.

Correlations Between Scales

Correlations among measures of internalized homophobia were examined. As reported in Table 8, all correlations among the Ego-Dystonic Homosexuality Scale (EDH), the Nungesser Homosexual Attitudes Inventory Scale (NHAI) TOTAL, and the NHAI subscales were highly significant ($p=.000$ for all correlations). Among the correlations between the EDH and the various NHAI scores, the most robust correlation is between the EDH and the NHAI subscale SELF ($r=.6282$). This is not surprising in that the SELF subscale focuses on attitudes, feelings and beliefs about being gay, and the EDH targets these as well as wishes and behaviors which are related to them. Indeed, scores on the EDH predict nearly 40% of the variance in scores on the SELF subscale. And, there is an almost equally robust correlation between the EDH and the NHAI TOTAL scores ($r=.5934$), with scores on the EDH predicting more than 35% of the variance in NHAI TOTAL scores. It is also not surprising that, when correlations with the Rosenberg Self-Esteem Scale (RSE) are examined, the strongest correlation is between the RSE and SELF ($r=.3240$), with scores on SELF predicting 10.5% of the variance in scores on self-esteem. A related correlation between RSE and EDH is also significant, yet considerably weaker, with scores on the EDH accounting for less than 3% of the variance in self-esteem scores. The central measure here appears to be the SELF subscale, with strong connections to

wishes and behaviors which arise out of one's attitudes, feelings and beliefs about being gay, as well as to an overall sense of self-esteem. The connection among these three measures is consistent throughout all reported comparisons between groups: fathers v. non-fathers (Table 3); fathers v. non-fathers who would like to raise a child (Table 16); and, fathers v. non-fathers who would not like to raise a child (Table 19). That is, whenever comparisons between groups produce significant differences on one of these measures, then significant differences appear on the other two measures as well. One minor exception is that in a comparison of fathers and non-fathers who would like to raise a child the difference between the two groups on the self-esteem measure does not achieve a level of significance, but does closely approach it ($p=.06$). The same coincidence of significant differences does not occur among the three subscales. So, there is some indication here that the SELF subscale is measuring a phenomenon specifically related to one's sense of self in relation to one's sexuality, and that this may be connected to but distinct from feelings, attitudes and beliefs about homosexuality in others and about disclosure of one's sexuality.

When the Nungesser Homosexual Attitudes Inventory Scale (NHAI) is examined on its own (see Table 8), strong correlations are observed among all of the subscales, indicating that one's feelings, attitudes, and beliefs about one's own homosexuality, homosexuality in others, and disclosure of one's homosexuality are closely connected. However, the most robust correlations occur between the NHAI TOTAL score as a global measure and each of the subscales: SELF ($r=.7562$); OTHER ($r=.7041$); and, DISCLOSURE ($r=.8940$). The indication here is that each of the subscale scores is a strong predictor of the TOTAL score. It would appear then that the subscales are indeed

measuring components of a broader concept.

Shidlo (1987) also found very highly significant correlations between each of the subscales and the TOTAL score: SELF ($r=.88$); OTHER ($r=.87$); and DISCLOSURE ($r=.88$). These are stronger and more consistent across the board than the correlations reported here. However, he also found very high significant correlations among the subscales themselves: SELF v. OTHER ($r=.77$) OTHER v. DISCLOSURE ($r=.69$); and, DISCLOSURE v. SELF ($r=.62$). These stand in contrast to more moderate correlations reported in this research: SELF v. OTHER ($r=.5106$); OTHER v. DISCLOSURE ($r=.4183$); and, DISCLOSURE v. SELF ($r=.4662$). Shidlo's results, specifically the very high correlations among the subscales, might indicate that the subscales are not measuring distinct phenomena. Furthermore, Shidlo found that the subscales offered virtually no differential predictive value relative to various measures of health: psychological adjustment (depression, psychosomatic symptoms, stability of self); distrust; self-esteem (self-worth, self-confidence); and, loneliness. The NHA TOTAL and all subscale scores were highly correlated with all of these measures of health, except that subscale OTHER did not correlate significantly with stability of self or self-confidence. He did find some discriminative power in the DISCLOSURE subscale, in that it did predict overlap in gay and non-gay persons in the subjects' support systems, and the ratio of gay-to-all supports. However, subscale OTHER did not provide a discrete measure of the subjects' interest in emotional intimacy with a same-sex partner, nor with the presence of a gay romantic relationship, as he had hypothesized. Nor did subscale SELF prove to be a discrete measure of psychological adjustment or self-esteem. Again, this contrasts with results reported here, where SELF emerged as the most robust predictor of self-esteem, and

DISCLOSURE as the most robust predictor by far of the **NHAI TOTAL**.

Also, **DISCLOSURE** appears to be a discrete measure in this research. Fathers themselves comment on the need for more acts of disclosure upon having a child, and the statistics verify a robust correlation between the arrival of the first child and scores on this subscale. The indication is that when the child arrives, the fathers find it necessary to disclose information relative to their homosexuality more frequently and in new situations, and their attitudes toward disclosure become less homophobic. As one father simply puts it, "You are always out as two men raising a child." Another remarks,

Bringing up the kids has forced me to be out to more people, to voice my views on life, sexuality, homophobia, and to be more aggressive in dealing with others --- such as teaching heterosexual families how to communicate to their children about the many different types of families there are.

