Order Number 9224839

Internalized homophobia and lesbian couple functioning

Melamed, Deborah K., Ph.D.

City University of New York, 1992

U·M·I
300 N. Zeeb Rd.
Ann Arbor, MI 48106

INTERNALIZED HOMOPHOBIA AND LESBIAN COUPLE FUNCTIONING

by

DEBORAH K. MELAMED

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.

1992

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

April 16, 1992
Date

Chair of Examining Committee

April 21, 1992
Date

Executive Officer

Vera Paster, Ph.D.

Anderson J. Franklin, Ph.D.

Michael Moskowitz, Ph.D.
Supervisory Committee

The City University of New York

Abstract

INTERNALIZED HOMOPHOBIA AND LESBIAN COUPLE FUNCTIONING

by

Deborah K. Melamed

Adviser: Professor Vera Paster

During the past decade, the psychological literature on gay issues has included a specific emphasis on the functioning and treatment of lesbian couples. However, theory about these couples has often been formulated on the basis of clinical observations and, as a result, has tended to portray lesbian couples in rather biased and pathologized ways.

In order to more accurately understand the functioning of lesbian couples, it is crucial to conduct non-biased, empirically-based research which takes into account their unique realities. Chief among these is the experience of integrating the lesbian identity which, because of the societal bias against it, carries a significant stigma. Clearly, the achievement of a viable lesbian relationship entails the resolution of "internalized homophobia," which is defined as self-devaluation based on the social stigmatization of homosexuality.

The present study was an attempt to explore the adjustment, satisfaction, and commitment of well-established lesbian couples, with a particular focus on the effects of internalized homophobia. Its main hypothesis was that higher levels of internalized homophobia would be associated with lowered dyadic adjustment and decreased relationship satisfaction and commitment. It was also hypothesized that higher levels of internalized homophobia would be associated with lower levels of self-esteem.

A national sample of 223 lesbian couples was recruited. Subjects had a mean age of 36 years, and a mean relationship duration of 7.5 years. Results showed that couples' levels of internalized homophobia did vary inversely with dyadic adjustment and with relationship satisfaction and commitment, and that individual internalized homophobia varied inversely with self-esteem. In an interesting supplementary analysis, it was found that women who identified themselves as "exclusively homosexual" tended to have lower rates of internalized homophobia and higher levels of relationship adjustment than those who described themselves as "predominantly homosexual, only slightly heterosexual."

In general, then, these findings confirmed the notion that the lesbian woman's feelings about her gay identity have a profound influence on her interpersonal and intrapsychic experience. These results were discussed in terms of their relevance for lesbian women's overall mental health, as well as for their specific clinical implications.

ACKNOWLEDGEMENTS

My deepest gratitude goes to my life partner, Vicki Passman, whose calm, loving support sustains me always, and whose eager and thoughtful participation in countless theoretical discussions helped make the dissertation process a rich and enjoyable one for me. Above all else, the inspiration for this study came from the joy I feel in sharing my life with Vick.

One of the best decisions I made in graduate school was to choose Vera Paster as my dissertation committee chairperson. Vera's support, encouragement, and no-nonsense style of guidance were enormously helpful, and I offer my sincere gratitude. Thanks also go to committee members Michael Moskowitz and A.J. Franklin for their very valuable comments, and to readers April Martin and Barbara Cohn, whose enthusiasm about this project was especially gratifying because of my high esteem for both of their work. I would also like to mention the contributions of the late Lou Gerstman, whose input was important in the early stages of designing this research.

For his boundless generosity and unwavering faith in me, I offer heartfelt thanks to my father, Moishe Melamed. I sincerely thank my mother, Aida Melamed, for her encouragement of my writing, and for her unabashed pride in my accomplishments. I am also deeply indebted to S.C., who has carefully nurtured and guided me, and always with a wonderful sense of humor.

Finally, I would like to express my utmost appreciation to all the women who volunteered to participate in this study. I was deeply moved by their enthusiastic support, and I was inspired by the courageous, hopeful, and spirited example they set. I hope this project does them justice.

This work is dedicated to my brother Steven,

who is in my heart always.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER I: INTRODUCTION

Prior to the mid-1970's, popular attitudes towards homosexuality ranged from confusion to outright prejudice. The psychiatric establishment viewed same-sex partner choice as a form of mental disorder, and categorized it as such in its official diagnostic manual (Diagnostic and Statistical Manual of Mental Disorders, 1987). Within psychology, though a great deal had been written about homosexuality, most of it had been in the form of theory or clinical case summaries which had their roots in the classical psychoanalytic view of homosexuality as a pathological development (Lewes, 1988). Little empirical research was conducted on this subject by psychologists (Morin, 1977), and the relatively few studies which were undertaken at that time often reflected a "heterosexual bias." This bias is defined by Morin (1977) as "a belief system that values heterosexuality as superior to and/or more 'natural' than homosexuality," and is apparent in such research questions as 'what causes homosexuality?' and 'how do homosexuals differ from heterosexuals?' Furthermore, within this little understood population, there was even less attention paid to lesbian women than to gay men. Specifically, in his survey of the published reports of psychological research on gay men and lesbians from 1967 through 1974, Morin found that 72% (n =88) of the studies were limited to gay male subjects, while just 18% (n = 22) were concerned with lesbians, and 10% (n = 12) used both lesbian and gay subjects.

During the past two decades, however, the attitudes which gave rise to these trends have been changing. With the advent of the gay liberation movement, marked by the 1969 Stonewall Riots in New York City, came a broad, national re-examination of the prejudice against gay people. As a result of both the gay and feminist liberation movements, there have been increased attempts, within the mental health field, to understand and define the experience of gay and lesbian individuals in affirmative ways. In 1973, in an important and influential decision, the American Psychiatric Association reversed its prior position, removing homosexuality from its official list of mental disorders. Two years later, the American Psychological Association adopted an official policy statement declaring that "homosexuality per se implies no impairment in judgment, stability, reliability, or general social or vocational capabilities" (Conger, 1975, quoted in Morin & Rothblum, 1991). Since that time, numerous authors have conducted large-scale, non-biased investigations of both the gay male and lesbian experience (Bell & Weinberg, 1978; Brooks, 1981; Jay & Young, 1977; McWhirter & Mattison, 1984; Mendola, 1980) and others have included gay and lesbian subjects in their comprehensive studies of couple relationships (Blumstein & Schwartz, 1983; Kurdek & Schmitt, 1986a, 1986b). Indeed, developments such as these have recently led Morin and Rothblum (1991) to observe that "[since 1975,] the psychological literature on lesbian and gay male concerns has become much more positive."

Despite these trends however, certain segments of the

psychological literature on gay issues have lagged behind in terms of being solidly grounded in empirical data and of adopting an affirmative stance. One such area concerns lesbian relationships. In fact, much psychological theory about these couples has been formulated on the basis of clinical observations and, as a result, has tended to portray these couples in rather biased and pathologized ways. Specifically, the major, recurrent theme of the psychological literature on lesbian couples is that these couples are characterized by blurry intra-couple boundaries, and are thus prone to problems of "merger" or "enmeshment" of their members (Burch, 1982, 1985; Elise, 1986; Kaufman, Harrison, & Hyde, 1984; Krestan & Bepko, 1980; Lindenbaum, 1985; Pearlman, 1989; Smalley, 1987; Vargo, 1987). Merger has been defined as the partners' inability to differentiate from one another, to maintain separate identities within the context of the dyad (Krestan & Bepko, 1980).

Several authors have offered explanations for this phenomenon, including (1) the notion that excessive closeness of the members represents the couples' reaction to the boundary-invalidating processes of societal homophobia (i.e., the process by which others ignore the primacy of the lesbian couples' bond or actually attack its legitimacy) (Krestan & Bepko, 1980), and (2) the idea that lesbian couples' "psychological merger" is an inherent consequence of women's socialization in this society. That is, given a relationship composed of two women, both of whom have been endowed with the "permeable intrapsychic boundaries" characteristic of the feminine "relational" gender role, problems in differentiation and separation

are highly likely, if not inevitable (Elise, 1986). To a certain extent, the latter explanation is reminiscent of classical psychoanalytically-based stereotypes of lesbian relationships as regressive enactments of the infantile tie to the mother. (MacDougall, 1980; Socarides, 1968).

In any case, whether the merger phenomenon is attributed to a systems dynamic or to the gender socialization of women in this culture, these explanations create the impression that lesbian couples are more likely than other couple types to exhibit pathological functioning. Ironically, then, while decrying the notion of the inherent pathology of lesbianism, the above-mentioned authors have ultimately tended to reinforce the notion of inherent pathology in lesbian relationships. They have accomplished this by extrapolating from narrow observations of a clinical phenomenon to broad theorizing about normal functioning. Further, and perhaps most disturbing, this process has taken place in the absence of any empirical evidence to support the assumption that merger is the predominant dynamic in lesbian couple relationships.

Indeed, the empirical literature which bears on the issue of lesbian couple functioning is scant and far from conclusive. Researchers have found no differences between lesbian couples and their heterosexual counterparts on several important dimensions, among them the stages of relationship development (Kurkek & Schmitt, 1986a) and the overall level of investment in relationships (Duffy & Rusbult, 1986). Wood (1983) found no differences between lesbian and heterosexual couples in terms of levels of cohesion, or closeness, in

the relationship, with both types of couples falling within the normal range. On the other hand, Zacks, et al. (1988) found lesbian couples to have pathologically high levels of closeness compared to the heterosexual controls, though the lesbian couples also reported higher satisfaction than the heterosexual ones. Zacks and her colleagues have qualified their results, however, by noting that a bias may have been created in applying to a lesbian sample instruments originally standardized on a heterosexual one. Significantly, while both Wood (1983) and Zacks et al. (1988) have suggested that their studies shed light on the lesbian merger question, this does not seem to be the case. This is because they, like other researchers and theoreticians, have equated high levels of closeness with merger. While lesbian couples may indeed tend to relate at higher levels of cohesion than their heterosexual counterparts, (and this is still an open question), this does not necessarily imply that lesbian couples are pathologically merged or that their emotional closeness poses difficulties for individual or couple functioning.

In a study which has been accorded a great deal of weight because of the breadth of its sample, Blumstein and Schwartz (1983) reported that lesbian couples tended to be more "relationship-centered" than heterosexual ones. However, careful inspection of the data reveals that these investigators based their results on comparisons of lesbian couples in the early years of their relationships with those of heterosexual dyads of much longer duration. Given the fact that all couples tend to pass through an initial stage of non-pathological

"merger" (Kurdek & Schmitt, 1986a), it is clear how these sorts of comparisons merely serve to pathologize lesbian couples relative to other couple types. That is, by comparing appropriately merged, early-stage lesbian couples with later-stage heterosexual couples, these authors lend undue weight to the notion that merger is a predominant characteristic of lesbian couple functioning.

Clearly, these theoretical and empirical approaches contribute little to an understanding of either the commonalities of lesbian and heterosexual relationships, or of the unique realities of lesbian couples' lives. In order to more accurately understand lesbian relationships, it is crucial to conduct non-biased, empirically-based research which focuses on their most salient features. Chief among these unique aspects is that of dealing with the lesbian identity. In particular, it is clear that lesbian women must come to terms with their socially-stigmatized identity, and that their level of comfort with this identity will profoundly influence their participation in intimate gay partnerships. However, in order to expand upon these premises, it will be necessary to clarify the nature of social stigma and its relation to individual identity formation.

As Cooley (1924) has noted, individual identity is embedded in a social context; the views of others shape the image of the self. Thus, to the extent that one possesses attributes which are prized by the society, one's self-esteem would be inflated and, to the extent that one's personal characteristics are devalued by the society, one's self-image would accordingly be expected to suffer (Goffman, 1963). In applying this formulation to the lesbian identity, it is

important to note that, despite the broad social changes described earlier, homosexuality remains a culturally devalued attribute. It then follows that, as this bias against homosexuals is incorporated by the gay or lesbian individual, his or her self-esteem is threatened. This phenomenon, of self-devaluation based on the social devaluation of homosexuality, has been termed "internalized homophobia" (Brown, 1986; Margolies, Becker, & Jackson-Brewer, 1987; Martin, 1982, 1990; Nungesser, 1983; Sophie, 1988).

Clearly, the lesbian woman must integrate and deal with her internalized homophobia; her management of this issue, in turn, affects her feelings about her involvement with other lesbian women, and of course, affects her ability to enter into a lesbian relationship. Women who find it difficult to come to terms with their lesbian identity would be seriously limited in their abilities to enter, maintain, and enjoy an intimate union with another woman. On the other hand, women who are able to make a commitment to their gay identity despite the stigma attached to it, are in a better position to achieve gratification from a lesbian relationship.

Statement of the Problem

The present study investigated the relation between internalized homophobia and lesbian couple functioning. The main hypothesis of this study was that, to the extent that lesbian couples experience high levels of internalized homophobia, they would be less satisfied with their relationships and less able to commit themselves to those relationships. Conjointly, low levels of internalized homophobia in

a lesbian couple would be expected to coincide with high levels of relationship adjustment and commitment. In the event that the members of a couple experience significantly different levels of internalized homophobia, the couple satisfaction and commitment would be expected to be compromised. This is based on the assumption that extreme differences in partners' level of comfort with the lesbian identity would either create, or be reflective of, conflict in the relationship; in either of these cases, the result would be a lowering of satisfaction and commitment.

Two additional hypotheses relate to the concept of internalized homophobia as it manifests in individual lesbian women. It was assumed that levels of individual internalized homophobia would correlate negatively with levels of self-esteem, and positively with levels of social desirability. These hypotheses derive from the definition of internalized homophobia as, first, consistent with a drop in self-image, and second, consistent with a heightened concern with social approval.

This research has important implications for gay scholarship, in terms of adding to the growing body of affirmative empirical data about gay men and lesbians, as well as for the mental health concerns of lesbians and lesbian couples. Specifically, research which focuses on the effects of internalized homophobia on lesbian couple functioning can contribute to an increased awareness of the problems which face these couples, and an increase in the knowledge available to mental health practitioners who may treat them. Most importantly, perhaps, this type of research can begin to re-direct attention

within the social science literature away from biased, preconceived notions about lesbianism, toward theory and investigations of this population which take into account not only its weaknesses and potential problems, but also its strengths.

Definition of Terms

Following are the definitions of various key terms used in the study.

Homophobia: Attitudes which devalue, denigrate, or ignore lesbian and gay individuals and practices. The term homophobia is synonymous with the terms "heterosexism," "heterosexist bias," "homosexual bias," and "homonegativity."

Internalized Homophobia: The gay or lesbian individual's incorporation of societal homophobia into his or her self-concept. Internalized homophobia is thus a form of self-rejection based on the social devaluation of homosexuality. The phenomenon of internalized homophobia has both conscious and unconscious manifestations.

Dyadic Adjustment: The degree to which the couple relationship is free of dysfunction; also defined as the degree to which the individual finds the relationship gratifying. The term "dyadic adjustment" is used almost interchangeably with the term "relationship satisfaction."

Commitment: The extent to which the individual is attached to the relationship, intends to maintain the relationship, and has invested in the relationship emotionally and financially. Thus, investment is closely related to commitment.

Self-Esteem: The individual's self-regard or self-image. Positive self-esteem is conceptualized as a sense of being "very good" or "good enough," and negative self-esteem connotes a feeling of unworthiness.

Social Desirability: The relative need of individuals to present themselves in what they consider to be a favorable, or socially-approved light.

Lesbian Couple: For the purposes of the present study, a lesbian couple was defined as any dyad of two or more years' duration whose members were self-identified as lesbians.

Hypotheses

Hypotheses 1 through 3 concern between-couple differences, while hypotheses 4 and 5 involve individual differences.

Hypothesis 1: Couples' internalized homophobia will vary inversely with dyadic adjustment.

Hypothesis 2: Couples' internalized homophobia will vary inversely with commitment.

Hypothesis 3: Couples whose members' internalized homophobia scores differ will have lower dyadic adjustment and commitment.

Hypothesis 4: Individual internalized homophobia will vary inversely with self-esteem, which will be adjusted for socially desired responding.

Hypothesis 5: Individual internalized homophobia will correlate positively with social desirability.

CHAPTER II: REVIEW OF RELEVANT LITERATURE

The purpose of the present study was to investigate the effects of internalized homophobia on the functioning of lesbian couples. While empirical research of this specific topic has been lacking until now, several areas of clinical and empirical literature are relevant for the development of the hypotheses presented in Chapter I. These areas include: (1) theoretical and research literature on homophobia and internalized homophobia; (2) clinical and theoretical literature on lesbian couples; and (3) research on comparisons of different relationship configurations, including lesbian, gay male, married, and cohabiting couples. A summary of each of these relevant domains will be presented in this chapter.

Homophobia and Internalized Homophobia

Stigma and Self-Esteem

The essentially social nature of the self has been stressed by many theorists, most notably Cooley (1909) and Mead (1934). These theorists asserted that self-definition occurs in a social context and that, as a result, self-esteem is largely a function of the individuals' standing in the eyes of others (Morrell, 1983). Thus, a positive evaluation by others yields high self-esteem; what Rosenberg (1965) has referred to simply as a sense of being "very good" or at least "good enough." Working within this social interaction paradigm, Goffman (1963) has explored the ramifications

of the opposite phenomenon, that of being devalued by others.

In his classic work on the "management of spoiled identity," Goffman (1963) defined "stigma" as a "deeply discrediting attribute" which prevents the individual who posesses it from being fully accepted by the society (p. 3). He divided stigmas into three main categories: (1) physical deformities and handicaps, (2) "tribal stigma" which is accorded to members of devalued races, ethnic groups, and religions, and (3) perceived weaknesses or "blemishes of individual character" such as a history of "mental disorder, imprisonment, addiction, alcoholism, homosexuality, unemployment, suicidal attempts, and radical political behavior" (p. 4). Parenthetically, it is interesting to note that, were Goffman to have written his theory after the advent of the gay liberation movement, he might have categorized homosexuals as a devalued social group, rather than as a group with a shared character defect. Indeed, this altered classification illustrates the fact, consistent with social interaction theory, that over time, shifts are possible in the way any given stigma is perceived by both the society and the stigma-bearing individuals. In any case, Goffman's primary concern was with the stigmatized individual's experience in the social context. He has pointed out that

> The stigmatized individual tends to hold the same beliefs about identity that we [normals] do... His deepest feeling about what he is may be his sense of being a 'normal person,' a human being like anyone else, a person, therefore, who deserves a fair chance

> and a fair break.... Further, the standards he has incorporated from the wider society equip him to be intimately alive to what others see as his failing, inevitably causing him, if only for moments, to agree that he does indeed fall short of what he really ought to be. Shame becomes a central possibility, arising from the individual's perception of one of his own attributes as being a defiling thing to possess... (p. 7)

Thus, to the extent that an individual has incorporated the society's devaluation of the stigmatizing attribute, they have a tendency to reject their own self.

An excellent example of this phenomenon was provided by Lewin who, in 1941, considered the case of the self-hating Jew. He noted that the low self-esteem of Jewish people was a result of their devaluation by the majority, and that Jews manifested this low self-esteem by subtly rejecting themselves, their families, Jewish institutions, mannerisms, language, and ideals (p. 187). Lewin also identified a parallel phenomenon among black people in America, and indeed, he felt that this "indirect, under-cover self-hatred" was a dangerous dynamic common to all underpriviledged groups.

This discussion of the experience of being stigmatized is easily applied to the lesbian population. In our society, as Goffman has pointed out, homosexuality is a deeply discrediting attribute which "spoils" the identities of those who possess it. Furthermore, as a result of their having absorbed the cultural devaluation of

homosexuality, lesbian women also struggle with their own self-acceptance, if not more directly, then at least in the form of subtle, momentary drops in self-esteem. In recent years, the phenomenon of devalued self-esteem, indeed of self-hatred, based on the specific stigma of a homosexual identity, has come to be known as "internalized homophobia."

Homophobia and Internalized Homophobia

The term "homophobia" was first used in 1972 by Weinberg to describe the irrational fear of homosexuals by heterosexuals (Weinberg, 1972). However, as Fyfe (1984) has pointed out, this term is misleading in that the phenomenon in question does not fit the standard clinical definition of a phobia. Specifically, in "homophobia" there are no "physiologic and behavioral indicators" of anxiety upon exposure to the feared stimulus. In addition, phobias are by definition irrational because the feared stimulus is inherently neutral. However, as Herek (1985) has noted, in light of the strong cultural bias against homosexuality, an individual's negative feelings toward it may in fact be seen as quite rational. Herek further criticized the term for implying that it is fear, rather than hostility, which underlies the social prejudice against homosexuality, and for suggesting that these negative attitudes originate and reside in the individual rather than in the society (p. 145).

Several authors have attempted to coin a more precise term which would avoid these limitations. Fyfe (1983), for example, has

suggested that a distinction be made between "homosexual bias" as a societal problem, and phobic reactions to homosexuals as a particular individual's problem. Hudson and Ricketts (1980) have coined the term "homonegativity" to refer to negative attitudes toward homosexuality. Still others have referred to the phenomenon as "heterosexual bias" (Morin, 1977; Testa, Kinder, and Ironson, 1987) or "heterosexism" (Espin, 1987; Herek, 1990; Nicoloff & Stiglitz, 1987), with Herek (1990) providing perhaps the most comprehensive definition: "heterosexism is ... an ideological system that denies, denigrates, or stigmatizes homosexual behaviors and gay, lesbian, and bisexual identities, relationships, and communities." Yet despite the widespread dissatisfaction with some of its connotations, "homophobia" has become the accepted term for attitudes which devalue or denigrate homosexuality. The term has therefore shifted from Weinberg's original definition as a phobia, toward its current usage which "places it parallel to sexism and racism" (Martin, 1982, p. 341).

As with racism and sexism, homophobic attitudes have been institutionalized in a variety of practices which restrict gay mens' and lesbians' legal rights, their access to employment, housing, insurance benefits, military service, etc. There are laws which designate homosexuals as criminals, religious teachings which brand homosexuals as sinners, and psychiatric theory and practice which, until recently, officially diagnosed and treated homosexuality as a mental disorder. To this list must be added the phenomenon of institutionalized invisibility: the omission of positive or even

neutral gay and lesbian images from the myriad daily cultural transmissions in the arts, media, education, history, etc. This is what Martin (1990) has referred to as "everything we don't see and hear" (emphasis hers). While more subtle in its effects than, for example, the presentation of a blatantly negative, stereotyped gay character on television, the overall invisibility of gays and lesbians in the culture constitutes another significant manifestation of the institutionalization of homophobia.

Clearly, then, societal homophobia has a wide-ranging impact on the practical aspects of life for the gay or lesbian individual. However, many authors (Berzon, 1988; Brooks, 1981; Brown, 1986; Krestan & Bepko, 1980; Loulan, 1987; Margolies, Becker, & Jackson-Brewer, 1987; Martin, 1990; Menscher, 1990; Nungesser, 1983; Roth, 1985; Shidlo, 1987; Slater & Menscher, 1991; Sophie, 1988) have pointed out that such homophobia results in powerful emotional/intrapsychic effects, as well, particularly in terms of the loss or threatened loss of self-esteem attendant upon the acceptance of a gay or lesbian identity (Sohpie, 1988). This occurs through a process in which the lesbian or gay person "internalizes into her or his core identity and self-concept all or part of the negative stereotypes and expectations held by the culture at large" regarding homosexuality (Brown, 1986 p. 100). Indeed, this is the mechanism by which the individual's identity is "spoiled," in Goffman's (1963) terms. Obviously, an internally-held negative view of the self is synonymous with a lowered self-esteem; when based on anti-gay sentiment, this phenomenon is referred to as "internalized

homophobia."

According to Brown (1986), internalized homophobia may be expressed in overt, conscious ways, or subtle and unconscious ones. For example, an overt manifestation would include a decision to undergo psychiatric treatment in an attempt to "convert" from a self-acknowledged homosexual identity to a heterosexual one. Meanwhile, a more covert and insidious expression of internalized homophobia might include the abuse of alcohol in an unconscious attempt to quell the anxiety engendered by a suspected homosexual identity.

Using a psychoanalytic framework, Margolies, Becker, and Jackson-Brewer (1987) have furthered the understanding of the unconscious expression of internalized homophobia, which they have aptly called "the oppressor within." In their view, the lesbian woman engages in defensive maneuvers designed to keep from consciousness the pain and conflict inherent in possessing a stigmatized identity. Several defense mechanisms are used, including rationalization, denial, projection, and identification with the aggressor. For example, a lesbian woman may identify with the aggressor by espousing the view, held by the mainstream culture, that lesbian parenting is somehow unnatural, or that gay persons should not "flaunt" themselves. She may keep her sexual identity hidden from her family and then rationalize her non-disclosure by over-emphasizing her need for privacy. Alternatively, she may express an exaggerated need to "protect" her family from the dreaded information. The latter would be an example of projection, as the

woman may in reality dread the hidden information herself. Margolies and her colleagues have offered other examples, as well. They noted that when lesbians vehemently insist that they are no different than heterosexual women, this form of denial may reflect an attempt to avoid rejection by the mainstream. On the other hand, lesbians may idealize and glorify lesbian lifesytles and culture, dismissing that of heterosexuals. This would suggest that another defensive, self-protective motive was at play; in this case, rationalization or perhaps reaction-formation. Thus, even positive feelings toward the homosexual identity, if extreme, may signify the prescence of internalized homophobia, in that they serve to overcompensate for the underlying negative feelings. This example in particular illustrates the notion that internalized homophobia operates in subtle, and at times paradoxical, ways.

Internalized Homophobia, Self-Disclosure, and Group Membership

Closely related to the subject of internalized homophobia are the issues of self-disclosure and group membership. Here again, Goffman's (1963) formulations with regard to stigmatized identities in general may be used to define the parameters of the discussion for this stigma in particular. Goffman has argued that, for individuals whose stigma is not readily apparent, the stigma constitutes a "discrediting" attribute, such that its disclosure entails a loss of status and consequently, a great deal of tension. The question for the discreditable individual may be summed up as, "To display or not to display; to tell or not to tell; to let on or not to let on; to

lie or not to lie; and in each case, to whom, how, when, and where" (p. 42). Clearly, this dilemma applies to lesbians, who must, in any given situation, choose whether to reveal or conceal their sexual identity; in the colloquial language, whether to "come out" or to remain "in the closet." As Riddle and Sang (1978) have noted, this includes "continual choices," not only about whether to explicitly disclose to significant others, but also about more subtle issues of visibility. For example, the lesbian woman must decide about "how intimately to gaze at [her partner] in the supermarket" and about whether or not to include a lover at a parent-teacher conference (p. 88).

In the case where the individual chooses to "pass" as a member of the mainstream rather than to disclose the stigma, it is usually assumed that a high psychological price must be paid (Goffman, 1963, p. 88). For example, Martin (1990) believes that lying about one's homosexuality, whether directly or by omission, results in a decrease in self-esteem and may also be implicated in a range of psychological problems such as depression, underachievement, and substance abuse. Sophie (1988) broadly characterized non-disclosure as reflective of internalized homophobia. She has stated, "The opposite of self-disclosure, keeping [the] information to oneself, is an affirmation of internalized homophobia, implying that this aspect of oneself is too shameful to disclose to anyone" (p. 60). However, while passing is often seen as a direct expression of internalized homophobia, Margolies et al. (1987), among others, acknowledge that passing is a more complex phenomenon which may sometimes be based on

a realistic assessment of the relative danger of a situation. At those times, non-disclosure would in fact be considered a self-protective and self-affirming measure.

