

Double jeopardy: lesbians and the legacy of multiple stigmatised identities

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Declaration

I declare that this thesis does not incorporate without acknowledgment any material previously submitted for a degree in any university or other educational institution, and to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

I further declare that the ethical principles and procedures specified in the Swinburne University of Technology's document on human research and experimentation have been adhered to in the preparation of this report.

Marg Piggott

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Abstract

The Lesbian Internalized Homophobia Scale (LIHS, Szymanski & Chung, 2001) was developed to assess internalized homophobia in lesbians. Support for the psychometric properties of the scale have been found in studies with samples from the United States. The current study assessed the psychometric properties of the LIHS in a cross-cultural sample of 803 lesbians from 20 countries ($M^{\text{Age}} = 34.77$ years, $SD = 11.61$) recruited via advertisements placed in e-groups, e-bulletin boards, and women's press. Cross-cultural comparisons were examined on reported levels of internalised homophobia, and the psychosocial correlates of internalised misogyny, depression, self-esteem, psychosexual adjustment and homosexual identity formation. The current study also reports the development and psychometric properties of a new scale that measures internalised misogyny. It was hypothesised that the reliability of the LIHS and levels of internalised homophobia would differ by country as a result of variations in cultural manifestations of homophobia. Factorial analysis of the LIHS provided support for four of the five LIHS sub-scales. This shorter version of the LIHS demonstrated good reliability and validity in a multi-cultural sample and individually in samples from Australia, the United States, Canada, England and Finland. Cross-cultural comparison on levels of internalised homophobia demonstrated significant differences between countries with lesbians in Australia reporting the lowest levels and lesbians from England the highest. The results of this study have furthered the understanding of internalised homophobia and have provided empirical support for the theoretical proposition that a relationship exists between internalised misogyny and internalised homophobia. Results are discussed in terms of the implications for therapy with lesbian clients.

Chapter 1: Introduction

1.1. Overview

While there is a body of evidence that attests there is no difference between homosexuals and heterosexuals on measures of psychological distress (e.g., Bradford, Ryan & Rothblum, 1994; Gonsiorek, 1991) some research suggests that homosexuals experience higher rates of mental disorders (e.g., Meyer, 2003). While the issue of differences in psychological well-being between heterosexuals and homosexuals is arguable, what is established is that lesbians and gay men generally seek therapy and counselling more frequently than the heterosexual population (Bradford, et al., 1994). Morgan (1992) claims that normal developmental tasks are more complicated for homosexuals as a result of societal oppression. In a study of 100 lesbians and 309 non-lesbians Morgan found that lesbians expressed more positive attitudes towards seeking professional help than did heterosexual women, reported a greater number of therapy sessions than matched heterosexual women and that 77.5% of lesbians had engaged in counselling or therapy. This suggests that the issues resulting in psychological distress differ between homosexuals and heterosexuals (Murphy, Rawlings & Howe, 2002). Many of the specific mental health issues of lesbians and gays relate to the experience of identification as a homosexual in a society that values heterosexuality and denigrates homosexuality. There is a growing body of evidence that establishes specific mental health concerns for gays and lesbians relative to experiences of developing a homosexual identity (e.g., Murphy, et al., 2002). Deciding to ‘come out’, experiencing antigay harassment, violence, discrimination and prejudice all impact upon the psychological functioning of homosexual individuals (Bradford et al., 1994).

Meyer (1995) argues a minority stress model that proposes that all members of minority groups experience chronic stress as a result of their minority status. Stress results from conflict between the dominant culture's standards and norms and incongruency with minority group culture, experiences and societal structures. The assumptions underlying the concept of minority stress are that it is (a) unique in that it is additive to the normal stressors experienced by all people; (b) chronic as it is related to relatively stable underlying social and cultural structures; and (c) socially based and not resulting from characteristics of the individual or the group.

The experience of minority stress for homosexuals differs from other minority groups. Minority groups whose minority status is based on race, ethnicity or religion generally develop in an environment, community or household of people of the same minority status. Religious and ethnic ceremonies and symbols provide a sense of belonging and an affiliation with others. Lesbians and gay men are usually raised in heterosexual environments, believe themselves to be heterosexual and consider themselves as group members until such time as an awareness of homosexual feelings develops and a sense of difference, isolation and not belonging is experienced. Meyer conceptualised minority stressors for lesbians and gay men as consisting of the concealment of sexual orientation, expectations and experiences of rejection and violence, and internalized homophobia (Meyer, 1995, 2003).

Internalised homophobia incorporates negative attitudes and assumptions concerning homosexuality in other persons and toward homosexual features in the self (Shidlo, 1994). Shidlo states that internalised homophobia is a developmental occurrence that all lesbians and gay men experience to some degree and that

internalised homophobia organises factors unique to the experience of lesbians and gays. Levels of internalised homophobia have been shown to correlate with measures of psychological distress, loneliness, low self-esteem, depression, somatic symptoms and distrust (Shidlo, 1994; Szymanski, Chung & Balsam, 2001). The reduction of internalised homophobia will therefore be an important therapeutic goal for many lesbians and gays (Shidlo, 1994).

Meyer and Dean (1998) state that internalised homophobia is the most insidious of the minority stress processes as it leads to a devaluation of the self, internal conflicts and poor self-regard. Furthering the understanding of internalised homophobia is important as it is often the cause of psychological distress in many lesbians and gay men even when not the presenting problem (Shidlo, 1994). In a study of gay men Shidlo (1994) found that internalised homophobia accounted for 16% of overall psychological distress. While much of the research on internalised homophobia has focused on gay men, the understanding of issues relative to internalised homophobia may be even more important for lesbians. Lesbians seek the services of mental health professionals at far higher rates than heterosexual women (Morgan, 1992). Bradford, Ryan and Rothblum (1994), in a study of lesbian mental health ($N = 1,925$), found that 73% had received counselling, of whom 50% identified sadness or depression as their major concern. In addition to understanding the impact of internalised homophobia in lesbians, the economic, social, psychic, and political costs of living in a woman-devaluing society must be acknowledged (Greene, 2000). The current study examined internalised homophobia in lesbians in the context of cultural homophobia and misogyny.

1.2. Homophobia and Homonegativity

While the term homophobia is widely used and understood to refer to the feelings of revulsion and rejection experienced by some heterosexuals towards homosexuals, there is consensus among academics and researchers that the term is unhelpful and inaccurate (Williamson, 2000). The experiences to which homophobia refers do not meet the criteria of a 'phobia' and Herek (1984) suggests the term provides a defensive basis for negative attitudes and ignores the fact that homophobia serves non-defensive prejudice resulting from religious and cultural values. An alternative term that is frequently used is homonegativism (Hudson & Ricketts, 1980) or homonegativity, which incorporates the universe of negative attitudes and focuses on the belief and value systems of prejudiced individuals. For the purpose of this study these terms will be used interchangeably.