Still another writes, "As a gay dad I find it easier to be out at work, to simply tell my supervisors when my partner is tied up at his job and I need time off to care for our son." And, these remarks are consistent with those reported by Martin (in press) from her interviews with a similar group of gay fathers.

In contrast, feelings about homosexuality in others appears to remain unaffected by the arrival of a child, and there is only a weak correlation between this event and feelings about one's own homosexuality. Yet, the fact that the **DISCLOSURE** subscale is so much more highly predictive of the **NHAI TOTAL** in this research ostensibly seems paradoxical, because it is the only **NHAI** measure that is also consistently non-significant in all comparisons between groups reported here, even when scores on other **NHAI** measures do reach significance. However, again it must be remembered that all controls

were solicited in New York City, Manhattan specifically. As such, they operate in an atmosphere which is generally fairly liberal and probably more accepting of homosexuality than most. Controls from this environment are likely to feel safe to disclose their homosexuality in various settings. From this perspective it makes sense that the difference between groups on attitudes toward disclosure does not reach significance. Yet, it also appears that the extremely robust correlation between **NHAI DISCLOSURE** and **TOTAL** is sensitive to even non-significant differences in scores on the **DISCLOSURE** subscale, as in the comparison between fathers and non-fathers.

To summarize, the results reported here do suggest that there is some discriminative ability in the **SELF** subscales, in contrast to Shidlo's findings. The correlational statistics relative to **SELF**, **EDH** and **RSE** reported here were supported by t-tests, which produced a coincidence of significant differences on all three measures in all comparisons between fathers and non-fathers. In addition, there is evidence that the **DISCLOSURE** subscale is a discrete measure as well. Fathers report more acts of disclosure upon having a child, and their scores on this subscale appear to become significantly lower when a child arrives. Shidlo raises the question of whether the subscales might be measuring inseparable and nondistinct components of a broader concept. This speculation is not supported by the moderate correlations among the subscales reported here. It is apparent that questions still remain regarding the **NHAI** subscales. However, the correlation between **NHAI TOTAL** and **EDH** and the high correlations between **TOTAL** and subscales indicate that **TOTAL** is at the very least an adequate global measure of internalized homophobia.

As suspected, **FACTOR 1** and its component subscales **LOVING** and **REJECTING** on

both the Mother-Son and the Father-Son versions of the Parent-Child Relations Questionnaire II (PCRMA and PCRFA) are highly correlated with the Family-of-Origin Scale (FOS) INTIMACY subscale (Table 9). However, they are almost as strongly correlated with the FOS AUTONOMY subscale. In retrospect this is not surprising. Autonomy involves a mutual respect for and acceptance of one another's individuality and emotional integrity, and the creation of a safe place within the family where that individuality can be expressed clearly and openly. Intimacy develops within a context of warmth and love, in which the expression of a wide range of feelings leads not to conflict but to resolution and a feeling of empathy and trust. These are the core constructs addressed in the two subscales of the FOS. They appear to be related in a circular way, in which respect for individuality fosters an expression of a wide range of emotions, creating a feeling of safety and acceptance, etc. These concepts of intimacy and autonomy, occurring in tandem, are hallmarks of healthy family functioning. And, there is a very robust correlation between them as they appear in the FOS subscales ($r=.9106$). In this context it is sensible that the PCR measure LOVING, as well as its converse REJECTING, should be highly correlated with both the INTIMACY and AUTONOMY subscales of the FOS.

The ATTENTION measure for fathers is much more highly correlated with INTIMACY and AUTONOMY than is the ATTENTION measure for mothers. This seems to indicate that for gay men in this sample the experience of the father as being aware of and responsive to the son's needs is closely connected to the son's overall sense of intimacy and autonomy in the family of origin, more important even than the experience of the mother in this way. In addition, the most robust correlation between

these two scales exists between a measure of father's love and a measure of perceived intimacy in the family. This finding is consistent with contemporary theory of homosexuality which holds that the original erotic attachment for gay men is with the father, not with the mother (Silverstein, 1981; Isay, 1989).

The correlations among PCRMA/FA subscales CASUAL and DEMANDING (and the related FACTOR 2) and the FOS subscales INTIMACY and AUTONOMY are either non-significant or not very robust. It would appear then that for this sample a sense of love and acceptance in the family of origin is not very much affected by the parents' attitudes toward rules in the family, be they laissez-faire or strict enforcement.