In this regard, lesbian mothers involved in child custody contests who engaged in "appropriate and selective self-dislosure rather than indiscriminate disclosure" were found to have higher levels of psychological health (Rand, Graham, & Rawlings, 1982). Clearly, during a child custody trial, disclosure of lesbian identity to unsupportive individuals such as one's in-laws or ex-husband could have dangerous or devastating effects; in this situation, passing as heterosexual would be considered adaptive, self-affirming and self-protective, rather than necessarily internally homophobic. Even in other, less crucial situations, lack of disclosure may also be preferable. However, there remain many circumstances where disclosure may objectively be considered a fairly safe option, yet is experienced as a highly threatening one. Here, lack of disclosure may indeed be viewed, in Margolies et al.'s terms, as a defensive, internally homophobic maneuver.

A final issue which is integrally related to that of internalized homophobia and self-disclosure is that of group membership and identification. According to Goffman, the individual's conflict about identity is often expressed in "oscillations of identification and association" with other members of the stigma-group (p. 106). Brooks (1981), in her study of 675 lesbians, has taken up this issue of the individual's relationship to the group. Working within the paradigm of "minority stress," defined

as the result of prolonged exposure to a socially inferior status, Brooks' specific interest was in adaptive and maladaptive responses to this stress. While she noted that studies comparing lesbian women with other populations have been inconclusive with regard to the relative incidence of psychological dysfunction (p. 92), her own study identified one in nine respondents as experiencing high levels of stress (p. 93). Brooks' "stress index" was a composite measure of the amount of drug use, the history of suicidal feelings and attempts, and the incidence of psychiatric hospitalizations. Turning to the issue of group membership, she found that those women who viewed other lesbians as a reference group tended to experience lower levels of stress than those who did not. In line with Goffman's views, she understood positive minority-group identification to be a "function of self-acceptance and thus acceptance of others like oneself" (p. 97). At the same time, she argued, group identification "provides a major buffer against devaluation" (p. 174). Thus, a feedback system is created in which decreased internalized homophobia leads to positive minority group identification, which in turn further decreases levels of internalized homophobia. Stated more specifically, the lesbian woman with at least some minimum level of acceptance of her sexual identity is able to socialize and identify with the lesbian community, and this, in turn, bolsters her level of self-acceptance.

In summary, homophobia is the term commonly used to refer to a broad range of negative attitudes toward homosexuality. These attitudes are held by individual members of the society, and they are

integrated into mainstream cultural institutions. As a result of their membership in the culture, gay men and lesbians tend to hold these negative attitudes as well, resulting in a phenomenon known as "internalized homophobia." As noted, internalized homophobia manifests itself in a variety of ways, from conscious hatred of or discomfort with the homosexual identity to subtle defensive maneuvers employed to keep this painful self-devaluation out of awareness. In addition, there is a complex relationship between internalized homophobia and relative levels of self-disclosure and group identification. Several examples were used to illustrate the range of effects of internalized homophobia on the gay or lesbian individual; in the next section these will be expanded to include effects on the homosexual dyad.

Homophobia and Lesbian Couples

In addition to negative attitudes toward lesbian and gay individuals, the stigma attributed to homosexuality is further reflected in the society's negative attitudes toward lesbian and gay relationships. Berc, interviewed by Mendola (1980), has noted that "there is no word for a gay couple's relationship. A culture which has no word for something usually arrived at that point because there was no value for that concept" (p. 162). Lacking a term for a same-sex union, the society is forced to rely on imprecise and, as Martin (1982) has pointed out, "subtly demeaning" terms for the members of lesbian and gay relationships. In referring to what is essentially the equivalent of a husband or wife as a "partner,"

"lover," "friend" or "roommate," with their respective connotations of business-like, illicit, or platonic relations, the primacy, legitmacy, and romantic/emotional nature of the relationship are denied (Martin, 1982).

Furthermore, to the extent that the society views the members of a lesbian couple as unconnected individuals, or "single" women, it interacts with the women in ways which violate the boundaries of the couple (Krestan & Bepko, 1980). This is true throughout the life cycle of the lesbian couple (Slater and Menscher, 1991). As examples, Slater and Menscher (1991) have cited the case of a lesbian woman whose family invited her home for the weekend without inviting her partner, and of an obituary for a lesbian woman which listed blood relatives, but not her 36-year partner, among her survivors (p. 376).

In addition, the traditional heterosexual rituals around weddings, bridal showers, and anniversaries, which add social sanction and reinforcement to the couple's bond, as well as formalizing the ties to the partner's relatives (i.e., by establishing one's "in-laws") are all lacking for gay and lesbian unions. Ironically, even the dissolution of such unions, often the equivalent of divorces, lack social and familial recognition, thus making it more difficult for the partners to mourn the relationship. Even successful lesbian couples, when tolerated by their families of origin, are often advised to be "discreet." Yet as Martin has noted, "what constitues normal openness for a heterosexual about whom he/she loves is considered 'flaunting' for the homosexual" (p. 348).

Focusing their attention specifically on the effects of homophobia on the perception of gay male and lesbian relationships, Testa, Kinder, and Ironson (1987) investigated the attitudes of heterosexuals toward these couples. They presented a sample of 380 heterosexual college students with identical vignettes concerning lesbian, gay male, or heterosexual couples. In addition to couple type, the vignettes were varied according to level of love-related content and respondents were asked to rate the relationships on scales of dyadic adjustment and love. Results showed that gay and lesbian couples were perceived to be less satisfied with their relationships, more prone to dyadic tension or discord and even "less in love" than their heterosexual counterparts within each level of love (p. 168). In other words, given two equivalent relationships, the homosexual one would be viewed as being, in some fundamental respects, inferior; not only less fulfilling to its members and less functional, but also essentially less authentic or real. This striking result led Testa et al. to hypothesize further that, to the extent that gay men and lesbians incorporate the mainstream society's values about relationships, they are placed at greater risk for dysfunctional relationships. The authors assumed that due to a self-fulfilling prophesy, the members of these relationships would not accord them the same status or respect as they would their heterosexual counterparts, and that this would ultimately diminish the levels of satisfaction and success actually attained.

With their study, then, Testa et al. have raised the notion that internalized homophobia affects the dynamics of lesbian couples.

This phenomenon has been discussed by other authors, as well (i.e., Margolies, et al., 1987; Roth, 1985; Sophie, 1988). For instance, Margolies et al. (1987) have pointed out that a lesbian woman who limits her attractions to heterosexual women or to coupled lesbians, or who cannot sustain a long-term relationship with a women, may in fact be having difficulties coping with her lesbian identity. By avoiding the establishment of and commitment to a viable lesbian relationship, she successfully avoids the task of embracing her own stigmatized identity. To a certain extent, this argument is itself biased in its implicit assumption that coupledom is inherently indicative of greater mental health, as well as in its overlooking of the role of other personality factors in the inability to establish a successful intimate relationship. However, the authors' point is well taken in that, for some women, an inability to maintain a partnership with another woman may be a reflection of internalized homophobia.

Furthermore, even within well-functioning lesbian relationships, there can be evidence of internalized homophobia. Slater and Menscher (1991) have observed the difficulty that lesbians may have in developing confidence in their relationships, with the result that these couples "often delay commitment or union ceremonies until a significant [long-term] anniversary is achieved, thus measuring relational legitimacy only by the standard of relational tenure" (p. 376). Brown (1986), in her clinical work with lesbian couples, has found that sexual difficulties in these otherwise healthy couples are often taken by the members as confirmation of the inherent pathology

of their relationships. By virtue of their biased assessment of the situation, these women are quick "to satisfy the demands of a homophobic culture which believes that no relationship between two women can be entirely satisfying" (p. 103). Here, internalized homophobia leads these women to question the viability of their relationships prematurely. A third dynamic which may indicate the prescence of internalized homophobia concerns the often-noted isolation of lesbian couples (Berzon, 1988; Slater & Menscher, 1991). While other factors may also contribute to this phenomenon, Berzon (1988) has argued that discomfort with the lesbian identity may be a powerful influence. She notes that couples whose members experience unresolved conflict about their identities may collude in isolating themselves from other couples and from the organized gay and lesbian communities. They avoid gay-affirmative contact because it poses too great a threat. Instead, they limit their gay contact to other couples who similarly choose to dissociate themselves from the larger community, and, in doing so, they reinforce an internally-homophobic stance.

Martin (1990) has provided a clinical example which illustrates vivdly the subtle, yet spiralling effects of internalized homophobia on the lesbian couple. Her patient, "Vivian," entered treatment because of doubts about her five-year relationship with her partner, as well as doubts about her desire to live as a lesbian. Vivian was predominantly non-disclosing about her sexual identity and the nature of her relationship; neither co-workers nor family members knew her partner, Laura, as anything other than her "roommate." Indeed, the

two women celebrated holidays such as Christmas and Thanksgiving with their respective families, and Vivian even moved out of their shared apartment for a few days when Laura's family came to visit her. Whenever she needed to bring a date to a work-related function, Vivian invited a male friend, and if a personal crises arose for one woman, the other never requested time off from work to be with her. Vivian attributed her non-disclosure to the dangers of living as a gay person in this society, and both women claimed to be satisfied with their arrangement.

Periodically though, particularly at times of relationship conflict, Vivian's ambivalence about her sexual identity would re-surface. This usually led to a crisis in the relationship which would eventually subside, yet the underlying problem would remain unresolved. Thus, despite the fact that Vivian's "deepest feelings" were for women, and that "her attachment to Laura [was] loving and serious," there was a sense that she always had "one foot out the door" of the relationship (p. 10). As Martin has noted, the women were caught in a vicious cycle in which their failure to value and prioritize their relationship as they would have a heterosexual marriage ultimately did result in their "fail[ure] to create the sense of family that a marriage provides" (p. 12). Both of the women behaved in ways which deprived their relationship of years of shared meaningful experiences, and which continually reinforced the notion that their primary ties were with their families or jobs, rather than with each other. Furthermore, they delayed the consolidation of their lesbian identities by, on some level, maintaining the fantasy

that they would each eventually settle down with a man. As a result of these dynamics, the relationship was ill-equipped to sustain normal levels of conflict and stress.

It is important to note that, aside from the ever-present societal homophobia, the culprit in this situation was the women's own, internalized homophobia. That is, it was not a general problem with relationship commitment, but rather a specific issue around committing to this homosexual relationship, which caused the strain in the dyad. As predicted in the literature, the women seemed to have unconsciously accepted the idea that lesbian relationships are less valid or worthwhile than heterosexual ones, and had acted accordingly. In this example, the internalized homophobia interfered with the couple's ability to establish an appropriate boundary around itself, to affirm and reinforce its own existence and development, and to create a sense of family and home. With this vignette, then, Martin (1990) has clearly illustrated the complex interactions by which internalized homophobia may create difficulties in the lesbian couple relationship.

Research on Internalized Homophobia

In a recent doctoral dissertation, Romano (1989) has begun to explore this connection empirically. Relying on a sample of 102 partnered lesbians with a mean age of 39 years and a mean relationship duration of seven years, she measured the levels of homophobia and relationship satisfaction in these women, using the Index of Homophobia and the Dyadic Adjustment Scale, respectively.

Romano found that, taken together, individual [or internalized] homophobia and perceptions of familial and societal homophobia were related to lowered levels of relationship satisfaction. Thus, her results fall in the expected direction with regard to the argument raised in the literature; namely, that to the extent that lesbian women experience higher levels of homophobia, they will be less satisfied in their relationships. However, while statistically significant, this correlation was not large, suggesting that the connection between these variables may not be particularly meaningful for this sample of women in stable, long-term relationships. Romano has speculated about the reasons for this, noting that it is unclear whether her subjects had originally been low in internalized homophobia, thus enabling them to achieve relationship satisfaction in lesbian unions, or whether their levels of internalized homophobia had dropped as they experienced satisfaction in their lesbian relationships.

Romano's study was limited in that, by investigating only one member of each couple, she was in fact studying individual differences among partnered lesbians, rather than differences among lesbian couples, with regard to the independent variable. That is, while she addressed the question, 'how does homophobia affect the relationship satisfaction of individual lesbians?,' she left open the question posed more directly by the literature: 'how does homophobia affect relationship satisfaction in lesbian couples?' With only one-half of the data about the couples' internalized homophobia and satisfaction levels, it was impossible to address the latter

question.

While Romano's study constitutes the only available empirical data on internalized homophobia in lesbian couples, several researchers have investigated this construct as it applies to men. Because of this paucity of empirical literature on lesbians, as well as the fact that gay men and lesbians do share the same basic stigma of homosexuality, the studies on gay men will be reviewed here as part of the inquiry about the experience of lesbians. However, it is important to bear in mind the limitation of this approach; in particular, that it relies on the doubtful assumption that lesbianism is simply the female counterpart of male homosexuality (Herek, 1985). Indeed, Herek has noted that, because of differences in gender socialization patterns, in the pattern of sexual identity development, and in the role of feminist political concerns, lesbian identities may in fact differ from those of gay males. Furthermore, because the stigma attached to violations of male and female gender roles, and by extension, to male and female homosexuality, may differ, the internalization of these attitudes may also take different forms in men and women. That is, the internalized homophobia itself may differ in quality or quantity among gay men and lesbians. Yet, as mentioned above, these studies will be utilized out of necessity and out of a basic assumption that there exist enough commonalities between gay men's and lesbians' experiences that they will be relevant.

In order to assess the levels of internalized homophobia in individual gay men, Nungesser (1983) developed the Nungesser

Homosexual Attitudes Inventory (NHAI). The NHAI is a 34-item instrument which asks subjects to respond on a Likert scale to items such as "whenever I think a lot about being a homosexual, I feel depressed," "homosexuality is a sexual perversion," and "I would not mind if my neighbors knew that I am gay." Each of these three items reflects one of the three factors which Nungesser claimed comprise the construct of internalized homophobia; they are (1) attitudes toward one's own homosexuality, (2) attitudes toward the homosexuality of others, or homosexuality in general, and (3) attitudes toward self-disclosure of one's homosexuality, respectively (p. 71-2). In addition, Nungesser developed the Environmental Factors Questionnaire (EFQ), which aims to assess environmental precursors of positive homosexual identity, including "Gay Experiences" and "Gay Age." Gay Experiences is defined as the number of positive gay experiences accumulated by the individual, such as marching in a gay pride parade or receiving the social support of friends or parents for being gay. Gay Age is calculated by subtracting the age at which the subject labeled himself gay from his chronological age, resulting in a numerical value corresponding to the length of time he has considered himself to be gay.

Using the NHAI and EFQ, as well as the Bem Sex Role Inventory and Snyder Self-Monitoring Scale, Nungesser studied two subject groups of self-labeled gay men. One group of twenty-five men, with a mean age of 30, were drawn from a meeting of an urban gay organization on the West Coast. The second group of twenty-five subjects were recruited at a private party for faculty, students, and

staff at a West Coast university; this sample had a mean age of 22. Results showed that most of the variance in NHAI scores was accounted for by (1) the frequency of passing for heterosexual, (2) the mean reactions of significant others to whom the sexual identity had been disclosed, (3) Gay Age, and (4) the frequency of socializing with other gay males. In other words, the more homophobic the subject, the more likely he was to pass for heterosexual, to have met with negative reactions from others with regard to his homosexuality, to have labelled himself "homosexual" comparatively recently, and to socialize with other gay males relatively less often.

Nungesser's study has been criticized on several grounds. First, because the NHAI itself includes disclosure as a subscale, the magnitude of the result concerning "frequency of passing" is inflated. Moreover, as Herek (1985) has pointed out, Nungesser at times inferred causal relationships from the correlational data, suggesting, for example, that positive feelings about homosexuality were necessarily the cause, rather than the result, of greater self-disclosure. Finally, Nungesser's work can be criticized for its lack of clarity in defining the procedures or rationale used in determining the three factors which are said to comprise internalized homophobia.

Shidlo (1987) has employed the NHAI to study the relationship of gay men's homophobia, their involvement in the gay community, and their overall psychological adjustment, with the premise that involvement with the gay community is an important reflection of a positive gay identity. In addition, he employed the concepts of

"social desirability" and "overlap." Social desirability is the tendency of subjects to attempt to appear well-adjusted to the researcher as part of a more general concern with how they are perceived by others. Therefore, within the context of this study, it was assumed that striving for social desirability would lead subjects to present an inflated attitude toward their homosexuality as well. This variable was being investigated in order to strengthen the results pertaining to reported levels of internalized homophobia. That is, if the effect of social desirability could be teased out, then a more accurate picture of internalized homophobia could emerge. The second concept, "overlap," refers to the relative tendency to mingle gay and non-gay social supports; a greater amount of overlap of these social networks was hypothesized to indicate greater comfort with visibility as a gay person.

Fifty-four gay males from northeastern United States cities, with a mean age of 32, participated in this study (Shidlo, 1987). Results indicated that high levels of homophobia, low levels of gay social support, and low overlap of gay and non-gay supports were found to predict greater psychological dysfunction on measures of depression, psychosomatic symptoms, distrust, self-esteem, stability of self, and loneliness, as well as on a global measure of psychological dysfunction. Furthermore, with social desirability partialled out, homophobia accounted for a surprising 18% of the variance in predicting somatization, including sleep and digestive problems, headaches, and alcohol consumption. These findings lend a good deal of support to the notion that internalized homophobia is

closely related to mental health problems in gay men.

Another important finding pertains to the validity of the NHAI. Shidlo found that the subscales of the NHAI were very highly intercorrelated and did not have differential predictive validity. Because of this, he relied on full NHAI scores in his analyses. Shidlo speculated that this problem in the NHAI may be due to an error in Nungesser's assumption of three distinct factors in the homophobia construct, or to a need for greater refinement of the instrument.

A study by Schmitt and Kurdek (1987) may be interpreted as providing further evidence that internalized homophobia is significantly related to mental health for gay men. Interestingly, these authors have turned the concept of internalized homophobia on its proverbial head; rather than studying the personality correlates of a self-devalued gay identity, they have investigated the personality correlates of "positive gay identity." For a study of fifty-one gay males, these authors defined positive gay identity as the degree of disclosure of the gay identity and the degree of comfort with this identity. Clearly, these defining characteristics are equivalent to those used in conceptualizing and studying levels of internalized homophobia. Using self-report measures, Schmitt and Kurdek (1987) found that men who were more self-disclosing had lower levels of trait anxiety, sensitization, and depression, and a more positive self-concept. Men who reported being comfortable with their gay identities tended to score lower on measures of social anxiety, sensitization, and depression, and higher on self-concept. In

addition, though personality variables were unrelated to participation in a gay relationship, men in long-term relationships were low in trait anxiety, had an internal locus of control, and rated low in depression. Therefore, while the study did not directly address the relation between positive gay identity and relationship involvement, results did show that positive gay identity does predict several aspects of greater mental health in gay males.

In a study which parallels the present one, Romance (1986) investigated the impact of internalized homophobia on satisfaction levels in gay male couples. Drawing on a sample of eighty-six South Florida male couples with a mean age of 37 years, and a mean of 6.8 years relationship duration, Romance, like the other researchers, employed the NHAI to tap internalized homophobia. He found that, taken together, low internalized homophobia, high self-esteem, and certain aspects of partner homogamy and monogamy accounted for a small amount of the variance in relationship satisfaction. However, low internalized homophobia "washed out" as a predictor of relationship satisfaction in the regression analysis. Romance offered several explanations which could account for the weak correlation between internalized homophobia and relationship satisfaction. First, it may have been due to a shortcoming in the NHAI, which may not have been sensitive enough to detect the subjects' internalized homophobia. Second, it may have been a result of the characteristics of the sample, together with some important properties of internalized homophobia. Specifically, Romance asserted that, in accordance with symbolic interactionist theory,

internalized homophobia may be phasic and situational, rather than static and trait-based. Therefore, the degree of saliency of internalized homophobia would be expected to vary with age, context, etc. Using this notion, Romance suggested that, for his male sample, with a mean age of 37, sexual identity issues including internalized homophobia may have receded in saliency, in favor of other issues such as career and finances. Likewise, the fact that these men were involved in gay relationhips, which presumably tended to affirm their homosexual identities, meant that internalized homophobia would again be less salient, and therefore less evident on the NHAI.

In a separate analysis, Romance also found that two apparently contradictory variables were associated with low internalized homophobia; these were 'trying to pass for straight' and 'more disclosure of sexual preference.' In explaining this result, Romance referred to the previously-mentioned debate about self-disclosure. He noted that while non-disclosure can be extremely costly in psychological terms, cutting one off from greater intimacy with others, it can at other times be a self-protective measure, preventing criticism which could lower self-esteem when one is in a vulnerable position. In this sense, he came to the same conclusion as several other authors (i.e., Margolies, et al., 1987; Rand, et al., 1982) who viewed selective self-disclosure as most consistent with low internalized homophobia. This view reconciles the apparent contradiction in the study because, depending on the situation, passing for heterosexual or disclosing one's sexual preference might each reflect lower internalized homophobia.

Though quite small, the body of empirical literature on internalized homophobia does indicate that this is a valid and useful construct. Indeed, different levels of internalized homophobia were shown to predict some important individual characteristics in gay men, such as the frequency of passing and the incidence of psychosomatic symptoms. Only two studies thus far have focused specifically on the effects of internalized homophobia on relationship satisfaction, one on women's relationships (Romano, 1989) and one on mens' (Romance, 1986). While both authors reported results in the expected direction, neither one had a strong statistical outcome. Romance has explained the lack of predictiveness of internalized homophobia using the concept of salience; he noted that internalized homophobia may not have been a salient force for his subjects because of their age and their coupled status. In a similar vein, Romano has stated that the relation between internalized homophobia and relationship satisfaction may not be a significant one when applied to satisfied partners in a long-term relationship. By definition, these relationships are sufficiently satisfactory to their members that the effects of internalized homophobia are at least mitigated, if not rendered insignificant.

Finally, the literature is inconclusive with regard to the interesting question of the direction of causality. That is, does an initially low level of internalized homophobia enable one to achieve satisfation in a gay or lesbian relationship, or does participation in a satisfying gay or lesbian relationship lead to a lowering of

homophobia? Quite possibly these factors interact in a positive feedback system like the one posited by Brooks (1981), and mentioned earlier with regard to positive minority group participation. In any case, all the authors note the need for more empirical research in this area.

Literature on Lesbian Couples

The literature which deals specifically with lesbian couples is a predominantly clinical and theoretical one. For the most part, its focus is on pathology, particularly the phenomenon of psychological "merger." Of the many articles which represent this point of view (ie., Burch, 1982, 1985; Elise, 1986; Kaufman, Harrison, & Hyde, 1984; Krestan & Bepko, 1980; Lindenbaum, 1985; Pearlman, 1989; Smalley, 1987; Vargo, 1987), several will be reviewed. In these articles, the terms "merger," "fusion," "enmeshment," "undifferentiation," and "symbiosis" are used interchangeably.

In 1980, Krestan and Bepko's statement on "The Problem of Fusion in the Lesbian Relationship" defined fusion as the major psychological issue for lesbian couples, and sparked a flurry of clinical and theoretical articles about the subject. Writing from a systems perspective, Krestan and Bepko defined fusion as "a person's state of embeddedness in, of undifferentiation within, the relational context" (p. 277). Noting the phenomenon of fused relationships in their lesbian clients, characterized by "intense anxiety over any desire for separateness or autonomy" (p. 277), these authors sought explanations in the context of the larger system. They therefore

came to see fusion as a result of the external stressors experienced by the lesbian couple. Thus, in a homophobic societal environment which denies or attacks the couples' union, the partners' only choice is to "turn in on themselves," closing their subsystem too rigidly, or "fusing." The couple's external boundary is invalidated when, for example, a closeted lesbian woman is urged by her co-workers to attend an office party with a male escort. Families of origin may reject the couple outright, not allowing them to visit the family home, or more subtly negating the nature of the relationship by, for instance, offering the couple separate bedrooms during an overnight stay. In response to these boundary-invalidating activities from outside, the members of the couple are said to turn to each other for support, rigidifying their external boundary, becoming further isolated from the environment, and eventually becoming "fused." One very important implication of this view is that, by emphasizing the larger homophobic context, Krestan and Bepko have successfully avoided any assumption of inherent pathology in the individual lesbians themselves, or in their relationships per se. On the other hand, their reliance on the concepts of "fusion" and "undifferentiation," with their powerful connotations of regression and pathology, frames the dynamic they have identified in an unnecessarily negative light. By choosing terms which evoke a lack of a firmly established sense of self, they have over-pathologized a dynamic which might be seen more simply as a high degree of cohesion between two mature, individuated selves.

Kaufman, Harrison, and Hyde (1984) have proposed a list of

"clinical indicators" of the same phenomenon, which they refer to as "symbiotic," as a "narcissistic failure to allow for separateness," and as a "defense against difference" (p. 531). Their list of clinical indicators is striking for it shows the ease with which clinicians assume pathology in lesbian couples. Items include, for instance, "they often insist on sharing professional services such as doctors, dentists, or therapists," "they often have the same employer, and, if not, regular telephone intrusions into the workday link the dyad during business hours" [emphasis mine], and "communication patterns often include attempted mind reading and assumptions about the other's needs or wants and behaviors directed at meeting imagined needs or wants" (p. 531). Setting aside the fact that these generalizations are not based on any empirical data, they furthermore reflect patterns which are often seen in heterosexual couples as well, in both clinical and non-clinical populations. Indeed, the practice of sharing professional services is reflected in the valued institution of the "family doctor"; telephone "intrusions" may be nothing more than telephone "contacts," depending on the context; and many married heterosexual couples enjoy working together, not only in corporations, universities, hospitals, etc., but also in another widely-accepted cultural institution, the family business. With regard to the attempts at mind-reading and pleasing one's partner, current feminist psychological theory has identified these and other attachment oriented behaviors as common attributes of women socialized in this culture, rather than as aberrant behaviors of lesbians (i.e., Chodorow, 1978; Gilligan, 1982; Jordan, 1984;

Miller, 1984; Surrey, 1985). Clearly, while the attempt to specify a constellation of traits to assess an enmeshed relationship may be useful, these criteria seem gratuitously pathologizing as they have been applied to lesbian couples. Using them, one would be forced to label a great many well-functioning lesbian and heterosexual couples as quite pathological.

Drawing on the work of Nancy Chodorow (1978), both Burch (1982) and Elise (1986) have attempted to account for the tendency toward merger in lesbian relationships. Burch (1982) has stated that there are "powerful forces both within and without" the relationships of lesbian couples who come to therapy, which can lead to psychological merger. She defines merged partners as those who "find it difficult to think, act, or feel separately from each other - such behavior being seen as betrayal or rejection" (p. 201). Thus, in addition to the problems they face maintaining an external boundary, these couples are thought to have difficulties maintaining an appropriate boundary between the two members. According to Burch, this problem is the result of the "gender sameness of mothers and daughters." Following along the lines of the argument raised by Chodorow, she notes that, unlike male children, who more easily achieve differentiation from from their mothers, female children may have difficulty accomplishing this developmental task. As a result, while women may have a greater "relational capacity," they may also be prone to psychological merger within their adult relationships. Accordingly, couples composed of two women would have a natural tendency toward boundarylessness, as "neither woman places a check on

the merger experience" (Elise, 1986). This view differs from that of Krestan and Bepko (1980) in that the authors view the lack of differentiation of the members of a lesbian couple as a result of the gender socialization of women, and not merely of society's homophobic response to lesbianism. Indeed, Elise (1986) adds the observation that homosexuality cannot be the important determinant of this phenomenon, since societal homophobia does not cause gay men to merge. She points out that, on the contrary, in gay men the male sex role socialization actually interferes with the achievement of intimacy. Therefore, she agrees with Burch that the fundamental problem lies in the psychological development of the female self.