Chapter 2: Internalised Homophobia

2.1. *The Construct of Internalised Homophobia*

Weinberg (1972) first coined the term 'homophobia' which described an irrational fear, hatred and intolerance of homosexuality. Manifestations of homophobia range from casual jokes to physical attacks and violence. Internalised homophobia represents lesbians' and gay men's internalisations of these negative attitudes and may be conscious or unconscious (Margolies, Becker & Jackson-Brewer, 1987; Shidlo, 1994; Sophie, 1987). Shidlo (1994) states that internalised homophobia represents a set of negative attitudes and affects towards homosexuality in other persons and homosexual features in the self.

Homophobia is so widespread in Western societies that the internalisation of homophobic attitudes and beliefs is considered to be a normative event for all lesbians and gay men (Malyon, 1982; Pharr, 1988; Sophie, 1987). Exposure to homophobia and the subsequent internalisation process causes a fragmentation of the self for individuals who identify as lesbian or gay. Fragmentation may lead to disruption of the developmental process by interfering with normal sexual and affectional facets of the self (Shidlo, 1994).

Meyer (1995) proposed a concept of minority stress based on the premise that all homosexuals are subject to chronic stress as a result of living in a heterosexist society. Minority stress was conceptualised as (a) internalised homophobia; (b) expectations of rejection and discrimination as a result of a stigmatised identity; and (c) actual

experiences of discrimination and violence. Meyer argues that all non-heterosexual people are subject to the same chronic psychosocial stress as other minority groups but lack some of the protective factors. In most circumstances members of minority groups are aware of their minority status and draw upon in-group resources to manage any negative impact resulting from their minority status. For example, members of religious or ethnic minorities develop within strong community support structures that counteract prejudice and discrimination from the dominant group. These structures are missing for lesbians and gays in the early stages of self-identification as homosexual.

Cass (1979) proposed that the coming out process commences the development of a positive identity for lesbians and gays and incorporates a reduction or neutralisation of internalised homophobia. In a similar vein, Meyer (2003) argued that adaptation to prejudice and a stigmatised identity triggers coping and resilience. In-group acceptance and identity contribute to improved well-being and life satisfaction. Lesbians, gays and other non-heterosexual individuals construct alternative communities and social structures to enhance their group status. Meyer also notes the importance of distinguishing between personal and group resources in research on minority stress and coping. In addition to personal resilience and coping factors, the adequacy of social structures can impact upon mental health. Even resilient individuals have difficulty coping when group level resources are absent.

2.2. Cultural Influences

Concepts such as sexual preference, sexual orientation, sexual identity, coming out and homosexual do not exist in many of the world's cultures. Heterosexual and homosexual are social categories that serve to provide information about members of

society (Weinrich & Williams, 1991). On the basis of attributes associated with the category, a label is applied to the group of individuals who make up its components (Cass, 1990). Within Western societies homosexuals have historically been severely stigmatised and considered mentally ill, with removal of homosexuality as a diagnostic category from the *Diagnostic and Statistical Manual of Mental Disorders* (DSM III-R; American Psychiatric Association, 1987) occurring only in 1987. While there has been a significant moderation of cultural views of same-sex attraction (D'Augelli & Grossman, 2001) anti-homosexual beliefs and attitudes and the manner in which these are manifest differ across cultures (Ross, 1983).

Ross (1985) examined the relationship between actual societal reaction (SR) and putative societal reaction (PSR) to homosexuality in Sweden and Australia. Australia and Sweden were similar in socio-economic factors but dissimilar in attitudes towards homosexuality with Australia considered to be a more anti-homosexual society at that time (Ross, 1983). Ross (1985) found no difference in SR but differences in PSR were found with the internalisation of negative societal reactions being more evident in Australian homosexual men. PSR was significantly correlated with feelings of depressed inadequacy, the concealment of sexual orientation, and (in heterosexually married men) psychological adjustment.

2.3. Psychosocial Correlates of Internalised Homophobia

2.3.1 Depression and self-esteem. Internalised homophobia has been found to be positively associated with depression in both lesbians and gay men (Shidlo, 1994; Szymanski, Chung & Balsam, 2001). While rates of depression do not differ between lesbian and heterosexual women, lesbians have higher rates of suicidal behaviour indicating that risk factors relating to sexual orientation and internalised homophobia

may be influencing rates of depression for lesbians (Matthews, Hughes, Cassidy, Johnson & Razzano, 2000). Szymanski et al. (2001) in a sample of 157 lesbians found a significant correlation between internalised homophobia as measured by the Lesbian Internalised Homophobia Scale and depression as measured by the Zung Self-Rating Depression Scale ($r = 0.33$). Nicholson and Long (1990) in a study of HIV positive men found that individuals who reported higher levels of internalised homophobia also reported lower self-esteem and higher depression. Shidlo (1994) found a strong negative correlation between internalised homophobia and self-esteem with 35% of the variance in self-esteem being accounted for by the level of internalised homophobia. Shidlo suggested that these findings indicated that internalised homophobia and self-esteem are related but different constructs.

2.3.2 Social Support \ Isolation. Research suggests that there is a relationship between internalised homophobia and social support (Szymanski & Chung, 2001; Szymanski et al., 2001). Szymanski et al. (2001) in a sample of 157 lesbians, reported a significant negative correlation between internalised homophobia and gay social support and overall social support. Lesbians who did not belong to a lesbian, gay or bisexual group reported higher levels of internalised homophobia. Szymanski and Chung (2001) reported that separation or connection with the lesbian community was a significant factor in overall levels of internalised homophobia. Lesbians who had less contact with the lesbian community reported higher levels of internalised homophobia. Jordan and Deluty (1998) found that disclosure of sexual orientation was positively related to overall gay social support. Lesbians who disclosed their sexual orientation more widely had more lesbian friends and were more involved in the gay and lesbian community. While this supports Cass' (1979) contention that the coming out process commences the

development of a positive identity for lesbians and gays, and incorporates a reduction or neutralisation of internalised homophobia, it is likely that if a person is high in internalised homophobia they will not seek out gay social contacts as much as if they were low in internalised homophobia. It is unclear whether the relationship between social support and internalised homophobia is uni-directional, bi-directional or is influenced by some third variable.