The correlations among the PCRMA and PCRFA subscales and factors for this sample emerge as the authors of those suggest. (See Tables 10 and 11.) On both versions of the PCR there are very robust correlations between LOVING and its converse REJECTING, and for each of these there is an extremely high correlation with the related factor score. Similarly, there is a robust correlation between subscale CASUAL and its converse DEMANDING, and an extremely high correlation for each of these with FACTOR 2. ATTENTION as essentially a third factor is more highly correlated to LOVING, REJECTING, and FACTOR 1 than to CASUAL, DEMANDING and FACTOR 2. It is interesting to note that ATTENTION is more highly correlated to all subscales and factor scores on the PCR Father-Son version than on the Mother-Son version. Highlighted here is the importance of father's attention relative to all other experiences of the father-son relationship measured on the PCRFA. Mother's attention, on the other hand, is not as strongly correlated to other experiences of the mother-son relationship. This underscores the previously-identified finding that father's attention is more important than mother's

attention in fostering and overall sense of intimacy and autonomy in the family of origin.

There were many significant correlations reported between the Marlowe-Crowne Social Desirability Scale (MCSDS) and other measures used in this research. However, these correlations are not very robust, most showing the MCSDS accounting for 3% or less of the variance in scores on other measures. Also, there are no significant differences in scores on the MCSDS between any of the groups compared in this research. The difference in scores on the MCSDS between bar controls and athlete controls does closely approach significance, $t(81)=1.98, p=.051$; and, the bar controls score significantly higher on the Family-of-Origin (FOS) INTIMACY and AUTONOMY subscales. Thus, there might be some tendency for bar controls to give what they consider more desirable responses regarding levels of love and acceptance in their families of origin. However, this speculation is tentative at best.

On all other measures on which bar controls score significantly higher than athlete controls (those related to their attitudes toward homosexuality in others and to their recollections of their childhood relationship with their mothers) there is no coinciding correlation with the MCSDS. Also, relative to measures which correlate significantly with the MCSDS, wherever significant differences between groups appear on these measures, there are no corresponding significant differences in scores on the MCSDS. Thus, social desirability appears to exert little influence on this sample.

Bar Controls v. Athlete Controls

The athletes appear to be more accepting of homosexuality in others than do the bar controls. However, there are no other significant differences between the two groups related to attitudes, feelings and beliefs about homosexuality in general, their own

homosexuality, or disclosure of their homosexuality.

Bar controls recall their families of origin as more loving and accepting. They recall their mothers in particular as more affectionate and attentive to their needs and wants, and more accepting of them as individuals. This phenomenon might also be related to level of education. The bar controls report a significantly lower level of education than the athlete controls. As reported earlier, there is a tendency in this sample for less educated subjects to recall their mothers as more loving and attentive. The results reported here appear to support this tendency.

When this tendency was reported earlier, however, it did not bear out in a comparison between fathers (the more educated group) and non-fathers (the less educated group). Then it was suggested that there might be a combined effect produced by education and an unknown variable which then affected recollections of one's childhood relationship with mother. Here one might speculate that the unknown variable is age. Bar controls are not only significantly less educated than athlete controls, but they are also significantly younger. It is also true that the non-fathers are significantly less educated and younger than the fathers. However, the levels of significance between bar controls and athlete controls are greater; and the bar controls are the youngest and least educated of all groups compared here. So, at some level a combined effect of education and age might affect the way in which mothers are remembered. It also was reported previously that there was a tendency for younger subjects to be less educated. Perhaps those who are both younger and less educated remember their relationships with their mothers in a more idealized fashion.

The bar controls tend to give more socially desirable responses. However, as

discussed earlier, this appears to exert little influence on their performance on other measures.

In terms of demographics, the athlete controls are significantly older than the bar controls. (See Table 14.) However, as discussed earlier, wherever there are significant correlations between age and the various measures, they are very weak. Yet, it is not surprising that the older athlete controls are more educated and earn more money. (See Table 15.) It should also be remembered that there is a higher representation of non-whites among the bar controls (note the possibly unstable chi-square which was reported). This factor might also impact on the lower self-income and education level reported by the bar controls, as non-whites historically do not have the same access to education and income as do whites in this country. Additionally, one might wonder if race is related to the bar controls' perceptions of their mothers as more loving and attentive and less rejecting, as well as to their recollections of more intimacy and autonomy in their families of origin. This would be consistent with the findings reported by Siegelman and Roe (1979) that "Black parents seem to be somewhat higher than white in Loving . . ." However, although about 30% of the bar controls were non-white, comparisons according to race were not generated here because there were so few non-whites in the overall sample.

Controls Who Want a Child v. Controls Who Do Not Want a Child

The non-fathers who would like to raise a child remember their mothers as more loving and their fathers as more demanding. These differences are difficult to interpret. Also, there is no corresponding finding in comparisons between fathers and all non-fathers, or between fathers and non-fathers who do not want a child. So, it does not appear that this

finding is an artifact of gay fatherhood per se. Perhaps, in the process of considering fatherhood, there is some point at which these gay men cast mothers and fathers in general, and remember their own in particular, in traditional emotional roles, i.e. mothers being more loving and fathers being more demanding. Of course, this interpretation is highly speculative.

Additionally, there are no significant differences between these two groups on any other demographic measures. The fact that the men who would like to raise a child are significantly younger might indicate that there is a sociological phenomenon operating here. The younger men might be reaping the benefit of increased options which emerge as the gay liberation movement develops and matures. The older men might have self-identified at a time when there were fewer options open to gay men.

