

THE MULTIFACTOR INTERNALIZED HOMOPHOBIA INVENTORY

GIOVANNI BATTISTA FLEBUS
UNIVERSITY OF MILANO-BICOCCA

ANTONELLA MONTANO
A.T. BECK INSTITUTE OF ROMA

A multi-factor questionnaire, consisting of 85 items, related to the feelings, self-perceptions, and life experiences of homosexuals, was administered to a sample of 1,077 gay men and lesbians recruited in various ways from all over Italy. An exploratory factor analysis (principal axes factors, followed by Varimax rotation) and reliability analysis allowed for the definition and interpretation of seven factors linked to internalized homophobia: (1) Fear of coming out, (2) Regret about being homosexual, (3) Moral condemnation, (4) Gay-lesbian parenting, (5) Integration in the homosexual community, (6) Counter-prejudicial attitudes, (7) Homosexual marriage. An eighth scale, defined (8) Stereotypes, consisted of items that varied between the two sexes and revealed adherence to gay and lesbian stereotypes. All scale scores had a good alpha coefficient (three higher than .80) except for the scale of stereotypes (.60).

Key words: Internalized homophobia; Sexual orientation; LGBT assessment; Measurement; Test validity.

Correspondence concerning this article should be addressed to Giovanni Battista Flebus, Dipartimento di Psicologia, Università di Milano-Bicocca, Piazza dell'Ateneo Nuovo 1, 20126 Milano (MI), Italy. Email: giovannibattista.flebus@unimib.it

INTRODUCTION

Internalized homophobia is defined as the “totality of negative feelings and attitudes that homosexuals display toward their own homosexual characteristics and those of others” (Shidlo, 1992). Negative beliefs about homosexuality and homophobic prejudices are so pervasive in our society that *internalized homophobia* is a common occurrence in the psychological development of gay men and lesbians. From this point of view, almost all homosexuals will develop or adopt negative views, or will have experienced negative feelings about homosexuality in the course of their development (Forstein, 1988; Gonsiorek, 1982; Malyon, 1982). Therefore, internalized homophobia derives from learning and accepting, knowingly or unknowingly, those negative sentiments, views, behaviors, prejudices, and stereotypes that are typical of the homophobic and heterosexist environment. Paradoxically, in gays and lesbians this causes internalization of the social stigma and a rejection of their own sexual orientation. This can also be transformed into a fear of facing their own sexuality and accepting their own diversity. These elements generally contribute to forming a negative and distorted self-image.

One of the first studies on internalized homophobia was conducted by Bell and Weinberg (1978) on a sample of over 1,000 homosexual resident in the San Francisco Bay area. It showed

that about 28% of the white male gay population and approximately 50% of the African-American felt guilty about their own sexual activities. Furthermore, 25% of white and African-American gays thought that homosexuality was a type of mental illness. Similar results emerged from the female sample, where nearly 20% of white lesbians and 33% of African-American lesbians reported feeling guilty about their sexual activities, and nearly 25% of lesbians, white or African-American, considered homosexuality as a mental disorder. Naturally, these data must be read in light of the cultural context in which the research was conducted. In fact, only a few years had elapsed since the end of the debate that led to the exclusion of homosexuality from the second edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM; American Psychiatric Association, 1973).

In subsequent years, research kept a focus on relationship difficulties and the presence of mental disorders in the LGB (lesbian, gay, and bisexual) population. Studies in the current literature suggest that gay men and lesbians have more emotional disorders, suicidal tendencies, and other mental health problems (including those associated with substance abuse) when compared to the heterosexual population (Cochran, 2001; Gilman et al.; 2001; Herrel et al, 1999; Meyer, 2003; Sandfort, de Graaf, Bijl, & Schnabel, 2001). More specifically, among the various disorders studied, gay and bisexual men had a higher rate of depression, panic attacks, and psychological difficulties than heterosexuals, while lesbians had a higher incidence of generalized anxiety disorders when compared to heterosexual women (Cochran, Sullivan, & Mays, 2003). In a recent study by D'Augelli (2002), on a sample of 542 young homosexual and bisexual men aged 14 to 21, nearly a third reported at least one suicide attempt in the past. Furthermore, the authors highlighted how young people who had been victimized and had lost friends on account of their homosexuality were characterized by a higher incidence of psychiatric symptomatology.

Some researchers have explained that the prevalence of psychiatric disorders in the LGB population is due to stigma, prejudice, and discrimination. These factors create a stressful social environment that can lead to the development of various psychological problems (Friedman, 1999; Meyer, 2003). This hypothesis was also described in terms of "minority stress" (Brook, 1981; Meyer, 1995, 2003). The stress process in homosexual and bisexual people may be due to various factors: they may be victims of prejudice (leading to discrimination and violence); they may expect rejection or be fearful of rejection, and experience feelings of diminished social support. According to this model, internalized homophobia is one of the principal factors — although not the only one — leading to the development of psychiatric disorders in gay men and lesbians.

Over the years, other researchers (Szymanski & Chung, 2003) have concentrated on the specific effects of internalized homophobia, coming to the conclusion that this self-disgust can have destructive effects on homosexuals' self-worth, physical health, and psychosocial well-being. Numerous studies have confirmed this hypothesis. For example, Rowen and Malcom (2002) reported data on a study in which high levels of internalized homophobia were associated with low self-esteem and low scores on self-concept, physical appearance, and emotional stability. A positive correlation was also found with feeling guilty about one's sexuality. Other studies supported the hypothesis that negative feelings about sexual orientation are associated with low self-esteem, depression, psychosomatic symptoms, and feelings of loneliness (Alexander, 1986; Bell & Weinberg, 1978; Ross, 1983; Weinberg & Williams, 1975). On the

contrary, a positive perception of one's homosexual orientation is associated with a better self-image and a lower level of anxiety (Miranda & Storms, 1989). Similar results emerged from a study by Dupras (1994): in a sample of 261 gays, data indicated that homosexuals with a higher level of self-acceptance were less anxious, less fearful of sexuality, demonstrated fewer worries about self-image, and were more satisfied with their sex lives. Coleman, Cesnik, Moore, and Dwyer (1992) described several behaviors which they considered to be the consequences of not facing one's homophobia, like sexual hyperactivity, avoidance of stable, intimate relationships, and drug and alcohol abuse.

Other authors have shown how internalized homophobia can cause specific psychological conditions in homosexuals such as: desperation and loneliness (Finnegan and Cook, 1984); difficulties in intimate relationships (Friedmann, 1991; George & Behrendt, 1988); practicing unsafe sex (Shidlo, 1992); domestic violence (Pharr, 1988); alcoholism (Finnegan & Cook, 1984); eating disorders (Brown, 1987); the development of borderline disorders (Gonsiorek, 1982; Malyon, 1982); suicide (Rofes, 1983). Even though there have been many studies about internalized homophobia or minority stress, possible relationships between these two constructs and the development of personality disorders are still unknown.