Burch (1982) and Elise (1986) can be criticized on several points. First, though Burch attempts to generalize her analysis only to those lesbian couples who seek therapy, both her arguments and those presented by Elise, if followed logically, imply that virtually all lesbian couples will engage in this pathological mode of relating. This type of reasoning is inherently suspect, and in fact it underscores the danger of basing theories about a particular population on observations of a clinically-involved sub-sample. Second, both authors have relied on what others (i.e., Chodorow, 1978; Gilligan, 1982; Jordan, 1984; Miller, 1984; Slater & Menscher, 1991; Surrey, 1985) have termed a traditional male standard of mental health which values separation, independence, and autonomy above emotional connectedness. That is, while they have acknowledged women's "relational" tendencies, they have nevertheless recommended the strengthening of relationship boundaries. This is

evident in Burch's comment that, "The work of the therapist is to help [the] couple to differentiate, to gently pull apart [the] two women so that they may come back together, each with a fuller and more separate sense of self" (p. 203). Furthermore, these authors have treated the phenomenon of interpersonal boundaries as if it were a static, rather than a fluid one, thus ignoring Burch's own dictum that "separating and coming back together is a... process... which occurs in natural cycles throughout a relationship" (p. 207). By relying on a clinical sample with boundary problems, they have in effect taken a snapshot of an extreme possibility in this cycle. To do justice to Burch's cyclical conceptualization, these authors would have needed to capture the moving image of which this snapshot is just one frame. Finally, as Roth (1985) has noted, "distance regulation and boundary maintenance" are issues which must be negotiated by all couples, regardless of their gender composition, and which at times lead to problems in lesbian as well as heterosexual unions.

Another conceptualization of lesbian couples was provided by Lindenbaum (1985) who, after duly lamenting the tendency of psychological theorists to view same-sex relationships as inherently pathological and immature, proposed an argument which easily succeeded in accomplishing the same result. Drawing on observations of lesbian couples in her clinical practice, she cited the existence of a pattern which begins when the members of the couple, having intensely and passionately "re-created primal merging" through sexual intimacy and the blurring of psychological boundaries, become afraid

of a loss of individual identity. Lindenbaum does not specify whether or why this phenomenon might be limited to lesbian dyads. In any case, this leads the lesbian couple, "weeks, months, or years later" to give up the sexual component of the relationship, replacing it with a nonsexual merger. Here, Lindenbaum stands on particularly shaky theoretical ground, as the vagueness of the time frame allows for myriad intervening variables to have an effect.

Though Lindenbaum, like Burch (1982) and Elise (1986) has noted the gender-based difference in women's approach to relationships, she feels that this nonsexual merger is not merely based on gender-related dynamics. Rather, it "is particular to lesbian couples," and "has as its prototype a faulty experience of mother-infant oneness" (p. 89). The nonsexual merger, then, was explained as the result of the women's mutual attempt to use the relationship to repair the early trauma. Thus, while she declined to elaborate on the nature of the problem during infancy, Lindenbaum has in essence attributed the clinical phenomenon in question to the pathological development of lesbian women. In this she differs from the other theorists presented, for though their arguments ultimately suggested pathology in the lesbian union, none of them based her argument on an assumption of the inherent pathology of lesbianism.

Recently, Menscher (1990) and Slater and Mensher (1991) have attempted to re-examine the dynamics of lesbian couple functioning, noting that the high levels of cohesion observed in these couples has often been pathologized as fusion in the literature. Basing her argument in part on her own small, indepth study of well-functioning,

stable lesbian couples, Mensher has argued that intense closeness is not only valued among lesbian couples, but in fact may be considered "normative and growth-enhancing" for this population. Furthermore, in conjunction with Slater, she has developed the concept of "compensatory fusion" to refer to the couple's healthy reliance on fusion in response to invalidating pressures from outside sources. In fact, Slater and Mencher assume that a couple which fails to develop this mechanism is at greater risk for dissolution. On the other hand, extremely high levels of fusion are also assumed to lead to relationship difficulties. Ideally, the couple members move psychologically closer to each other in times of increased environmental stress and move farther apart during more stable periods. Thus, it is during the former, more fused periods that couple cohesion is solidified, and during the latter, more differentiated periods that the couple members tend to their own individual growth. This conceptualization echoes Burch's (1982) view of the natural cycles found in relationships, mentioned earlier.

Slater and Menscher's work is useful in that, rather than pathologizing the dynamics observed in lesbian couples, it suggests that these couples may require a different set of standards of healthy functioning. What is left unclear, however, is the exact nature of the fused relating. That is, do "fusion" and "high cohesion" refer to the same phenomenon, and, if so, why do the authors rely on an admittedly pathologizing, misleading term? If, on the other hand, these terms refer to two distinct dynamics, then is the high cohesion "normative," while the fusion is "compensatory," or

is there some other relation between the two? In addition, these concepts would need to be integrated into Slater and Menscher's overall formulation, particularly their notion of the natural cycles of closeness and distance in lesbian relationships. Even within this formulation, the question still stands as to whether, in fact, well-functioning lesbian couples tend to relate at higher levels of cohesion overall than do other couple types. Finally, it is unclear why these authors have limited their application of this satisfying cyclical model to lesbian couples. Presumably, healthy functioning in heterosexual and gay male couples also requires increased closeness at times of stress, and also allows for more attention to individual partner growth during periods of relative stability.

In general, Slater and Menscher have provided a solid first step toward a much-needed critique of the lesbian couples literature. They have raised some provocative issues, and their work suggests the direction for future inquiry regarding the topic of lesbian merger. However, their formulation lacks clarity, and is fundamentally limited by its acceptance of fusion as a necessary ingredient in an understanding of lesbian couples.

In summary, the theoretical literature regarding lesbian couples is at best inconclusive, and at worst, seriously flawed and biased. Clinical material is used as the basis for generalizations about the dynamics of normal lesbian relationships, with the result that these couples are over-pathologized. Psychological merger, which is seen as almost inevitable in these couples, is said to be the result of societal homophobia, women's gender socialization, or the inherently

pathological origins of lesbianism. Unfortunately, a vicious cycle has been created in which, armed with these "new" merger models, and working in a context devoid of any empirical evidence which might either validate or disconfirm them, theorists and clinicians have continued to view lesbian couples in the old ways. To the extent that the merger paradigm has been accepted, integrated, and perpetuated without much question, this process can be said to reflect a subtle homophobic bias. That is, the authors involved have seemed almost too willing to accept and propagate an unnecessarily negative view of lesbian relationships. Unfortunately, this not only adds to the general stigma pertaining to lesbians, but may also cause specific damage to this population. Such damage may come at the hands of misinformed clinicians, as well as through popular self-help books for lesbians, both of which may rely on this same body of literature. Notable exceptions to this homophobic bias can be found in the work of Krestan and Bepko (1980) and Slater and Menscher (1991), all of whom acknowledge the positive value of closeness for lesbian couples. However, even these authors have been unable to provide a comprehensive understanding of the dynamics of well-functioning lesbian relationships.

Couple Comparison Literature

Empirical studies focusing specifically on lesbian couples are virtually nonexistent at this time. Data regarding these couples may be found, however, within another body of literature; that which focuses on comparisons between different couple configurations,

including lesbian, gay male, cohabiting heterosexual, and married heterosexual. As Morin (1977) has noted, studies comparing the psychological adjustment of homosexual and heterosexual individuals have historically been biased because of an implicit acceptance of heterosexuality as the standard from which homosexuality can be seen to differ. Indeed, in the worst cases, this research sought to prove the inferiority of homosexuality relative to heterosexuality (p. 634). Writing ten years later, Shidlo (1987) has made it clear that, even in the best cases, the use of between-groups designs with heterosexual control groups forgoes an exploration of the special factors relevant to the adaptations of gay persons (p. 3). In this regard, it is important to note that all the relationship quality constructs in the couple comparison literature are defined and operationalized solely on the basis of heterosexual couples' experience. That special factors affecting gay and lesbian couples have indeed been ignored will become apparent as the comparison studies are reviewed. Nevertheless, in the past decade, these studies have provided a base of relevant, albeit conflicting, information about the similarities and differences between lesbian and other couple types. The importance of this literature for the present study lies not in the comparisons themselves, but in the information which can be gleaned about lesbian couple functioning.

The Circumplex Model

Several of the couple comparison studies have relied on the Circumplex model developed by Olson and his colleagues (Olson, Bell,

& Portner, 1978; Olson et al., 1983). Based on family systems concepts outlined by Minuchin (1974), this model posits two central dimensions of family functioning: cohesion and adaptability. Cohesion is the degree of connectedness or separateness in the family system, and can be defined as the emotional bonding or closeness of its members. Adaptability refers to flexibility in power structure, roles, and rules in response to situational and developmental stress. Olson (1986) also refers to adaptability more simply as "change" (p. 338). Each of these dimensions is viewed as curvilinear in nature, with the extreme ends constituting dysfunction and the center points reflecting healthy functioning. A graphic representation of the model is presented in Appendix I. Specifically, cohesion is made up of four levels which are, from low to high, "disengaged," "separated," "connected," and "enmeshed," with disengaged and enmeshed representing the dysfunctional extremes. Adaptability ranges from a low level of "rigid," through "structured," "flexible," and "chaotic." The two dimensions are crossed to form sixteen quadrants. Couples or families that are "extreme" on both dimensions fall into the four corners of the graph and tend to be dysfunctional; they are termed either rigidly disengaged, chaotically disengaged, chaotically enmeshed, or rigidly enmeshed. Those functioning in the "balanced" range on both cohesion and adaptability fill the center four quadrants of the graph and are seen as well-functioning. Balanced types include structurally separated, flexibly separated, flexibly connected, and structurally connected. "Mid-range" types, extreme on one dimension but balanced

on the other, constitute the remaining eight categories, and represent moderate levels of functioning. While not incorporated into the sixteen types of functioning, a third theoretical dimension, communication, is important as a facilitator of adaptability and cohesion. Asexpected, Olson's theory posits that balanced families will have more positive communication skills than extreme families.

The Circumplex model has been operationalized in an instrument called Family Adaptability and Cohesion Evaluation Scales (FACES), known as FACES III in its current revised form (Olson, Portner, & Lavee, 1985). FACES III is a 20-item Likert self-report measure which has been developed for use with both families and couples. Circumplex Model categorizations of families and couples are often reported in conjunction with satisfaction levels, as it is assumed that a family's subjective sense of satisfaction, and not simply the objective measures of cohesion and adaptability, are important in understanding family mental health. In general, satisfaction is expected to coincide with balanced levels of adaptability and cohesion. However, in order to take into account the diversity of norms reflected in different ethnic and cultural backgrounds, it is further hypothesized that "extreme" types of functioning may not be dysfunctional if all members of the system value the particular type of behavior. For example, in certain ethnic groups in which a great deal of family closeness and diffuse intra-system boundaries are expected, members may report high levels of satisfaction despite an apparent "enmeshment" on the cohesion dimension.

Zacks, Green, and Marrow (1988) utilized the Circumplex Model to

investigate the characteristics of lesbian couple functioning. They administered FACES III and the Family Satisfaction Scale (Olson, McCubbin, Barnes, et. al., 1982) to a sample of fifty-two urban California lesbian couples, and compared their results to the national norms for married couples reported by Olson and his colleagues (1983). Based on the lesbian couples "merger" literature discussed earlier, they predicted that lesbian couples would show higher levels of cohesion and satisfaction; both of these predictions were borne out by the data. In addition, they hypothesized that these couples would show balanced levels of adaptability and a lower overall tendency to fall in the extreme quadrants of the Circumplex Model. Contrary to these predictions, the lesbian couples were not more balanced on adaptability, and thus not more likely to remain outside the extreme quadrants of the Circumplex Model. In fact, 46% of the lesbian sample as opposed to 2.9% of the heterosexual sample was identified as "chaotic enmeshed," the category which includes extremes of both cohesion and adaptablilty. In addition, a full 82.7% of the lesbian couples were accounted for within the two most cohesive categories, connected and enmeshed. With regard to satisfaction, the lesbian sample reported higher levels of satisfaction than those reported for the heterosexual norms. Zacks et al. also found that while adaptability and cohesion scores were not predictive of whether the lesbian couple members had been or were currently in psychotherapy, there was an inverse correlation between satisfaction and therapy, significant at the .01 level.

Zacks et al. considered four possibilities which might help in understanding their results. They noted first that Olson's (1986, p. 341) caveat about cultural differences in norms may apply here. Like ethnic groups, the lesbian community may be considered a subculture with norms which vary from those of the mainstream culture. In this group, high levels of adaptability and cohesion may be preferred, and would therefore be considered non-pathological (Zacks, et al, p. 479). This explanation would account for the high levels of satisfaction reported, and it would lend empirical weight to the argument that fusion is "normative and growth-enhancing" for these couples (Menscher, 1990; Slater & Menscher, 1991). Second, Zachs et al. pointed out an apparent bias in the items of FACES III which may have skewed the results for lesbian couples in important ways. They cite such items as "we are flexible in how we handle differences," "we jointly make the decisions in our relationship," and "we shift household responsibilities from person to person," to which a response of "almost always" is categorized as "chaotic," as reflective of a sexist or "heterosexist" bias. These biases "[imply] that rigidly fixed sex roles or divisions of tasks are necessary within a well-functioning relationship" and, while this may not even be true for well-functioning heterosexual relationships, it certainly does not apply to lesbians. Third, they note that Olson and his colleagues (1983) do not report the adaptability and cohesion scores according to sex. Therefore, it is possible that sex differences are common on the FACES scale, and that scores of lesbian women are closer to those of heterosexual or feminist women than to those of

their male partners. They suggest that a comparison along these lines would shed light on the ongoing question, discussed previously, of whether these cross-couple differences are due to differences in gender or sexual orientation.

Finally, the researchers suggest that their results may point to a problem in the underlying assumption of curvilinearity in the Circumplex model. Rather than being "balanced" types, the lesbian couples in this study showed extremes of adaptability and cohesion along with high levels of satisfaction. Therefore, a linear model is suggested in which, at least for lesbian couples, increasing levels on both dimensions are associated with increasing levels of satisfaction and, presumably, healthy functioning. While the heterosexual norms used for comparison in this study support the curvilinear assumption, evidence from other recent studies on heterosexuals in fact lend weight to the notion that the model may be flawed even for the heterosexual population. Four studies are relevant in this connection.

Recently, a comparison of FACES and the Beavers-Timberlawn Model of Family Competence failed to support the curvilinear asumptions of the Circumplex Model. In an effort to determine whether these two most prominent models of family functioning do in fact agree on the characteristics and profiles of healthy and pathological families, Green, Kolevzon, and Vosler (1985a) examined the relationship between the two models. Because the Beavers-Timberlawn Model posits a continuum of competent family functioning, with dysfunction at one extreme and competent functioning at the other, it was hypothesized

that families appearing at the high end of the competence dimension would appear to be balanced on the Circumplex dimensions of cohesion and adaptability. Likewise, families lower in competence would be located at one of the extreme ends of adaptability and cohesion. Results of the study, however, led to the rejection of these hypotheses, as well as to the finding that in several areas, enmeshed groups scored higher on competence levels than did disengaged groups. That is, the cohesion dimension seemed to be directional, with high cohesion indicating greater health than low cohesion. Beavers, Hampson, and Hulgus (1985) then expanded Green et al.'s argument, concluding that both dimensions of the Circumplex Model are linear. They found that the higher the family health scores on an instrument which taps family competence according to the Beavers-Timberlawn Model, the higher were both the adaptability and cohesion scores on FACES II.

A third source of evidence for this argument is found in a 1985 study by Miller, Bishop, Epstein, and Keitner which employed the McMaster Family Assessment Device (FAD). For both cohesion and adaptability, the high extreme was associated with greater health, and the low extreme was associated with greater pathology. Finally, Olson and his colleagues (1983) themselves, in a national survey of 1000 families across the life cycle, found a "linear relationship between cohesion and ... adaptability in family functioning with 'normal' families" (Olson, p. 341, emphasis mine), with higher levels associated with better functioning. In attempting to account for this data, which obviously contradicts his theory, he offerred the

unsatisfying explanation that "normal families represent only a narrow spectrum of the range of behavior on these two dimensions [and] as a result, there are very few of the 'normal' families that legitimately fall into the extreme types" (p. 341). Furthermore, he stated that enmeshed families may have been exaggerating their levels of satisfaction because of an interest in preserving the illusion of family unity. However, Green et al. (1985b) have taken issue with this argument, noting that in their study, raters, rather than self-report measures, were employed to score the families, with the same result. That is, enmeshed families were found to be more competent even when they were not given the opportunity to "exaggerate" their own levels of satisfaction. Taken together, these results suggest a flaw in the Circumplex Model's assumption that moderate, rather than high levels of adaptability and cohesion are optimal for healthy family functioning, even in heterosexual families.

Returning to the study done by Zacks and her colleagues, then, the Circumplex model seems to be of limited usefulness in discriminating relative levels of functioning for lesbian couples. Possibly because of the problems in the instrument, discussed above, the majority of their lesbian sample was clustered into only two of the sixteen possible categories. Indeed, even the satisfaction score provided more discriminant ability than FACES III, in that it was significantly correlated with the variable of psychotherapy involvement. Therefore, while the FACES instrument revealed a significant difference between the lesbian and heterosexual samples,

this finding was difficult to interpret. On the other hand, this study did lend weight to the argument made by some critics of FACES; namely, that high, rather than moderate, levels of adaptability and cohesion may be correlated with healthy couple functioning.

In contrast to these results, Wood (1983) found no significant differences across couple types on a variety of variables including cohesion and adaptability. Her sample consisted of twenty lesbian, twenty cohabiting heterosexual, and twenty married heterosexual couples drawn from the Washington, D.C. metropolitan area, with a mean relationship length of five years and a mean age of 34 years. Specifically, she found that (1) lesbians did not differ from heterosexuals in their tendency to manifest functional patterns of adaptability and cohesion, except for a trend toward more functional adaptability patterns than cohabitors; (2) lesbians were no more likely than heterosexuals to manifest "disengaged couple-community patterns" indicative of fusion and social isolation; (3) lesbians did not differ from married heterosexuals in levels of psychosocial maturity, but did exhibit greater maturity than cohabitors; and (4) lesbians did not differ significantly from heterosexual types in levels of available social support, though they were more likely to view friends rather than family as the source of such support (Wood, 1983). Thus, the lesbian couples were indistinguishable from the married heterosexual couples, but apparently were more likely to be well-functioning and mature than the cohabitors. Wood explained this result in terms of the variable of commitment, which she did not explore directly. She argued that since marriage is the symbol of

relationship commitment for heterosexuals, then cohabiting is for them a prelude to commitment, whereas for lesbians, lacking the option of marriage, long-term cohabitation may itself constitute commitment. According to her view, then, the salient dimension which distinguished couple types in her sample was the level of commitment, rather than the sexual orientation, with long-term lesbian couples being most similar to married heterosexuals.

Wood's finding of balanced levels of adaptability and cohesion in these couples is striking in comparison to the extreme levels reported by Zacks et al. in a comparable sample. In this regard, it is important to note that Wood used the original 111-item FACES instrument, rather than the revised, 20-item FACES III. Furthermore, in consultation with Olson, she modified the scoring for the adaptability and cohesion variables. Using the original FACES, she obtained scores which were approximately twenty points higher, on average, for cohesion, and ten points higher, on average, for adaptability in her sample. She and Olson reasoned that these differences were due to the inherent differences between her non-clinical, child-free sample, and the sample originally used by Olson, Bell and Portner (1978) to develop the scales (p. 117). Olson et al.'s sample included distressed families, as well as families with adolescent children whose scores were included. Both of these factors presumably lowered the adaptability and cohesion levels of the normative sample. Therefore, Olson recommended that Wood change the cut-off points on cohesion and adaptability to fit her sample, and that she analyze the results using both sets of cut-off points.

In doing so, Wood found virtually no differences between her results using the original and modified cut-off points, suggesting a robust result in terms of the comparisons between couple types. However, it is highly significant that the scores actually obtained by her normal sample of both lesbian and heterosexual couples seemed extreme when compared to those of a dysfunctional sample. Indeed, this lends further weight to the argument, discussed previously, that the variables of adaptability and cohesion are positively, rather than curvilinearly correlated with couple functioning across couple types.

In general, then, the research using the cohesion and adaptability variables suggests that while lesbian couples are highly cohesive and adaptive, they are not pathologically so. In fact, satisfied heterosexual couples may be more like them in this regard than has been previously assumed. That is, the evidence reviewed here suggests that high levels of cohesion and adaptability may be most functional for all couple types.

The Investment Model

A second model used to compare couples' functioning is Rusbult's (1980) investment model, which is based on Levinger's (1979) more general model of interpersonal attraction in ongoing associations. The investment model is based on the assumption that both satisfaction with and commitment to a relationship are functions of a comparison of the "relationship outcome value" to the individual's comparison level. Here, relationship outcome value refers to the

rewards associated with the relationship, such as the partner's intelligence, sense of humor, and shared interests, less the costs of the relationship, such as a high degree of conflict or the partner's irritating habits or sexual infidelity (Duffy & Rusbult, 1986). The individual's comparison level represents the average relationship outcome value that the individual has come to expect, and is based on past experiences and perceptions of the relationships of others. Thus, the comparison level is reflected in the perceived quality of alternatives to the relationship, including the availability and attractiveness of alternative partner(s) as well as the relative importance to the individual of being romantically involved. All of these factors are taken into account in determining the individual's satisfaction with and commitment to the relationship.

In addition, commitment also depends on the variable of investment size (Rusbult, 1980, p. 174). That is, to the extent that the individual has invested resources into the relationship, he or she has created a barrier against leaving the relationship, and commitment should be stronger. These resources may include not only those which the individual has invested directly into the relationship, such as time, self-disclosure, or emotional energy, but also those resources which became inextricably connected to the relationship over time, such as mutual friends and shared material possessions. According to Rusbult's model, then, individuals who feel their relationships afford them high rewards and low costs compared to the perceived rewards and costs of an alternative relationship or no relationship, and who have invested a great deal

in the current relationship, are expected to be highly satisfied with and committed to it.

Using this model, Duffy and Rusbult (1986) found few significant differences among a total of 100 individual lesbian's, gay male's heterosexual female's, and heterosexual male's reports about their relationships. All the relationships shared relatively high rewards, low costs, moderately poor alternatives, moderately high investments, and very high levels of satisfaction and commitment. Of particular interest was the finding that gender appeared to be a much more powerful predictor of behavior in romantic relationships than sexual preference, with women reporting higher levels of investment and greater commitment to their relationships. Clearly, this supports the notion that women are more "relational" than men, and it also seems related to the high levels of cohesion observed in lesbian relationships. Minor findings which pertained only to lesbians include (1) sexual satisfaction not being related to reward value; (2) difficulty in spending time together being a significant cost; (3) confidence of finding an alternative partner not being a predictor of global alternative quality; and (4) hours per week spent with partner and level of self-disclosure [referring here to interpersonal sharing, not disclosure of lesbian identity] being related to global investment size. Levels of monetary investment and shared possessions, as well as the number of mutual friends, were significantly related to investment size for lesbians; in the former, they were joined by all the other groups, while in the latter by heterosexual males only.

In another study which utilized the investment model, Kurdek and Schmitt (1986b) compared relationship quality among 44 married, 35 cohabiting, 56 lesbian, and 50 gay male couples, whose relationship duration ranged from a mean of two years for the cohabitors to 4 1/2 years for the married group. The most striking finding was the consistency obtained across the four types of partners. Relationship satisfaction was associated with high rewards and few alternatives, as well as high dyadic attachment, high levels of shared decision-making, and a low incidence of the belief that "disagreement is destructive to the relationship." Lesbians exceeded all other groups on levels of shared decision-making. Except for the cohabitors, there were no differences among the groups with respect to liking of partner, love for partner, and levels of relationship satisfaction.

On the other hand, in a comparison limited to a matched sample of lesbian and gay male couples, Kurdek (1988) found that lesbian couples reported higher relationship satisfaction, higher liking of partner, more rewards for being in the relationship, more trust, and more frequent shared decision-making. However, Kurdek was quick to point out that these findings did not necessarily indicate the superiority of lesbian relationships because the results were based on self-report measures, which may tap womens' socialized tendencies to focus on and heighten their expression of relational issues. Ironically, then, in one of the few studies in which lesbian women were able to definitively express their capacity for healthy couple functioning, they were criticized as women for their very

expressiveness. This is not to imply that lesbian couples are somehow better than gay male couples, but simply to show how easily positive findings about these couples are dismissed or obscured.

Finally, Kurdek and Schmitt (1986a) tested the range of couple types on the first three stages of McWhirter and Mattison's (1984) six-stage model of relationship development, which together cover the first five years of couplehood. This model posits a first stage, called Blending, which is characterized by the merging, high sexual activity, "equalization of partnership" or even sharing, and limerence, defined as the "intensity and euphoria of romantic love" (Kurdek & Schmitt, 1986a) that take place during the first year of the relationship. Stage 2, Nesting, spans the second and third years and consists of homemaking, finding compatibility, the decline of limerence, and the emergence of ambivalence in the relationship. The third stage includes years four and five. It is named Maintaining, and is defined by the reemergence of the individual, risk-taking, dealing with conflict, and the establishment of traditions (McWhirter & Mattison, 1984). While McWhirter and Mattison's model was developed through research on 156 gay male couples, the authors offer it as a model for all couple types.

According to this model, then, reported relationship quality should be curvilinearly related to stage of relationship, with couples in the first and third stages reporting greater relationship quality than those in the second, "risk" stage, when ambivalence prevails. In their study, Kurdek and Schmitt (1986a) confirmed this curvilinear relationship, and found furthermore that relationship

quality was more frequently related to stage of relationship than to type of couple. In other words, no differences existed between lesbian couples and the other couple types in their pattern of relationship development; specifically the pattern of an early intense closeness followed by acute ambivalence, followed by the establishement of a stable, more individuated period. Clearly, this finding casts doubt on the view that lesbian couples are rigidly merged throughout the duration of their relationships.

Other Comparisons

In American Couples, Blumstein and Schwartz (1983) have reported the results of a huge, comparative study of relationships. The ambitious title of the book notwithstanding, this study focuses almost exclusively on white, middle-class subjects with above average educational levels. Unfortunately, in this regard it does not differ much from most of the literature on couples and on gay men and lesbians. In any case, Blumstein and Schwartz's national sample included 3500 married couples, 650 cohabiting heterosexual couples, 1000 gay partnerships and 800 lesbian ones. They focused their inquiry on the money, work, and sex lives their subjects. Blumstein and Schwartz found that couples in which both partners were relationship-centered were the happiest and most committed, while those in which neither partner was relationship-centered were least happy. Couples in which only one partner was relationship-centered fell in between these two extremes (p. 172). Within this context, the researchers found lesbians to be "so relationship-centered that

even though they profess a strong commitment to independence, they yearn to spend more time together" (p. 178).