It is also very important to note here that there are no other significant differences between these two groups on any other measures related to intimacy and autonomy in the family of origin. Nor are there any significant differences on measures of self-esteem and internalized homophobia. In fact, controls who do want children and those who do not actually look very similar. This throws into question the rationale for the original hypotheses. Here one might begin to speculate that the differences which do exist between fathers and non-fathers relative to the stated hypotheses do not precede fatherhood but occur in relation to fatherhood itself.

Fathers v. Controls Who Would Like To Raise a Child

When fathers are compared with controls who would like to raise a child (Table 16), the fathers appear to have less homophobic attitudes, feelings and beliefs about homosexuality in general, and feel better about their own homosexuality as well as

homosexuality in others. The fathers also tend to display greater self-esteem. As stated previously, these results look very similar to the results obtained when fathers are compared with all controls. The expectation that fathers and controls who would like to raise a child might appear similar on the relevant measures did not come to pass. Again, one might speculate at this point that the fathers' higher self-esteem and lower internalized homophobia might not in fact predate fatherhood. This speculation is supported by the findings reported in the previous section, that is that controls who would like to raise a child and those who would not like to raise a child do not look significantly different on any of these measures.

The connection between fatherhood itself, disclosure of one's homosexuality, and lower levels of internalized homophobia was made previously. A link between fatherhood and self-esteem arises here as well. It directly relates to the earlier discussion of self-esteem and the early modern social theorists. The development of self-esteem involves a continuous dialogue with the community at large. Self-esteem grows and social evolution progresses within the context of a circular process of differentiation and connectedness, when persons who establish new values in their own lives, unsanctioned by the community, act upon those values and continue to dialogue with the community. The fathers in this research are engaged in this process in two ways. They are challenging the myths and stereotypes of a homophobic and heterosexist society, and they are challenging the gay community as well, to eradicate the cognitive dissonance which exists between being gay and taking on the role of parents. The fathers themselves speak to these issues. One man wrote the following:

My choice to become a parent was personal, but I see it as an important statement in

society -- a link -- a reintegration into the core of society. Being a parent is a shared experience that makes me feel more a part and less alienated. I also see others (friends, family, and strangers) relating to me more easily.

Most of the fathers who talk about the extended family explain that their having children has created a closer bond with their own parents, and has involved them in each others' lives in new ways. In reporting similar findings, Martin (in press) notes that "Parenting seems to be the great equalizer."

Another remarked about his experience in the gay community:

Initially I was disappointed by some gay acquaintances who, upon finding out of my fatherhood, asked some very insensitive and downright rude questions I think it has a lot to do with exposure to children/family. I mean, let's face it, our community has not been afforded the right to children, by law primarily, and by nature secondarily. However, in more recent months my gay friends have been terrific! My feeling is that the gay community is leaving adolescence and embarking on adulthood.

The fathers' statements in this regard are both sober and joyous in tone. Their success in confronting and expanding a narrow world view is undoubtedly esteem-enhancing.

Many fathers spoke to the overall experience of fatherhood in the following ways. "It is the richest experience of my life -- the sanest thing I've ever done. I'm deeply grateful for my daughter, and enormously proud of her." "It's the best and the worst, enlightening, draining, and fulfilling." "It is humbling, centering, and spiritual." "It is wonderful and intimate." "I would definitely do it again, and plan to." Who can doubt the esteem-enhancing quality of fatherhood for these men?

In terms of demographics, it is not surprising that the fathers, who are older report

higher individual income and level of education (Table 18). And, it should be noted that there is a higher representation of non-whites among the non-fathers who want a child (note the possibly unstable chi-square which was reported). Again, this factor might also impact on the lower self-income and education level reported by the non-fathers in this group. However, as stated earlier, comparisons related to income and education were not computed here on the basis of race.

Fathers v. Controls Who Would Not Like To Raise A Child

Fathers display higher levels of self-esteem, less internalized homophobia in general, and feel better about their own homosexuality than controls who do not want a child. (See Table 19.) Thus, in comparisons with fathers, controls who do not want a child continue to look similar to controls who want to raise a child. This offers some further support to the speculation raised previously that although fathers score higher on self-esteem and lower on internalized homophobia, this phenomenon might not be a precondition of fatherhood, but might be an effect of fatherhood itself.

Correlations Between Demographics and Scale Scores

Age, gay age and arrival year of the first child (ARYR1) were tested for correlations with all of the various measures used in this research. (See Table 20.) It appears that, the more recent the arrival year, the less homophobic are the father's attitudes about disclosing their homosexuality, the less homophobic they are in general, and the higher their self-esteem. As stated earlier, the child's arrival appears to propel the fathers to more acts of disclosure of their homosexuality. It would appear that this behavior results in the fathers feeling better about homosexuality in general. Perhaps, as well, their success in challenging the social structure which acts to prohibit their fatherhood, has

been an esteem-building experience for them. This is consistent with the speculation raised previously, that fatherhood itself results in lower internalized homophobia and higher self-esteem.