INSTRUMENTS FOR MEASURING HOMOPHOBIA

One of the first tools used to measure internalized homophobia reported in the literature was developed by Bell and Weinberg (1978). It took into account the following aspects: a) anxiety about homosexuality; b) homosexual commitment; c) concept of homosexuality as a disease. A subsequent project by the same authors also included the following areas: a) regret about accepting homosexuality; b) thinking about and attempting to stop homosexual behaviors; c) view of homosexuality as a mental illness; d) perception of stress worrying about having homosexual children; e) wishing there were a "magic pill" to change one's sexual orientation.

The study by Nungesser (1983) included homophobic content that was both extreme and moderate. The questionnaire used consisted of three subscales: a) attitude about one's homosexuality; b) attitude about homosexuality in general and other gays; c) reaction to the possibility of being found out. The novelty here consisted in providing the possibility of distinguishing between attitudes about being a homosexual and homosexuality in general.

The tool by Alexander (1986) was made up of 25 items chosen by experts in gay psychology who included areas such as the desire to make friends with other homosexuals, and the pleasure felt when being perceived as heterosexuals. This is a questionnaire characterized by good internal consistency and good validity. Successively, Martin and Dean (1987) introduced a nine-item scale for gays, grounded in the DSM-III definition of ego-dystonic homosexuality, with items similar to those used by Bell and Weinberg (1978).

However, Shidlo (1987) observed how the criteria for good face and content validity were largely ignored in the majority of studies on internalized homophobia. In fact, the level of homophobia was evaluated using a single item or a limited series of items. Shidlo also pointed out the difficulty in choosing the behaviors that actually express negative attitudes toward homosexuality, and the care and attention such a task requires. In order to avoid errors in validity, the author suggested the inclusion of items closely associated with the concept of homophobia,

excluding those items that describe behaviors unrelated to homophobia itself. He further stressed the necessity of using a sufficiently inclusive construct validity that does not overlap with other associated constructs, like, for example, difficulties with intimate relationships and self-esteem. For instance, the item “Most of the problems homosexuals experience are caused by their minority status and not by homosexuality itself” (Nungesser, 1983) represents an excellent formulation, from this point of view, for realistically revealing the social manifestations of homophobia. The orthogonal four-factor scale by Ross and Rosser (1996) for measuring internalized homophobia assesses the definitive dimensions: a) public identification as gay; b) perception of the social stigma associated with being gay; c) personal and social ease when frequenting other gays; d) moral and religious acceptance of one’s own homosexual condition. Concurrent validity was demonstrated with more intimate and closer relationships (fewer homophobic people had longer-lasting relationships and were more satisfied), the intensity of the attraction to men and women, the amount of time spent in the company of other gays, participation in gay social groups, admission of one’s homosexuality in one’s environment. The authors concluded that homophobia is measurable and consists of four dimensions, correlated to the secretiveness of one’s own condition, the shorter duration of emotional relationships, the lower level of satisfaction in relationships, and, finally, less time spent in the company of other gays.

OBJECTIVE

This article documented the process of constructing and validating a tool to measure internalized homophobia in the Italian homosexual population. The objective is specially important given the high incidence of internalized homophobia in the gay and lesbian population and how much it influences the process of adaptation, as demonstrated in the literature. The lack of a tool fitting the Italian population can invalidate the correct detection of the causes and/or the maintenance of different disorders for which gays and lesbians seek psychotherapy. The efficacy of therapy may even be compromised if treatment is not focused on problems deriving — or correlated with — homophobic prejudices.

METHODS

Based on the current literature, eight scales were first hypothesized as a guideline for writing or adapting the items for the questionnaire, which can be defined with a brief description of the aspects to be measured.

Public identification as gay/lesbian: tendency to conceal one’s homosexual orientation for (hypothetic) supposed social convenience. Emotions and appraisals of one’s sexual tastes; public identification as gay/lesbian, willingness to live openly one’s own identity; difficulties in hiding homosexuality from family, friends, and work colleagues.

Personal feelings related to being gay/lesbian: evaluation of the emotions (anxiety, guilt, anger, discomfort, etc.) felt about one’s homosexuality. Emotions or negative affects felt about oneself for being homosexuals.

Wish to change sexual orientation: regret for one's homosexuality and nostalgic feelings about heterosexuality, regarded as a happier and better condition.

Moral and religious attitudes toward homosexuality: influence of moral and religious conditioning in establishing what being normal means and the acceptability of homosexuality by gays themselves. Prejudices that lead to considering homosexuality as unnatural, immoral, and to be condemned, crippled expressions of self as gays, a guilty conscience and shame, leading to the avoidance of sentimental relationships with same-sex partners and self-imposed prohibition of homoerotic sexual relationships.

Acceptance of homosexuality as a natural expression of human sexuality: conception of homosexuality in general as a natural variant of human sexuality and affection.

Homosexual family and parenthood: attitudes toward homosexual marriage and parenthood, both for oneself and others, and visibility of one's sexual orientation in the family of origin.

Involvement in the gay or lesbian community: discomfort that arises from staying together with other gays, difficulties in participating in initiatives promoted by homosexual groups, isolation, and loss of the playful components of life.

Prejudices toward gays and lesbians: adhesion or conformity to a multitude of myths and beliefs about homosexuality and sexuality.

The items were generated in two ways: expressing and adapting those taken from other scales, like the one cited by Szymanski and Chung (2001), or by adapting some texts used by the second author in her clinical practice. The eight groups contained about the same number of items in positive and negative form to contrast the possible effect of acquiescence (85 in total). Several sentences were designed specifically for lesbians or gay men: they were linked to stereotypic expressions about male or female homosexuals. All items were reviewed by two clinical psychologists to ensure both readability and relevance of the content to the research project. The items are listed in Table 1.

OTHER MEASURES

Biodata (like age, level of education and occupation) were recorded by some questions at the end of the questionnaire, and were used to validate questionnaire scores in further studies. Sexual orientation was revealed using the Kinsey scale (Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953), without the polarity *exclusively heterosexual* (thus, ranging from the most extreme *almost exclusively heterosexual* to *exclusively homosexual*) to which two supplementary responses were included: *No preference* and *I prefer not to answer*. In order to measure self-esteem and sense of well-being, we also appended the self-esteem questionnaire by Rosenberg (1965), additioned with 25 items, taken from a modified version of Beck's questionnaire on depression (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961; Sanavio, Bertolotti, Michielin, Vidotto, & Zotti 1986). However, these data are not the focus of this article.

Administration

The questionnaire, presented in the Likert format, with five-point scale answers, was administered in two forms, one for gay men and one for lesbians, each with eight sentences (stereo-

typical phrases) not present in the other version. Both the presentation and the collection of biographical data were identical. Due to the length of the questionnaire (110 items), participants were instructed not to start at the beginning of the leaflet, but at the group of items marked by their birth month. This precaution was taken in order to avoid fatigue and to prevent measurement errors on all items. To ensure privacy, the questionnaire was handed out and picked up in a sealed envelope.