2.3.3 Psychosexual Adjustment. Being in an ongoing sexual relationship with another woman requires a commitment to a homosexual identity that can be avoided for single lesbians. When internalised homophobia is present and sexual contact with another person of the same sex occurs, the results may be fragmentation of the self and the manifestation of sexual difficulties (Zevy & Cavallaro, 1987). Dupras (1994), in a study of gay men ($N = 261$), explored the relationship between internalised homophobia and psychosexual adjustment. The Nungesser Homosexual Attitudes Inventory assessed levels of internalised homophobia (Nungesser, 1983) and the Multidimensional Sexuality Questionnaire (Snell, Fisher & Walters, 1993) assessed difficulties with psychosexual adjustment. Results showed that individuals who reported higher levels of internalised homophobia tended to score lower on sexual satisfaction and sexual self-esteem. They also reported higher levels of the sexuality dimensions of depression, anxiety, fear of sexuality and concerns of sexual image.

The socialisation of women in Western cultures, with the mixed messages regarding women's sexuality, carries some potential for problems in sexual functioning. When two people, with such socialisation, join in a sexual relationship the potential for sexual difficulties is enhanced. While the rate of sexual problems experienced by

lesbians is similar to that of the general female population, (e.g., Brown, 1986; Peplau & Garnets, 2000) internalised homophobia and internalised misogyny may result in variations in sexual dysfunction for some lesbians. Brown (1986) refers to the combined effects of internalised misogyny and internalised homophobia as 'internalised oppression' and states that it is constantly reinforced and strengthened by real external oppression. When a lesbian, having struggled with cultural homophobia and achieved a level of self-acceptance, joins in a relationship with another woman, conscious and overt expressions of internalised homophobia may have been addressed. The more subtle manifestations of internalised misogyny and internalised homophobia may manifest in sexual problems. One marker of internalised homophobia is the internalisation of distorted images of lesbian sexuality gleaned from pornographic images and novels in the wider culture. Lesbian sexuality may be portrayed as brutal and degrading or as wonderful, exciting and a cure for all female sexual problems. The resulting anxiety from these internalised images frequently leads to the use of alcohol or drugs in an attempt to self-medicate when performing sexually (Brown, 1986). Roth (1985) reports that a common sexual problem for lesbians is infrequency of sexual contact. Women's socialisation results in them being less attuned to their own sexual needs, and less comfortable with being sexually assertive or initiating sexual contact. The equality in a lesbian relationship can therefore pose problems for initiating sexual activity. In heterosexual relationships men accept as fact that women are generally less interested in sex and refusal of their sexual advances is an indication of difference in sexual desire. Where two women are in a relationship a negative response to a sexual approach can be perceived as a personal rejection rather than a rejection of the sexual act. Anxiety around sexual activity becomes associated with emotional cut-off, leading to a reduction in sexual contact.

2.4. Measurement of Internalised Homophobia in Lesbians

Much of the research on the development of reliable instruments to measure internalized homophobia has been focused on gay men. Shidlo (1994) reviewed existing scales and noted that many measures were unsatisfactory as they occurred only coincidentally within the context of larger projects and at times consisted of only single or a very small pool of items. Almost all scales excluded lesbians and no scales existed at that time to specifically measure the construct in lesbians. One scale, the Nungesser Homosexuality Attitudes Inventory (NHAI), proved to a reliable and valid instrument for assessing internalised homophobia in gay men. The NHAI conceptualised internalised homophobia as consisting of three factors: (a) attitudes towards the fact of one's own homosexuality (Self); (b) attitudes towards homosexuality in general and towards other gay persons (Other); and (c) reaction towards others knowing about one's homosexuality (Disclosure).

Ross and Rosser (1996) conducted a factor analytic study of internalized homophobia in gay men that revealed four dimensions: (a) public identification as gay; (b) perception of stigma associated with being homosexual; (c) social comfort with gay men; and (d) moral and religious acceptability of being gay. Eight measures such as attraction to men; relationship length; and relationship satisfaction assessed the validity of the sub-scales and public identification as gay correlated with all of these measures. Social comfort with gay men correlated with seven of the measures; moral and religious acceptability with four, while perception of stigma correlated with only one measure.

2.4.1 The Lesbian Internalised Homophobia Scale. Szymanski and Chung (2001) developed a scale to measure internalised homophobia in lesbians. The Lesbian Internalized Homophobia Scale (LIHS) was developed using a rational/theoretical approach to scale construction. Five possible dimensions underlying the construct of internalised homophobia were identified and items generated for each dimension according to its definition. The five dimensions were identified from a review of the literature and from published scales and included: (a) public identification as a lesbian (PIL); passing and fear of discovery versus disclosure; (b) connection with the lesbian community (CLC); isolation versus social support; (c) personal feelings about being a lesbian (PFL); self-hatred versus self-acceptance; (d) moral and religious attitudes toward lesbianism (MRATL); condemnation versus tolerance and acceptance; and (e) attitudes towards other lesbians (ATOL); horizontal oppression\hostility versus group appreciation. Szymanski and Chung tested the psychometric properties of the LIHS on a sample of lesbians in the United States ($N=303$). Initial tests of the psychometric properties of the LIHS found good reliability with reported alphas of .87 (CLC), .92 (PIL), .79 (PFL), .74 (MRATL), .77 (ATOL) and .94 for the total scale. Construct validity was supported through significant correlations with criterion measures of self-esteem and loneliness. Higher levels of internalised homophobia were associated with lower self-esteem and greater loneliness.

Szymanski and Chung did not conduct factorial validity of the sub-scales but concluded that the mild correlations between the sub-scales provided evidence that they were distinct but related dimensions. All correlations between the sub-scales, total scales and measures assessing construct validity were significant except for those between self-esteem and MRATL and ATOL. These non-significant results were

similar to the findings of Ross and Rosser (1996). Szymanski and Chung hypothesised that as these two sub-scales measure attitudes about other lesbians and the other three sub-scales measured attitudes about oneself as a lesbian, it was logical that attitudes towards one's own lesbianism would more likely be related to self-esteem. While the psychometric properties of the original Lesbian Internalized Homophobia Scale were adequate, the lack of factorial validity questions the underlying dimensions and their interrelationship.

2.5. *Issues in Measurement*

Shidlo (1994) argued that there are a number of difficulties inherent in the measurement of internalised homophobia. Items that assess the individual's comfort with being publicly identified as a homosexual confound internalised homophobia with the realistic reaction to avoid making oneself vulnerable in an often, violent and anti-homosexual society. Difficulties in maintaining relationships, or the restricting of attraction to unavailable people such as those already partnered or heterosexuals, may be more representative of difficulties with intimacy. Differentiating between internalised homophobia and a realistic perception that being homosexual has a negative impact on one's life lies in the attribution of blame for the difficulties experienced. When a homosexual person blames themselves rather than a homophobic society for the difficulties they experience, or endures feelings of shame for being homosexual, this likely reflects internalised homophobia (Sophie, 1987).