While this finding echoes the results of some of the other studies reported, it is important to take note of the demographics of the subject pool upon which it is based. Following are the number of years the couples in this sample had lived together:

	Married	Cohabiting	Gay Male	Lesbian
0-2 yrs.	8%	55%	32%	46%
2-5 yrs.	19	34	29	32
5-10 yrs.	24	10	21	14
median	9.8	1.7	3.5	2.2
mean	13.9	2.5	6.0	3.7

While nearly half the lesbian couples in the sample were in the first 0 - 2 years of their relationships, and a full three-quarters were in the first five years, the corresponding figures for the married couples are only 8% and 27%, respectively. Obviously, a comparison of these two subsamples is complicated, since the married sample is much more established than the lesbian one. Given that the lesbian couples being investigated are at the beginning of their relationships, the findings pertaining to them may not accurately reflect their relationships over time, nor may they be appropriately used as a basis for comparison. With regard to the issue of relationship-centeredness, which may or may not correspond to the issue of merger, it is quite possible that, over time, the lesbian

couples might become less relationship-centered, or that, given a married sample of shorter relationship duration, there may not have been much difference between the couples on this dimension. In fact, these types of results would conform to the stage model described by McWhirter and Mattison (1984). However, by focusing on the extreme relationship-centeredness found in this sample of lesbian couples, Blumstein and Schwartz have lent weight to the notion, discussed earlier, that these couples are more likely to exhibit merged patterns of relating.

Returning to the issue of the length of relationship, the argument could be made that the lesbians would more appropriately be compared to the cohabiting sample. However, this may not be an accurate comparison either, because as noted, cohabiting may have a very different meaning to heterosexual couples, who may see it as a trial arrangement leading to marriage. Indeed, Blumstein and Schwartz, like Wood (1983) have noted that cohabiting is fraught with its own particular tensions and dynamics which render it a less than optimal comparison situation for committed gay and lesbian couples. In sum, Blumstein and Schwartz have identified the tendency of lesbian couples to be highly relationship-centered, or cohesive, but because of some limitations in their research design, they have not conclusively demonstrated whether or how this may differ from the cohesion levels of other couple types.

Turning to the break-up rates at eighteen months follow-up, some other interesting questions are raised. These rates are broken down by length of relationship at the time of the original data

collection.

	Married	Cohabiting	Gay Male	Lesbian
0-2	4%	17%	16%	22%
2-10	6	12	16	20
10+	4	N/A	4	6

Blumstein and Schwartz were surprised by the fact that lesbians had the highest break-up rate, given their high levels of relationship-centeredness. However, the 17%, 16%, and 22% break-up rates reported for non-married couples do not seem widely discrepant, and the authors did not report whether the difference was statistically significant. Furthermore, it is important to consider the pressures on the cohabitators not to break up, but rather to marry. In addition to the fact that "living together" is still unsanctioned by many segments of the society, it must also be noted that the average age of the cohabiting women was 29.7, and 32.3 for the men. These subjects may have been experiencing strong internal as well as external pressures to commit themselves to their current relationships and get married. Indeed, 29% of the couples who had lived together for 0 - 2 years had gotten married by the time of the eighteen month follow-up. Obviously, the lesbian subsample did not experience the same kind of pressure or probably even encouragement, nor did they have the option of marriage available to them. Given this context, it is almost surprising that the lesbian couples broke up at only slightly higher rates than the cohabitors.

With regard to the married subsample, it is even more difficult to understand Blumstein and Schwartz's surprise, considering the vast difference in the demographics of the lesbian and married groups, mentioned above. It is unrealistic to compare the established heterosexual group with the early-stage lesbian one, particularly since Blumstein and Schwartz did not distinguish between total length of relationship and length of marriage for the heterosexual group. That is, a couple which has been married for two years, but which has presumably been together for longer than those two years, is compared to a lesbian couple of two years' living together duration. If this is the case, it would serve to further compound the statistical discrepancies between the two groups. The overall result of these problems in comparing the groups is that Blumstein and Scwartz's data make the lesbians appear to be more prone breaking up than their heterosexual counterparts, which in turn suggests greater instability or dysfunction in these couples.

In two articles based on data collected in 1976, Peplau and her colleagues (Peplau, Cochran, Rook, & Pakesky, 1978; Peplau, Padesky, Hamilton, 1982) investigated the variables of attachment, autonomy and satisfaction in lesbian relationships. Though these were not couple comparison studies, they were concerned with many of the same variables explored in the other research reported here. Subjects were 127 lesbian women from the Los Angeles metropolitan area with a median age of 26 years, mean age not reported. Seventy-seven of the subects were involved in couple relationships at the time, and some of the data were analyzed using this subset of women. For them, the

range of relationship length was one month to eleven years, with a median of thirteen months, mean not reported. Sixty-two percent of these women lived with their partner. In general, high levels of satisfaction, love for partner, and liking of partner were reported, and higher satisfaction was associated with equal power and equal involvement in the relationship. Women reported high levels of closeness in their relationships, with a mean of 7.7 on a 9-point scale (Peplau, et al., 1982).

However, Peplau and her colleagues' work can be criticized for for at least two major shortcomings. First, though they claimed to be researching a sample of lesbian couples, these authors were actually investigating a sample of individual, partnered lesbians. Thus, claims about lesbian couple functioning are inherently misleading. Second, these authors tended to make generalizations about lesbian relationships on the basis of one very specific type of relationship; the couple in its earliest stage of development. That is, by employing a sample whose median relationship duration was a mere thirteen months, and in which the partners were not necessarily cohabiting, these researchers have actually explored the dynamics of the beginning stage, or even the dating stage, of lesbian relationships. They were definitely not studying these relationships in general, as they have implied.

Using McWhirter and Mattison's (1984) model, as well as the research supportive of this model conducted by Kurdek and Schmitt (1986a), it is clear that couple relationships change considerably over time. The first year, with its emphasis on closeness, indeed,

on merger, is but one aspect of the dyadic relationship. Peplau and her colleagues, like Blumstein and Schwartz, have tended to make generalizations and comparisons based on information about the beginning stages of lesbian couple relationships. In doing so, these authors unfortunately give unwarranted credence to the lesbian merger literature. Indeed, many of the clinicians writing about merger in their lesbian patients use this so-called empirical evidence of extreme closeness in lesbian couples to bolster and validate their arguments. However, in actuality two phenomena are being confused for a third. The first two are: pathological merger, or boundary regulation problems seen in a clinical setting; and naturally-occurring, early stage closeness. While both of these may exist in lesbian couples, neither proves the third phenomenon; that lesbian couples tend to be merged in general. Nor does this address the question of whether lesbian relationships tend to function at higher overall levels of cohesion than do heterosexual ones.

Interestingly, in Peplau et al.'s (1982) study, the women who reported on a relationship which had ended were additionally asked about the problems which led to the break-up. While the authors asserted that the effects of being a lesbian were not related to the termination of these relationships, a close reading of the items cited suggests that these effects may indeed have been influential. For example, "partner's feelings about being a lesbian," "societal attitudes toward lesbian relationships," "pressure from my parents," and "conflicting attitudes about sex," were all items implicated by these women as having contributed in some way to the break-ups.

According to the literature reviewed earlier, all of these statements are potential indicators of internalized homophobia. That is, to the extent that these women's relationships ended because of the influence of negative feelings about lesbianism, internalized homophobia can be said to have played a part. Incidentally, a similar situation appears in Mendola's (1980) study of gay and lesbian couples. When asked to describe the sources of conflict in their relationships, over 40% of the lesbian couples cited problems which were characterized by the researcher as "role identification/adjustment problems." While this label was not further defined by the author, it seems potentially related to the category of internalized homophobia and the couples' management of their stigmatized identity.

In sum, the empirical literature on lesbian couples, which is embedded in studies comparing a variety of couple configurations, is provocative but ultimately inconclusive. Two strains run throughout this literature. One states that there are no significant differences between lesbian and other types of couples, particularly with regard to levels of satisfaction, investment and the developmental stages of relationships. The other suggests that women, in general, put more into their relationships, and that lesbian couples, in particular are more relationship-centered, cohesive, adaptable, and satisfied than other couples. The studies corresponding to the latter set of results have been criticized on the grounds that they contain methodological flaws, such as the comparison of early-stage lesbian relationships with later-stage

heterosexual ones, and the reliance on instruments which are inappropriate for a lesbian sample. These problems in the research tend to skew the results toward a portrayal of lesbian couples as highly or pathologically close. This, in turn, coincides with the view taken in the clinical/ theoretical literature, and is taken as proof of the existence of the merger dynamic. Unfortunately, then, while the empirical literature does establish that lesbian couples are satisfied and invested in their relationships, it does not explore the range of functioning in these couples; it does not assess them on their own merits. What is needed is an empirical exploration of well-established lesbian couples which assumes that variability in satisfaction and functioning will depend on some of the the same factors that affect heterosexual couples, such as emotional closeness and agreement on matters of importance to the couple, along with some factors which are particular to the experience of this sub-group. Among the latter, some of the most notable are the effects of internalized homophobia and the problems of symbolizing relationship commitment when "marriage" is not an option. All of these factors will be explored in the present study.

CHAPTER III: DESIGN AND METHODOLOGY

The present study was designed to measure the impact of internalized homophobia on lesbian couple functioning, specifically with regard to the levels of satisfaction and commitment in these relationships. In addition, the study investigated the relation between internalized homophobia and self-esteem, and between internalized homophobia and social desirability. Provided in this chapter will be a brief description of the sample under investigation, an explanation of the procedures used in the data collection, and a discussion of each of the research instruments.

Subjects

The sample for this study consisted of 223 self-defined lesbian couples (or 446 individual lesbians) of two or more years' relationship duration. Aside from the restriction of the sample with respect to relationship length, and the fact that both members of each couple had to agree to fill out the questionnaire, there were no further prerequisites for participation in the study. Extensive demographic data will be provided in the next chapter.

Recruitment of Subjects and Collection of Data

The major methodological problem posed in the study of lesbian women is that of obtaining a representative sample. Despite the fact that homosexuality has been shown to cut across all social, economic,

educational, ethnic, racial, religious, and regional lines (Gonsiorek, 1982), the difficulties in identifying this population makes it virtually impossible to obtain a random sample. Indeed, regardless of the recruitment methods employed, research on gay subjects would never, by definition, include that segment of the homosexual population which is completely "closeted" or non-disclosing about gay sexual orientation. Further complications arise in connection with the attempt to study not individuals, but couples. Wood (1983) has pointed out that established lesbian couples may be less likely than individuals to gather in public settings where recruitment of subjects might take place. This may be due to a perception within the lesbian community of lesbian gathering places such as bars or community centers as places to meet potential partners, and thus not of interest to established couples, or perhaps to a reluctance, especially on the part of couples who are professionally or economically successful, to risk exposure in one of these places.

In the past, researchers of male homosexuality have drawn on samples which were involved in psychiatric treatment, were incarcerated, were involved with the legal system as a result of sodomy crimes, or were recruited in gay bars. Gonsiorek (1982) has noted the unacceptability of these samples for reasons of the inherent bias particular to each one. Indeed, even samples recruited from gay organizations are likely to be skewed; in this case, toward individuals who are self-disclosing about their orientation and who have relatively high levels of political activity or consciousness.

Some researchers (i.e., Wood, 1983; McWhirter and Mattison, 1984) have attempted to circumvent these recruitment problems through the use of extended social networks, in a procedure known as the "snowball technique." Wood (1983), for example, made contact with lesbian couple acquaintances who in turn contacted other lesbian couples willing to participate in her study. While this method does tend to procure a sample of lesbians who might not otherwise be reached, its disadvantage lies in the fact that subjects tend to be demographically similar to the researcher. In the past, this has resulted in limited samples with an overrepresentation of white, highly-educated, middle-class, feminist subjects (Krieger, 1982). In addressing these dilemmas of studying gay and lesbian individuals, Gonsiorek (1982) has recommended that samples be drawn from a variety of sources, that they mimic the demographics of the geographic area from which they are drawn, that their characteristics be described in great detail, and that care be taken to avoid over-generalizing any results.

In the present study, subjects were recruited through advertisements in a variety of local (New York City) and national lesbian publications, through flyers in local bookstores and announcements to local gay and lesbian organizations, and through extended social networks of the researcher. As noted, participation was limited to self-defined lesbian couples who had been together for at least two years. This lower limit was imposed in order to ensure a sample of relatively well-established couples, and thereby circumvent the problem which has afflicted other lesbian couple

research; namely, that of the disproportionate focus on couples in the very early stages of relationship. Advertisements for the study advised potential subjects that both members of the couple must agree to fill out a questionnaire which would take approximately 40 minutes, that their responses would be completely anonymous and confidential, that they would incur no financial expense, and that they would be eligible to receive results of the study if they so desired.

Once an interested subject contacted the researcher, she was sent a packet including: two copies of the questionnaire, marked with corresponding code numbers; two copies of the cover letter; two self-addressed return envelopes; and one self-addressed, pre-paid postcard. In the cover letter (presented in Appendix A), subjects were instructed to fill out their questionnaires independently; that is, they were to refrain from discussing the questions with their partner. Upon completion of the questionnaire, each subject returned hers in the envelope provided. As there were no names on the packets, each returned questionnaire was joined to its "partner" by matching their code numbers upon arrival (i.e., 305A and 305B). If interested in results of the study, subjects also entered their names and addresses on the enclosed postcard, and mailed this separately.

A total of 274 packets (or 548 questionnaires) were distributed over a four-month period (May through August, 1991). Of these, 234 were returned, for an overall response rate of 85%. However, due to the researcher's time constraints, the final deadline for receipt of

packets was September 1, 1991, and therefore the 11 packets received after this date were not included in statistical analyses. Consequently, the final sample used in the study consisted of 223 couples, or 446 completed questionnaires.

Four different forms of the questionnaire were used, in order to account for any possible order effects. A oneway ANOVA was computed for each of the seven study variables, using the form orders as the levels of analysis. Results revealed a significant order effect for the Rosenberg Self-Esteem Scale (RSE). However, given the high number of tests involved, this effect may well be due to chance. Furthermore, the actual difference between the highest and lowest means for the four groups of RSE scales was only two points. Because ANOVA's are very sensitive to differences in means, and because of the large sample size, extremely small differences (ie., two points) can be significant. Therefore, this difference may not necessarily be meaningful.

Instruments

Instruments used in the study included the Dyadic Adjustment Scale (DAS), Rusbult's Investment Scale (RUS), the Rosenberg Self-Esteem Scale (RSE), the Marlowe-Crowne Social Desirability Scale (MC), the Nungesser Homosexual Attitudes Inventory (NHAI), the Lesbian Attitudes Scale (LAS), and a demographics questionnaire which includes the COMMIT gay commitment measure. All of these scales can be found in Appendices B through H.

Dyadic Adjustment

Until the mid-1970's, the most widely used measure of marital adjustment was the Locke-Wallace Scale (1959) which, though it did discriminate beween well- and poorly-adjusted couples, was not adequately proven to be a valid instrument. In 1974, Spanier and Cole set out to clarify and operationalize the ill-defined concept of marital adjustment. First, recognizing the need to broaden the concept of marital adjustment to include nonmarital dyads as well, Spanier and Cole (1974) defined the unit of interest as primary relationships between both married adults and unmarried, cohabitating adults. Second, by reviewing the existing literature and all the available measures which pertained to marital adjustment and its related concepts, the researchers were able to develop a working definition of this construct on which a new instrument could be built.

Using an initial pool of 300 items drawn from the available marital adjustment instruments, as well as some additional items covering areas which were not represented among any other measures, Spanier and Cole (1976) determined content validity through judges' comparisons of the items with the proposed definition of marital adjustment. Non-valid and duplicate items were eliminated, new items with alternative wording were added, and a questionnaire was designed. This questionnaire was administered to a sample of 218 working- and middle-class married individuals in central Pennsylvania, as well as to all recently divorced residents in one Pennsylvania county. Once all items with low variance and high

skewness were eliminated, remaining items were analyzed using a t test for significance of difference between the means of married and divorced samples. Fifty-two items, significantly different at the .001 level, were retained, providing further evidence of test validity with respect to the criterion of marital status. Twenty further items were eliminated; twelve of the "alternative wording" items with the lowest t test values, and eight items with low factor loadings (less than .30). Construct validity was then proven through high correlations between the DAS and the Locke-Wallace Marital Adjustment Scale (1959) for both married and divorced groups, with correlations of .86 and .88 respectively. Finally, a factor analysis showed the existence of four interrelated components, which will be discussed below. Based on this evidence for content, criterion-related, and construct validity, Spanier (1976) argued that the scale does indeed seem to be measuring the theoretical construct of dyadic adjustment.

The resulting Dyadic Adjustment Scale (DAS), seen in Appendix B, is a 32-item instrument which measures four interrelated factors. Dyadic consensus, the degree to which the members agree on matters of importance to the couple's functioning, contains such items as the handling of family finances and matters of recreation. Dyadic cohesion, the degree to which the members of the couple engage in activities together, is reflected in the frequency of, for example, having a stimulating exchange of ideas or laughing together. Dyadic satisfaction, the degree of current satisfaction with the relationship and of commitment to its continuance, includes items

such as the frequency of quarrelling and the frequency of kissing in the relationship. Finally, affectional expression, the degree of satisfaction with the expression of affection and sex in the relationship, is reflected in items which tap differences of opinion regarding "being too tired for sex" and "not showing love" (Spanier, 1976).

Reliability was determined for the total scale and each subscale, with Cronbach's Coefficient Alphas of .96 (DAS); .90 (dyadic consensus); .94 (dyadic satisfaction); .86 (dyadic cohesion); and .73 (affectional expression) (Spanier, 1976). Similar coefficient alphas were reported by Filsinger and Wilson (in press) for husbands and wives, respectively: .94, .93 (DAS); .91,.88 (dyadic consensus); .82, .84 (dyadic satisfaction); .85, .80 (dyadic cohesion); .73, .73 (affectional expression). Further evidence for the scale's reliability was provided in a 1982 study by Spanier and Thompson which drew its sample from the same geographical region as the original scale development study. Using the statistical technique of maximum likelihood confirmatory factor analysis, the authors found that the new data set confirmed the global assessment of dyadic functioning, and, to a lesser extent, the four subscales. Although the DAS's validity was based on both marital and nonmarital dyads, reliability was determined using only married couples. No significant differences were found between males and females on the total scale or subscales.

Scores on the DAS range from 0 - 151 (DAS), 0 - 65 (dyadic consensus), 0 - 50 (dyadic satisfaction), 0 - 24 (dyadic cohesion),

and 0 - 12 (affectional expression). Mean scores for the married and divorced sample, based on the original scale development study (Spanier & Cole, 1974) are, respectively: 114.8, 70.7 (DAS); 57.9, 41.1 (dyadic consensus); 40.5, 22.2 (dyadic satisfaction); 13.4, 8.0 (dyadic cohesion); 9.0, 5.1 (affectional expression). At this time, there are no fixed cutoff points for identifying distressed couples. Spanier and Filsinger (1983) suggest testing obtained scores to determine whether they differ significantly from the norms for married couples. They warn the researcher that using the norms for divorced couples as indicators of distress may be inappopriate, as retrospective reports of a terminated relationship are likely to yield scores which are too low for appropriate comparison to a group of distressed, yet intact, couples.

Finally, in a study which sought to replicate Spanier's data, Sharpley and Cross (1982) found that while the overall DAS score does measure dyadic adjustment reliably, there is less evidence for the existence of four subscales. Their analysis also showed that, rather than using the entire 32-item scale, researchers could rely on a cluster of six items to obtain classifications of high and low dyadic adjustment, with almost the same confidence. Using items 8, 10, 11, 25, 27, and 28, 92% of the cases were correctly classified, as compared to 96% using the entire scale. Furthermore, item 31, which asks about the members' commitment to the relationship, was found to provide a powerful global self-rating, with a correlation of 86% with the total DAS score.

The DAS has been used successfully with gay and lesbian

subjects. Studies by Kurdek (1988), Kurdek and Schmitt (1986a & 1986b), Romance (1986), and Romano (1989), which utilized the DAS, have been discussed in detail in the previous chapter.

Spanier and Filsinger (1983) note that in utilizing the DAS with couples, a joint couples' score may be derived by totalling, taking the difference between, or averaging the scores of both partners. In the present study, total DAS scores were computed for each subject, with higher scores indicating higher relationship satisfaction. Partner'scores were totalled in order to obtain combined couple scores.

Investment

Rusbult (1980) has developed a model to account for satisfaction and commitment in romantic relationships. Her work is based on Levinger's (1979) general model of interpersonal attraction in ongoing associations, which attempts to describe the development and dissolutions of relationships, as well as on Kelley and Thibaut's (1978) interdependence theory, which assumes that individuals are motivated to maximize rewards while minimizing costs. Specifically, Rusbult postulates that an individual's satisfaction with a romantic relationship is a function of the rewards less the costs of the relationship, relative to the individual's comparison level, or general expectations about such relationships. The individual's commitment to the relationship, in turn, depends on the degree of satisfaction, the relative appeal of available alternatives, and the degree of investment in the relationship. Investment size refers to

resources such as time, effort, and emotional energy and emotional self-disclosure, which the individual has put directly into the relationship, as well as to resources which have become intimately associated with the relationship over time, such as mutual friends, shared possessions, or joint financial arrangements.

In the instrument developed by Rusbult (1980) to tap these variables, respondents use a 9-point Likert-type scale to answer questions about the specific rewards, costs, and investments associated with their relationship, and with their perceived alternatives. Examples of these specific items have been provided in the previous chapter. In addition to the specific measures, respondents are asked to make a general assessment for each of these variables, as well as for the global variables of satisfaction and commitment. Global measures include, for instance, questions about the overall extent of the negative qualities associated with the relationship, and about how committed the respondent was to maintaining the relationship in general (Duffy & Rusbult, 1986). Each variable may be measured independently, using the subscale scores, or the subscale scores may be combined to test the entire model.

Support for the investment model has been found in several studies conducted by Rusbult and her colleagues. Rusbult (1980) conducted two experiments to test her model. In the first, she used a role-playing paradigm. Eighty-two male and 89 female undergraduates were presented with an essay supposedly written by an undergraduate *of their own sex*, and were instructed to imagine

themselves in the position of the author. Essays were identical except for the sex of the "author" and the relationship cost and alternative outcome, which varied as high or low, and the investment size, which varied as high, medium, or low. For example, in the small investment condition, the author had dated his or her partner for one month prior to the partner's moving away, while in the medium investment condition, the relationship had existed for one year. In the high cost condition, the partner had moved 1000 miles away, limiting visits to once a month, while in the low cost condition, the partner's sixty mile move would allow for one or two visits per week. Subjects were asked to respond to a questionnaire based on their role-played identity as the author of the essay. Results showed that subjects in the low cost condition were more satisfied with their relationship, and that low alternative outcome value and greater investment led to greater commitment and less probability of dating the alternative partner. The cost variable, however, was only weakly related to commitment.

In a second study, Rusbult (1980) investigated the satisfaction and commitment of 111 undergraduates in their current or past relationships. Again, satisfaction was best predicted by relationship outcome value, a combination of rewards and costs; and commitment was best predicted by relationship outcome value, alternative outcome value, and investment size, although again, the contibutions of relationship costs to commitment, though statistically significant, were weak. To account for the results regarding costs and commitment, Rusbult hypothesized that "the

romantic ideal that one accepts a mate 'for better or worse' may prevent individuals from admitting that they become less committed to [one] another as the costs of doing so increase." Despite this finding, however, the results of the experiments support the tenets of the investment model as proposed by Rusbult. She notes that, taken together, these two studies provide good evidence of the predictive validity of the model. The first, highly controlled experiment clearly demonstrates causal relations, while the survey methodology employed in the second study provides greater "real-world validity."

Reliability was determined by regressing the specific measures of each variable onto the overall variable estimate. Multiple regressions for reward value, cost value, alternative value and investment size were all significant, though the coefficient for cost value was low. Satisfaction level was significantly correlated with both reward and cost value, and both factors contributed significantly to the prediction of satisfaction ($R = .68$, $p < .001$). Regression of satisfaction, alternative value, and investment size onto the commitment measure yielded a significant multiple correlation ($R = .78$, $p < .001$), and these three variables all added significantly to the predictive power of the commitment measure. In general, comparisons of the full model to reduced models resulted in significant reductions in predictive power, although cost value did not account for a major portion of the variance.

Further evidence for the reliability of the model is presented in Rusbult (1983), in which longitudinal predictive validity of the

model was shown. Changes in investment model variables over time were significantly correlated with the development and deterioration of satisfaction and commitment as well as with the continuation or termination of the relationships. Reliability coefficients at twelve time intervals exceeded recommended levels.

Finally, Duffy and Rusbult (1986), in a study described in the previous chapter, used the investment model to compare heterosexual and homosexual relationships. In this study, reliability coefficients for each set of global measures exceeded the lowest acceptable levels (satisfaction, .87; commitment, .91; rewards, 90; costs, .78; alternatives, .87; investments, .72). High correlations between specific and global measures of each variable gave evidence of convergent validity of the model. High discriminant validity was determined through analyses which showed that the specific measures of each variable predicted the corresponding global measure better than they predicted other global measures, and that each global measure was best predicted by its corresponding specific measures, rather than by specific measures of other variables.

As noted, the investment model variables may be used independently, or the model can be used as a whole. For the present study, the specific-item variable which was of particular interest was that of investment value. It was assumed that this variable, when used in conjunction with the COMMIT variable (to be discussed later) would provide a fuller picture of the couple's level of commitment to the relationship. Therefore, as seen in Appendix C, the eight investment items were presented, with a nine-point Likert

scale. Items were scored on an additive basis for each subject, and couple scores were computed by summing the partner's scores. Higher scores indicated higher investment.

Self-Esteem and Social Desirability

In his review of self-esteem theories, Morrel (1983) has identified two levels of self-esteem, unconscious and conscious. Unconscious self-esteem refers to the "true" or underlying self-concept. It signifies the individual's real feelings about the self, and it is what is usually meant by the term "self-esteem." This core of self-esteem is the basis for the individual's healthy strivings toward self-actualization. Conscious self-esteem, meanwhile, refers to those aspects of self-worth which are held in awareness, but which may differ from the deeper level. Its function is to maintain the highest possible self-evaluation in consciousness, even if this requires defensive distortions of reality such as denial or grandiosity. Obviously, by their very definition, self-report measures of self-esteem are of limited value in that they measure only the phenomenological, or conscious level of self-esteem. Morrel (1983) has suggested that, in order to assess self-esteem more accurately, both its conscious and unconscious aspects must be investigated. For example, self-report self-esteem ratings may be buttressed by the use of other measures which control or account for defensiveness. Accordingly, in the present study, the Rosenberg Self-Esteem Scale (RSE) will be used in conjunction with the Marlowe-Crowne Social Desirability Scale; the purpose of the latter

instrument is to account for the inflation of reported self-esteem due to socially desired responding.

The RSE (Rosenberg, 1965), seen in Appendix D, is a widely-used 10-item Guttman scale, consisting of such items as "On the whole, I feel satisfied with myself" and "At times I think I am no good at all." The scale scores represent a unidimensional continuum of self-esteem (O'Brien, 1985), with high self-esteem defined as a feeling of being "good enough," though not necessarily better than others, and low self-esteem defined as a feeling of self-rejection and self-contempt. The instrument was standardized on a sample of 5042 high school juniors and seniors from ten randomly selected public high schools throughout New York state. In terms of reliability, the SES has been shown to have a reproducibility of .92, scalability of .72, and test-retest reliability of .85. Validity of the scale has been established through a variety of studies which showed an association between low self-esteem scores and the following: depression and ratings of depressed appearance by others; psychosomatic symptoms; and low sociometric status (Rosenberg, 1965).

Subjects were asked to express their level of agreement with these statements by utilizing a 4-point Likert scale. Items were scored on an additive basis rather than using Guttman scaling. This alternative procedure has been used widely, and evidence for its validity has been cited by O'Brien (1985). Romano (1989) obtained a mean RSE score of 33.83 and a standard deviation of 4.66 when she used this format with a sample of 102 lesbian women. Because

negatively worded items were reversed in scoring, higher scores reflect higher levels of self-esteem.