Participants

The questionnaire was distributed to more than a thousand homosexuals, recruited in different ways and in different locations, who were approached in meeting places frequented by homosexuals (for example, cultural centers); or through personal contacts; or were contacted by university students as part of a study project. As far as education is concerned, 5.8% of participants had a junior high school diploma (just three people had only completed elementary school), 8% had a vocational degree, 28% had a high school diploma, 25% were university students, and, finally, 33.2% were university graduates. All Italian regions were represented: 32% of respondents came from the region Latium, 10% from Tuscany and Apulia, 5% from Emilia Romagna and Campania, and each of the remaining regions represented less than 3% of the sample. As for occupation: 20% of respondents stated they were white-collar workers and about the same number were students, 5.6% were teachers, 4.6% were managers, blue-collar workers, nurses, or technicians, while shopkeepers, architects, journalists comprised 3%. About 10% selected the response "other self-employed professionals" and the same number responded "other." Between 1 and 2% were craftsmen, physicians, career military personnel, lawyers, and psychologists. A conspicuous majority (89%) declared themselves to be single, while the "other" response was more common than those of separated (2.3%), divorced (1.9%), and married (1.5%) participants. In any case, exactly one-half of respondents had a partner of the same sex, and only 1.8% a partner of the opposite sex; 70% did not live with their partner. A question, meant to qualify their religious status, showed that 39% did not practice a religion, 28% were non-believers, while practicing Catholics made up 13%, and non-Catholics 3.4%.

Regarding sexual orientation, we did not take for granted that it was the same for all participants. In fact, only approximately one-half (54.6%) declared themselves to be "exclusively homosexual", while the other categories were divided as follows: "almost exclusively homosexual" (23.3%), "mostly bisexual" (11.4%), "almost exclusively heterosexual" (7.8%). "No preference" was chosen by 14 people (1.4%) while only eight people indicated "I prefer not to answer."

Data Analysis

Factor analysis (principal factor method, followed by Varimax rotation) was applied to the correlation matrix of the common 77 items (excluding self-esteem, depression, and the eight same-sex stereotype items). A pairwise selection was applied, owing to missing data, which ranged from 1025 to 1068 cases for all items; one item (k96) had a very high portion of missing answers, with only 920 valid cases). To fix the number of factors we used parallel analysis (Horn, 1965; Lautenschlager, 1989; Velicer, Eaton, & Fava, 2000), applying the procedure by Watkins (2000); results indicated there were seven non-random factors. After rotation, each item was as-

signed to the factor on which it had the highest loading. A reliability analysis led to the elimination of 11 items that decreased scale reliability. Therefore, factor analysis was repeated with 66 items, and the factor matrix, with loadings higher than |0.30|, is reported in Table 1, together with the corrected item-total correlations. The first 10 eigenvalues were as follows: 12.89, 4.29, 2.59, 2.14, 1.98, 1.69, 1.35, 1.32, 1.20, 1.16. The Kaiser-Meyer-Olkin Measure of Sampling Adequacy was .932. The first seven eigenvalues accounted for 40.8 % of total variance, whereas the seven iterated factors accounted for 34.2 % of variance. Because of the negligible differences between the 66-item and the 77-item solution, only the latter is presented here.¹

The stereotype scale was analysed by relying on the latent factor theory, which states that items in a one-dimensional scale must have high loadings on the first unrotated factor (Lord & Novick, 1968). As a matter of fact, all the stereotype items have high loadings of the first unrotated principal component and therefore can be considered to form a unidimensional scale (Table 2). Given the low total-item correlation, one item in each scale was discarded.

TABLE 1
Rotated factor matrix

	1	2	3	4	5	6	7	Corrected Item Total Correlation
F1 Fear of coming out, 21 items, alpha = .90								
K92 I am worried that someone will find out about my homosexuality [Mi preoccupa che alcune persone possano scoprire la mia omosessualità]	.71	.12	-.01	.08	.05	.05	.03	.67
K57 I like to be honest and spontaneous about my sexual orientation [Mi piace essere spontaneo e sincero con gli altri riguardo al mio orientamento sessuale]	-.63	-.05	-.06	-.08	-.10	.18	.07	.62
K22 Generally, when I introduce my boyfriend/partner I pretend he is merely a friend [In genere quando presento il mio ragazzo agli altri dico che è un mio amico]	.62	.16	.06	.13	.00	-.01	.05	.62
K5 When speaking of my gay partner to some heterosexuals, I use a female pronoun (or the term "person") so that they will think I am involved with a woman [Quando parlo del mio compagno con qualche eterosessuale, ne parlo al femminile (o usando la parola "persona") così che possa pensare che sono impegnato con una donna]	.62	.11	.07	.04	-.02	.01	.03	.59

(table 1 continues)

Table 1 (continued)

	1	2	3	4	5	6	7	Corrected Item Total Correlation
K70 I do not tell my friends I am gay because I fear losing them [Non dico ai miei amici che sono gay perché ho paura di perderli]	.62	.11	.20	.07	-.01	-.01	-.06	.61
K7 I am afraid to be judged negatively by others because of my homosexuality [Ho paura di essere giudicato negativamente dagli altri a causa della mia omosessualità]	.60	.22	.09	-.06	-.03	.03	.10	.58
K15 I have no problem telling a new acquaintance that I am gay [Non ho problemi a dire ad una persona che conosco da poco che sono gay]	-.59	-.07	.02	-.01	-.06	.14	.06	.55
K63 I would not want people at work to know I am gay [Non vorrei che al lavoro si sapesse che sono gay]	.58	.15	.04	.11	.04	.04	.03	.59
K45 I avoid appearing in public with gays who are too effeminate or obvious because I am afraid others might think I am like them [Evito di essere visto in pubblico insieme a gay troppo effeminati o dichiarati perché temo che gli altri pensino che anche io lo sono]	.56	.20	.19	.15	.12	.01	.05	.61
K64 I feel the need to conceal from my family that I am gay [Sento il bisogno di nascondere ai miei familiari che sono omosessuale]	.54	.05	.09	.14	.06	.01	-.02	.53
K83 I have no problem talking about homosexuality in public [Non ho problemi a parlare in pubblico di omosessualità]	-.53	-.12	-.06	-.01	-.12	.02	.04	.53
K106 I would feel uneasy to be seen in a homosexual club [Mi sentirei a disagio ad essere visto in un locale per omosessuali]	.48	.19	.10	.06	.13	-.03	.11	.53
K76 I am careful about the way I dress and the topics I discuss, so that it is not evident I am gay [Sono attento al modo in cui mi vesto e agli argomenti di cui parlo affinché non sia evidente che sono gay]	.48	.15	.21	.14	.06	.03	.12	.53

(table 1 continues)

Table 1 (continued)