2.5.1 Social Desirability. In the face of overwhelming negative cultural attitudes towards homosexuality a defensive bias may present as the denial of internalised homophobia and other measures of psychological distress. Some models of homosexual

identity formation incorporate a stage of heteronegativism represented as a period of devaluing heterosexuality and heterosexuals and a positive bias towards homosexuals and homosexuality (Cass, 1979; White & Franzini, 1999). Heteronegativism is the corresponding term to homonegativism and refers to the entire spectrum of negative sentiment towards heterosexuals from dislike and avoidance to fear and hostility. This positive bias towards homosexuals may make it difficult to acknowledge and admit any internalised homophobia (Shidlo, 1994). In a study of internalised homophobia in gay men Shidlo (1994), reported a correlation between socially desirable responding and attitudes towards one's own homosexuality.

2.6. Internalised Misogyny

Homophobia serves to create and exaggerate differences between heterosexuals and homosexuals to increase the power and value of heterosexuality. In the same manner differences between men and women are emphasised to value men over women. Women, and their role in society, are devalued to increase and maintain the power of men (Burch, 1987). The subordination and devaluing of women and homosexuals is evident respectively in misogynistic and homophobic practices and beliefs. When two women choose each other as primary partners the effects of internalised misogyny are confounded with internalised homophobia (Ellis & Murphy, 1994). Lesbians are subject to both internalised homophobia and internalised misogyny relating to the homosexual and gender portions of their identity (Brooks, 1981).

Pharr (1988) states that homophobia operates in the service of misogyny.

Homophobia is a means of retaliation against women's empowerment and the effects of

homophobia are often not limited to lesbian women. The label of lesbian is used as a threat against all women. To be labelled as lesbian, regardless of sexual orientation, is to be threatened with loss of power and exclusion from society. The threat serves to reinforce the goal of misogyny, to retain the value of men and masculinity over women and femininity. Stalker (2001) states that misogyny occurs from an unease resulting from being both attracted to and repulsed by women. Stalker classifies these views as *reification* and *vilification* and states they are sustained by *subjugation*. The implementation of these three practices differs according to the woman's ethnicity, race and sexual orientation. Women in these groups are at risk of additional distress resulting from the double jeopardy of misogyny, and homophobia or racism.

A comprehensive theoretical address of misogyny and misogynistic practices is beyond the scope of this paper; however, it is sufficient to say that misogyny results in a fear, hatred and devaluing of women and the feminine. The negative impact of the devaluation of something as central as gender is pervasive; it permeates all aspects of the identity and experiences of self, behaviour and interactions. Misogyny is perpetuated not only by men but also by women who reinforce the central male culture of devaluing girls and women through acts of omission and horizontal oppression resulting from internalised misogyny (Saakvitne & Pearlman, 1993). Although internalised misogyny is acknowledged as a component of psychological distress in many women (Burch, 1987; Riddle & Sang, 1978; Roth, 1985; Vargo, 1987) a thorough literature search failed to reveal any published empirical research on internalised misogyny. The impact of internalised misogyny and internalised homophobia for lesbians result in the double jeopardy of having to manage multiple stigmatised identities as a woman and a homosexual. The development of a positive identity and

self-concept is influenced by the level of internalised misogyny and internalised homophobia (Malyon, 1982).

2.7. *Homosexual Identity Formation*

While most homosexuals are raised in heterosexual households, they lack the supportive attitude of family and friends experienced by other minority groups. Once the realisation of difference occurs and a questioning of sexual orientation and sexual identity commences, there is a lack of access to positive role models and an affirmative reference group. Negative and homophobic societal attitudes become personally relevant and gain psychological importance for the individual. Self-labelling as homosexual begins to occur and the psychologically injurious effects of negative homophobic attitudes begin to take effect. Self-labelling usually occurs before any interpersonal disclosure. Interpersonal disclosure, or coming out, is a significant part of the developmental process through which homosexuals recognise their sexual orientation and integrate this knowledge into their personal lives (de Monteflores & Schultz, 1978). Coming out permits access to a positive and supportive reference group to assist in the development of a healthy socio-sexual identity. Internalised homophobia affects the coming out process as the adaptation to self-labelling of a culturally devalued trait lowers self-acceptance and influences the ability and desire to disclose to other people (Taylor, 1999).

Homosexuals who fail to accept their sexual orientation will experience persistent distress over the conflict between their feelings toward same sex individuals and their attempts to self-identity as heterosexual. The *Diagnostic and Statistical Manual of Mental Disorders (DSM-III; American Psychiatric Association, 1980)*

referred to this pattern of conflict as ego-dystonic homosexuality (EDH). The *DSM-III* defined the factors that predispose EDH as the same factors that define internalised homophobia. Despite the conceptual similarities between EDH and internalised homophobia, EDH was removed as a diagnostic category from the revised *DSM-III* based upon the fact that EDH was seen as a static condition that promoted therapeutic techniques designed to reverse homosexual feelings rather than to help the individual accept their homosexual orientation (Meyer & Dean, 1998).

Meyer's (2003) minority stress model argues that the prominence of minority identity in the person's sense of self may be related to minority stress. Prominence of a minority identity and the level of integration with the self's other identities may be relevant to stress. The stress process is therefore more complex for lesbians as it involves both sexual and gender identities. Cass (1990) argues that the development of a sexual orientation and sexual identity are interwoven and that the process is different for men and women. As a result of the socialization of women, lesbians are less likely to have found sexual stimulation to be a factor in forming a homosexual identity than men do. Falling in love with another woman is more likely to trigger the start of a homosexual identity formation than is sexual attraction. Cass (1979) argues that the impetus for development of a fully integrated homosexual identity depends upon the incongruency between a private identity as a homosexual and a public identity as a heterosexual. The incongruency causes internal conflict as a result of the internalisation of negative attitudes towards homosexuality, i.e., internalised homophobia. Growth in homosexual identity occurs when the inconsistency is resolved between the two identities. Cass proposed a six-stage model of homosexual identity formation from awareness of a personal relevance of homosexual feelings to a fully integrated

homosexual identity. Homosexual individuals may progress through each stage as they resolve this internal conflict or they may choose not to proceed resulting in identity foreclosure. For those that proceed through all stages, the result of development in a heterosexual and anti-homosexual environment gives rise to a fully integrated identity that is not *totally* congruent. For homosexuals who are able to achieve an integrated identity of the self as a homosexual, internalised homophobia is reduced to a tolerable and manageable level.