Fathers' Comments

The fathers themselves offer comments on a number of other areas related to their experience. They speak of the legal obstacles to their ability to access children through adoption. One partner in a gay couple who ultimately fathered a child as a sperm donor in an alternative insemination arrangement with a surrogate mother wrote about the couple's unsuccessful attempts to adopt.

Sodomy laws in our state were used to deny our adoption applications which we pursued for ten years. Adoptive parents must be of good moral character. Persons who engage in sodomy, which is illegal, are ipso facto not of good moral character . . . despite social service, psychological, and psychiatric recommendations to be certified as adoptive parents. We need to be more visible and open, and to push for the repeal of sodomy laws.

Legal obstacles intrude upon normal family functioning after the arrival of a child as well.

As one non-adoptive co-parent stated:

Our system is set up to allow for only heterosexual parents or single parents. When you're a parent in my situation you truly have no legal rights to the child . . . I cannot legally sign for (my child's) care unless I have a legal document from my mate approving it. We must change the legal system to allow two people of the same sex to adopt, so that our children can be properly legally cared for.

For some men being gay is not so much the issue. As one man remarked, there are

problems particular to the role of single father, among which he enumerated, "quality time, limit-setting, not having someone to spell me when my energy and patience are low, finances (and) being able to meet someone who doesn't mind, actually wants a package deal with a small child involved." Another man observed, "People respond more to the fact that we are two men raising an infant than to the fact that we are gay men. Attitudes are far more sexist than homophobic."

Where support groups exist, these men comment on how highly they are valued. Where they do not, the need for them is great. The fathers indicated their need to discuss relationship issues, to learn more about child development, and to examine bi-cultural issues because so many of them are white men raising children of color. They have even suggested the need for future research. "I hope longitudinal research can be done, so that we can share what we already know with the rest of society -- that we do a good job of raising kids, and that we do not make them gay or confused." Others suggest more process oriented research to examine how the families operate internally and in relation to the external environment.

Limitations of the Study and Suggestions for Future Research

As mentioned earlier, age and income are factors which might effect a man's decision to parent, although results indicate that fathers and controls who do not want to raise a child do not differ significantly on these variables. Yet, it might have provided further clarification if the controls' version of the questionnaire had sought specific information regarding why they did not have children, if they actually intended to parent at some point, and why or why not. In addition to age and income factors, questions might have referred to the myths surrounding gay parenting which were mentioned in the Literature Review section.

In terms of area of residence, 93% of the controls live in New York City. Presumably the six controls who indicated a suburban or rural residence have fairly easy access to New York City, as they frequent a neighborhood bar or athletic organization here. Thus, they do not represent a cross-section of gay non-fathers. Their urban environment might likely provide an atmosphere, including an established gay community, which would help to mitigate their level of internalized homophobia and self-esteem. One wonders if there might be even more difference between fathers and non-fathers in terms of these variables if the control group had included more men from non-urban environments. Fully one-third of the families represented in the fathers sample do not reside in a major city.

Bar controls were skewed in terms of age, being younger than the athlete controls. This was due to instructions to the bartenders, who were told to solicit men in their late-twenties to late-thirties, coinciding with the age range in early returns of questionnaires from fathers. This considerably lowered the mean age for the combined control group. In retrospect, this problem might have been avoided by soliciting controls after all fathers'

questionnaires had been returned in order to control for age in the sample. Alternatively, if age had correlated robustly with scale scores, it could have been controlled for statistically.

Paper and pencil measures cannot adequately address all of the complexities involved in the concepts which were focused upon in this study. Future research might include in-depth interviews comparing a small sub-group of fathers who score high on self-esteem and low on internalized homophobia with non-fathers who score low on self-esteem and high on internalized homophobia. Questions might address their internalized concept of homosexuality, memories of early family life, ideas about what constitutes a good father and a good family environment, and the common myths surrounding gay fatherhood. Additionally, interviews might be used to compare a small sub-group of non-fathers who plan to parent with non-fathers who do not plan to parent.

Many further implications arise from this exploratory research which has truly just scratched the surface. Future research might examine family processes in order to understand how relationships are structured within these new families which gay men are creating, how the members respond to internal conflict and external threat, and which processes are successful and which are not (Bozett, 1987; Patterson, in press-b). Longitudinal research, as has been conducted in the lesbian community, is needed in order to substantiate that children are not affected adversely when raised in a gay male household (Ricketts & Achlenberg, 1987).

Summary and Conclusions

Seventy-eight gay men who are parents via adoption or arrangements with surrogate mothers were compared with 83 gay non-fathers on measures of internalized homophobia, self-esteem and recollections of their families of origin during childhood. Questionnaires included: the Nungesser Homosexual Attitudes Inventory, the Ego-Dystonic Homosexuality Scale, the Rosenberg Self-Esteem Scale, the Marlowe-Crowne Social Desirability Scale, the Family-of-Origin Scale, the Parent-Child Relations Questionnaire II, and a demographic section. Tests of statistical significance included: the t-test, Mann-Whitney U-test, chi-square, Pearson's r, and analysis of variance.