	1	2	3	4	5	6	7	Corrected Item Total Correlation
K99 Generally, I do not care if people find out I am gay [In genere non mi interessa che si venga a sapere che sono gay]	-.45	-.15	-.02	-.01	-.02	.09	.01	.45
K105 My homosexuality does not make me feel uncomfortable [Non provo disagio a causa della mia omosessualità]	-.44	-.29	-.09	.04	-.15	.08	.06	.49
K78 I feel at ease when I tell a heterosexual friend about the relationship I have (or had) with my partner [Mi sento a mio agio quando parlo ad un mio amico/a eterosessuale del rapporto che ho (o ho avuto) con il mio partner]	-.42	-.06	-.07	-.08	-.02	.12	.00	.42
K55 I feel comfortable when I discuss my homosexuality with my family [Mi sento a mio agio quando discuto con la mia famiglia riguardo alla mia omosessualità]	-.42	-.07	.05	-.03	-.07	.06	.03	.41
K31 If an acquaintance or a friend makes a negative remark about homosexuals I do not reply [Se un conoscente o un amico fa un commento negativo verso gli omosessuali, io non rispondo]	.40	.06	.10	.09	.07	.03	.06	.41
K32 I am ashamed of my homosexuality [Mi vergogno della mia omosessualità]	.36	.29	.29	.03	.13	.07	.01	.45
K10 I know the history of the gay and lesbian rights movement [Conosco la storia del movimento per i diritti di gay e lesbiche]	-.35	-.15	-.04	-.27	-.18	.10	.17	.41
K21 Gays who show their homosexuality in public bother me [Mi infastidiscono i gay che mostrano in pubblico la loro omosessualità]	.30	.18	.14	.27	.23	-.05	.12	.40
F2 Regret, 11 items, alpha = .84								
K40 At times I would like to be heterosexual [A volte vorrei essere eterosessuale]	.25	.63	.07	.12	.09	-.10	-.03	.63
K102 I would certainly be happier if I were heterosexual [Se fossi eterosessuale sarei sicuramente più felice]	.23	.62	.12	.08	.04	-.12	.05	.62

(table 1 continues)

Table 1 (continued)

	1	2	3	4	5	6	7	Corrected Item Total Correlation
K1 Should a medicine to become heterosexual exist, I would take it at once [Se esistesse una medicina per diventare eterosessuale la prenderei subito]	.17	.62	.08	.16	.05	-.11	.00	.60
K52 Sometimes when I stop to think about being gay I feel depressed [A volte se mi fermo a pensare che sono gay mi sento depresso]	.24	.48	.31	.00	.15	.11	.08	.56
K25 I would not change my sexual orientation even if I were given a chance [Non smetterei di essere gay nemmeno se me ne fosse data la possibilità]	-.14	-.45	-.05	-.13	-.12	.22	.11	.47
K72 Life as a gay is less satisfactory than that of heterosexual men [La vita da gay è meno soddisfacente di quella degli uomini eterosessuali]	.19	.44	.23	.16	.11	-.03	.03	.51
K67 I feel that being a gay is a disadvantage for me [Sento che essere gay è uno svantaggio per me]	.30	.44	.17	.00	.12	.02	.03	.50
K87 I am proud to be gay [Sono orgoglioso di essere gay]	-.28	-.42	.01	-.15	-.33	.23	.02	.55
K96 I would like to be sexually attracted to women also [Vorrei essere attratto sessualmente anche dalle donne]	.12	.40	.10	.01	.14	-.08	.07	.39
K36 Gays are lonely people [I gay sono persone sole]	.18	.37	.19	.10	.15	.12	.14	.44
K34 I get anxious when I think about being a gay [Mi capita di provare ansia quando penso di essere gay]	.22	.37	.27	.05	.14	.11	.07	.46
F3 Moral condemnation, 15 items, alpha = .74								
K47 Homosexuality is a sin [L'omosessualità è un peccato]	.05	.05	.56	.04	.06	-.23	.11	.46
K28 I agree with religious institutions that prohibit homosexual relations [Sono d'accordo con le istituzioni religiose che vietano i rapporti omosessuali]	.07	-.02	.48	.16	.03	-.20	.10	.37
K38 Homosexuality should be treated [L'omosessualità dovrebbe essere curata]	.08	.13	.48	.10	.02	-.02	-.05	.39

(table 1 continues)

Table 1 (continued)

	1	2	3	4	5	6	7	Corrected Item Total Correlation
K39 Homosexuality is immoral [L'omosessualità è immorale]	.03	.07	.46	.05	.07	-.18	.05	.35
K44 Homosexual experiences are only acceptable in adolescence [Le esperienze omosessuali sono accettabili solo nell'adolescenza]	.05	.07	.46	.05	.12	-.04	.00	.35
K79 If my parents had put me under a psychologist's care in time, I would probably be heterosexual now [Se i miei genitori mi avesse- ro mandato in tempo dallo psico- logo per curarmi, ora probabil- mente sarei eterosessuale]	.08	.24	.46	.08	.06	-.17	.02	.45
K93 Homosexuality is a disease [L'omosessualità è una malattia]	.00	.11	.44	.10	.02	-.14	.05	.37
K65 I usually avoid frequenting homosexual people [In genere evito di frequentare persone omosessuali]	.10	.15	.41	.05	.23	-.09	.03	.38
K3 I happen to hold myself in contempt for being attracted to men [A volte mi capita di provare disprezzo per me stesso perché sono attratto dagli uomini]	.21	.25	.39	.03	.09	-.05	.07	.41
K9 Sometimes I tell myself I should stop feeling erotic attraction for men [A volte dico a me stesso che devo smettere di provare attra- zione erotica per gli uomini]	.15	.30	.36	.01	.03	-.08	.02	.40
K29 Male homosexuality is a nat- ural variant of human sexuality [L'omosessualità maschile è una variante naturale della sessualità umana]	-.08	.03	-.32	-.13	-.03	.20	.14	.30
K17 I feel guilty after performing homosexual acts [Provo sensi di colpa dopo avere fatto atti omo- sessuali]	.13	.25	.29	.15	.14	.03	.10	.31
K69 I feel uneasy seeing two gays being affectionate in public [Mi mette a disagio vedere due gay che si scambiano affettuosità in pubblico]	.21	.17	.26	.16	.17	-.04	.18	.32
K90 Homosexuality is just a diffe- rent lifestyle and should not be misjudged or condemned [L'omo- sessualità è semplicemente uno stile di vita diverso e non dovreb- be essere giudicata male]	-.03	-.01	-.25	-.10	-.14	.25	.03	.27

(table 1 continues)

Table 1 (continued)

	1	2	3	4	5	6	7	Corrected Item Total Correlation
F4 Homosexual parenthood, four items, alpha = .84								
K103 Gay couples should be allowed to adopt children [Alle coppie gay si dovrebbe permettere di adottare bambini]	-.13	-.06	-.13	-.72	-.08	.22	-.17	.71
K109 Gays and lesbians should not be allowed to be parents [Gay e lesbiche non dovrebbero fare i genitori]	.15	.11	.13	.68	.05	-.09	.13	.68
K81 Growing up in a homosexual family is detrimental for children [Per un bambino è dannoso crescere in una famiglia con due genitori gay]	.19	.18	.14	.68	.05	-.05	.00	.67
K18 The only acceptable family is the one consisting of a father, a mother and children [L'unica forma di famiglia accettabile è quella composta da padre, madre e figli]	.17	.15	.22	.65	.00	-.10	.08	.63
F5 Integration, seven items, alpha = .74								
K86 I like frequenting homosexual clubs and meeting places [Mi piace frequentare posti o locali gay]	-.07	-.18	-.05	.03	-.61	.13	-.11	.55
K35 I feel comfortable with members of the gay community [Mi sento a mio agio con persone della comunità gay]	-.09	-.09	-.11	-.12	-.57	.19	-.03	.54
K14 When I frequent homosexual clubs I feel lonely and different [Mi sento isolato e diverso quando frequento posti o locali gay]	.11	.23	.18	.00	.46	.08	.18	.45
K54 I feel that I am different from other gays, and do not want to belong to the homosexual community [Sento di essere diverso dagli altri gay e non voglio appartenere alla comunità omosessuale]	.18	.27	.16	.12	.46	-.02	.03	.49
K95 It is important for me to have gay friends [È importante per me avere amici gay]	.03	.00	-.21	-.04	-.45	.34	.13	.39
K41 I feel it is important to attend gay events and to belong to gay organizations [Trovo importante partecipare ad eventi e organizzazioni gay]	-.22	-.09	-.13	-.29	-.40	.22	.09	.42