2.8. Implications for Therapy with Lesbian Clients

Psychologists make assumptions regarding homosexual clients based upon sexual orientation and gender. Homosexual clients are seen as less psychologically healthy than heterosexual clients and psychological health is equated with masculinity (Garfinkle & Morin, 1978). Therapists are subject to the internalisation of cultural homophobia and sexism and if unaware of their own biases may reinforce internalised homophobia and internalised misogyny on their clients (Ellis & Murphy, 1994). Therapy offers a unique opportunity to explore the unconscious manifestations of internalised homophobia, and reduction of internalised homophobia may be an important goal in therapy with lesbian clients as it is often a cause of psychological distress (Sophie, 1987). Internalised homophobia is a construct that organises factors unique to lesbians and reduction of internalised homophobia can be used as an outcome measure (Shidlo, 1994). The relationship between internalised homophobia, depression and self-esteem indicate that addressing internalised homophobia should be a consideration even when not the presenting problem (Margolies, Becker & Jackson-Brewer, 1987). Internalised homophobia has also been linked with substance abuse (Cheng, 2003), alcoholism (Bobbe, 2002) eating disorders (Brown, 1987) and domestic

violence (Pharr, 1988). As girls and women, lesbians are also subject to the internalisation of the devalued status of women in Western cultures (Brown, 1986). In addressing issues of internalised homophobia in lesbians the potential impact of internalised misogyny resulting from the economic, social, psychic, and political costs of living in a woman-devaluing society must be acknowledged (Greene, 2000).

Chapter 3: The Current Study

3.1. Aims of the Study

The aim of the current study was to examine the psychometric properties of the Lesbian Internalised Homophobia Scale with a multi-cultural sample. As homophobia and internalised homophobia are constructs that develop in the framework of a particular social environment and culture this study tested the reliability and validity of the LIHS in various cultural settings. Defining an individual's culture is a complex process. Individuals may be born into one culture, raised in another and employed in a third. For the purposes of this study culture was defined as the country of residence of a respondent. Although not a true reflection of the culture of respondents, the country of residence is an indicator that reflects the prevailing attitudes, beliefs and behaviour toward homosexuals.

One concern was that the LIHS sub-scales would be less relevant in countries other than the United States. In particular, the relevance of the Moral and Religious Attitudes towards Lesbians sub-scale may be likely to have less relevance in countries that do not exhibit the strong Christian ideals associated with the United States. It was also expected that the Connection with the Lesbian Community sub-scale items would reflect a lesbian community relevant to a United States sample only. The lesbian communities in countries with a lower population density than the United States may take a different structure and may potentially provide less opportunity and access to community events and organisations.

The current study aimed to explore cross-cultural differences in internalised homophobia. As internalised homophobia reflects the internalisation of negative

attitudes and beliefs about homosexuals and is a social construct, the negative effects of internalised homophobia will be higher in countries where more negative attitudes and stereotypical beliefs are held.

This study also aimed to develop and validate a reliable measure of internalised misogyny and to examine the relationship between internalised misogyny and internalised homophobia. Despite a lack of empirical evidence for the construct of internalised misogyny, it is generally acknowledged as a contributing factor in the psychological distress experienced by lesbians (Ellis & Murphy, 1994; Saakvitne & Pearlman, 1993; Szymanski & Chung, 2001). Misogyny and homophobia are both cultural practices that serve to maintain power of the dominant group through the subordination and devaluing of women and homosexuals (Ellis & Murphy, 1994). In cultures where homophobia exists, misogyny will also likely be found and the internalisation of the negative aspects of both concepts will affect the self-concept of lesbians.

The process of coming out, or the development of a homosexual identity, has been identified as a process that is essential for the development of a positive self-identity in minority stress models (Brooks, 1981; Cass, 1979; Meyer, 2003; Sophie, 1987). Coming out has two major aspects – coming out to the self or self-identifying as homosexual, and coming out to others. Individuals usually come out to friends and family first followed by the wider community such as employers and colleagues. This study aimed to explore the positive aspects of the coming out process by examining the relationship between homosexual identity formation and levels of internalised homophobia.

Depression and self-esteem have been shown to correlate with internalised homophobia (D'Augelli & Grossman, 2001; Nicholson & Long, 1990; Otis & Skinner, 1996; Szymanski, Chung & Balsam, 2001). Szymanski, Chung and Balsam (2001), in a sample of lesbian subjects ($N = 157$), conducted a multiple regression analysis with internalised homophobia as the dependent variable and the psychosocial correlates of depression, overall gay social support, membership in a lesbian\gay\bisexual group and conflict concerning sexual orientation as predictor variables. Results showed that the psychosocial variables accounted for 31% of the variance in internalised homophobia. The direction of the relationship underlying this regression seems counter-intuitive. For instance, Gartrell (1984) demonstrated that self-esteem improved in relationship to lesbians' increasing openness to their sexual orientation during therapy (cited in Jordan & Deluty, 1998). The current study aimed to explore the relationship between internalised homophobia, internalised misogyny, depression and self-esteem. In particular, the capacity of internalised misogyny and internalised homophobia as predictors of depression and self-esteem was examined.

3.2. *Hypotheses*

It was hypothesised (H1) that the LIHS would be a less reliable instrument for assessing internalised homophobia in lesbians from countries other than the United States. It was expected that differences in homophobia among varied cultures would be reflected in the Moral and Religious Attitudes Towards Lesbians sub-scale and would be less relevant in countries that do not subscribe to the strong Christian ideals of the United States. It was also expected that the Connection with the Lesbian Community sub-scale would be less relevant in less populated countries as a result of different

community structures and access. It was also hypothesised (H2) that levels of internalised homophobia would vary between cultures. It was expected that in countries which exhibit more negative attitudes towards lesbians and gays (e.g., Ross, 1983) and tolerate higher levels of prejudice and discrimination against homosexuals, lesbians would report higher levels of internalised homophobia. As Australian society appears to take a more liberal and tolerant view of homosexuality in women than other Western countries, it was expected that this would be reflected by lesbians in Australia reporting lower levels of internalised homophobia than lesbians from other countries.

Women who internalise misogyny experience a sense of shame and anger at their own femaleness. The process of internalising a sense of shame and failure at not being male is likely to be similar to the process experienced by the sense of 'failure' to be heterosexual. As misogyny is based in cultural beliefs and attitudes towards women it was expected (H3) that internalised misogyny would vary between cultures and that (H4) internalised misogyny would correlate positively with internalised homophobia in that lesbians who report high levels of internalised misogyny would also report high levels of internalised homophobia. It was also expected (H5) that individuals high in internalised homophobia and internalised misogyny would report higher levels of depression, lower self-esteem and more psychosexual difficulties. A more general research question (R1) was to examine the relative degree to which internalised homophobia and internalised misogyny predict depression and self-esteem.