Contrary to two of the hypotheses of this research, there are no significant differences between fathers and non-fathers relative to their perceptions of intimacy and autonomy in their families of origin during childhood. In support of the remaining two hypotheses, fathers do display higher levels of self-esteem and lower levels of internalized homophobia than non-fathers. Thus, it is clear that perceptions of healthier relationships in the family of origin do not precede and are not requisite for a decision to parent among gay men. Nor does it appear that higher self-esteem and lower internalized homophobia were psychological precursors to the gay fathers' decision to parent as originally speculated.

Instead, the results indicate that the fathers' higher self-esteem and lower internalized homophobia are likely a result of fatherhood itself. When comparisons on the various measures are made between fathers and non-fathers who would like to raise a child, the results look essentially the same as when fathers are compared with non-fathers who do not want to raise a child. And, when non-fathers who indicate that they would like to

raise a child are compared with those who would not, they look essentially the same across the board. Furthermore, when the arrival year of the first child is entered as a variable in correlational statistics with all scale scores, the only truly robust correlations that emerge are with disclosure of one's homosexuality and with internalized homophobia itself. The indication here is that fathers develop more positive attitudes, feelings and beliefs about disclosing their homosexuality and about homosexuality in general when a child arrives and fatherhood becomes a reality. This interpretation is supported in statements by the fathers themselves, who indicate that they are "out" to many more people in various arenas by virtue of their involvement in their children's lives. And, acts of disclosure coincide with lower levels of internalized homophobia in general. A significant but much less robust correlation exists between the arrival year of the first child and scores on a measure of self-esteem, however the statements of the fathers themselves also indicate that the state of fatherhood itself is esteem-enhancing.

Contrary to the results reported by Shidlo (1987), this research provides some evidence that the Nungesser Homosexual Attitudes Inventory Scale (NHAI) subscales do measure discrete components of an overall measure of internalized homophobia. There is a robust correlation between NHAI subscale SELF and the Rosenberg Self-Esteem Scale (RSE) as a global measure of self-esteem. Fathers report more acts of disclosure once they have a child, and there is a robust correlation between the arrival of the first child and their scores on the NHAI subscale DISCLOSURE. Also, though the NHAI subscales SELF, OTHER, and DISCLOSURE correlate significantly with each other, the most highly robust correlations emerge between each subscale and the NHAI TOTAL score. Thus, there is conflicting evidence across research as to whether the subscales are discrete

measures. However, the NHA1 TOTAL score does appear to be an adequate global measure of internalized homophobia, and there is a robust correlation between it and the more recently developed Ego-Dystonic Homosexuality Scale (EDH).

In terms of measures of intimacy and autonomy in the family of origin, most of the correlations between the Family-of-Origin Scale (FOS) and the Parent-Child Relations Questionnaire II Mother-Son and Father-Son versions (PCRMA and PCRFA) were significant. The most robust correlations occurred when FOS subscales INTIMACY and AUTONOMY were examined in relation to PCRMA/FA subscales LOVING and REJECTING and the related FACTOR 1. Robust correlations also exist between PCRFA ATTENTION and FOS INTIMACY and AUTONOMY. However, all other correlations between these two scales are either weak or non-significant, indicating that whether parents are casual or demanding in their attitudes and behaviors regarding rules in the family is not very important in developing a sense of intimacy and/or autonomy in the family. The robust correlations between father's attention and the sense of intimacy and autonomy in the family of origin might be of interest to contemporary theorists in examining issues related to homosexuality, since it appears that father's attention is much more important than mother's attention in the development of intimacy and autonomy. And, clearly the most robust correlation between these two scales arises out of a measure of father's love and a sense of intimacy in the family.

Recommendations

The results of this research point to a number of socio-political as well as clinical considerations. The fathers themselves offer some important suggestions. They propose that legislation should be altered to reflect the changing concept of family. They point specifically to the repeal of sodomy laws and other laws which interfere with gay adoptions. They direct our attention to the need for new laws and policies which would allow joint adoption by same-sex couples, so that the parental rights of both partners in a gay couple would be established. And, Martin (in press) notes the need for legal recognition of these families so that they may access employee benefits, including parental leave and health insurance. Additionally, legal recognition would protect and safeguard the autonomy of these families in the event of the death of one of the parents, and establish the rights of co-parents in the event of the dissolution of the parental unit.

Social services are needed. Fathers call for support groups in which to address parenting issues in general, as well as their own unique experiences. They need classes in child development, and self-help networks to provide respite services and activities where their families can socialize with other families like themselves. Also, outreach to school systems, the medical community, social service agencies, and other social institutions, as well as to the gay and lesbian community itself, is necessary in order to educate and sensitize others to the very existence of these families as well as to their needs. And, because so many of these families are comprised of white males who are raising children of color, the fathers themselves will need opportunities to learn about and to understand their children's racial and cultural backgrounds; and, they will need to provide the children with exposure to their racial and cultural heritage.