(table 1 continues)

Table 1 (continued)

	1	2	3	4	5	6	7	Corrected Item Total Correlation
K46 I feel a lot of anxiety entering a gay club or a gay record-library [Provo molta ansia ad entrare in un locale, libreria, discoteca gay]	.28	.16	.29	.00	.32	.11	.15	.35
F6 Counter-prejudice, seven items, alpha = .68								
K51 Catholics should thoroughly accept the homosexual lifestyle [I cattolici dovrebbero accettare del tutto lo stile di vita omosessuale]	.00	-.02	-.24	-.09	-.10	.49	-.23	.46
K66 Religious institutions should lead the way in showing love and tolerance towards homosexuals [Le istituzioni religiose dovrebbero dare per prime l'esempio di amore e tolleranza verso gli omosessuali]	.02	.02	-.27	.02	.02	.46	-.08	.38
K74 It is important to have openly declared homosexuals also in religious institutions [È importante avere persone con un orientamento omosessuale dichiarato anche nelle istituzioni religiose]	-.02	-.08	-.11	-.09	-.08	.44	-.08	.40
K13 If I had a homosexual child, I would teach him/her that homosexuality is a right and natural way to love [Se avessi un figlio omosessuale gli insegnerei che l'omosessualità è un modo giusto e naturale di amare]	-.09	-.10	-.20	-.22	-.11	.38	.03	.41
K73 It is natural and healthy to be homosexual [È sano e naturale essere omosessuali]	-.08	-.23	-.18	-.14	-.10	.32	.02	.36
K107 As a gay I respect myself and deserve the respect of others [Come gay ho stima di me e merito di essere rispettato da tutti]	-.12	-.15	-.22	-.08	-.22	.32	.06	.36
K75 Having homosexual children would not bother me [Non mi disturberebbe avere dei figli omosessuali]	-.13	-.21	-.19	-.25	-.11	.30	-.06	.39
F7 Homosexual marriage, two items, alpha = .73								
K88 Marriage between two people of the same sex makes no sense [Il matrimonio fra due persone dello stesso sesso è semplicemente una cosa priva di senso]	.05	.09	.13	.34	.12	-.16	.52	.58

(table 1 continues)

Table 1 (continued)

	1	2	3	4	5	6	7	Corrected Item Total Correlation
K33 Marriage between homosexuals should be instituted [Bisognerebbe istituire il matrimonio tra omosessuali]	.00	-.05	-.13	-.29	-.15	.24	-.51	.58

Discarded items

K4 Religion inflicts unjustifiable feelings of guilt on homosexual people [La religione infligge agli omosessuali dei sensi di colpa non giustificabili]

K12 Most of the problems homosexual persons have are a result of the negative attitudes of society [La maggior parte dei problemi che hanno le persone omosessuali deriva dall'atteggiamento negativo della società]

K26 I do not desire to become father [Non desidero diventare padre]

K48 When I like a man I do not try to hide it [Quando mi piace un uomo non cerco di nascondere]

K59 You become homosexual because of disturbed relations with one or both parents [Si diventa omosessuali a causa di relazioni disturbate con uno o entrambi i genitori]

K60 I often read gay books or magazines [Leggo spesso libri o riviste gay]

K84 I believe homosexuality is a menace to most of our main social and religious institutions (e.g., the family, the church, etc.) [Credo che l'omosessualità sia una minaccia per molte delle nostre istituzioni sociali e religiose]

K85 There are both gays and heterosexuals among my friends [Fra i miei amici vi sono sia gay che eterosessuali]

(table 1 continues)

Table 1 (continued)

	1	2	3	4	5	6	7	Corrected Item Total Correlation
K98 If a gay friend confided in me his desire to have a child (e.g., with a friend, or through a surrogate mother), I would back him up [Se un mio amico gay mi confidasse che ha intenzione di fare un bambino (con una sua amica o tramite un utero in affitto) lo sosterrai]								
K101 I believe that gay or bisexual fathers are worse than heterosexual ones [Penso che i padri gay o bisessuali siano peggiori di quelli eterosessuali]								
K108 I believe that frequenting lesbian and gay clubs would help me in overcoming my prejudices about homosexuality [Credo che frequentare locali per gay e lesbiche mi aiuterebbe a superare i miei pregiudizi]								

TABLE 2
 Stereotype scale items for Gays or Lesbians

	First unrotated factor
F8L Lesbian Prejudice, seven items, alpha = .61	
L8 Lesbians are too aggressive [Le lesbiche sono troppo aggressive]	.69
L9 Most lesbians do not want to have children [La maggior parte delle lesbiche non desidera avere figli]	.50
L17 All lesbians are masculine [Tutte le lesbiche sono maschiline]	.68
L33 Lesbian sexuality is incomplete and infantile [La sessualità lesbica è incompleta e infantile]	.48
L46 Girls become lesbians because of failures with men [Le ragazze diventano lesbiche per colpa di fallimenti con il sesso maschile]	.46
L91 Lesbians are not attractive [Le lesbiche non sono attraenti]	.55
L109 If a lesbian could meet a “real” man, she would become heterosexual [Se incontrassero un “vero” uomo le lesbiche diventerebbero eterosessuali]	.47
F8G Gay Prejudice, seven items, alpha = .64	
G20 Gays frequent homosexual clubs only to have promiscuous relations [I gay frequentano locali omosessuali solo per avere rapporti promiscui]	.67

(table 2 continues)

Table 2 (continued)

	First unrotated factor
G24 I cannot stand effeminate gays [Non sopporto i gay effeminati]	.48
G42 Gay men like to have sex secretly and clandestinely [I gay amano fare sesso in maniera nascosta e clandestina]	.57
G49 Gays are too open and free about sexuality [I gay sono persone troppo aperte e libere alla sessualità]	.54
G58 Gay people can work in certain fields only (e.g., fashion, hairdressing, entertainment, interior decoration, etc.) [Le persone gay possono lavorare solo in alcuni settori (ad esempio moda, negozi di parrucchieri, intrattenimento, decorazione d'interni, ecc.)]	.47
G91 Gay relationships may last as long as those between a man and a woman [Le relazioni tra gay possono essere durature quanto quelle tra un uomo ed una donna]	-.57
G100 Gays are too weak emotionally [I gay sono troppo deboli emotivamente]	.57

Note (Tables 1 and 2). Item letters have the following meanings: G = only Gays, L = only Lesbians, K = both. The numbers refer to the original sequence in the Gay version. The Lesbian version had a different sequence of items.