As lesbians progress through the stages of adopting a homosexual identity a conscious rejection of the negative societal images of homosexuality and an acceptance of the self as lesbian occurs. Homosexuality and homosexuals become valued and the more conscious aspects of internalised homophobia are eliminated. It was therefore

expected (H6) that individuals in the early stages of the development of a homosexual identity would report higher levels of internalised homophobia than individuals in the later stages.

Chapter 4: Method

4.1. Participants

The sample consisted of 803 females recruited through friendship networks and via the World Wide Web. Participants were instructed to complete the survey only if they were female, aged 18 years or over and had experienced some sexual or romantic attraction for another woman. Participants' ages ranged from 18 to 80 with a mean age of 34.8 years ($SD = 11.6$). Forty-one percent of participants resided in Australia, 32% in the United States, 7% in Canada, 9% in Finland and 7% in the United Kingdom. Sexual orientation as assessed by the Stage Allocation Measure (Cass, 1979, 1984) indicated that 62% identified as openly homosexual (Stage 7), 11% as proud homosexuals (Stage 6) and 20% as quite sure of their homosexuality (Stage 5). Eleven respondents did not answer this question. Seventy two percent of respondents stated that their sexual partners were only women while 17% claimed their sexual partners were mainly women. Forty-seven percent were in full-time employment and 39% had completed a Bachelor degree at a College or University, with 21% having completed postgraduate courses. The average number of years that respondents had been 'out' was 10.2 years (range 0-50 years). Most respondents lived within the suburban region of a capital city (65%) and most were in a relationship at the time of responding (66%). The majority of respondents did not subscribe to mainstream religions, with 80% claiming that they had no religion or subscribed to an alternative religion or spirituality. Most respondents had not given birth to any children (75.1%).

4.2. Materials

Respondents completed a self-report questionnaire package consisting of demographic data and seven separate measures. These included measures of internalised homophobia, internalised misogyny, self-esteem, depression, psychosexual adjustment, social desirability and homosexual identity. All responses were anonymous. Refer to Appendix A for a copy of the questionnaire.

4.2.1 Internalised Homophobia. The Lesbian Internalised Homophobia Scale (LIHS, Szymanski & Chung, 2001) assessed internalised homophobia. The LIHS contained 52 items across five subscales: Connection with the Lesbian Community (13 items with possible scores ranging from 13 – 91; e.g., “Attending lesbian events and organizations is important to me”); Public Identification as a Lesbian (16 items with possible scores ranging from 16 – 112; e.g., “I am comfortable being an ‘out’ lesbian”; “I want others to know and see me as a lesbian”); Personal Feelings About Being a Lesbian (eight items with possible scores ranging from 8 – 56; e.g., “I am proud to be a lesbian”); Moral and Religious Attitudes Towards Lesbians (seven items with possible scores ranging from 7 – 49; e.g., “Female homosexuality is a sin”); and Attitudes Toward Other Lesbians (eight items with possible scores ranging from 8 – 56; e.g., “Lesbians are too aggressive.”). Items were scored on a Likert scale ranging from 1 = ‘strongly disagree’, to 7 ‘strongly agree’. Twenty-eight items were reverse coded. Possible scores for the total scale ranged from 52 to 364 with higher scores indicating higher levels of internalised homophobia. Szymanski and Chung (2001) reported satisfactory validity and reliability with coefficient alpha for the overall scale of .94. Three items were slightly modified from the original version (Szymanski, personal communication, May 3rd, 2003). Changes were; “Most of my friends are lesbians” to

“Many of my friends are lesbians”; “Female homosexuality is a sin” to “I believe female homosexuality is a sin”; “Lesbian lifestyles are a viable and legitimate choice for women” to “Lesbian lifestyles are a viable and legitimate way of life for women”.)

4.2.2 Internalised Misogyny. Items used to assess Internalised Misogyny (IM) were developed for the purposes of this study. The concept of internalised misogyny was explained to a focus group of 11 women and members were asked to generate a pool of items identified by them as reflecting a dimension of internalised misogyny. In generating items, group members were asked to consider how the concept influenced their feelings about themselves as women and their feelings about other women. An initial pool of 76 items was generated. These items were assessed by group members and retained only if they appeared to have face validity and were endorsed by two or more group members resulting in a final pool of 43 items. Eight items adapted from the Modern Sexism Scale (Swim, Aiken, Hall & Hunter, 1995) and four items from the Ambivalent Sexism Inventory (Glick & Fiske, 1996) supplemented the items generated by the focus group.

The Modern Sexism Scale consists of eight items developed to measure subtle forms of discrimination such as the denial of continued discrimination, antagonism towards women’s demands and lack of support for policies designed to help women (e.g., “It is rare to see women treated in a sexist manner on television”). The original scale was scored on a five-point Likert scale ranging from 1 = ‘strongly agree’, to 5 ‘strongly disagree’ with five items being reverse coded.

The Ambivalent Sexism Inventory was developed to measure ambivalence towards women on two opposite components: sexist antipathy or Hostile Sexism, and a subjectively positive attitude toward women, Benevolent Sexism. The Hostile Sexism scale correlated with negative attitudes toward and stereotypes about women. Items used in the Internalised Misogyny scale were drawn from the Hostile Sexism scale. Items were chosen if deemed applicable to homosexual women respondents and included items that reflected misogynistic attitudes towards women (e.g., “Women are too easily offended”). The original scale was scored on a five-point Likert scale ranging from 0 = ‘disagree strongly’, to 5 = ‘agree strongly’. The final Internalised Misogyny scale consisted of 54 items and was scored on a Likert scale ranging from 1 = ‘strongly disagree’, to 7 ‘strongly agree’.

4.2.3 Homosexual Identity. The Stage Allocation Measure (SAM, Cass, 1979, 1984) determined the respondent’s self-acceptance and identification as a lesbian. The model incorporates a six-stage sequential theory of homosexual identity formation. Subjects were instructed to assess seven one-paragraph descriptions representing each stage and select the one that was most like them. The first paragraph identified individuals in a pre-Stage One phase and paragraphs two to seven corresponded with the six stages of the SAM. Subjects were asked to indicate whether the paragraph was ‘very similar’, ‘mostly similar’, ‘fairly similar’ or a ‘bit similar’. The seven paragraphs corresponded with pre-Stage 1 – a stable and enduring belief in personal heterosexuality; Stage 1, identity confusion – a conscious awareness that homosexuality has personal relevance; Stage 2, identity comparison – acceptance of the possibility of a homosexual identity; Stage 3, identity tolerance – increased commitment to a homosexual identity; Stage 4, identity acceptance – acceptance of homosexual self-

image and continued and increasing contact with other homosexuals; Stage 5, identity pride – positive evaluation of homosexuality resulting from an awareness of the incongruence of a positive self-image as a homosexual and society's rejection, and a negative evaluation of heterosexuality; Stage 6, identity synthesis – awareness that some heterosexuals accept homosexuality, acknowledgement that not all homosexuals can be viewed positively and all heterosexuals negatively. Greater congruency becomes possible with acceptance of similarities and differences between homosexuals and heterosexuals. Cass (1984) reported some validity for the stages and their order.