The concept of "social desirability" refers to the relative needs of individuals to present themselves in a favorable, or socially approved, light (Crowne & Marlowe, 1960). The Marlowe-Crowne Social Desirability Scale (SD) (1960) is a 33-item true-false test which consists of items which describe culturally-idealized but unlikely behaviors. Thus, responses in either direction do not indicate pathology. Examples of items include: "Before voting I thoroughly investigate the qualifications of all the candidates," "I never hesitate to go out of my way to help someone in trouble," and "I'm always willing to admit it when I make a mistake." The scale is presented in Appendix E.

Internal consistency reliability for the scale was .88, and test-retest reliability was .89. Correlations with the Edwards Social Desirability Scale (ESDS) and the subscales of the Minnesota Multiphasic Personality Inventory (MMPI) yielded higher correlations between the ESDS and the various MMPI scales than between the Marlowe-Crowne and these MMPI variables. In addition, positive correlations were found between the two social desirability scales and the validity scales of the MMPI, and negative correlations between the Marlowe-Crowne and most of the clinical scales of the MMPI (Crowne & Marlowe, 1960). Taken together, these results suggest that while the ESDS involves the admission or denial of maladjustive symptoms, socially undesirable responses on the Marlowe-Crowne instrument do not imply maladjustment. This is in keeping with the

fact that items in the ESDS were derived from a pool of MMPI items, from both validity and clinical scales, while the Marlowe-Crowne scale items have no overlap with MMPI clinical scales and minimal overlap with two MMPI validity scales. Thus, the Marlowe-Crowne Social Desirability Scale has in fact been shown to assess social desirability independent of psychopathology.

Items were scored on an additive basis. Negatively worded items were reversed in scoring, so that higher scores indicated higher levels of socially-desired responding. The SD scale was used in conjuction with the SES in order to assess self-esteem more accurately. In addition, SD scores were compared with internalized homophobia scores, as a means to shed further light on the validity of the concept of internalized homophobia. In particular, positive correlations between the two would confirm these concepts' mutual concern with sensitivity to social acceptance.

Internalized Homophobia

Two instruments, the Nungesser Homosexual Attitudes Inventory (NHAI) and the Lesbian Attitudes Scale (LAS), were used to assess subjects' levels of internalized homophobia. The NHAI (Nungesser, 1983) was developed to tap internalized homophobia in gay males. It consists of 34 items pertaining to three subscales: attitudes toward the fact of one's own homosexuality (subscale A); attitudes toward homosexuality in general and toward other homosexual males (subscale B); and attitudes toward disclosure of one's homosexuality (subscale C). Items representing each of these scales respectively include:

"Whenever I think a lot about being a homosexual, I feel depressed," "Homosexuality is not as good as heterosexuality," and "If my straight friends knew of my homosexuality, I would be uncomfortable." Subjects are asked to respond to each item using a 5-point Likert scale of agreement.

The NHAI was administered to a sample of fifty gay males at a West Coast university, half of whom were recruited at a meeting of a gay organization, and the other half at a private party for gay faculty, staff, and students. Cronbach's coefficient alpha reliability scores were as follows: .95 (full scale); .88 (subscale A); .67 (subscale B); and .93 (subscale C). Most of the variance in NHAI scores was accounted for by the frequency of passing for heterosexual, the negative reactions of significant others to whom disclosure was made, the number of months elapsed since the acceptance of the label "homosexual," and the frequency of socializing with other gay males. The corresponding correlation coefficients are -.842, .847, .362, and -.322, respectively (Nungesser, 1983). In addition, in a study reviewed in the previous chapter, Shidlo (1987), used the instrument with a sample of fifty-four gay males and found that NHAI scores were significantly correlated with levels of psychological functioning, in the expected direction. Thus, evidence of concurrent validity for the scale has been provided.

In order to adapt the NHAI for use with a lesbian population, it was necessary to substitute the term "lesbian" for "male homosexual" and "gay man," and to omit four items whose content was inapplicable

to lesbians. For example, the item, "male homosexuals are overly promiscuous" reflects a stereotype which pertains to gay men but which does not have an exact equivalent for lesbians. These changes were necessary for application of the scale to a lesbian population, but they were not expected to effect the integrity of the instrument. The adapted version of the NHAI is presented in Appendix F.

Items were scored on an additive basis. Negatively worded items were reversed in scoring, so that all items were keyed in a positive direction. An individual homophobia score was computed for each subject, and partner's scores were summed in order to calculate the couples' homophobia score.

The LAS is a 42-item test which was designed to measure subtle forms of internalized homophobia as they manifest specifically in lesbian women. Items were drawn from a thorough review of the literature on lesbians, lesbian couples, and internalized homophobia in lesbians and gay men, and they pertain to such issues as the morality of lesbianism, disclosure of lesbian identity, pride in lesbian identity, denial of differences between lesbians and heterosexual women, and negative affect resulting from the acknowledgment of lesbian orientation. Some items were based directly on the work of Kitzinger (1987), whose comprehensive lists of attitude statements were developed for her own research on lesbianism, while other items were culled from sources such as Margolies et al. (1987) and Nungesser (1983). The LAS appears in Appendix G.

Subjects were asked to respond using a 5-point Likert scale. However, unlike Nungesser's Likert scale of agreement (i.e., strongly agree, agree, neutral, disagree, strongly disagree), the LAS Likert scale utilizes temporal dimensions (i.e., How often does this statement express your thoughts or feelings?: almost always, usually, sometimes, once in a while, almost never). These scale points were introduced because of the assumption that subjects would be more likely to have had homophobic thoughts than to endorse such thoughts. That is, a subject with consciously-held liberal views about homosexuality, who might flatly "disagree" that "homosexuality is not as good a heterosexuality," might admit that she "once in a while" experiences this thought. Interestingly, this is reminiscent of Goffman's (1963) comment that the stigmatized individual feels "if only for moments ... that he does indeed fall short of what he really ought to be" (emphasis mine). Furthermore, it was assumed that the frequent presence of homophobic thoughts and feelings probably effects behavior and self-esteem in more subtle ways than does outright agreement with a homophobic idea. By limiting subjects to a scale which forced them to agree, disagree, or remain neutral with regard to homophobic ideas, data tapping the existence of subtle homophobic thoughts would be lost.

In order to obtain a total internalized homophobia score for each subject, negatively-worded scale items were reversed, and all items were summed. Thus, higher scores reflect higher levels of internalized homophobia. Couple scores were calculated by totalling the partners' scores. Evidence for the reliability and validity of

the LAS, obtained in the present study, will be reported in the next chapter.

Demographic Questionnaire

A two-part questionnaire, seen in Appendix H, was distributed to all subjects to obtain demographic data; the first part addressed issues pertaining to the individual, and the second to the couple. Subjects were instructed to fill in their answers or use a Likert scale to respond. Individually-based items included age, racial/ethnic identity, educational level, occupation, religion, and sexual orientation identification, and also asked subjects about their history of involvement in lesbian relationships, levels of gay identity self-disclosure, participation in lesbian/gay activities, proportions of lesbian/gay and heterosexual friends, substance use and abuse, and use of psychological services for sexual orientation or relationship problems. Couple-based items included length of relationship, definition of relationship as monogamous or non-monogamous, financial arrangements, level of family support for the relationship, level of satifaction with sexual aspects of the relationship, proportion of socializing done with other lesbian couples, and whether the couple was in couple's therapy at the time of the study.

Finally, one relationship dimension which was investigated within this questionnaire was treated as a separate variable for the purposes of the study. This was a scale, presented as item number 11 in the relationship portion of the demographic questionnaire, which

assesed the extent of commitment-related behaviors in the relationship. This COMMIT scale was used in conjunction with the Rusbult investment scale to obtain a fuller picture of the couple's commitment. In the COMMIT scale, subjects were asked to indicate whether or not they had engaged in each of fourteen activities, such as "had a public or private commitment ceremony," "exchanged rings or other symbols of your relationship," "signed powers of attorney or named each other in wills," and "considered yourselves a family." For each subject, a commitment score was determined by summing the number of items to which the subject responded in the affirmative. Couple scores consisted of the mean responses of both partners.

Specific Procedures for Hypothesis Testing

Following is a restatement of the research hypotheses, with specific procedures used to test each one.

Hypothesis 1: Couples' internalized homophobia will vary inversely with dyadic adjustment.

-Correlation of combined Nungesser Homosexual Attitudes Inventory (NHAI) scores (total for both partners) with combined Dyadic Adjustment Scale (DAS) scores (total for both partners).

-Repeat, using the Lesbian Attitudes Scale (LAS) instead of the NHAI.

Hypothesis 2: Couples' internalized homophobia scores will vary inversely with their commitment.

-Correlation of NHAI (combined couple score) with:

a. Rusbult investment scale (RUS) combined couple score (total for both partners)

b. COMMIT (gay commitment measure) score (mean for the couple)

-Repeat, using the LAS instead of the NHAI.

Hypothesis 3: Couples whose members differ in their levels of internalized homophobia will have lower satisfaction and commitment. (That is, there will be an inverse relationship between the "homophobia difference score" and satisfaction and commitment.)

-Using the NHAI, take the absolute value of the difference in partners' homophobia scores, correlated with:

a. DAS (combined score)

b. RUS (combined score)

c. COMMIT (combined score).

-Repeat, using the LAS instead of the NHAI.

Hypothesis 4: Individual internalized homophobia will vary inversely with self-esteem, with the self-esteem score

"adjusted" for social desirability.

-Correlation of NHAI (individual score) with Rosenberg Self-Esteem score (RSE), with Marlowe-Crowne Social Desirability score (MC) partialled out.

-Repeat, using the LAS instead of the NHAI.

Hypothesis 5: Social desirability will correlate positively with internalized homophobia.

-Correlation of MC with NHAI (individual score).

-Repeat, using the LAS instead of the NHAI.

CHAPTER IV: RESULTS

The present study investigated the relation between internalized homophobia and relationship functioning in lesbian couples. Results of the study will be divided into four sections. In the first section, demographic characteristics of the research sample will be presented. The second section will examine the reliability of the instruments, as well as the means and standard deviations for each of the variable measures. This will be followed by a review of the results of hypothesis testing, and the final section will provide results of supplementary analyses.

Demographic Characteristics of the Sample

Two types of demographic data are relevant in defining this sample: (1) general characteristics which identify the individual subjects and the dyads, and (2) specific characteristics pertaining to the subjects' lesbian identities. Both types of information will be presented here.

General Characteristics

The present research was conducted on a national sample of well-established lesbian couples. As noted in the previous chapter, a total of 223 self-identified lesbian couples, or 446 individual women, participated in the study. All the dyads were of at least two years' duration, with a sample mean of 7.5 years relationship length.

Subjects ranged in age from 20 to 75 years, and had a mean age of 36 years (Table 1). Virtually all the subjects (96%) lived with their partner at the time of the study, usually in urban-suburban areas (79%) (Table 2), with state of residence as shown in Table 3.

Table 1

Demographic Characteristics of the Sample:

Age and Length of Relationship (N = 446)

Demographic Variable	Mean	SD	Range
Age (years)	36	7.9	20 - 75
Relationship Length (years)	7.4	5.3	2 - 41

Table 2

Demographic Characteristics of the Sample:

Type of Community of Residence (N = 446)

Type of Community	n	%
City	226	50.7
Suburbs	125	28.0
Rural Area	85	19.1
Unknown	10	2.2

Table 3

Demographic Characteristics of the Sample:

State of Residence (N = 446)

State	n	State	n
Alabama	2	New Hampshire	2
Alaska	2	New Jersey	14
Arkansas	2	New Mexico	4
California	28	New York State	36
Colorado	6	New York City	68
Connecticut	22	North Carolina	6
Washington, D.C.	2	Ohio	14
Florida	16	Oregon	4
Georgia	2	Pennsylvania	14
Illinois	14	South Carolina	2
Indiana	16	Tennessee	6
Iowa	6	Texas	10
Kansas	2	Utah	2
Kentucky	2	Virginia	12
Maine	4	Vermont	6
Maryland	6	Washington	8
Massachussetts	30	West Virginia	4
Michigan	20	Wisconsin	8
Missouri	10	Ontario, Canada	10
Nebraska	6	Unknown	18

Educational, occupational, and income-related data are presented in Tables 4 and 5. Over half the subjects held a college degree, and the majority had at least some college education. In terms of occupation, over half were included in the professional/ technical or managerial/administrative levels of employment, while the clerical/sales positions, service work, student, and "other" categories each accounted for roughly 10% of the sample. Incomes ranged from below $10,000 per year to over $50,000 per year, with about half the women reporting incomes between $15,000 and $34,999, and another 20% between $35,000 and $50,000.

Table 4

Demographic Characteristics of the Sample:

Educational Level (N = 446)

Educational Level	n	%
Less than high school	3	0.7
High school degree	30	6.7
Some college	99	22.2
College graduate	145	32.5
Master's degree	117	26.2
Doctorate	14	3.1
J.D., M.D.	19	4.3
Other	19	4.3

Table 5

Demographic Characteristics of the Sample: Occupation and Income Level (N = 446)

Occupation	n	%
Professional/Technical	162	36.3
Managerial/Administrative	79	17.7
Clerical/Sales	47	10.5
Laborer	21	4.7
Service Worker	51	11.4
Homemaker	3	0.7
Retired	2	0.4
Student	36	8.1
Other	45	10.1
Income (annual)	**n**	**%**
Less than $10,000	56	12.6
$10,000 - 14,999	42	9.4
$15,000 - 24,999	104	23.3
$25,000 - 34,999	109	24.4
$35,000 - 50,000	88	19.7
Over $50,000	46	10.3

The sample was homogeneous with regard to race; as seen in Table 6, over 94% of the women who participated in the study identified themselves as "white." In terms of religion, there was evidence of a good deal of change from subjects' childhood religious affiliations to their current ones (Table 7). While almost three-quarters of the respondents were raised within the Protestant or Catholic religions, only one-quarter reported a current affiliation with either of those faiths. The greatest increase was noted in the category "no religion/atheist." This was reported to describe 3.6% of the women during their childhoods, but 41% of the sample currently. Much less change was noted in the "Jewish" category; nearly as many women (11%) currently reported their religion as Jewish (14%) as indicated that their religious background was Jewish.

Table 6

Demographic Characteristics of the Sample:

Race (N = 446)

Race	n	%
White	420	94.2
African-American	9	2.0
Latina	11	2.5
Other	6	1.3

Table 7

Demographic Characteristics of the Sample:

Religious Affiliations (N = 446)

	Growing Up		Currently	
Religion	n	%	n	%
Protestant	173	38.8	66	14.8
Catholic	151	33.9	44	9.9
Jewish	64	14.3	48	10.8
Christian	28	6.3	16	3.6
Eastern Religion	0	0	8	1.8
Women's Spirituality	0	0	19	4.3
None/Atheist	16	3.6	183	4.1
Other	11	2.5	49	11.0
Unknown	3	0.7	13	2.9

The majority of the couples who participated in the study were monogamous (95%) and were not raising children in the home (87%) (Table 8). Financial information is presented in Table 9. Finances were, for the most part, handled in one of three ways: couple members pooled all their finances; finances were kept separate, with couple members making equal contributions toward the running of the household; or finances were kept separate and members made relative contributions toward the running of the household depending on the

size of their income. Roughly one-half of the couples pooled all their income, while almost all the remaining subjects were evenly split between the latter two financial arrangements. In only five percent of the dyads did partners handle their finances completely independently.

While almost all the couples (94%) reported that sex was an important aspect of their relationships and that they were generally satisfied with the quality of their sexual lives together (95%), there was greater variability in terms of satisfaction with the frequency of sexual relations (28% reporting that they were very satisfied, 51% somewhat satisfied, and 21% not very satisfied) (Table 11). Finally, as seen in Table 10, a small number of the couples (8.3%) reported that they were in couples' therapy at the time of the study.

Table 8

Demographic Characteristics of the Sample:

Definition of the Couple (N = 446)

Characteristic	Yes %	No %
Monogamous	95.2	4.8
Cohabiting	95.7	4.3
Raising Children at Home	13.3	86.7

Table 9

Demographic Characteristics of the Sample:

Handling of Finances (N = 446)

Method	n	%
Completely Pooled Finances	210	47.1
Separate, With Equal Contributions	108	24.2
Separate, With Relative Contributions	107	24.0
Completely Separate Finances	21	4.7

Table 10

Demographic Characteristics of the Sample:

Sexual Relations (N = 446)

Sexual Relations	Very %	Somewhat %	Not Very %
Importance of Sex	39.5	54.5	6.1
Satisfaction - Quality of Sex	67.5	26.9	5.6
Satisfaction - Frequency of Sex	27.9	50.8	21.3

Table 11

Demographic Characteristics of the Sample:

Current Couple's Psychotherapy (N = 446)

	Yes %	No %
Current Couple's Treatment	8.3	91.7

Lesbian Identity Characteristics

Ninety-five percent of the subjects classified themselves as either "exclusively homosexual" or "predominantly homosexual, only slightly heterosexual" (Table 12). These two points are found on the extreme homosexual end of the Kinsey scale (Kinsey, Pomeroy, & Martin, 1948), a seven-point continuum of sexual identity with exclusive homosexuality and heterosexuality at the extremes, and bisexual identity at the mid-point. Thus, these subjects constituted a self-identified lesbian sample. Indeed, this group had been self-identified for an average of 13.5 years, and, for the eighty percent of the sample which was "out of the closet," they reported that they had been self-disclosing about their identity for an average of ten years (Table 13). Further, about eighty percent of the subjects reported having participated in four or more "gay activities" such as reading gay magazines, donating money to a gay organization, or joining a gay pride march (Table 14).

Table 12

Demographic Characteristics of the Sample:

Kinsey Scale (N = 446)

Kinsey Level	n	%
0 Exclusively Heterosexual	0	0
1 Predominantly Heterosexual, Only Slightly Homosexual	1	0.2
2 Predominantly Heterosexual, But Significantly Homosexual	2	0.4
3 Equally Heterosexual and Homosexual	8	1.8
4 Predominantly Homosexual, But Significantly Heterosexual	13	2.9
5 Predominantly Homosexual, Only Slightly Heterosexual	89	20.0
6 Exclusively Homosexual	333	74.7

Table 13

Demographic Characteristics of the Sample:

Self-Disclosure (N = 446)

Status	n	%
"Out of the Closet"	356	79.8
"In the Closet"	88	19.7

Table 14

Demographic Characteristics of the Sample:

Lesbian Identity Characteristics (N = 446)

Characteristic	Mean	SD	Range
Years Identified as a Lesbian	13.46	8.0	0 - 65
Years "Out of the Closet"	10.09	6.4	1 - 41
Number of Gay Activities	4.48	1.34	0 - 6

For one-quarter of the women in this pool, their current lesbian relationship was also their first lesbian relationship (Table 15). A great majority (74%) of the others reported between one and four prior lesbian relationships, with the longest one lasting an average of almost four years (also Table 15). Patterns of socialization with both gay and heterosexual networks are shown in Table 16. As evident in this table, only nine percent of the women indicated a great deal of intermingling of their gay and heterosexual friends, while 50% reported little to no overlap between their friendship networks. In terms of socializing with other lesbian couples, one-quarter of the dyads reported little to none of this activity, and fully two-thirds of the couples reported being unsatisfied with the amount of their socializing with other lesbian couples.

As seen in Table 17, negotiation of lesbian identity with respect to the couples' families was not reported to be a source of

Table 15

Demographic Characteristics of the Sample:

Previous Lesbian Relationships (N = 446)

Number of Prior Relationships	n	%
0	115	25.8
1	68	15.2
2	77	17.3
3	68	15.2
4	50	11.2
5	20	4.5
6	13	2.9
7	6	1.3
over 7	29	6.6
Longest Previous Relationship (in years)*	**n**	**%**
less than 1	29	6.5
1	47	10.5
2	53	11.9
3	65	14.6
4	39	8.7
5	41	9.2
6	19	4.3
7	11	2.5
over 7	29	6.3

*N = 333 subjects reporting prior relationships.

Table 16

Demographic Characteristics of the Sample:

Patterns of Socialization (N = 446)

Proportion of Gay vs. Straight Friends	n	%
Most Gay/Lesbian Friends	230	51.6
About Half and Half Friends	164	36.8
Most Straight Friends	51	11.4
Degree of Overlap of Gay & Straight Friends	**n**	**%**
Very Much Overlap	40	9.0
Some Overlap	181	40.6
Little to No Overlap	221	49.6
Proportion of Socializing w/Lesbian Couples	**n**	**%**
All or Most	139	31.2
About Half	196	43.9
Little to None	111	24.9
Satisfaction w/Amount of Lesbian Couple Socializing	**n**	**%**
Yes	160	35.9
No	281	63.0

Table 17

Demographic Characteristics of the Sample:

Family Issues (N = 446)

Partners' Agreement on Handling of Families With Regard to Lesbian Identities	n	%
Almost Always Agree	243	54.5
Usually Agree	159	35.7
Sometimes Agree	35	7.8
Rarely Agree	7	1.6
Never Agree	1	0.2

Family Difficulties Experienced as a Result of Lesbian Identities	n	%
A Great Deal	52	11.7
Moderately	123	27.6
Minimally or Not at All	266	59.6

Family Support Experienced as a Result of Lesbian Identities	n	%
A Great Deal	85	19.1
Moderately	177	39.7
Minimally or Not at All	178	39.9

relationship conflict; when it came to such issues as coming out and attending family functions together, partners most often agreed on ways of handling their respective families. While families were generally not considered a source of great difficulty in terms of the individual subjects' lesbian identities, neither were they a major source of support for this sample. Also significant with regard to the negotiation of lesbian identity was the fact that nearly one-quarter of the subjects reported undergoing psychological counseling/ therapy in order to deal with their sexual orientation (Table 18).

Table 18

Demographic Characteristics of the Sample: Individual Psychotherapy to Deal with Lesbian Identity (N = 446)

	n	%
Yes	106	23.8
No	340	76.2

Instrument Reliability and Variable Characteristics

In order to confirm that the instruments used in the study retained their previously-reported reliability strengths, alpha coefficients were computed for each one. All instruments showed sufficient to excellent reliability, with the exception of the gay

commitment measure (COMMIT), which, though less reliable, still met acceptable levels. Reliability coefficients, reported in Table 19, are as follows: Dyadic Adjustment Scale (DAS), .90; Rusbult Investment Scale (RUS), .68; Rosenberg Self-Esteem Scale, .87; Marlowe-Crowne Social Desirability Scale, .80; Nungesser Homosexual Attitudes Inventory, .85; and gay commitment measure (COMMIT), .60.

The Lesbian Attitudes Scale (LAS), which was developed for use in the present study, was also shown to be a reliable instrument, with an inter-item reliability coefficient of .77. Concurrent validity was determined by correlating the LAS with another measure of internalized homophobia, namely the NHAI. The LAS was shown to correlate strongly with the NHAI ($r = .69$, $p < .0001$), suggesting that the instruments are measuring the same construct. However, the correlation coefficient is not so high as to indicate that the tests are tapping identical domains. Construct validity of the LAS was also investigated through hypothesis testing and through correlations with a variety of study variables. A number of statistically significant correlations, which will be reported throughout this chapter, provided evidence that the LAS is indeed a valid instrument. On the other hand, because the LAS did not tap as much variability as the NHAI, it did not ultimately discriminate internalized homophobia levels as well as this other instrument. Reasons for this will be discussed in the next chapter.

Means, standard deviations, and ranges of scores for each of the variable measures are presented in Table 20. These values are comparable to the ones obtained by other researchers. For example,

the mean dyadic adjustment score here (115.97) is similar to the 114.8 reported by Spanier (1976), and is well within the range of means reported by most researchers (Spanier & Filsinger, 1983). Likewise, Marlowe and Crowne (1960) have reported a mean score of 13.72 for their social desirability scale (MC), which is very close to the 14.33 obtained in this study. Also, as noted in the previous chapter, Romano (1989) reported a mean self-esteem score of 33.83, and Romance (1986) of 34; these scores are nearly identical to the RSE score presented in Table 20 (33.53). In sum, these assessment devices have met the necessary standards for reliability and validity, and have thus proven to be appropriate and useful instruments for the present study.

Table 19

Instrument Reliabilities

Instrument	Alpha Reliability
DAS (Dyadic Adjustment Scale)	.90
RUS (Rusbult Investment Scale)	.68
RSE (Rosenberg Self-Esteem Scale)	.87
MC (Marlowe-Crowne Social Desirability Scale)	.80
NHAI (Nungesser Homosexual Attitudes Inventory)	.85
LAS (Lesbian Attitudes Scale)	.77
COMMIT (Gay Commitment Measure)	.60

Table 20

Variable Means and Standard Deviations

N = 446			
Variable	Mean	SD	Range
DAS	115.97	12.67	75 - 145
RUS	63.07	6.87	36 - 72
RSE	33.53	4.64	18 - 40
MC	14.05	5.32	0 - 28
COMMIT	8.61	2.04	3 - 14
NHAI	53.53	11.84	30 - 97
LAS	70.90	11.38	45 - 115

Review of Hypotheses

Before turning to an examination of the individual hypotheses, it will be worthwhile to consider the correlations between the six variables under investigation in this study. A correlation matrix is presented in Table 21. Aside from the correlations involving the Marlowe-Crowne social desirability scale, virtually all the coefficients were significant in the expected directions. The highest correlation was between the two measures of internalized homophobia, the Nungessser Homosexual Attitudes Inventory (NHAI) and the Lesbian Attitudes Scale (LAS) ($r = .68$, $p < .0001$); as noted,

this strong correlation confirmed the assumption that both instruments are assessing the same construct. Also as anticipated, relationship investment and relationship commitment were shown to be related, if not such dramatically overlapping, constructs ($r = .36$, $p < .0001$). Positive associations were reported as well between relationship investment and dyadic adjustment ($r = .47$, $p < .0001$), and between self-esteem and dyadic adjustment ($r = .38$, $p < .0001$). Finally, it is apparent from this table that internalized homophobia, as measured by both instruments, was significantly inversely related to virtually every other variable in the study. Most striking were the correlations with dyadic adjustment and self-esteem; for NHAI these were -.25 ($p < .0001$) and -.31 ($p < .0001$) respectively, and for LAS, -.22 ($p < .0001$) and -.23 ($p < .0001$) respectively.

Hypothesis 1

Hypothesis 1 stated, "couples' internalized homophobia scores will vary inversely with their dyadic adjustment." A combined couples' score was obtained for each variable by totalling the partners' scores for the pertinent instrument. Because two separate instruments were utilized to assess internalized homophobia, two Pearson product-moment coefficients were computed in this analysis. Results, which can be seen in Table 22, showed a statistically significant relation between both Nungesser (NHAI) internalized homophobia scores and dyadic adjustment (DAS) ($r = -.31$, $p < .0001$), and Lesbian Attitude Scale (LAS) internalized homophobia scores and dyadic adjustment ($r = -.26$, $p < .0001$). This evidence confirms the

Table 21

Intercorrelations of All Study Variables

Pearson Correlation Coefficients

	RSE	MC	RUS	DAS	NHAI	LAS
COMMIT	.0370	.0890*	.3558****	.1536***	-.1564****	-.1172**
RSE		.3505****	.2094****	.3807****	-.3058****	-.2324****
MC			.1927****	.3098****	-.1034*	-.0135
RUS				.4713****	-.1535****	-.0865
DAS					-.2451****	-.2197****
NHAI						.6844****

*p < .05
**p < .01
***p < .001
****p < .0001

RSE: Rosenberg Self-Esteem Scale
MC: Marlowe-Crowne Social Desirability Scale
RUS: Rusbult Investment Measure
DAS: Dyadic Adjustment Scale
NHAI: Nungesser Homosexual Attitudes Inventory
LAS: Lesbian Attitudes Scale
COMMIT: Gay Commitment Measure

assumption that internalized homophobia is inversely related to dyadic adjustment. Therefore, Hypothesis 1 is supported.