RESULTS: FACTOR INTERPRETATION

The seven factors that emerged from the analysis did not present any difficulties in interpretation and their homogeneity was good. In the interpretation, Table 1 will be taken into consideration, including items loadings, alpha coefficients, and the number of items confirmed by item analysis.

The first factor contained sentences referring to the fear of being exposed as homosexuals and to the effort required to protect one's privacy. It confirmed the hypothesized factor Public identification as gay/lesbian. Therefore, we called it "Fear of coming out." It probably has the fault of being composed by items that are strictly connected to the possibility of being homosexual parents and the acceptance thereof. However, emotions, behaviours and skills involved in parenthood for lesbian/gay persons, are not mentioned in this factor.

The second factor expressed the dimension of feeling regret, dissatisfaction, and remorse for not having another type of sexual orientation. It confirmed the second factor we proposed, defined as Desire to change sexual orientation, including all items linked to rejection of one's homosexuality. We called it "Regret."

The third factor contained sentences depicting this sexual orientation as an immoral consequence of a disorder, susceptible to disapproval; items were all extremely polarized: their mean was extreme, kurtosis and skewness values were all very high, and made the entire scale weakly discriminating (e.g., "Homosexuality must be treated," $M = 1.37$, skewness = 2.78 and kurtosis = 6.60). The term "Moral condemnation" summarizes the extreme meaning of this factor, that can undoubtedly be considered as a confirmation of the proposed Moral and religious attitudes toward homosexuality.

The fourth factor, homosexual "Parenthood" grouped all the sentences referring to the possibility of gay or lesbian couples becoming parents. It represented a subset of the initial hypothesized factor Homosexual family and parenthood. It probably has the fault of being com-

posed by items that are strictly connected to the possibility of being parents or not, rather than to more general skills in parenthood for lesbian/gay persons.

The fifth factor (“Integration”) included items that represent the opportunities of gay/lesbian communities, the influence of homosexual meeting places, the role of gay/lesbian associations in advocating and enforcing civil and social rights, cultural promotion, self-awareness and psychological and social support. It thus confirmed the initial hypothetical scale of Involvement in the gay or lesbian community.

The sixth factor was the least expected: it contained judgments on the naturalness of homosexuality, but also the desire for a wider diffusion of acceptance of homosexuality by civil and religious institutions, and for a recognition of homosexuals’ needs. It was called “Rational or counter-prejudicial attitude” (abbreviated: “Counter-prejudice”) for its resemblance to an act of will and *cold* cognition, and not a description of feelings or some sort of evaluation. It was not purely affective as far as the consequences of social acceptance of homosexuality are concerned. We noted that it contained only items indicating a future state, an auspice for a situation yet to come, with sentences written almost always in the conditional tense (*should accept, it would not disturb me, ...*). This partly confirmed the expected Acceptance of homosexuality as a natural expression of human sexuality scale. The seventh factor was similar to the fourth and recognizable as a subset of the expected factor of Family and homosexual parenthood, because it gathered the wish of the institution of marriage between people of the same sex. We called it “Marriage.” It was a very fragile factor, with only two items, and only related to marriage, thus escaping from more important issues within gay couple experiences.

The two scales of prejudice were made of seven items each. The high loadings testify that all seven items took part of a general factor, which expresses a stereotyped perception of other gays or lesbians. Both contained one very extreme item, which, however, increased the internal consistency of the scale, even though the composition of both scales should be revised, due to their respective weak internal consistency (alpha coefficient less than .65). Because of their stereotyped content, items may sound irritating, particularly for the scale on Lesbian prejudice, showing a real prejudice against women (both lesbian or not), much more than for the other scale on Gay prejudice.

Factor scores were calculated using the optimal score method (Greenacre, 2007), in order to maximize the internal consistency of the scales. The correlations between the eight scales are reported in Table 3.

Because the optimal score method constructed the score as standardized *z*-scores, we reported the coefficients of skewness and kurtosis of the eight scales, without reporting means and standard deviations. A factor analysis (principal axis factoring method) of the eight scales (which can be considered a second-order factor analysis; Gorsuch, 1983) brought out an unrotated general factor that can be easily interpreted as internalized homophobia, involving all the eight scales. Finally, the correlations of the scales with three important demographical variables (gender, age, and level of education) are reported in Table 4.

The correlation with education level was computed as a Spearman coefficient, whereas for the other two, the Pearson correlation was used. Coefficients are acceptably low, as they should be: a homophobia scale should not correlate with other measures of personal characteristics, such as gender, education, or age. There is one exception to this rule: the correlation between gender and homosexual parenthood: lesbians cherish child-bearing significantly more intensely than gay men.

TABLE 3
 Scales correlations ($N = 1074$)

	1	2	3	4	5	6	7	8	Skewness	Kurtosis	Loadings on the first unrotated factor
F1 Fear of coming out		.59	.42	-.36	-.42	-.28	-.12	.38	0.03	-0.98	.62
F2 Regret	.59		.56	-.41	-.52	-.34	-.19	.50	2.17	5.22	.79
F3 Moral condemnation	.42	.56		-.45	-.45	-.54	-.30	.48	0.55	-0.63	.75
F4 Homosexual parenthood	-.36	-.41	-.45		.30	.44	.39	-.41	-0.65	-0.62	-.62
F5 Integration	-.42	-.52	-.45	.30		.45	.20	-.35	-0.29	-0.68	-.62
F6 Counter-prejudice	-.28	-.34	-.54	.44	.45		.30	-.31	-0.61	0.16	-.60
F7 Homosexual marriage	-.12	-.19	-.30	.39	.20	.30		-.21	-1.77	2.83	-.38
F8 G/L Prejudice/Stereotype	.38	.50	.48	-.41	-.35	-.31	-.21		1.07	1.41	.60

TABLE 4
 Correlations with gender, age, and education level ($N = 1015$ listwise)

	Gender	Age	Education level
F1 Fear of coming out	<i>ns</i>	-.10**	<i>ns</i>
F2 Regret	-.17**	-.07*	.07*
F3 Moral condemnation	-.11**	-.12**	<i>ns</i>
F4 Homosexual parenthood	.34**	.21**	<i>ns</i>
F5 Integration	.08*	<i>ns</i>	-.07*
F6 Counter-prejudice	.10**	.16**	<i>ns</i>
F7 Homosexual marriage	.18**	<i>ns</i>	<i>ns</i>
F8 G/L Prejudice/Stereotype	-	<i>ns</i>	-.07*

Note. Gender is coded as 0 for men and 1 for women.
 * $p < .05$. ** $p < .01$.

Apart from that, we do and can interpret the low correlations as a proof that the measures of homophobia with the eight scales are acceptably independent from gender, education, and age. This subject is further dealt with in another work (Flebus, Montano, & Barlascini, 2011).