4.2.4 Self-Esteem. Self-esteem was assessed using the Rosenberg (1965) Self-Esteem Scale. The scale is a commonly used measure of self-esteem comprising five positively worded statements (e.g., "I take a positive attitude towards myself") and five negatively worded statements (e.g., "I certainly feel useless at times"). Responses were scored on a four-point scale ranging from 1= 'strongly agree', to 4 = 'strongly disagree'. After reverse coding scores on the negatively worded statements all items were summed to give possible scores ranging from 10 to 40 with higher scores indicating higher levels of self-esteem. The Self-Esteem scale is a widely used scale with good reliability (Cronbach's alpha = .88, Fleming & Courtney, 1984, cited in Robinson, Shaver & Wrightsman, 1991).

4.2.5 Depression. The CES-D scale (Radloff, 1977) is a self-report measure of depression for research in the general population. The scale consists of 20 items measuring depressive symptomology (e.g., "I was bothered by things that don't usually bother me") with four items worded in a positive direction (e.g., "I felt hopeful about the future"). Responses were scored on a four-point scale weighted by the frequency of

occurrence during the past week and ranging from 1 = 'almost never' to 4 = 'almost always'. After reverse scoring the positively worded items all items were summed to give possible scores ranging from 20 to 80 with higher scores indicating more depressive symptoms. Radloff reported good reliability with internal consistency of .85 to .90 and reasonable evidence of validity with appropriate correlations with other scales.

4.2.6 Psychosexual Adjustment. The Multidimensional Sexuality Questionnaire (Snell, Fisher & Walters, 1993) assessed psychosexual adjustment. This self-report questionnaire consists of 12 five-item sub-scales designed to measure psychological tendencies associated with sexual relationships. Five of the sub-scales were utilised in the present study as Dupras (1994) found these to be significantly related to internalised homophobia: Sexual Esteem - a generalised tendency to positively evaluate one's capacity to relate sexually with another person (e.g., "I am a pretty good sexual partner"); Sexual Anxiety - the tendency to feel tension, discomfort and anxiety about the sexual aspects of one's life (e.g., "I am worried about the sexual aspects of my life"); Sexual Depression - the tendency to feel depressed about the sexual aspects of one's life (e.g., "I feel sad when I think about my sexual experiences"); Fear of Sexual Relations - a fear of engaging in sexual relationships with another person ("I am somewhat afraid of becoming sexually involved with another person"); and Sexual Satisfaction - the tendency to be highly satisfied with the sexual aspects of one's life (e.g., "I am very satisfied with my sexual relationship"). Responses were scored on a five-point scale ranging from 0 = 'not at all characteristic of me' to 4 = 'very characteristic of me'. After reverse coding one item all items were summed to give possible sub-scale scores ranging from 0 to 20 with higher scores indicating a higher

degree of the particular psychosexual tendency. Snell, Fisher and Walters reported high reliability for the Multidimensional Sexuality questionnaire with Cronbach alphas for the scales used in the current study ranging from .82 for Fear of Sexual Relations to .92 for Sexual Depression.

4.2.7 Social Desirability. The 13-item short-form of the Marlowe-Crowne Social Desirability Scale (Reynolds, 1982) assessed positive response bias of respondents. The Marlowe-Crowne scale is a widely used measure to assess the impact of social desirability on self-report measures. Reynolds compared the psychometric properties of six short form versions of the original Marlowe-Crowne scale and on the basis of reliability and validity reported the 13-item form as a strong viable short form alternative to the original scale. Reynolds reported an acceptable Kuder-Richardson reliability coefficient of .76. Concurrent validity was confirmed by a correlation coefficient of .93 ($p < .001$) between the 13 item short form and the original scale. The 13-item short form describes either desirable but uncommon behaviours (e.g., “I am always willing to admit if it when I make a mistake”) or undesirable but common behaviours (e.g., “There have been occasions when I took advantage of someone”). Participants responded to each statement as either True or False with “true” responses given a value of one, and “false” responses a value of zero. Eight items were reverse coded. Scores ranged from 0-13 with higher scores indicating a greater need for social approval.

4.3. Procedure

The survey questionnaire was distributed in two formats, a paper version and an Internet version. The paper questionnaire was distributed among friendship networks

and at a lesbian social gathering. Participants were informed that the purpose of the survey was to investigate the impact of growing up in a homophobic and woman devaluing society on development as a lesbian. Participants were instructed to complete the survey and return it via a pre-paid envelope that was provided with the questionnaire. Both versions of the questionnaire included an introductory statement to participants that provided a brief overview of the study, informed respondents that participation was voluntary, that responses were anonymous and provided details of the researcher's qualifications and contact details. In addition respondents were advised that they must be female, at least 18 years or older and have experienced some sexual or romantic attraction for another woman.

The Internet version was hosted on a university web site and was made available to lesbians through lesbian Internet groups, lesbian related web sites and message boards and through women's support networks and newsletters. The Internet version included introductory statements identical to the paper version and advised participants that completion of the survey would indicate informed consent. They were also advised that they were free to withdraw consent and discontinue participation at any time. Participants were requested to click on the responses appropriate to them and the raw data was transferred to the host university database. The Internet site received 1,324 contacts with 773 respondents completing the entire survey, a completion rate of 58%. Fifty paper versions were distributed with a return rate of 60% (30 completed surveys).

Chapter 5: Results

SPSS 11.0 was used to perform all statistical analysis. Missing data was minimised for participants completing the survey on the Internet as responses were forced; however eleven participants did not complete the last two items that requested identity formation and were excluded from analyses that involved this variable. In order to maximise the available data derived from paper versions, missing variables in paper versions were replaced with either the mean for the entire sample, the individual mean of other items in the scale, or by imputation. For example, where the number of years since coming out was missing, a replacement was estimated based on relationship status, stage of identity formation and the mean number of years since coming out for other participants of similar age. Hair, Anderson, Tatham and Black (1998) recommend these methods provided missing data is random. Data screening revealed no univariate or multivariate outliers.