Hypothesis 2

Hypothesis 2 asserted, "couples' internalized homophobia will vary inversely with their relationship commitment." Commitment was assessed using the Rusbult investment measure (RUS) a well as the gay

commitment measure (COMMIT). Again, the combined couples' scores were determined using the totals of the partner's scores for each variable measure, and Pearson correlation coefficients were computed. Results are also presented in Table 22. Using the Nungesser internalized homophobia measure (NHAI), there was a significant correlation of -.18 between internalized homophobia and COMMIT commitment, significant at the .01 level, and of -.15 between internalized homophobia and Rusbult (RUS) investment, significant at the .05 level. In addition, when internalized homophobia was

Table 22

Relation of Couples' Internalized Homophobia to Dyadic Adjustment and Relationship Commitment

Pearson Correlation Coefficients

N = 223

	DASBOTH	COMTBOTH	RUSBOTH
NHAIBOTH	-.3051****	-.1839**	-.1495*
LASBOTH	-.2590****	-.1447*	-.0796

*p < .05
**p < .01
***p < .001
****p < .0001

NHAIBOTH: Sum of partners' scores on Nungesser Homosexual Attitudes Inventory
LASBOTH: Sum of partners' scores on Lesbian Attitudes Scale
DASBOTH: Sum of partners' scores on Dyadic Adjustment Scale
COMTBOTH: Sum of partners' scores on COMMIT gay commitment measure
RUSBOTH: Sum of partners' scores on Rusbult Investment Measure

assessed using the Lesbian Attitudes Scale (LAS), a correlation of -.14 ($p < .05$) was found with commitment, though no relation was found using the investment instrument (RUS). Overall, then, it appears that couples' internalized homophobia is inversely related to their relationship commitment. Based on this evidence, Hypothesis 2 is supported.

Hypothesis 3

Hypothesis 3 stated that "couples whose members differ in their levels of internalized homophobia will have lower satisfaction and commitment." Thus, it was predicted that there would be an inverse relation between "homophobia difference" scores, and couples' dyadic adjustment and commitment scores. The *homophobia difference* scores, NHAIDIFF and LASDIFF, were computed by taking the absolute value of the difference between partners' scores on the NHAI and LAS, respectively. Commitment measures included both COMTBOTH and RUSBOTH, the partners' totalled COMMIT and RUS (Rusbult investment) scores, respectively.

Table 23 shows the resluts of these analyses. Using both the NHAI and the LAS to measure internalized homophobia, Pearson coefficients indicated a statistically significant inverse relation between internalized homophobia and dyadic adjustment. For NHAI and LAS, these coefficients were -.11, significant at the .05 level, and -.15, also significant at the .05 level, respectively. In terms of commitment variables, only the correlation between NHAI difference scores and Rusbult combined scores (RUSBOTH) was significant (r =

-.14, $p < .05$). Correlations which relied on the combined COMMIT scores (COMTBOTH) or on the LAS internalized homophobia difference scores were close to zero and not significant. In general then, there did appear to be an inverse relation between homophobia difference levels and relationship satisfaction levels, but only limited evidence for an inverse relation between the former and the commitment variables. Thus, results pertaining to dyadic adjustment were suppoprted, while those regarding commitment were mixed. Hypothesis 3 is therefore partially supported by the data.

Table 23

Relation Between "Homophobia Difference" Scores and Dyadic Adjustment and Commitment

Pearson Correlation Coefficients

N = 223

	DASBOTH	COMTBOTH	RUSBOTH
NHAIDIFF	-.1149*	-.0423	-.1439*
LASDIFF	-.1479*	-.0516	-.0587

*p < .05
**p < .01
***p < .001
****p < .0001

NHAIDIFF: Difference between partners' scores on Nungesser Homosexual Attitudes Inventory
LASDIFF: Difference between partners' scores on Lesbian Attitudes Scale
DASBOTH: Sum of partners' scores on Dyadic Adjustment Scale
COMTBOTH: Sum of partners' scores on COMMIT gay commitment scale
RUSBOTH: Sum of partners' scores on Rusbult Investment Measure

Hypothesis 4

Hypothesis 4 stated, "individual internalized homophobia will vary inversely with self-esteem, with the self-esteem score 'adjusted' for social desirability." The inclusion of the social desirability variable in this analysis was intended to buttress the accuracy of the self-esteem scores, as described in Chapter III. Partial correlation coefficients were computed for internalized homophobia and self-esteem scores (RSE), while controlling for social desirability (MC) scores. The partial correlation of NHAI with RSE was -.29 ($p < .0001$), and of LAS with RSE was -.24 ($p < .0001$) (Table 24). In addition, even with the social desirability variable omitted, Pearson correlations between the two primary variables were very close to the partial r's reported above ($r = -.31$, $p < .0001$,

Table 24

Relation Between Internalized Homophobia and Self-Esteem, Adjusted for Social Desirability

Partial Correlation Coefficients, Controlling for MC

N = 446

	RSE
NHAI	-.2894****
LAS	-.2431****

****p < .0001

NHAI: Nungesser Homosexual Attitudes Inventory
LAS: Lesbian Attitudes Scale
RSE: Rosenberg Self-Esteem Scale
MC: Marlowe-Crowne Social Desirability Scale

using the NHAI to measure internalized homophobia; and $r = -.23$, $p < .0001$ using the LAS). These robust results suggest that internalized homophobia and self-esteem are indeed inversely related. Hypothesis 4 is therefore supported.

Hypothesis 5

Hypothesis 5 asserted, "social desirability will correlate positively with internalized homophobia." Individual subject scores were used for these analyses. Contrary to the stated expectation, a Pearson coefficient of -.10, significant at the .05 level, was obtained when using the Marlowe-Crowne scale (MC) to measure social desirability, and the NHAI to measure internalized homophobia. When using the LAS to assess to measure internalized homophobia, the obtained Pearson coefficient was close to zero and not significant (Table 25). Therefore, while the results are contradictory, there is some evidence for a negative, rather than a positive relation, between internalized homophobia and social desirability. Thus, Hypothesis 5 is rejected.

Supplementary Analyses: Lesbian Identity

In order to investigate the relation between internalized homophobia and certain lesbian identity characteristics, two additional analyses were performed. The first of these concerns the relation between lesbian identity variables and other study variables, and the second explores the correlates of two specific labels for lesbian self-identification.

Table 25

Relation of Internalized Homophobia and Social Desirability

Pearson Correlation Coefficients

N = 446

	MC
NHAI	-.1034*
LAS	-.0135

*p < .05

NHAI: Nungesser Homosexual Attitudes Inventory
LAS: Lesbian Attitudes Scale
MC: Marlowe-Crowne Social Desirability Scale

Correlations between the main study variables and a range of lesbian identity characteristics are reported in Table 26. Most striking about this table is the clear pattern of significant correlations clustered within the two internalized homophobia measures. Specifically, subjects with low levels of internalized homophobia were likely to have identified themselves as lesbians for a longer period, to have been out of the closet for a longer period, to have proportionately more gay or lesbian friends, to have participated in more gay-related activities, and to mingle their gay and straight friends, and they were less likely to have sought psychotherapy to help them cope with their lesbianism. By virtue of the fact that these lesbian identity characteristics are significantly related to internalized homophobia but not to other variables such as dyadic adjustment, these findings provide further

Table 26

Correlation Matrix: Lesbian Identity Variables

Correlated with Study Variables

Pearson Correlations

N = 446

	YRSID	YRSOUT[a]	PROP	GAYACT	OVERLAP	TXPORID
DAS	-.0126	.0086	.0520	-.0997+	-.0337	-.1242++
RUS	.0889	.0603	.0036	.0043	-.0136	-.0952+
RSE	.1222++	.1145+	-.0491	-.0435	-.0536	-.1816++++
NHAI	-.1037+	-.2738++++	.0948+	-.2950++++	.2472++++	.1275++
LAS	-.0131	.2002++++	.1669++++	-.4116++++	.1747++++	.1397++
MC	.1096+	.0939	-.0116	-.1757++++	.0270	-.1108+

[a] n = 354 subjects "out of the closet."

+p < .05
++p < .01
+++p < .001
++++p < .0001
2-tailed test of significance

YRSID: Number of years identified as a lesbian
YRSOUT: Number of years "out of the closet"
PROP: Proportion of gay-to-straight friends, with lower values representing proportionately more gay friends
GAYACT: Number of gay activities in which subject has engaged
OVERLAP: Degree of intermingling of gay and straight friends
TXPORID: Use of psychotherapy in order to deal with homosexuality

DAS: Dyadic Adjustment Scale
RUS: Rusbult Investment Measure
RSE: Rosenberg Self-Esteem Scale
NHAI: Nungesser Homosexual Attitudes Inventory
LAS: Lesbian Attitudes Scale
MC: Marlowe-Crowne Social Desirability Scale

confirmation for the construct of interalized homophobia, and thus lend weight to the overall results obtained in this study.

The second set of supplementary analyses concerned the relation between the last two points on the Kinsey scale and levels of both internalized homophobia and dyadic adjustment. The Kinsey scale, a seven-point scale of sexual identity, allows subjects to rate themselves from point 0, "exclusively heterosexual", to point 6, "exclusively homosexual." Virtually all subjects in this study identified themselves as either point 6, "exclusively homosexual" (n = 333), or point 5, "predominantly homosexual, only slightly heterosexual" (n = 89). In order to determine whether there were any

Table 27

Means, Standard Deviations, and t-Tests Comparing Kinsey Points 5 and 6 with Internalized Homophobia and Dyadic Adjustment

	Kinsey Point 5 n = 89		Kinsey Point 6 n = 333			
	M	SD	M	SD	t[a]	p <
NHAI	56.3	11.7	52.4	11.7	2.77	.01
LAS	74.6	12.0	69.6	10.7	3.78	.0001
DAS	111.9	12.5	117.6	12.2	-3.90	.0001

[a]df = 420, 2-tailed test of significance

Kinsey Point 5: "Predominantly Homosexual, Only Slightly Heterosexual"
Kinsey Point 6: "Exclusively Homosexual"
NHAI: Nungesser Homosexual Attitudes Inventory
LAS: Lesbian Attitudes Scale
DAS: Dyadic Adjustment Scale

significant relations between these two self-identifications and both internalized homophobia and dyadic adjustment levels, t-tests were conducted. Results, reported in Table 27, indicate that subjects who identified themselves as "predominantly homosexual, only slightly heterosexual" tended to have higher levels of internalized homophobia, as measured by both of the internalized homophobia scales, and lower levels of dyadic adjustment. t scores were as follows: for the NHAI, $t = 2.77$, significant at the .01 level; for the LAS, $t = 3.78$, significant at the .0001 level, and for the DAS, $t = -3.90$, significant at the .0001 level. These results will be discussed in more detail in the following chapter.

CHAPTER V: DISCUSSION

The purpose of the present study was to investigate the relation between internalized homophobia and several aspects of couple and individual functioning in lesbian women. Of particular interest were the variables of couple satisfaction and commitment, and individual self-esteem and social desirability. In general, it was proposed that internalized homophobia would be negatively associated with the satisfaction, commitment, and self-esteem variables, and positively associated with social desirability. A national sample of 446 women, or 223 lesbian couples, participated in the study, which utilized a self-administered questionnaire format to tap the relevant domains. Pearson product-moment correlations were used to analyze the data. Results of the study, which were reported in the previous chapter, will be discussed in this section. Topics to be addressed include: demographic characteristics of the sample, internalized homophobia and couple functioning, internalized homophobia and individual functioning, specific limitations of the study, and overall implications of the research.

Sample Characteristics

Unlike the samples often utilized in previous lesbian couple research (ie., Blumstein & Schwartz, 1983; Peplau et al., 1982), this study consisted of a relatively mature subject pool (mean age of 36 years) of women who were involved in well-established

relationships (mean relationship duration of 7.4 years). As a consequence, the results reported in the present study may more accurately reflect the breadth of lesbian couples' experiences than those reported in previous studies, which often used information about beginning-stage dyads as a basis for generalizations about the life of these relationships. Furthermore, the sample was comprehensive in scope, with long-term couples hailing from thirty-four states plus Washington, D.C., and Toronto, Canada, and with patterns of residence closely reflecting the national norms (approximately three-quarters of the population in metropolitan areas and one-quarter in rural areas) (U.S. Bureau of the Census, 1991). On the other hand, despite the researcher's attempts to recruit a racially diverse sample, the great majority of the participants were white. Therefore, as with much research in the social sciences, results may not be appropriately generalized to non-white populations.

While the present sample did contain a great deal of diversity in terms of educational attainment and income level, subjects in this study tended to have more education than either white Americans or American women in general, and to have household incomes slightly above the national norms (U.S. Bureau of the Census, 1991). These findings may be due to a variety of factors, including a feminist value on the type of financial independence facilitated by increased education, or a relative tendency of individuals with higher education levels to value and participate in social science research. On the other hand, these demographic data may simply be an

accurate reflection of the overall population. Indeed, they are confirmed by the results reported in a recent gay market research survey, which found that gay men and lesbian women tended to be more affluent and better educated than the general population (Dullea, 1992). In any case, this demographic profile is consistent with that reported by other researchers of lesbians (ie., Romano, 1989; Wood, 1983; Zacks et al., 1988), who also studied predominantly white, highly-educated, middle-class women.

Similarly, while there was a great deal of variability in subjects' current religions, religious affiliations in general differed somewhat from those reported nationally. Specifically, relatively fewer subjects identified themselves as Protestant or Catholic, while a much greater proportion identified themselves as atheist/no religion [56% Protestant, 28% Catholic, and 10% atheists nationally (U.S. Bureau of the Census, 1991), as opposed to 15% Protestant, 10% Catholic, and 41% atheist in the current sample]. This is probably not unusual for gay and lesbian populations, whose members may have moved away from religious affiliations in reponse to their church's anti-gay tenets. However, it may also be a byproduct of the fact that this sample was, as noted, highly educated and relatively affluent; these demographic characteristics have, in the past, been associated with a decrease in religiosity.

A second observation regarding religious affiliation bears discussion. As noted in the results section, the only one of the three major U.S. religions which did not undergo a significant decrease in sample membership over time was the Jewish category;

that is, unlike with the Protestant and Catholic categories, women who were raised Jewish continued to identify themselves as such. While this may indicate that Jewish subjects were more apt to maintain a strong religious involvement, it more likely reflects the fact that a Jewish identification often signifies ethnicity, rather than religious affiliation. In addition, the disproportionate numbers of Jewish subjects (11% in the study, as opposed to 2% nationally), may be an artifact of the researcher's more intensive recruitment efforts in the New York metropolitan area, which happens to be disproportionately Jewish. However, there is no reason to believe that this sample bias had any appreciable effects on the overall results of the study.

In sum, while the sample for this study was predominantly white and slightly skewed towards higher income and educational levels, it was in general quite diverse and not far from the national norms for many characteristics. As Gonsiorek (1982) has argued, the difficulties in obtaining a representative sample of gay populations makes it imperative that researchers attempt to sample as broadly as possible, that they avoid biased samples such as those obtained through psychiatric or correctional institutions, and that they describe their samples in as much detail as possible. Aside from the few limitations noted above, and the specific sample restrictions to be discussed below, which were dictated by the research question, this subject pool has met Gonsiorek's (1982) criteria, and may be considered an appropriate and useful sample.

With regard to lesbian identity characteristics, the demographic

results reported in the last chapter indicate that this sample was strongly lesbian-identified and self-disclosing, with 80% of the subjects out of the closet for an average of ten years. These demographic findings are not surprising, given the nature of the recruitment process for the study. Specifically, participation in this study required that a subject be comfortable enough with her lesbian identity to: (1) have read the researcher's advertisement in a gay or lesbian publication, or have heard about the study through word-of-mouth advertising within the lesbian community; (2) be involved in a viable lesbian relationship, of at least two years' duration, and with a partner who was also committed enough to her identity and her relationship that she would be interested in participating; and (3) be open enough about her relationship to contact the researcher and divulge her name and address. Clearly then, the sample consisted of subjects with at least a minimum amount of self-acceptance as lesbians, and a minimum amount of satisfaction and commitment in their relationships. Therefore, it is safe to assume that this sample was skewed towards lower levels of internalized homophobia than might be found in the lesbian population in general. Indeed, women whose levels of homophobia exceeded the theoretical upper limit, such as those who were too ashamed of their lesbian identity to acknowledge it to themselves or others, those who were too conflicted to engage in an ongoing lesbian relationship, or those who might be too afraid to participate in lesbian-oriented research, were by definition omitted from the sample. The existence of these limitations in the sample range has important implications

for the strength of the correlations between the major study variables; namely, that if a broader range of the population had participated, the results of the study may have been even stronger. This phenomenon will be discussed further in later sections.

Finally, it is interesting to note that the rate of return of questionnaire packets in this study was extremely high (85%), particularly in light of the fact that the only tangible incentive to participation was the promise of a brief summary of the aggregate results. This response rate, taken together with the excitement expressed by subjects during initial phone contacts, the surprising amount of unsolicited advertising and word-of-mouth referrals generated about the study, and the sheer number of women who volunteered to participate (many of whom could not be included because of the study's limited time period), is a strong indicator of the high level of enthusiasm for "gay affirmative" research among members of the lesbian population. Indeed, it symbolizes the eagerness with which lesbian couples approach the possibility of having their lives reflected accurately, of learning more about their collective selves, of finding out what is "normal" for them, and perhaps most importantly, of being seen. Participation in such a study presented these women with an alternative to their usual experience of invisibility; the eagerness of their response speaks volumes about the oppressive nature of that experience.

Overview of the Study

As a result of internalizing the anti-gay sentiment found in

society, gay and lesbian individuals tend to experience feelings of shame and inadequacy. While in some individuals the self-devaluation is intense and its manifestations quite obvious, in others these feelings only exist to a slight degree and are not always readily apparent. The latter constellation would seem to be especially prevalent in this post-gay-liberation age, when it is reasonable to assume that "the oppressor within," as Margolies and her colleagues (Margolies et al., 1987) have referred to internalized homophobia, has been tamed to a great extent. However, the premise of this study was that even the subtle and unconscious vestiges of internalized homophobia can have profound effects on the lives of lesbian women. Furthermore, it was argued that these effects could be seen at both the levels of individual and couple functioning.

For instance, the lesbian woman may, because of her awareness of the pervasive stereotype of homosexuals as over-sexed proselytisers, refrain from casually touching a heterosexual female friend. Ostensibly for fear of making her friend uncomfortable, the lesbian woman may repeatedly censor her natural affection, ultimately forfeiting the kind of closeness and warmth that might have developed in the friendship. In reality, it may not be the friend's worries but the woman's own unconscious acceptance of the negative stereotypes which cause her to behave as she does. Clearly, if her conscious knowledge about her actual, benign motives for the touch had prevailed, she would have behaved more freely. Instead, she felt restricted, self-conscious, lonely, and inferior, and as these types of experiences were accumulated, they would certainly take their toll

on her psyche. Indeed, as Goffman (1963) has noted, to the extent that this woman accepted the social stigma about homosexuality, she would continue to suffer diminutions in her overall self-esteem. While this situation certainly does not have the type of urgency found when gay persons resort to extremes of self-destructiveness such as alcoholism or suicide attempts, it nonetheless illustrates the pernicious effects of even subtle forms of internalized homophobia on the individual.

Internalized homophobia can also affect lesbian relationships. Indeed, the realm of lesbian couple functioning is particularly well-suited to an exploration of subtle forms of internalized homophobia because, by definition, the members of a well-established lesbian couple must have achieved some acceptance of their lesbian identities. Evidence of internalized homophobia may arise in terms of the couple's interface with the outside world, as well as in the partners' relationships with each other. As an example of the former, a couple may not insist on joint invitations to family functions in order not to "rock the boat." In the latter, couple members might harbor vague feelings of doubt or dissatisfaction with regard to their partners, or may hesitate, despite the longevity of their relationship, to acknowledge their commitment to each other. All of these behaviors belie a subtle internally-homophobic stance, and, as with the individual example, it is presumed that each eventually takes a toll on couple functioning.

Discussion of Hypothesized and Supplementary Findings

Internalized Homophobia and Relationship Adjustment

With regard to relationship functioning, results of this study did show a negative association between internalized homophobia and overall dyadic adjustment [$r = -.31$, $p < .0001$, and $r = -.26$, $p < .0001$, using the Nungesser instrument (NHAI) and the Lesbian Attitude Scale (LAS) to measure internalized homophobia, respectively.] Because dyadic adjustment has been operationally defined to include relationship satisfaction, cohesion, and consensus, as well as affectional expression, these results suggest that increased internalized homophobia is associated with difficulties in all these areas. Couples whose members had higher levels of internalized homophobia would be expected to find less gratification in their relationships, less closeness with their partner, less agreement with their partner on matters of importance to the couple, and less frequent displays of affection in the relationship. Thus, for women who have tamed their homophobia enough to identify themselves as lesbians and enter a relationship with another woman, residuals of internalized homophobia would tend to coincide with certain tensions in relationship functioning. Conversely, those women who were freer of the tensions of internalized homophobia could also expect to be freer of relationship difficulties. These empirical results confirm the theoretical assertions of such authors as Martin (1990), Berzon (1988), Brown (1986), and Roth (1985), who have argued from various perspectives that internalized homophobia is a serious impediment to lesbian relationship satisfaction.

It is important to emphasize that, due to the correlational

nature of this study, relationship quality was not necessarily presumed to be dependent on the level of internalized homophobia. However, the fact that the study results do not prove the direction of causality does not detract from the significance of the findings. Indeed, it would be equally significant if levels of internalized homophobia were dependent on the quality of relationships as the reverse. Here, dissatisfaction with a lesbian relationship may cause an increase in negative feelings about homosexuality, and women who find their relationships gratifying may be led, possibly through the processes of desensitization or positive reinforcement, to feel more positively about being gay. An interactive effect may be at play, similar to the spiral described by Brooks (1981) with respect to internalized homophobia and gay group participation. In this case, substituting couple dynamics for group dynamics, a positive feedback system exists in which the better a woman feels about her lesbian identity or her participation in a relationship, the better she will feel about the other, and to the extent that she has difficulty accepting one, she in turn will have difficulty accepting the other. Viewed another way, this result confirms the prediction made by Testa and his colleagues (Testa et al., 1987) about the self-fulfilling prophesy. Based on their work on heterosexual attitudes toward gay relationships, described in Chapter III, these researchers speculated that if gay individuals devalue gay relationships in the same ways as heterosexuals do, their own relationships would ultimately suffer.

Finally, because the sample for this study did not tap the full range of internalized homophobia or relationship satisfaction, it is

likely that the correlations reported here, though substantial, may actually underestimate the strength of the negative relation between these two variables. That is, as explained earlier, this study did not include women at the high extreme of internalized homophobia or the low extreme of relationship satisfaction but, had it done so, the negative association between these two factors would probably have been even more dramatic.

Internalized Homophobia and Relationship Commitment

Issues of commitment are important for relationship functioning in all types of couples, but they pose particular difficulties for gay and lesbian couples, for whom there exist no socially-sanctioned rituals for consecrating, celebrating, or legalizing the dyad. This external homophobia, in the form of a lack of societal recognition for gay relationships, together with the homophobia which resides in each member of the lesbian couple, combine to make it more difficult for these couples to formally acknowledge the meaning of their union.

Virtually all the couples in the study exceeded a minimum level of commitment. This was evident in the fact that the couple members not only identified themselves as partners for at least two years and lived together, but also reported having joint financial arrangements; the latter in particular may be seen as a concrete symbol of the intertwining of two lives. However, within this relatively committed sample, there was still evidence that levels of internalized homophobia were inversely related to those of

relationship commitment. Obtained correlations ranged from -.15, significant at the .05 level, to -.18, significant at the .01 level, when using the Rusbult investment measure and the gay commitment measure to tap commitment, respectively, and the NHAI to assess internalized homophobia. These results suggest that, in Goffman's terms, the "management" of internalized homophobia is crucial to the ability to commit to a lesbian relationship and, by the same token, commitment to a lesbian relationship tends to mediate the experience of internalized homophobia.

Interestingly, these results were not verified when the Lesbian Attitudes Scale (LAS), rather than the NHAI, was used to measure internalized homophobia; correlations with both commitment scales were close to zero and not significant. However, rather than contradicting the results obtained with the NHAI, it is likely that this finding reflects the relative usefulness of the two internalized homophobia scales. The NHAI, which has been utilized by a number of researchers (Nungesser, 1983; Romance, 1986; Shidlo, 1987) may have been preferable to the LAS, which was newly developed for this study. Specifically, in reviewing the item content of the two measures, one issue stands out as a possible contributor to the difference in results. This is that 40% of the items on the NHAI were concerned with issues of self-disclosure of lesbian identity, as compared to less than 10% of the items on the LAS. Because lesbianism is a socially stigmatized trait, with the power to lower one's esteem in the eyes of others, disclosure of this trait may jeopardize the woman's overall sense of self. Certainly, the public

identification of onesself as a gay person constitutes more of a potential threat to the individual's level of comfort than does merely espousing a liberal view about homosexuality in general. Based on these observations, it is reasonable to assume that attitudes toward personal self-disclosure are better indicators of internalized homophobia than are attitudes toward more general issues about homosexuality, and that the NHAI's greater reliance on self-disclosure items would therefore place it in a better position to discriminate levels of internalized homophobia. This, in turn would result in the discrepant results reported in these analyses. Incidentally, none of these speculations are inconsistent with the finding that the NHAI and the LAS are themselves highly correlated (r = .68), as both of these instruments do broadly tap subjects' attitudes toward homosexuality.

Intra-Couple Dynamics

Given the pervasive negative association between couples' joint levels of internalized homophobia and various aspects of their relationship functioning, the question arises as to the dynamics which occur when couple members differ in their levels of internalized homophobia. Results of hypothesis testing revealed that the greater the intra-couple differences in internalized homophobia, the lower the level of couple adjustment and satisfaction. Using the NHAI to measure intra-couple differences in internalized homophobia, the obtained Pearson correlation with dyadic adjustment was -.11, significant at the .05 level; using the LAS it was -.14, also

significant at the .05 level. Results regarding commitment were less conclusive, and will be discussed later.

In general, these results suggest that partner agreement is crucial in well-functioning lesbian couples, particularly in matters of basic values and orientation. Indeed, it is easy to imagine that if one partner in a lesbian couple were extremely closeted or conflicted about her homosexuality, this would have a serious negative impact on her partner and on the relationship. Therefore, the case of great partner differences parallels the case, discussed previously, in which the couple's overall homophobia is high. It appears that internalized homophobia has such a toxic effect on relationships that its presence in the dyad, whether in one member or both, tends to coincide with difficulties in couple functioning and satisfaction.