GENERAL DISCUSSION AND CONCLUSION

In this study we examined the factor structure of a questionnaire for measuring internalized homophobia, that we called MIHI (Multifactor Internalized Homophobia Inventory). The first factor

(Fear of coming out) was represented by many items; a future revision of the scale could reduce their number. The second factor (Regret) fits the definition of internalized homophobia more than others; it includes regret about one's sexual orientation, recognition of less life satisfaction and a refusal to accept one's own condition. The third factor (Moral condemnation) collects items that are very extreme, indicating condemnation of one's own homosexuality. Poor performance of its items (extreme item means, indices of kurtosis and skewness) but also the irritated reactions of some of the interviewees suggested that this factor be abandoned in future research. The two scales of homosexual Parenthood and Marriage (initially hypothesized as a single measurement) confirm a differentiation of perception and evaluation of the two concepts on the part of Italian homosexuals. However, the Marriage scale is a tiny one, being made up of only two items. A revision should make it longer and allow more reliable scores. The fifth factor (Integration) is also very simple in both content and interpretation: the ease or discomfort in associating with homosexual people. Isolation thus becomes a means for perpetuating internalized homophobia, and prevents homosexuals from confronting, supporting each other, and finding new pathways to social and political acceptance of same-sex relationships. Finally, the Counter-prejudice scale, made up of only positive sentences that do not have very high loadings, allows the emergence of an evaluative dimension of internalized homophobia that was not predicted in the initial hypotheses. Usually, this configuration is observed when the opinions gathered convey a cold cognitive concept, free of expressed emotions. Precisely because it seems to be the essence of personal reflections, an act of will and decision derived from reflecting on the gay and lesbian condition, it is called a "counter-prejudicial" or "counter-homophobic attitude." Notable is the convergence into this factor of the item about Catholics, who should accept the homosexual lifestyle, and similar sentences of acceptance on the part of religious institutions. It is a confirmation of the initial hypothesis, which stated that it would be opportune to start from an ab ovo analysis of the needs and feelings of homosexuals in Italy.

Even though we made an effort to produce a balanced set of items (approximately half positive and half negative statements about homosexuality) for the hypothesized eight scales, factor analysis redistributed such items into seven factors, some of which have mostly negative statements (Moral condemnation), or mostly positive ones (Counter-prejudice). Certainly, blame is quite the contrary of the counter-prejudicial attitude. However, some items which express strong disapproval cannot be stated in the negative form, unless we resort to petty negative sentences (such as: "homosexuality is not a sin").

Stereotyping about gays and lesbians was tapped by two different scales, whose consistency coefficients were fairly low in both sexes, and especially in women. On the other hand, it would not have been possible to measure this dimension using common items ("All lesbians are masculine", or "Gay men like to have sex secretly and clandestinely"): women are often less organized and consistent in their prejudices and are more flexible than men (Miville et al., 1999; Morrison, McLeod, Morrison, Anderson, & O'Connor, 1997). It is somewhat odd that this characteristic was also found in this sample, where the social roles are not as defined and inflexible as in the heterosexual population.

It was the intention of this article to present only one phase of validation of a questionnaire, namely the descriptive statistics of items and their factor structure, to show that some requirements for the construction of a measurement tool were fulfilled (Kline, 1993). The content validity was ascertained by the authors who had assembled the items according to hypothetical measurement scales, taken from the current literature. Factor analysis, producing

seven factors plus a one-factor scale, demonstrated the solidity of the initial attributions, that brought out the factor of assertiveness of homosexuality, in part already outlined in the most recent studies (e.g., Mayfield, 2001).

As far as the limits of this study are concerned, once the concurrent validity of the results is examined, we still have to consider the temporal stability of scores, to make sure the measurements obtained with this questionnaire are stable over time. Regarding possible future modifications, several improvements in the scales just described can be made. For example, the number of items in the first scale could be decreased (Fear of coming out), given their profusion. On the other hand, it would be useful to increase the items for Counter-prejudice factor, that seems very interesting from a content point of view, but weak from the point of view of measurement (alpha was less than .70). The seventh factor would require an increase of the number of items (only two). Finally, it could be useful to try to develop at least a nucleus of common items for men and women, in order to measure the stereotypical perceptions of both gays and lesbians. A strong point is made by loadings of the first unrotated factor, which can be interpreted as a proof that all eight scales measure a general trait in homosexual men and women, which can thus be identified as internalized homophobia. Highly homophobic people tend to fear to be exposed as homosexual, regret and resent their sexual orientation, have a feeling of being condemned by society, deny the possibility of becoming a parent (whether in a straight or homosexual couple); they also deny existence to a legalized union between two people of the same sex, have the feeling of being isolated from other gays/lesbians, do not develop nor endorse any rational idea about new forms of socially approved sex matings, and hold strong stereotyped images of other gays/lesbians. And, of course, the non-homophobic person tends to display opposite features, along a social and psychological continuum where it can be difficult to set a clear-cut threshold between homophobia and complete self-acceptance. Therefore, a high loading on the first unrotated factor can be considered as a basic (albeit partial) proof of the construct validity for this questionnaire (or inventory).

It now remains to demonstrate the concurrent validity, comparing the eight scales with measurements of self-esteem and other surveys of personal data (Flebus et al., 2011).

NOTE

1. All unrotated factor matrices and the 77-item solution are available on request from the first author.

REFERENCES

- Alexander, R. A. (1986). *The relationship between internalized homophobia and depression and low-self esteem in gay men*. Unpublished doctoral dissertation, University of California, Santa Barbara.
- American Psychiatric Association (1973). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC: Author.
- Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of general psychiatry*, 4, 561-571.
- Bell, A. P., & Weinberg, M. S. (1978). *Homosexualities: A study of diversity among men and women*. New York: Simon & Shuster.
- Brook, V. R. (1981). *Minority stress and lesbian women*. Lexington, MA: Lexington Books.
- Brown, L. S. (1987). Lesbians, weight and eating: New analyses and perspectives. In the Boston Lesbian Psychologies Collective (Ed.), *Lesbian Psychologies: Explorations and challenges*. Urbana: University of Illinois.
- Cochran, S. D. (2001). Emerging issues in research on lesbians' and gay men's mental health: Does sexual