Clinicians must become sensitive to the experiences of these families, to their unique strengths, and to the difficulties they encounter. Relative to this, one father documented poignantly the unique and the commonplace, the problems and the strengths, the consideration and the commitment he has found in his family and in his role as father. His statement provides not only a point of closure for this work, but also a starting point for us in expanding our understanding of who these men are and what their new families are like.

I find that the challenges of being a dad are sufficient that I don't focus too much on being a gay dad. I do have to struggle at times to take time for myself. Older adopted children bring a lot of baggage into a family, which brings up lots of self-acceptance issues. So, my history of successfully searching for self-acceptance has helped me be uniquely qualified to be their dad. I also face the challenge of parenting one gay son and one straight one. It's a lot of work, and I'm glad I'm where I am with it. I am a father because I want to be a father to be fully me. To say it's the hardest thing I've ever done still understates the case. To say it's the best also feels true. Like other parents, I grow wrinkled with my fears, and get restored with every ray of hope that my kids will grow full of the joy of discovering themselves.

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Appendix A, 107-130

University Microfilms International

SECTION 7

Now please answer these questions about yourself.

1. Age: _____

2. Race:

Caucasion _____

Black/African-American _____

Hispanic _____

Asian _____

Other _____

Mixed (please specify) _____

3. Education:

____ **Some High School**

____ **High-School Degree**

____ **Some College**

____ **College Degree**

____ **Graduate Training**

____ **Graduate Degree**

____ **Post Graduate Training**

____ **Post Graduate Degree**

4. Your Occupation: _____

5. Parents occupation while you were growing up (before age 12):

mother _____ **father** _____

6. Parents' marital status (check all that apply):

living together ___	
never married ___	
separated ___	when I was age ___
divorced ___	when I was age ___
mother deceased ___	when I was age ___
father deceased ___	when I was age ___
mother remarried ___	when I was age ___
father remarried ___	when I was age ___

7. Religious background growing up:

Catholic ___
Protestant ___
Jewish ___
Other ___
None ___

8. Current religious affiliation:

Catholic ___
Protestant ___
Jewish ___
Other ___
None ___

9. Number of siblings:

	living	deceased
brothers	___	___
sisters	___	___

10. Have you ever been in psychotherapy? (circle one)

YES

NO (If not, skip to question 14.)

11. At what age?

on your first time: _____
 on your second time: _____
 on your third time: _____

12. For how long?

_____ first time
 _____ second time
 _____ third time

13. Was it helpful? (circle one)

on your first time:	YES	NO
on your second time:	YES	NO
on your third time:	YES	NO

14. Do you have a spouse-equivalent? (circle one)

YES NO (If no, skip to question 20.)

15. Has he filled out one of these questionnaires? (circle one)

YES NO

16. Do you live together? (circle one)

YES NO

17. If so, for how long?

18. How long have you been in this relationship?

19. Do you attend family functions together? (circle one)

YES, mine YES, his YES, both NEITHER

If you attend your family's functions together, but not his, or vice versa, or neither,
 please explain briefly. _____

20. Place an "S" before the income range that best reflects your annual income. If you have a spouse-equivalent with whom you share living expenses, also place an "H" before the income range that best reflects your combined annual household income.

<input type="checkbox"/> under 10,000	<input type="checkbox"/> 40,000 - 50,000
<input type="checkbox"/> 10,000 - 15,000	<input type="checkbox"/> 50,000 - 60,000
<input type="checkbox"/> 15,000 - 20,000	<input type="checkbox"/> 60,000 - 70,000
<input type="checkbox"/> 20,000 - 25,000	<input type="checkbox"/> 70,000 - 80,000
<input type="checkbox"/> 25,000 - 30,000	<input type="checkbox"/> 80,000 - 90,000
<input type="checkbox"/> 30,000 - 35,000	<input type="checkbox"/> 90,000 - 100,000
<input type="checkbox"/> 35,000 - 40,000	<input type="checkbox"/> 100,000 +

21. Do you identify yourself as (check one)

gay
 straight
 bisexual

22. How old were you when you first identified yourself as the above?

to yourself _____
to another person _____

23. Do you live in a (check one)

major city (e.g. New York, Boston, Chicago, San Francisco, London, Paris, etc.)
 small city
 suburb
 rural area

24. Do you maintain contact with your parents?(circle one)

YES **NO (If no, skip to question 26.)**

25. If yes, note telephone contact with a "T" and in-person contact with a "P" before the appropriate time period below, and note how many times contact occurs during that time period:

MOTHER		FATHER	
T/P	# of times	T/P	# of times
_____ Daily	_____	_____ Daily	_____
_____ Weekly	_____	_____ Weekly	_____
_____ Monthly	_____	_____ Monthly	_____
_____ Yearly	_____	_____ Yearly	_____

26. Please indicate the number of children you are raising in each of the following circumstances.

- _____ **I am raising a child(ren) whom I have legally adopted.**
 - _____ **My partner (current or past) and I decided to raise a child together, and the adoption was in his name.**
 - _____ **I am raising a child(ren) and I am the biological father via a surrogate.**
 - _____ **My partner (current or past) and I decided to raise a child together, and he is the biological father via a surrogate.**
 - _____ **I am raising the child(ren) of a friend, relative, etc. but without having legally adopted the child(ren).**
 - _____ **Other circumstance not mentioned above: (please explain)**
-
-