In terms of relationship commitment, it was noted in the last chapter that only one of the four relevant analyses yielded a statistically significant result. This was the correlation between the Nungesser (NHAI) internalized homophobia difference scores and the Rusbult investment measure ($r = -.15$, $p < .05$), suggesting that in couples where one partner is substantially more homophobic than the other, commitment to the relationship may also be fraught with difficulty. On the other hand, there was no significant relation between NHAI difference scores and the COMMIT gay commitment scores, or between the LAS internalized homophobia difference scores and either of the two commitment measures. As noted previously, the LAS was judged to be a less adequate assessor of internalized

homophobia; this may explain the lack of significant correlations obtained in the two analyses which relied on that instrument. However, this explanation still leaves open the question of the discrepant findings attributed to the two different measures of commitment when the NHAI was used to assess internalized homophobia.

In understanding this discrepancy, it may be useful to review the nature of the two commitment scales. The Rusbult measure, which has been tested in previous research (Duffy & Rusbult, 1986; Rusbult, 1980, 1983), is a subjective instrument in which subjects rate the extent of their emotional and financial investments in their relationships and the extent of the intertwining of their social lives. The COMMIT instrument, on the other hand, is simply a tally of conscious/formal commitment experiences, such as exchanging rings, signing wills or powers of attorney, and purchasing a home together. Study results showed a significant negative relation only between internalized homophobia difference scores and the Rusbult commitment measure, suggesting that in couples where one member is substantially more homophobic than the other, the partners may continue to feel more conflicted about their commitment to their relationship, but that this may not affect their actual participation in commitment-related behaviors. For example, a couple in which one woman has recurrent doubts or worries about her increasing closeness with a female partner may nevertheless proceed with buying an apartment together. This finding would not only account for the lack of a significant relation between internalized homophobia difference scores and the COMMIT commitment measure, but it also makes sense in

terms of the notion of marital status. That is, as the COMMIT instrument was an attempt to operationalize the concept of conscious/formal commitment in lesbian and gay couples, it is essentially the equivalent of asking these couples whether they are "married." Then, as with heterosexual couples, there is no reason to assume that marital status is the definitive indicator of felt commitment. Even among married couples, one would expect to find a range of, for example, emotional investments and feelings about the viability of the relationship. Considered in this way, the difference in results based on qualitative commitment, represented by the RUS scale, and based on "marital status," represented by the COMMIT measure, are not surprising.

Internalized Homophobia and Self-Esteem

Perhaps no other finding of this study illustrates so powerfully the importance of a positive gay identity for the mental health of lesbian women than the one which linked internalized homophobia with self-esteem. Specifically, results showed that women who experience higher levels of internalized homophobia tend to have deflated levels of self-esteem, and those with lower internalized homophobia levels experience higher levels of self-esteem. These findings were particularly meaningful because they were controlled for socially-desired responding; as a result, it was presumably the unconscious or "deep" self-esteem, rather than the conscious level of self-worth, which was assessed (Morrel, 1983). Given that healthy self-esteem is considered one of the hallmarks of psychological

adjustment (Morrel, 1983), its association with low levels of internalized homophobia confirms the intuitive assumption that, for the lesbian woman, feeling good about herself and feeling good about her homosexuality are integrally related.

Furthermore, while the moderate partial correlation coefficients obtained in these analyses ($r = -.29$, $p < .0001$ using the NHAI to measure internalized homophobia; and $r = -.24$, $p < .0001$ using the LAS) are impressive within the social sciences, these coefficients would likely have been even higher if a broader lesbian population had been tapped. That is, this particular finding well illustrates the notion, stated earlier, that the restriction in range on the internalized homophobia variable ultimately limited the magnitude of the obtained correlations. Theoretically, if this study could have included, for example, women who were abusing drugs or alcohol as a way to medicate their anxiety over a suspected lesbian identity, or women who may have withdrawn socially as a way to prevent shameful self-disclosure, the negative relation between internalized homophobia and self-esteem probably could have been even stronger.

Internalized Homophobia and Social Desirability

Because of the socially-derived nature of internalized homophobia, it was hypothesized that, as the individual's concern with social approval rose or fell, so would her level of internalized homophobia. However, results of this study contradicted this assumption, revealing instead a negative relation between internalized homophobia and social desirability [$r = -.10$, $p < .05$,

using the Nungesser instrument (NHAI) to measure internalized homophobia]. In understanding this result, it may be useful to speculate about the particular context of this research as a factor in shaping subjects' responses. Specifically, given that the focus of the study was lesbian couples, the research may be said to have taken place within a gay context. Then, to the extent that subjects were highly concerned with the way they were viewed in this gay context, they may have underreported their internalized homophobia, while those subjects who were less concerned with their image within this context may have given voice to their homophobic feelings more freely. The notion here is that positive attitudes toward homosexuality, while certainly not required for general societal approval, are percieved to be a demand of the gay community. Indeed, this phenomenon has been described by Margolies and her colleagues (Margolies et al., 1987), who note that "while the macro-culture encourages the lesbian to feel only shame, the subculture pushes an abreactive pride." Therefore, it may be that some subjects were highly concerned with social approval, but that they tended to use the gay sub-culture, rather then the dominant culture, as their reference group.

However, as it is impossible to ascertain the reference group utilized by subjects in this sample, this explanation must be viewed as rather speculative. Indeed, if internalized homophobia scores are considered to be accurate estimates of the subjects' overall levels of internalized homophobia regardless of the specific reference group, as they have been throughout this research, then the negative

relation between internalized homophobia and social desirability requires further explanation. Perhaps the discrepancy lies in the use of the social desirability instrument as an independent measure of sensitivity to social acceptance. In fact, this scale was intended to function as a "lie" scale and to be used in conjunction with another instrument. Thus, it is possible that this alternative application yielded the unexpected results. In any case, as noted in other sections, the lack of similar findings when using the LAS rather than the NHAI to measure internalized homophobia is not considered to be contradictory, as the former instrument was shown earlier to be of limited value.

Internalized Homophobia and Lesbian Identity

As noted in the previous chapter, supplementary analyses provided strong support for the notion that internalized homophobia is integrally related to a range of lesbian identity variables, including the subject's length of time identified as a lesbian and the overlap of her gay and straight friendship networks. Interestingly, while there was a significant relation between internalized homophobia and the number of years a subject identified herself as a lesbian ($r = -.10$, p .05, using the NHAI to measure internalized homophobia), this coefficient almost tripled when the variable in question was the number of years out of the closet ($r = -.27$, $p < .0001$, again using the NHAI). Thus, a long history of disclosure of the identity was more likely to be associated with low levels of internalized homophobia than was the individual's mere

awareness of the identity.

These findings lend weight to the argument, presented with regard to the differences between the two internalized homophobia instruments, that the level of self-disclosure is a key indicator of the level of internalized homophobia. Again, because of its power to lower one's esteem in the eyes of others, self-disclosure of lesbian identity is experienced as a potential threat to the woman's own self-esteem. Given this assumption, it is not surprising that the level of mingling of gay and straight friends also varied inversely with internalized homophobia levels. Indeed, this finding confirmed that of Shidlo (1987), who reported similar results with a gay male sample. In the present case, the lesbian woman's increased exposure of her gay friends to her straight friends implies her increased comfort with exposure of her lesbianism, which in turn signals a lowered level of internalized homophobia. Viewed from another perspective, the findings regarding length of self-disclosure and overlap of social networks suggest the presence of a desensitization process. That is, as the lesbian woman engages in intitial stages of exposure, and encounters feedback that is more positive or at least less devastating than she expected, she is encouraged to move to the next level of exposure. As these exposure experiences accumulate over time, her discomfort level diminishes and her internalized homophobia is decreased.

The second set of supplementary analyses pertained to the correlates of two specific labels for lesbian self-identification, namely, Kinsey points 5 and 6. These refer to the labels

"predominantly homosexual, only slightly heterosexual" and "exclusively homosexual," respectively. As noted in the previous chapter, there was a statistically significant difference between subjects who chose one label and those who chose the other. Specifically, women who labelled themselves "predominantly homosexual, only slightly heterosexual" tended to have higher levels of internalized homophobia and lower levels of dyadic adjustment.

Interestingly, it may be argued that these findings are an artifact of the statistical tests used. Indeed, when applying a t-test to two contiguous points, especially with such close means (as seen in Table 27), and with such a high number of subjects (n = 420), results are likely to be statistically significant. However, it can also be argued that these two points, while contiguous, are substantively quite different. That is, within the overall continuum of sexual identity, it seems to make little difference whether one identifies as exclusively or predominantly homosexual; certainly this difference cannot be compared to that between exclusive heterosexuality and exclusive homosexuality. Yet, within a lesbian identification, the former distinction takes on new meaning, for to identify onesself as only predominantly homosexual may represent a holding back, as it were, from fully acknowledging one's stigmatized sexual orientation. In this light, the results reported here are quite compelling. Not only do they corroborate the idea that, as lesbian women incorporate the stigma against homosexuality they will find it more difficult to accept their own identities, but they also emphasize once again the unfortunate manner in which internalized

homophobia interferes with lesbian women's ability to achieve gratification from their primary love relationships.

Finally, it is important to discuss an additional finding which, while not based on a specific, planned analysis, nonetheless sheds light on the issues raised in the psychological literature on lesbian couples. Specifically, it was noted in Chapter IV that the average dyadic adjustment score for this sample, 115.97, was almost indistinguishable from the average reported for the normative heterosexual sample, 114.8 (Spanier, 1976). This finding suggests that lesbian couples may be no more dysfunctional than their heterosexual counterparts; indeed, on the basis of this finding, it may be speculated that on average, lesbian couples are no more likely than heterosexual couples to engage in pathological relationship patterns.

Summary

Over the past fifteen years, theorists of lesbian and gay psychology have posited internalized homophobia as a phenomenon with wide-ranging effects on gay life, both in terms of individual and couple functioning (Brown, 1986; Loulan, 1987; Margolies et al., 1987; Martin, 1982, 1990; Nungesser, 1983; Romance, 1986; Romano, 1989; Shidlo, 1987; Sophie, 1988). However, while it makes intuitive sense that a devalued and stigmatized sense of self would result in difficulties in intrapsychic and interpersonal functioning, little empirical data has been collected which would support such an assumption. The present empirical investigation of lesbian women was

undertaken in an attempt to fill this gap in the literature. Based on the results obtained in this study, it is tenable to conclude that (1) internalized homophobia is inversely related to both satisfaction and commitment in lesbian relationships, (2) intra-couple differences in internalized homophobia are associated with lowered relationship satisfaction and commitment, and (3) in individuals, internalized homophobia is negatively related to self-esteem. Furthermore, this study provided evidence that self-disclosure of lesbian identity is at the core of the construct of internalized homophobia. In conclusion, then, the results reported here provide ample comfirmation of the construct of internalized homophobia, and of its negative impact on lesbian womens' couple and individual functioning.

Limitations of the Study and Questions for Future Research

As with any empirical investigation, this study had certain methodological limitations. Perhaps the most striking methodological problem was the restriction of the sample to white subjects. As noted earlier, the reason for the lack of participation of non-white lesbians is unclear; however, it is clear that, because of this limitation, results of the study may not be generalized to the broader population of lesbian women. Hopefully, future attempts at recruiting non-white lesbian subjects will prove more successful than the present one.

A second methodological difficulty concerns the assessment of relationship commitment in this population. Because of the lack of

societal recognition for lesbian unions, women in these relationships have tended to mark their commitment in a wide variety of ways, if at all. As a consequence, it is difficult to measure levels of commitment and, in turn, to compare couples along this dimension. As evidence of this difficulty, it is noted that the simple commitment measure (COMMIT) devised for this study had only a .60 reliability coefficient, lower than that of any other instrument used in this investigation. While the Rusbult investment measure (RUS) did provide a useful index of "felt commitment," there remains a need to better define and operationalize the "formal" commitment variable for this population.

Thirdly, in interpreting the results of this study, it must be remembered that none of the established research instruments were developed for use with a lesbian population. Most importantly, the Dyadic Adjustment Scale (DAS) was normed on heterosexual couples, and the Nungesser Homosexual Attitudes Inventory (NHAI) was devised for use with a gay male population. While only minor modifications of both scales were required in order to apply them to a lesbian sample, and while the DAS in particular had already been successfully adapted for use with lesbian couples, it would nevertheless have been preferable if this study had been able to rely on instruments actually normed on lesbian women. Presumably, as thoughtful research efforts increase in this area, researchers will begin to amass a body of data and a set of instruments which will aid in identifying the normative characteristics of this population.

One theoretical question which has in some sense hovered around

the central issues in this study pertains to the nature of individual homophobia levels. Specifically, what is the significance of a given level of internalized homophobia? For example, if a woman obtains a low score on an internalized homophobia scale, does this indicate that, whether for reasons of her own strong temperament and resilience or because of minimal environmental exposure, she had originally internalized only a small amount of societal homophobia, or does it suggest that, having internalized a greater or "modal" amount of homophobia, she had successfully managed and dealt with it? In other words, assuming that as members of families and the broader society all gay individuals are exposed to negative attitudes toward homosexuality, the question arises as to the relative levels of both internalization and resolution of these attitudes. This situation is analogous to that of the internalization of racial prejudice. Here, it is apparent that members of a devalued racial group may achieve a positive racial identity either by having been raised in a relatively non-racist environment, in which little self-devaluation would have been incorporated initially, or through the subsequent resolution of negative feelings which had been incorporated. In a sense, this distinction is beyond the scope of the present study, as the primary goal here was to investigate the correlates, rather than the components, of various levels of internalized homophobia. However, this issue does have great importance for future lesbian research, for it points to the possibility of identifying the specific factors which decrease levels of internalized homophobia. For example, it was speculated earlier

that desensitization may play a role in increasing comfort with a gay identity; further research is needed to pinpoint other machanisms which may aid in managing, diminishing, and resolving internalized homophobia.

Finally, as with all research which concerns human intrapsychic and interpersonal processes, the phenomena under investigation in this study are complex and multi-determined. Thus, despite evidence of statistically significant relations between many of the study variables, in fact only a small proportion of the variance in any given variable has been accounted for by a specific other variable. In theory, other, unknown factors may exist which would shed greater light on the relation between internalized homophobia and relationship functioning in lesbian couples. In evaluating this possibility, however, it is important to review the empirical results of this study, considering not only the consistency of the findings across the study hypotheses, but also the place of these results within the context of the theoretical arguments presented. When viewed in this manner, the results of this study are compelling, and their implications come clearly into focus.

Implications of the Study

This study has wide-ranging implications for the mental health of lesbian women. Clearly, the internalization of societal homophobia has a powerful negative impact on these womens' lives, both in terms of each woman's fundamental sense of self and of her most intimate relationships. The overall societal message, which is communicated

through the devaluation of homosexuality, the invisibility of gay life in the popular culture, the lack of civil rights, and the invalidation of relationship boundaries by family members, is incorporated by the lesbian woman who in turn feels her self and her relationship to be diminished. Furthermore, this disturbing dynamic affects not only lesbian women, but also gay men, who presumably contend with similar experiences of societal and internalized homophobia.

In addressing the mental health needs of this population, therefore, the clinician must pay close attention to the manifestations and ramifications of homophobia. First, it is imperative that therapists be aware of their own homophobic biases, particularly the subtle ones, and that they avoid pathology-oriented conceptualizations of lesbian couples which are unfortunately readily available even in apparently thoughtful offerings in the literature. Second, clinicians must learn to identify internalized homophobia in their patients, keeping in mind that such problems as depression, anxiety, substance abuse, relationship and sexual difficulties, and family difficulties may contain or conceal aspects of internalized homophobia. Finally, the gay-affirmative clinician must attempt to intervene in ways that help to alleviate the suffering brought about by internalized homophobia.

On the other hand, a consideration of the mental health implications of this study for lesbian women would be incomplete without an acknowledgment of the role of internalized homophobia's opposite, gay pride. Certainly, by the same token that internalized

homophobia and shame are detrimental to lesbian well-being, it is clear that gay pride enhances self-worth and relationship viability. To the extent that gay pride replaces or at least competes with internalized homophobia in the individual, the lesbian woman's psychological health is improved. Thus, the value of gay pride as a positive force must not be overlooked.

In addition to clinical implications, this study has important implications for lesbian couple theorizing. As one of the few empirically-based, non-pathology-oriented approaches to lesbian couples, this study stands in direct contrast to the bulk of the theoretical literature. As noted previously, the literature on lesbian couples has been based on clinical experience and has focused primarily on the concept of psychological merger in these dyads. In order to develop non-biased theory about lesbian relationships, it is crucial to investigate them on their own merits, and to determine empirically the most common areas of dysfunction. Indeed, when this approach is taken, it becomes apparent that lesbian couples are for the most part well-functioning, psychologically healthy and satisfied entities, which have as one of their stumbling blocks the phenomenon of internalized homophobia.

In addition, the results of this study strongly imply that societal homophobia, which is after all at the root of internalized homophobia, has a powerful impact on the lives of lesbian women and gay men. Thus, while it may seem easier to focus psychological attention on the management of individual, internalized homophobia, ultimately it is the efforts to eliminate the societal oppression of

gay people which will improve the well-being of this population.

APPENDIX A: INSTRUCTION LETTER

Dear Participant,

Thank you for agreeing to participate in this study of long-term lesbian couples. By completing the enclosed survey, which takes less than 40 minutes, you will be contributing in an affirmative way to the much-needed understanding of these relationships. I hope you will also find it to be an interesting and enjoyable experience.

To participate, you and your partner will independently complete the enclosed materials in the order in which they are presented, and without skipping any items. When both of you have completed your questionnaires, please return them to me in the separate, pre-paid envelopes which are enclosed. While some of the questionnaire items may be very thought-provoking, please refrain from discussing the materials until both sets of responses have been mailed. This is very important for the study, as I am interested in your personal reactions, not partner-influenced answers.

Your responses to this survey are completely confidential and anonymous; to ensure this, please do not write your name on any of the materials. Code numbers on the surveys are used solely for the purpose of matching your repsonses with those of your partner. Your decision to return the questionnaire signifies your consent to be included in the study. If at any point you decide not to participate, I would appreciate your returning the materials to me in the pre-paid envelopes.

In order to receive a summary of the general findings of the study, please write your name and address on the enclosed postcard and mail it to me separately. In addition, if you might be interested in being interviewed about your relationship at a later date, note this on the card. (A small number of couples will be interviewed about their relationships and their reactions to the survey, but agreement to be interviewed has no bearing on the handling of responses to the questionnaires.)

If you have any questions about the study, please feel free to call me collect at (718) 398-2248. Also, if you know of any other lesbian couples who have been together at least two years and would like to participate, please have them contact me at the same number, or, if you have their consent, you may note their names and addresses on the enclosed postcard and I will send them the packet.

Again, thank you very much for your help.

Sincerely,

Deborah Melamed, MS.

Deborah K. Melamed, M.S.
Doctoral Candidate
City University of New York

APPENDIX B: DYADIC ADJUSTMENT SCALE (DAS)

Most persons have disagreements in relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list. (Check one for each item.)

	always agree	almost always agree	occasionally disagree	frequently disagree	almost always disagree	always disagree
1. Handling finances	____	____	____	____	____	____
2. Matters of recreation	____	____	____	____	____	____
3. Religious matters	____	____	____	____	____	____
4. Demonstrations of affection	____	____	____	____	____	____
5. Friends	____	____	____	____	____	____
6. Sexual relations	____	____	____	____	____	____
7. Conventionality (correct or proper behavior)	____	____	____	____	____	____
8. Philosophy of life	____	____	____	____	____	____
9. Ways of dealing with parents or partner's parents	____	____	____	____	____	____
10. Aims, goals, and things believed important	____	____	____	____	____	____
11. Amount of time spent together	____	____	____	____	____	____
12. Making major decisions	____	____	____	____	____	____
13. Household tasks	____	____	____	____	____	____
14. Leisure time interests and activities.	____	____	____	____	____	____
15. Career decisions	____	____	____	____	____	____

	all the time	most of the time	more often than not	occasionally	rarely	never
16. How often do you discuss, or have you considered, separation or termination of your relationship?	____	____	____	____	____	____

	all the time	most of the time	more often than not	occasionally	rarely	never
17. How often do you or your partner leave the house after a fight?	____	____	____	____	____	____
18. In general, how often do you think that things between you and your partner are going well?	____	____	____	____	____	____
19. Do you confide in your partner?	____	____	____	____	____	____
20. Do you ever regret that you entered this relationship?	____	____	____	____	____	____
21. How often do you and your partner quarrel?	____	____	____	____	____	____
22. How often do you and your partner "get on each other's nerves"?	____	____	____	____	____	____

	every day	almost every day	occasionally	rarely	never
23. Do you kiss your partner?	____	____	____	____	____

	all of them	most of them	some of them	very few of them	none of them
24. Do you and your partner engage in outside interests together?	____	____	____	____	____

How often would you say the following occur between you and your partner:

	never	less than once a month	once or twice a month	once or twice a week	once a day	more often
25. Have a stimulating exchange of ideas	____	____	____	____	____	____
26. Laugh together	____	____	____	____	____	____
27. Calmly discuss something	____	____	____	____	____	____
28. Work together on a project	____	____	____	____	____	____

There are some things about which couples agree and sometimes disagree. Indicate if either item below caused differences of opinions or were problems in your relationship during the past few weeks. (Check yes or no.)

	Yes	No	
29.	____	____	Being too tired for sex
30.	____	____	Not showing love

31. The dots on the following line represent different degrees of happiness in your relationship. The point "happy" represents the degree of happiness of most relationships. Please circle the dot that best describes the degree of happiness, all things considered, of your relationship.

o	o	o	o	o	o	o
extremely unhappy	fairly unhappy	a little unhappy	happy	very happy	extremely happy	perfect

32. Which of the following statements best describes how you feel about the future of your relationship?

____ I want desperately for my relationship to succeed, and would go to almost any length to see that it does.

____ I want very much for my relationship to succeed, and will do all I can to see that it does.

____ I want very much for my relationship to succeed, and will do my fair share to see that it does.

____ It would be very nice if my relationship succeeded, but I can't do much more than I am doing now to help it succeed.

____ It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.

____ My relationship can never succeed, and there is no more that I can do to keep the relationship going.

• • • •

APPENDIX C: RUSBULT INVESTMENT MEASURE (RUS)

Please use this scale to answer the following relationship questions:

1	2	3	4	5	6	7	8	9
not at all								a great deal

1. To what extent are there mutual friends associated with your relationship? .....(1) _____

2. To what extent is your social life connected with your relationship? .....(2) _____

3. To what extent are there shared events and experiences associated with your relationship? .....(3) _____

4. To what extent have you invested emotionally in your relationship? .....(4) _____

5. To what extent have you invested financially in your relationship? .....(5) _____

6. To what extent have you disclosed your innermost feelings to your partner? .....(6) _____

7. To what extent are there activities uniquely associated with your relationship with your partner? .....(7) _____

8. To what extent are there shared material possessions associated with your relationship? .....(8) _____

* * * *

APPENDIX D: ROSENBERG SELF-ESTEEM SCALE (RSE)

Please respond to the following items using this scale:

1	2	3	4
STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE

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

* * * *

APPENDIX E: MARLOWE-CROWNE SOCIAL DESIRABILITY SCALE (MC)

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is true or false as it pertains to you personally.

Please circle True (T) or False (F).

T F 1) Before voting, I thoroughly investigate the qualifications of all candidates.
T F 2) I never hesitate to go out of my way to help someone in trouble.
T F 3) It is sometimes hard for me to go on with my work if I am not encouraged.
T F 4) I have never intensely disliked anyone.
T F 5) On occasion I have had doubts about my ability to succeed in life.
T F 6) I sometimes feel resentful when I don't get my way.
T F 7) I am always careful about my manner of dress.
T F 8) My table manners at home are about as good as when I eat out in a restaurant.
T F 9) If I could get into a movie without paying and be sure I was not seen, I would probably do it.
T F 10) On a few occasions, I have given up doing something because I thought too little of my ability.
T F 11) I like to gossip at times.
T F 12) There have been times when I felt like rebelling against people in authority even though I knew they were right.
T F 13) No matter who I'm talking to, I'm always a good listener.
T F 14) I can remember "playing sick" to get out of something.
T F 15) There have been occasions when I took advantage of someone.
T F 16) I'm always willing to admit it when I make a mistake.
T F 17) I always try to practice what I preach.
T F 18) I don't find it particularly difficult to get along with loud-mouthed, obnoxious people.
T F 19) I sometimes try to get even rather than forgive and forget.
T F 20) When I don't know something, I don't at all mind admitting it.

T F 21) I am always courteous, even to people who are disagreeable.
T F 22) At times I have really insisted on having things my own way.
T F 23) There have been occasions when I felt like smashing things.
T F 24) I would never think of letting someone else be punished for my wrongdoing.
T F 25) I never resent being asked to return a favor.

T F 26) I have never been irked when people expressed ideas very different from my own.
T F 27) I never make a long trip without checking the safety of my car.
T F 28) There have been times when I was quite jealous of the good fortune of others.
T F 29) I have almost never felt the urge to tell someone off.

T F 30) I am sometimes irritated by people who ask favors of me.

T F 31) I have never felt that I was punished without cause.

T F 32) I sometimes think when people have a misfortune they only got what they deserved.
T F 33) I have never deliberately said something that hurt someone's feelings.

* * * *

APPENDIX F: NUNGESSER HOMOSEXUAL ATTITUDES INVENTORY (NHAI)

The following statements describe beliefs and attitudes. Please indicate how much you personally endorse each statement, using the following scale.

1	2	3	4	5
STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE

____ 1. When I am in a conversation with a lesbian and she touches me, it does not make me feel uncomfortable.
____ 2. I would not mind if my boss found out that I am gay.
____ 3. Whenever I think a lot about being a homosexual, I feel depressed.
____ 4. Homosexuality is not as good as heterosexuality.
____ 5. When I tell my friends about my homosexuality, I do not worry that they will try to remember things about me that would make me appear to fit the stereotype of a homosexual.
____ 6. I am glad to be g y.
____ 7. Lesbianism is a natural expression of sexuality in human females.
____ 8. I am proud to be a part of the gay community.
____ 9. Lesbians do not dislike men any more than heterosexual women dislike men.
____ 10. Marriage between two lesbians should be legalized.
____ 11. My homosexuality does not make me unhappy.
____ 12. Most problems that homosexuals have come from their status as an oppressed minority, not from their homosexuality per se.
____ 13. When men know of my homosexuality, I am afraid they will not relate to me as a woman.
____ 14. Homosexual lifestyles are not as fulfilling as heterosexual lifestyles.
____ 15. I would not mind if my neighbors knew that I am gay.
____ 16. It is important for me to conceal the fact that I am gay from most people.
____ 17. Whenever I think a lot about being a homosexual, I feel critical about myself.
____ 18. Choosing an adult gay lifestyle should be an option for children.

1	2	3	4	5
STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE

____ 19. If my straight friends knew of my homosexuality, I would be uncomfortable.

____ 20. If women knew of my homosexuality, I am afraid they would begin to avoid me.

____ 21. Homosexuality is a sexual perversion.

____ 22. If it were made public that I am a homosexual, I would be extremely unhappy.

____ 23. If my peers knew of my homosexuality, I am afraid that many would not want to be my friends.

____ 24. If others knew of my homosexuality, I would not be afraid that they would see me as being masculine.

____ 25. I wish I were a heterosexual.

____ 26. When I think about coming out to peers, I am afraid they will pay more attention to my body movements and style of dress.

____ 27. I do not think I will be able to have a long-term love relationship with another woman.

____ 28. I am confident that my homosexuality does not make me inferior.

____ 29. I am afraid that people will harass me if I come out more publicly.

____ 30. When I think about coming out to a heterosexual female friend, I do not worry that she might watch me to see if I do things that are stereotypically homosexual.