- orientation really matter? *American Psychologist*, 56, 931-947.
- Cochran S. D., Sullivan, J. G., & Mays, V. M. (2003). Prevalence of mental disorders, psychological distress, and mental services use among lesbian, gay, and bisexual adults in the United States. *Journal of Consulting & Clinical Psychology*, 71, 53-61. doi:org/10.1037/0022-006X.71.1.53
- Coleman, E., Cesnik, J., Moore, A. M., & Dwyer, S. M. (1992). An exploratory study of the role of psychotropic medications in the treatment of sex offenders. *Journal of Offender Rehabilitation*, 18, 75-88.
- D'Augelli, A. R. (2002). Mental health problems among lesbian, gay, and bisexual youths ages 14 to 21. *Clinical Child Psychology & Psychiatry*, 7, 433-456.
- Dupras, A. (1994). Internalized homophobia and psychosexual adjustment among gay men. *Psychological Reports*, 75, 23-28.
- Finnegan, D. G., & Cook, D. (1984). Special issues affecting the treatment of male and lesbian alcoholics. *Alcoholics Treatment Quarterly*, 1, 85-98.
- Flebus, G. B., Montano, A., Barlascini, L. (2011). Il Multifactor Internalized Homophobia Inventory: validazione concorrente e caratteristiche socio demografiche di uno strumento per la misura dell'omofobia interiorizzata [The Multifactor Internalized Homophobia Inventory: concurrent validation and socio-demographic characteristics of an instrument to measure internalized homophobia]. *Psicoterapia Cognitiva e Comportamentale*, 17, 319-343.
- Forstein, M. (1988). Homophobia: An overview. *Psychiatric Annals*, 18, 33-36.
- Friedman, R. C. (1999). Homosexuality, Psychopathology, and Suicidality. *Archives of General Psychiatry*, 56, 887-888.
- Friedman, R. C. (1991). Couple therapy with gay couples. *Psychiatric Annals*, 21, 485-490.
- George, K. D., & Behrendt, A. E. (1988). Therapy for male couples experiencing relationship problems and sexual problems. *Journal of Homosexuality*, 14, 77-88.
- Gilman, S. E., Cochran, S. D., Mays, V. M., Hughes, M., Ostrow, D., & Kesler, R. C. (2001). Risks of psychiatric disorders among individuals reporting same-sex sexual partners in the National Comorbidity Survey. *American Journal of Public Health*, 9, 933-939.
- Gonsiorek, J. C. (1982). The use of diagnostic concepts in working with gay and lesbian populations. *Journal of Homosexuality*, 7, 9-20.
- Gorsuch, R. L. (1983). *Factor analysis* (2nd ed.). Hillsdale, NJ: Erlbaum.
- Greenacre, M. (2007). *Correspondence analysis in practice* (2nd ed.). London: Chapman & Hall/CRC Press.
- Herrel, R., Goldberg, J., True, W. R., Ramakrishnam, V., Lyons, M., Eisens, S., et al. (1999). Sexual orientation and suicidality: A co-twin control study in adult men. *Archives of General Psychiatry*, 56, 867-874.
- Horn, J. L. (1965). A rationale and test for the number of factors in factor analysis. *Psychometrika*, 30, 179-185.
- Kinsey, A. C., Pomeroy, W. R., & Martin, C.E. (1948). *Sexual behavior in the human male*. Philadelphia: W. B. Saunders.
- Kinsey, A. C., Pomeroy, W. R., Martin, C., & Gebhard, P. (1953). *Sexual behavior in the human female*. Philadelphia: W.B. Saunders
- Kline, P. (1993). *The handbook of psychological testing*. London: Routledge.
- Lautenschlager, G. J. (1989). A comparison of alternatives to conducting Monte Carlo analyses for determining parallel analysis criteria. *Multivariate Behavioral Research*, 24, 365-395.
- Lord, F. M., & Novick, M. R. (1968). *Statistical theories of mental test scores*. Reading, MA: Addison-Vesley.
- Malyon, A. K. (1982). Psychotherapeutic implications of internalized homophobia in gay men. *Journal of Homosexuality*, 7, 59-70.
- Martin, J. L., & Dean, L. L. (1987). *Ego-dystonic homosexuality scale*. Unpublished manuscript, Columbia University.
- Mayfield, W. (2001). The development of an Internalized Homonegativity Inventory for gay men. *Journal of Homosexuality*, 4, 54-76.
- Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36, 38-56.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 5, 674-697. doi:org/10.1037/0033-2909.129.5.674
- Miranda, J., & Storms, M.(1989). Psychological adjustment of lesbians and gay men. *Journal of Counseling and Development*, 68, 41-45.
- Miville, M. L., Gelso, C. J., Pannu, R., Liu, W., Holloway, P., & Fuyentes, J. (1999). Appreciating similarities and valuing differences: The Miville-Guzman Universality-Diversity Scale. *Journal of Counseling Psychology*, 46, 291-307.

- Morrison, T. G., McLeod, L. D., Morrison, M.A., Anderson, D., & O'Connor, W. E. (1997). Gender stereotyping, homonegativity and misconceptions about sexually coercive behavior among adolescents. *Youth and Society*, 28, 351-382.
- Nungesser, L. G. (1983). *Homosexual act, actors and identities*. New York: Praeger.
- Pharr, S. (1988). *Homophobia: A weapon of sexism*. Little Rock, AR: Chardon.
- Rofes, E. E. (1983). *I thought people like that killed themselves: Lesbian, gay men and suicide*. San Francisco: Grey Fox.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Ross, M. W. (1983). Societal relationships and gender role in homosexuals: A cross-cultural comparison. *Journal of Sex Research*, 19, 273-288.
- Ross, M. W., & Rosser, B. R. (1996). Measurement and correlates of internalized homophobia: A factor analytic study. *Journal of Clinical Psychology*, 52, 15-21.
- Rowen, C. J., & Malcolm, J. P. (2002). Correlates of internalized homophobia and homosexual identity formation in a sample of gay men. *Journal of Homosexuality*, 43, 77-92.
- Sanavio, E., Bertolotti, G., Michielin, P., Vidotto, C., Zotti, A. M. (1986). *C.B.A. 2.0. Cognitive Behavioural Assessment. Scale Primarie. Manuale* [C.B.A. 2.0. Cognitive Behavioural Assessment. Primary Scales. Manual]. Firenze: Organizzazioni speciali.
- Sandfort, T. G., de Graaf, R., Bijl, R. B., & Schnabel, P. (2001). Same-sex sexual behavior and psychiatric disorders: Findings from the Netherlands Mental Health Survey and Incidence Study (NEMESIS). *Achieves General Psychiatric*, 58, 85-91.
- Shidlo, A. (1987, August). *Homonegativity and gay enmeshment: An investigation of adjustment in gay males*. Paper presented at 95th Annual Convention of the American Psychological Association, New York.
- Shidlo, A. (1992). *AIDS-related health behaviour: Psychosocial correlates in gay men*. Unpublished doctoral dissertation, SUNY, Buffalo.
- Szymanski, D. M., & Chung, Y. B. (2001). The Lesbian Internalized Homophobia Scale: A rational/theoretical approach. *Journal of Homosexuality*, 41, 37-52. doi:org/10.1300/J082v41n03_04
- Szymanski, D. M., & Chung, Y. B. (2003). Internalized homophobia in lesbians. *Journal of Lesbian Studies*, 7, 1, 115-125. doi:org/10.1300/J155v07n01_08
- Velicer, W. F., Eaton, C. A., & Fava, J. L. (2000). Construct explication through factor or component analysis: A review and evaluation of alternative procedures for determining the number of factors or components. In R. D. Goffin & E. Helmes (Eds.), *Problems and solutions in human assessment: Honoring Douglas N. Jackson at seventy* (pp.41-71). Boston: Kluwer Academic Publishers.
- Watkins, M. W. (2000). *Monte Carlo PCA for parallel analysis* [Computer software]. State College, PA: Ed & Psych Associates.
- Weinberg, M. S., & Williams, C. J. (1975). *Male homosexuals: Their problems and adaptations* (Rev. ed.). New York: Penguin.