27. Regarding the child(ren) mentioned in the previous question, please fill in:

	Sex	Current Age	Year child came to you	Child's Age at that time	Child's Race	[C]aucasian [B]lack/African- American [H]ispanic [A]sian [O]ther (please specify) [M]ixed (please specify)
A.	_____	_____	_____	_____	_____	
B.	_____	_____	_____	_____	_____	
C.	_____	_____	_____	_____	_____	
D.	_____	_____	_____	_____	_____	

28. Are any of the children related to you by blood? (circle one)

YES

NO

If yes, explain. _____

29. Do you have any other children? (circle one)

YES

NO

If yes, explain. _____

**If you are not in a relationship with a spouse-equivalent,
please skip to question 36. If you are in such a relationship,
please answer the remaining questions.**

30. Does your spouse equivalent contribute financially toward raising your child(ren)?
(circle one)

YES **NO**

31. Does he raise your child(ren) with you? (circle one)

YES **NO**

32. Are any of the children mentioned in question 26 related to him by blood other than
by a surrogacy arrangement? (circle one)

YES **NO** (If yes, please explain:)

33. Was he involved in your decision to raise a child(ren)? (circle one)

YES **NO**

34. Who's idea was it to raise a child(ren)? (please check)

_____ **Mine**
 _____ **His**
 _____ **Both**

35. Were you in **this** relationship when the child(ren) came to you? (circle one)

YES **NO** (If YES, skip to question 40.)

36. If not, were you involved in a previous relationship with a spouse-equivalent when
the child(ren) arrived? (circle one)

YES **NO**

If no, skip to question 40

37. If yes, whose idea was it raise a child(ren)?

_____ **Mine**
 _____ **His**
 _____ **Both**

38. If yes, were you planning on raising the child together? (circle one)

YES

NO

39. Are you still raising the child(ren) together (e.g., shared custody)? (circle one)

YES

NO

PLEASE CONTINUE TO QUESTION 40 ON THE NEXT PAGE

Thank you for your participation in this research. Your time and thoughtful consideration on the questionnaire are very much appreciated.

Now, please place the completed questionnaire in the large manila envelope provided for mailing. If you would like to see the results of this research, and/or be willing to be interviewed at a future date, please fill out the attached form and mail it in the smaller white envelope. Information from interviews will be reported in aggregate form, with no identifying information.

Separate mailing is to insure the confidentiality of your responses to the questionnaire.

Thanks again,

Al Sbordone

Appendix B**Gay Non-Fathers Questionnaire**

Sections 1 through 6, and Section 7 questions 1 through 25 of this questionnaire are identical to the gay fathers questionnaire, and so are not reprinted here. (Please refer to Appendix A for these sections.) The version of the questionnaire give to controls (gay non-fathers) proceeds as follows in Section 7:

26. Do you have any children? (circle one)

YES

NO

27. If yes, please explain: _____

28. If no, would you like to raise a child(ren)? (circle one)

YES

NO

Appendix C

Press Release

Gay Adoptive Dads Needed For Survey

Al Sbordone, a member of Gay and Lesbian Parents Coalition International and Center Kids of New York City, is seeking volunteers to respond to a questionnaire as part of a research project involving gay adoptive fathers. Al is a psychotherapist and clinical consultant in private practice in New York City, and works primarily in the gay community. With twenty years experience, he is licensed as an independent clinical social worker in New York and Massachusetts, and has practiced in Hawaii as well. His research focuses on the social, emotional and familial factors which influence a gay man's decision to adopt a child. The results will be utilized in his doctoral dissertation in clinical psychology at City University of New York, and form the basis for scholarly work to be presented to professional conferences and journals, as well as to gay publications. Al notes that to date there has been no scientific data published on this subgroup of our community, and hopes that his research will help to foster the possibility of fatherhood for more gay men.

If you are a gay adoptive dad, and are willing to participate in this survey, Al can be reached at 212-246-6340. Feel free to call collect. If you know a gay adoptive dad, pass the word along. The questionnaire will involve about thirty minutes of your time, and can be handled via the mail. The procedure that Al has developed assures anonymity.

Appendix D**Request Form**

_____ I would like to see the results of this study. You may send results to:

Name: _____

Address: _____

Zip Code

_____ I would be willing to participate in an interview related to this research.
You may contact me at:

Name: _____

Address: _____

Zip Code

Phone **Area Code ()** _____

Appendix E**List of Abbreviations**

EDH:	Ego-Dystonic Homosexuality Scale
EFQ:	Environmental Factors Questionnaire
FOS:	Family-of-Origin Scale
MCSD:	Marlowe-Crowne Social Desirability Scale
NHAI:	Nungesser Homosexual Attitudes Inventory
PCRMA:	Parent-Child Relations Questionnaire II, Mother-Son Version
PCRFA:	Parent-Child Relations Questionnaire II, Father-Son Version
RSE:	Rosenberg Self-Esteem Scale

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