* * * *

APPENDIX G: LESBIAN ATTITUDES SCALE (LAS)

Please use the following scale to indicate how often each statement actually reflects your thoughts or feelings, regardless of whether you would endorse the attitude expressed.

1	2	3	4	5
RARELY OR NEVER	ONCE IN A WHILE	ABOUT HALF THE TIME	USUALLY	ALWAYS OR ALMOST ALWAYS

____ 1. Lesbian couples should be treated exactly the same way as married couples with regard to housing, benefits, etc.
____ 2. Sadness and regret are the appropriate emotions of any parents who find they have a lesbian daughter.
____ 3. I would feel more accepting of myself if I were heterosexual.
____ 4. Some lesbians are just women who can't deal with men.
____ 5. I like for others to know that I'm a lesbian.
____ 6. Given all the social problems involved, I doubt I could have a deeply satisfying relationship with a woman.
____ 7. I find it hard to feel accepting of militant, separatist lesbians.
____ 8. I wonder if I'm really a lesbian.
____ 9. Living as a lesbian in our society takes courage and deserves respect.
____ 10. The love of one woman for another is the most sublime form of love.
____ 11. I am uncomfortable with the thought of lesbians raising children.
____ 12. I feel disgusted by some aspects of lesbian sexuality.
____ 13. I have thought that it would destroy my parents if they knew I was a lesbian.
____ 14. Lesbianism is a natural state for some women.
____ 15. I believe sex with a man is potentially more satisfying than sex with another woman.
____ 16. I feel uncomfortable with women who draw attention to their lesbianism.
____ 17. I find lesbianism difficult to accept because of my moral and/or religious beliefs.
____ 18. There is something special about lesbian women.
____ 19. Having other people know that I am sexually attracted to women makes me feel uneasy.
____ 20. I feel self-conscious about acting in stereotypically lesbian ways.

1	2	3	4	5
RARELY OR NEVER	ONCE IN A WHILE	ABOUT HALF THE TIME	USUALLY	ALWAYS OR ALMOST ALWAYS

____ 21. I think lesbians can make very good parents.

____ 22. I feel anxious about being associated with other lesbians.

____ 23. In general, I find myself attracted to "unavailable" women (i.e., heterosexual, already partnered, etc.)

____ 24. If I had a choice, I never would have chosen to be a lesbian.

____ 25. I enjoy socializing with lesbian women.

____ 26. Lesbians are better than heterosexual women because we choose to relate intimately to women.

____ 27. Lesbianism is unnatural in that sex is intended for reproductive purposes, and lesbian sex clearly cannot achieve this.

____ 28. I feel good about being a lesbian.

____ 29. Relationships are all the same, regardless of whether they happen to be between two women or a man and a woman.

____ 30. I find my lesbianism difficult to come to terms with.

____ 31. No matter how hard I try not to, I feel ashamed about being a lesbian.

____ 32. When I am in a conversation with a straight woman, I am afraid she will become uncomfortable if I touch her.

____ 33. Lesbians can make good role models for young people, gay or straight.

____ 34. When I see other lesbians, I want them to know I'm one of them.

____ 35. I think artificial insemination is too deviant.

____ 36. I don't talk about my personal life with my parents and relatives, so there's no need to bring up my lesbianism.

____ 37. I find lesbian sexuality arousing.

____ 38. I dislike the term "lesbian."

____ 39. When straight people talk about their relationships or personal life, I am hesitant to join in and talk about mine.

____ 40. Something went awry in the psychological development of lesbian women.

____ 41. I feel more content as a lesbian than I would have if I were heterosexual.

____ 42. Lesbians are lucky; there are other minority groups which are much worse off.

APPENDIX H: DEMOGRAPHIC QUESTIONNAIRE

Background Questions

About yourself:

1. Age _____

2. Current residence in: [ ]city [ ]suburbs [ ]rural area

3. Highest grade you have completed in school: (check one)
   [ ] less than high school
   [ ] high school graduate or GED
   [ ] some college
   [ ] college graduate
   [ ] Master's degree
   [ ] Doctorate
   [ ] M.D., J.D.
   [ ] technical training or other

4. Are you currently a student? [ ]yes [ ]no. If so, at what academic level? _____

5. Occupation _____

6. Annual Personal Income:
   [ ] under $10,000
   [ ] $10,000 - $14,999
   [ ] $15,000 - $24,999
   [ ] $25,000 - $34,999
   [ ] $35,000 - $50,000
   [ ] over $50,000

7. Is financial support provided by: (check all that apply)
   [ ] self [ ] partner [ ] parents [ ] other

8. Religion while growing up _____
   Current religion _____
   How religious are you now? [ ]very [ ]somewhat [ ]little to none
   How would you describe the influence of your religious upbringing?
   [ ]minor influence [ ]moderate influence [ ]major influence.

9. Race/Ethnic Identity:
   [ ] White
   [ ] African-American
   [ ] Latina/Hispanic
   [ ] other _____

10. Do you currently think of yourself as: (circle one number)

    0 exclusively heterosexual
    1 predominantly heterosexual, only slightly homosexual
    2 predominantly heterosexual, but significantly homosexual
    3 equally homosexual and heterosexual
    4 predominantly homosexual, but significantly heterosexual
    5 predominantly homosexual, only slightly heterosexual
    6 exclusively homosexual

11. Number of previous lesbian relationships (not including the current relationship) _____
    Duration of longest lesbian relationship (not including the current relationship) _____

12. Years self-identified as a lesbian _____

13. I would describe myself as:
    [ ] primarily in the closet
    [ ] primarily out of the closet.

14. If primarily out of the closet, how long ago did you come out? _____

15. I have disclosed being a lesbian to (check all that apply).

[ ] lesbian/gay friends	[ ] mother
[ ] straight friends	[ ] father
[ ] neighbors/acquaintances	[ ] siblings
[ ] employer/teachers	[ ] my children
[ ] co-workers/classmates	[ ] other relatives

16. To what extent do you experience difficulties with your family as a result of your lesbian identity?
    [ ]a great deal [ ]moderately [ ]minimally or not at all.

17. To what extent do you experience support from your family for your lesbian identity?
    [ ]a great deal [ ]moderately [ ]minimally or not at all.

18. Which of the following have you done? (check all that apply)

[ ]read lesbian/gay magazines	[ ]joined a lesbian/gay group
[ ]attended gay/lesbian events	[ ]joined a gay pride march
[ ]been to a women's music festival	
[ ]gave money to a lesbian/gay organization	

19. What proportion of your friends are gay vs. straight?
    [ ]most gay/lesbian [ ]about half and half [ ]most straight.

20. To what degree do your non-gay friends know and socialize with your gay friends? [ ]very much [ ]some [ ]little to none.

21. Please indicate your current use of substances (drugs/alcohol):
    [ ] never use
    [ ] occasional use
    [ ] frequent use
    [ ] heavy use
    [ ] currently addicted
    [ ] recovering addict

22. Have you ever had psychological counseling/therapy in order to deal with your sexual orientation? [ ] yes [ ] no.

23. How did you find out about this study? _____

About your relationship:

1. Length of relationship (years and months) _____
   Is this a monogamous relationship? [ ]yes [ ]no.

2. Do you and your partner live together? [ ]yes [ ]no.
   Are you raising children in the home? [ ]yes [ ]no.

3. We keep our finances: (please check one)
   [ ] totally separate
   [ ] separate, making equal contributions toward the running of our joint household
   [ ] separate, making relative contributions toward the running of our joint household depending on the size of our incomes
   [ ] we pool our entire incomes

4. How often do you and your partner agree on how to handle your families with respect to your lesbianism (i.e., coming out, attending family functions together, etc.)?
   [ ]almost always [ ]usually [ ]sometimes [ ]rarely [ ]never

5. How important is the sexual part of your relationship?
   [ ]very important [ ]somewhat important [ ]not very important

6. How satisfied are you with the quality of sex with your partner?
   [ ]very satisfied [ ]somewhat satisfied [ ]not very satisfied

7. How satisfied are you with the frequency of sex with your partner?
   [ ]very satisfied [ ]somewhat satisfied [ ]not very satisfied

8. What proportion of your socializing is with other lesbian couples?
   [ ]all or most [ ]about half [ ]little to none.

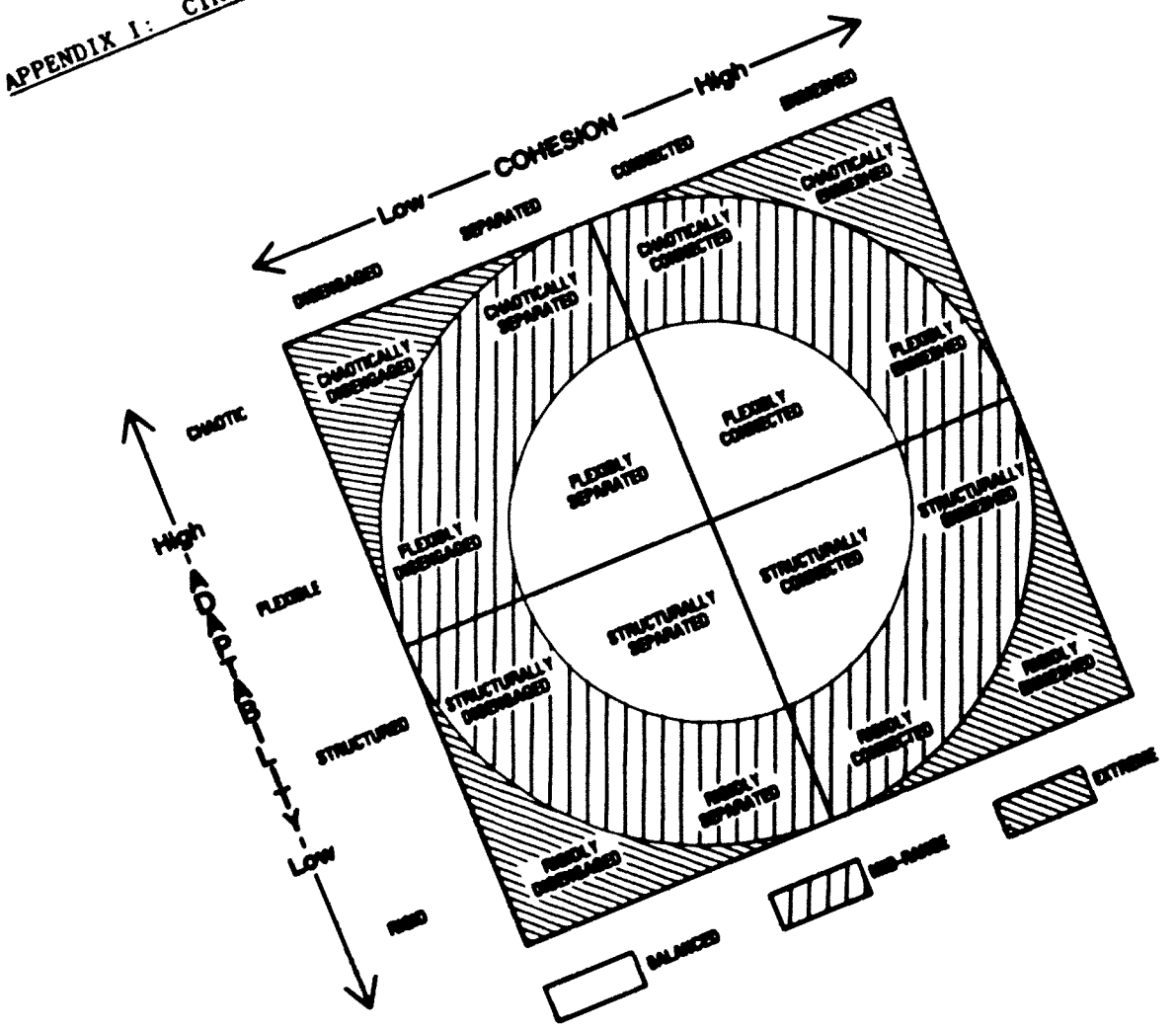
10. Are you satisfied with this amount of socializing with lesbian couples? [ ]yes [ ]no.

11. Which of the following have you and your partner done? (check all that apply)

[ ] made a verbal or written commitment to each other
[ ] had a public or private commitment ceremony
[ ] had romantic dinners, a special song or vacation spot, etc.
[ ] exchanged rings or other symbols of your relationship
[ ] signed powers of attorney or named each other in wills
[ ] attended family functions as a couple
[ ] considered yourselves a family
[ ] considered raising children together
[ ] had children together
[ ] spent holidays together
[ ] raised children together
[ ] bought a home together
[ ] made long-range plans
[ ] run a business together

12. Have you ever had: [ ]individual therapy or [ ]couples counseling?
Are you currently in: [ ]individual therapy or [ ]couples counseling?

APPENDIX I: CIRCUMPLEX MODEL OF FAMILY FUNCTIONING



REFERENCES

American Psychiatric Association. (1987). Diagnostic and statistical manual of mental disorders - revised (3rd ed.). Washington, D.C.: Author.

Beavers, W.R., Hampson, R.B., Hulgus, Y.F. (1985). Commentary: The Beavers systems approach to family assessment. Family Process, 24, 398-405.

Bell, A., & Weinberg, M. (1978). Homosexualities. New York: Simon and Schuster.

Berzon, B. (1988). Permanent partners: Building gay and lesbian relationships that last. New York: E.P. Dutton.

Blumstein, P., & Schwartz, P. (1983). American couples: Money, work, and sex. New York: Pocket Books.

Boston Lesbian Psychologies Collective. (1987). Lesbian psychologies: Explorations and challenges. Chicago: University of Illinois Press.

Brooks, V.R. (1981). Minority stress and lesbian women. Lexington, MA: D.C. Heath & Co.

Brown, L.S. (1986). Confronting internalized oppression in sex therapy with lesbians. Journal of Homosexuality, 12(3/4), 99-107.

Burch, B. (1982). Psychological merger in lesbian couples: A joint ego psychological and systems approach. Family Therapy, 9(3), 201-208.

Burch, B. (1985). Another perspective on merger in lesbian relationships. In Rosewater, L.B., & Walker, L., (Eds.), Handbook of feminist therapy: Women's issues in psychotherapy, (pp. 100-109). New York: Springer.

Chodorow, N. (1978). The reproduction of mothering: psychoanalysis and the sociology of gender. Berkeley, CA: University of California Press.

Cooley, C.H. (1924). Social organization: A study of the larger mind. New York: Charles Scribner's Sons.

Crowne, D.P., & Marlowe, D. (1960). A new scale of social desirability independent of psychopathology. Journal of Consulting Psychology, 24(4), 349-354.

Duffy, S.M., & Rusbult, C.E. (1986). Satisfaction and commitment in homosexual and heterosexual relationships. Journal of Homosexuality, 12(2), 1-23.

Dullea, G. (1992, March 2). With varying degrees of openness, more companies lure gay dollars. The New York Times, p. D9.

Elise, D. (1986). Lesbian couples: The implications of sex differences in separation-individuation. Psychotherapy, 23(2), 305-310.

Espin, O.M. (1987). Issues of identity in the psychology of Latina lesbians. In Boston Lesbian Psychologies Collective (Eds.), Lesbian psychologies: Explorations and challenges, (pp. 35-55). Chicago: University of Illinois Press.

Fyfe, B. (1983). "Homophobia" or homosexual bias reconsidered. Archives of Sexual Behavior, 12(6), 549-553.

Gilligan, C. (1982). In a different voice: Psychological theory and women's development. Cambridge: Harvard University Press.

Goffman, E. (1963). Stigma: Notes on the management of spoiled identity. New York: Simon & Schuster.

Gonsiorek, J.C. (1982). Introduction. In P. William, J.D. Weinrich, J.C. Gonsiorek, & M.E. Hotvedt (Eds.), Homosexuality: Social, psychological, and biological issues, (pp. 57-70). Beverly Hills: Sage Publications.

Green, R.G., Kolevzon, M.S., & Vosler, N.R. (1985a). The Beavers-Timberlawn model of family competence and the Circumplex model of family adaptability and cohesion: Separate, but equal? Family Process, 24, 385-398.

Green, R.G., Kolevzon, M.S., & Vosler, N.R. (1985b). Rejoinder: Extending the dialogue and the original study. Family Process, 24, 405-408.

Herek, G.M. (1985). On doing, being, and not being: Prejudice and the social construction of sexuality. [Review of Homosexual acts, actors, and identities and Gay men, gay selves: The social constuction of homosexual identities]. Journal of Homosexuality, 12(1), 135-151.

Herek, G.M. (1990). The context of anti-gay violence: Notes on cultural and psychological heterosexism. Journal of Interpersonal Violence, 5, 316-333.

Herek, G., Kimmel, D., Amaro, H., & Melton, G. (1991). Avoiding heterosexist bias in psychological research. American Psychologist, 46(9), 957-963.

Hudson, W.W., & Rickets, W.A. (1980). A strategy for the measurement of homophobia. Journal of Homosexuality, 5(4), 357-372.

Jay, K., & Young, A. (1977). The gay report: Lesbians and gay men speak out about sexual experiences and lifestyles. New York: Summit Books.

Jordan, J.V. (1984). Empathy and self boundaries. Work in Progress, No. 16. Wellesley, MA: Stone Center Working Papers Series.

Kaufman, P.A., Harrison, E., & Hyde, M.L. (1984). Distancing for intimacy in lesbian relationships. American Journal of Psychiatry, 141(4), 530-533.

Kinsey, A., Pomeroy, W., & Martin, C. (1948). Sexual behavior in the human male. Philadelphia: Saunders.

Kitzinger, C. (1987). The social construction of lesbianism. Beverly Hills: Sage Publications.

Krestan, J., & Bepko, C.S. (1980). The problem of fusion in the lesbian relationship. Family Process, 19, 277-289.

Krieger, S. (1982). Lesbian identity and community: Recent social science literature. Signs, (Autumn, 1982), 91-109.

Kurdek, L.A. (1988). Relationship quality of gay and lesbian cohabiting couples. Journal of Homosexuality, 15(3/4), 93-118.

Kurdek, L.A., & Schmitt, J.P. (1986a). Early development of relationship quality in heterosexual married, heterosexual cohabiting, gay, and lesbian couples. Developmental Psychology, 22(3), 305-309.

Kurdek, L.A., & Schmitt, J.P. (1986b). Relationship quality of partners in heterosexual married, heterosexual cohabiting, and gay and lesbian relationships. Journal of Personality and Social Psychology, 51, 711-720.

Levinger, G. (1979). A social exchange view on the dissolution of pair relationships. In R.L. Burgess & T.L. Huston (Eds.), Social exchange in developing relationships (pp. 169-193). New York: Academic Press.

Lewes, K. (1988). The psychoanalytic theory of male homosexuality. New York: Meridian.

Lewin, K. (1941). Self-hatred among Jews. In Lewin, G.W. (Ed.), Resolving social conflicts: Selected papers on group dynamics by Kurt Lewin (pp. 186-200). New York: Harper and Brothers, 1948.

Lindenbaum, J. (1985). The shattering of an illusion: the problem of competition in lesbian relationships. Feminist Studies, 11(1), 85-103.

Locke, H.J., & Wallace, K.M. (1959). Short marital adjustment and prediction tests: Their reliability and validity. Marriage and Family Living, 21 (August): 251-255.

Loulan, J. (1987). Lesbian passion: Loving ourselves and each other. San Francisco: Spinsters/Aunt Lute.

MacDougall, J. (1980). Plea for a measure of abnormality. New York: International Universities Press.

Margolies, L., Becker, M., Jackson-Brewer, K. (1987). Internalized homophobia: Identifying and treating the oppressor within. In Boston Lesbian Psychologies Collective, (Eds.), Lesbian psychologies: Explorations and challenges, (pp. 229-241). Chicago: University of Illinois Press.

Martin, A. (1982). Some issues in the treatment of gay and lesbian patients. Psychotherapy: Theory, Research, and Practice, 19(3), 341-348.

Martin, A. (1990, February). Analyzing internalized homophobia in lesbians and gay men. Paper presented at the Conference on Sexuality of the New York University Psychoanalytic Society, New York.

McWhirter, D.P., & Mattison, A.M. (1984). The male couple: How relationships develop. Englewood Cliffs, NJ: Prentiss-Hall.

Mead, G.H. (1934). Mind, self, and society. Chicago: University of Chicago Press.

Mendola, M. (1980). The Mendola report: A new look at gay couples. New York: Crown.

Menscher, J. (1990). Intimacy in lesbian relationships: A critical re-examination of fusion. Work in Progress, No. 42. Wellesley, MA: Stone Center Working Papers Series.

Miller, I.W., Bishop, D.S., Epstein, N.B., & Keitner, G.I. (1985). The McMaster Family Assessment Device: Reliability and validity. Journal of Marital and Family Therapy, 11(4), 345-356.

Miller, J.B. (1984). The development of women's sense of self. Work in Progress, Wellesley, MA: Stone Center Working Papers Series.

Morin, S.F. (1977). Heterosexual bias in psychological research on lesbianism and male homosexuality. American Psychologist, 32, 629-637.

Morin, S.F., & Rothblum, E.D. (1991). Removing the stigma: Fifteen years of progress. American Psychologist, 46(9), 947-949.

Morrel, A. (1983). Conscious and unconscious aspects of self-esteem. (Doctoral dissertation, Fordham University). Dissertation Abstracts International, Vol. 44, 1970-B.

Nicoloff, L.K., & Stiglitz, E.A. (1987). Lesbian alcoholism: Etiology, treatment, and recovery. In Boston Lesbian Psychologies Collective (Eds.), Lesbian Psychologies: Explorations and challenges (pp. 283-293). Chicago: University of Illinois Press.

Nungesser, L.G. (1983). Homosexual acts, actors, and identities. New York: Praeger Publishers.

O'Brien, E. (1985). Global self-esteem scales: Unidimensional or multidimensional? Psycholgical Reports, 57, 383-389.

Olson, D.H. (1986). Circumplex Model VII: Validation studies and FACES III. Family Process, 25, 337-351.

Olson, D., Bell, R., & Portner, J. (1978). FACES. St. Paul, MN: Family Social Science, University of Minnesota.

Olson, D., McCubbin, H.I., Barnes, H., Larsen, A., Muxen, M., & Wilson, M. (1982). Family inventories. St. Paul, MN: Family Social Science, University of Minnesota.

Olson, D.H., McCubbin, H.I., Barnes, H., Larsen, A., Muxen, M., & Wilson, M. (1983). Families: What makes them work. Los Angeles: Sage Publications.

Olson, D., Portner, J., & Lavee, Y. (1985). FACES III. St. Paul, MN: Family Social Science, University of Minnesota.

Pearlman, S.F. (1989). Distancing and connectedness: Impact on couple formation in lesbian relationships. Women and Therapy, 8(1/2), 77-88.

Peplau, L.A., Cochran, S., Rook, K., & Padesky, C. (1978). Loving women: Attachment and autonomy in lesbian relationships. Journal of Social Issues, 34(3), 7-27.

Peplau, L.A., Padesky, C., & Hamilton, M. (1982). Satisfaction in lesbian relationships. Journal of Homosexuality, 8(2), 23-35.

Rand, C., Graham, D.L.R., & Rawlings, E.I. (1982). Psychological health and factors the Court seeks to control in lesbian mother custody trials. Journal of Homosexuality, 8(1), 27-39.

Riddle, D.I., & Sang, B. (1978). Psychotherapy with lesbians. Journal of Social Issues, 34(3), 84-100.

Romance, J.L. (1986). The impact of internalized homophobia on the satisfaction levels in gay male relationships. (Doctoral dissertation, Barry University, 1986). Dissertation Abstracts International, 48, 3207-A.

Romano, K. (1989). The relation of percieved societal and familial homonegativism and homophobia and individual homophobia to relationship satisfaction and self-esteem in partnered lesbians. (Doctoral dissertation, New York University, 1989). Dissertation Abstracts International, 51, 1171-A.

Rosenberg, M. (1965). Society and the adolescent self-image. Princeton, NJ: Princeton University Press.

Roth, S. (1985). Psychotherapy with lesbian couples: Individual issues, female socialization, and the social context. Journal of Marital and Family Therapy, 11(3), 273-286.

Rusbult, C.E. (1980). Commitment and satisfaction in romantic associations: A test of the Investment model. Journal of Experimental Social Psychology, 16, 172-186.

Rusbult, C.E. (1983). A longitudinal test of the Investment model: The development (and deterioration) of satisfaction and commitment in heterosexual involvements. Journal of Personality and Social Psychology, 45(1), 101-117.

Schmitt, J.P., & Kurdek, L.A. (1987). Personality correlates of positive identity and relationship involvement in gay men. Journal of Homosexuality, 13(4) 101-109.

Sharpley, C.F., & Cross, D.G. (1982). A psychometric evaluation of the Spanier Dyadic Adjustment Scale. Journal of Marriage and the Family, 44(3), 739-741.

Shidlo, A. (1987, August). Homonegativity and gay enmeshment: An investigation of adjustment in gay males. Paper presented at the 95th Annual Convention of the American Psychological Association, New York.

Slater, S., & Menscher, J. (1991). The lesbian family life cycle: A contextual approach. American Journal of Orthopsychiatry, 61(3), 372-382.

Smalley, S. (1987). Dependency issues in lesbian relationships. In Coleman, E. (Ed.), Integrated identity for gay men and lesbians: Psychotherapeutic approaches for emotional well-being, (pp. 125-135). New York: Harrington Park Press.

Socarides, C. (1968). The overt homosexual. New York: Grune & Stratton.

Sophie, J. (1988). Internalized homophobia and lesbian identity. In Coleman, E. (Ed.), Integrated identity for gay men and lesbians: Psychotherapeutic approaches for emotional well-being (pp. 53-65). New York: Harrington Park Press.

Spanier, G.B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. Journal of Marriage and the Family, 38(February), 15-28.

Spanier, G.B. (1987). Dyadic Adjustment Scale. In N. Fredman & R. Sherman (Eds.), Handbook of measurements for marriage and family therapy (pp. 52-58). New York: Brunner/Mazel.

Spanier, G.B., & Filsinger, E.E. (1983). The Dyadic Adjustment Scale. In E.E. Filsinger (Ed.), Marriage and family assessment: A sourcebook for family therapy (pp. 155-168). Beverly Hills: Sage Publications.

Spanier, G.B., & Thompson, L. (1982). A confirmatory analysis of the Dyadic Adjustment Scale. Journal of Marriage and the Family, 44(3), 731-738.

Surrey, J. (1985). Self-in-relation: A theory of women's development. Work in Progress, No. 13. Wellesley, MA: Stone Center Working Papers Series.

Testa, R.J., Kinder, B.N., & Ironson, G. (1987). Heterosexual bias in the perception of loving relationships of gay males and lesbians. Journal of Sex Research, 23(2), 163-172.

U.S. Bureau of the Census. (1991). Statistical Abstract of the United States: 1991 (111th ed.). Washington, D.C.: Author.

Vargo, S. (1987). The effects of women's socialization on lesbian couples. In Boston Lesbian Psychologies Collective (Eds.), Lesbian psychologies: Explorations and challenges, (pp. 161-173). Chicago: University of Illinois Press.

Weinberg, G. (1972). Society and the healthy homosexual. New York: St. Martin's Press.

Wood, M.J. (1983). Lesbian and heterosexual couples: A comparison on available social support and three indicators of effective couple functioning. Dissertation Abstracts International, No. 45, 692-B.

Zacks, E., Green, R.J., & Marrow, J. (1988). Comparing lesbian and heterosexual couples on the Circumplex Model: An initial investigation. Family Process, 27, 471-484.