5.1. Psychometric Properties of the LIHS

An exploratory factor analysis found only moderate support for the five LIHS sub-scales. Several items had significant loadings (greater than .3) on more than one factor and some items did not load significantly on any factor. A maximum likelihood factor analysis with oblique (oblimin) rotation that excluded these items was conducted. This produced a satisfactory five-factor solution with a total of 39 items. The Kaiser-Meyer-Olkin Measure of Sampling Adequacy was high (.93) and Bartlett's Test of Sphericity was significant ($\chi^2 = 14268.6$, $df = 741$, $p < .001$). These five factors accounted for 45.16% of the total variance. Items that constituted the five factors are presented in table 1.

Table 1

Factor Analysis of 39 Items of the Lesbian Internalized Homophobia Scale

<i>Item</i>	<i>Original Scale</i>	<i>Factor 1</i>	<i>Factor 2</i>	<i>Factor 3</i>	<i>Factor 4</i>	<i>Factor 5</i>
I am not worried about anyone finding out that I am a lesbian. ®	PIL	.85				
I do not feel the need to be on guard, lie, or hide my lesbianism to others ®	PIL	.75				
I try not to give signs that I am a lesbian. I am careful about the way I dress, the jewellery I wear, the places, people and events I talk about	PIL	.71				
I wouldn't mind if my boss knew that I was a lesbian ®	PIL	.70				
I live in fear that someone will find out I am a lesbian	PIL	.68				
I am comfortable being an "out" lesbian. I want others to know and see me as a lesbian ®	PIL	.67				
I feel comfortable talking about homosexuality in public ®	PIL	.63				
If my peers knew of my lesbianism, I am afraid that many would not want to be friends with me.	PIL	.61				
When speaking of my lesbian lover/partner to a straight person, I often use neutral pronouns so the sex of the person is vague	PIL	.60				
I act as if my lesbian lovers are merely friends	PIL	.60				
When speaking of my lesbian lover/partner to a straight person I change pronouns so that others will think I'm involved with a man rather than a woman	PIL	.60				
I feel comfortable talking to my heterosexual friends about my everyday home life with my lesbian partner/lover or my everyday activities with my lesbian friends. ®	PIL	.57				
It is important for me to conceal the fact that I am a lesbian from my family	PIL	.57				
I feel comfortable discussing my lesbianism with my family ®	PIL	.46				
I could not confront a straight friend or acquaintance if she or he made a homophobic or heterosexist statement to me	PIL	.39				
I am proud to be a lesbian	PFL	.38				
Being a part of the lesbian community is important to me. ®	CLC		.84			
Having lesbian friends is important to me ®	CLC		.75			
Attending lesbian events and organizations is important to me ®	CLC		.71			
I feel comfortable joining a lesbian social group, lesbian sports team, or lesbian organization ®	CLC		.47			
Social situations with other lesbians make me feel uncomfortable	CLC		.40			

<i>Item</i>	<i>Original Scale</i>	<i>Factor 1</i>	<i>Factor 2</i>	<i>Factor 3</i>	<i>Factor 4</i>	<i>Factor 5</i>
I have respect and admiration for other lesbians	ATOL		.38			
When interacting with members of the lesbian community, I often feel different and alone, like I don't fit in	CLC		.34			
I frequently make negative comments about other lesbians	ATOL		.31			
I am familiar with lesbian movies and/or music ®	CLC			-.79		
I am familiar with lesbian books and/or magazines ®	CLC			-.75		
I am familiar with lesbian music festivals and conferences ®	CLC			-.75		
I am familiar with community resources for lesbians (i.e., bookstores, support groups, bars, etc.). ®	CLC			-.70		
I am aware of the history concerning the development of lesbian communities and/or the lesbian/gay rights movement ®	CLC			-.68		
I hate myself for being attracted to other women	PFL				.79	
I feel bad for acting on my lesbian desires	PFL				.65	
I believe female homosexuality is a sin	MRATL				.62	
If I could change my sexual orientation and become heterosexual, I would.	PFL				.49	
Being a lesbian makes my future look bleak and hopeless	PFL				.46	
I don't feel disappointment in myself for being a lesbian. ®	PFL				.45	
If some lesbians would change and be more acceptable to the larger society, lesbians as a group would not have to deal with so much negativity and discrimination.	ATOL					.67
I wish some lesbians wouldn't "flaunt" their lesbianism. They only do it for shock value and it doesn't accomplish anything positive	ATOL					.60
I can't stand lesbians who are too "butch". They make lesbians as a group look bad.	ATOL					.59
Lesbians are too aggressive	ATOL					.42
Eigenvalue		10.48	3.16	1.42	1.35	1.20
(% of total variance explained)		26.87	8.09	3.65	3.47	3.09

N = 803 ® = Reverse coded Factor Loadings < .30 were omitted.

PIL = Public Identification as a Lesbian; CLC = Connection with the Lesbian Community; ATOL = Attitudes toward other lesbians;

PFL = Personal feelings about being a lesbian; MRATL = Moral and religious attitudes towards lesbians

The five factors identified in this short form version of the LIHS (S-LIHS) represented similar dimensions to four of the original LIHS scales. Factor one consisted mainly of items from the Public Identification as a Lesbian sub-scale. This factor accounted for 26.87% of the variance and contained 16 items of which 15 were from the original scale. One item “I am proud to be a lesbian” was from the Personal Feelings about being a Lesbian sub-scale in the original LIHS.

Factors two and three contained items from Connection with the Lesbian Community. Factor two (eight items) reflected interaction with the lesbian community and accounted for 8.09% of the total variance while the third factor (five items) reflected knowledge of lesbian history and resources and accounted for 3.65 % of the variance. Factor four accounted for 3.47% of the variance and contained six items. Five were from Personal Feelings about being a Lesbian but one “I believe female homosexuality is a sin” was from the Moral and Religious Attitudes Towards Lesbians sub-scale. Factor five accounted for 3.09% of the variance and contained four items all from the Attitudes Towards Other Lesbians sub-scale. In this factor analysis all items but one from the Moral and Religious Attitudes towards Lesbians did not load significantly on any factor.

5.2. *Descriptive Statistics*

Table 2 presents means, standard deviations, theoretical range and Cronbach Alpha reliability for all scales used in the current study. Reliability of all scales was adequate with the exception of Social Desirability with a reported alpha of .69. While this suggested low internal consistency (Murphy & Davidshofer, 1988) similar results for this scale have been reported in comparable studies (e.g., Currie, Cunningham & Findlay, in press).

Table 2

Means, standard deviations, range and Cronbach alpha reliability for all scales utilised in the current study

	<i>M</i>	<i>SD</i>	Theoretical range	Alpha
S-LIHS – PIL	39.75	19.19	16 – 112	.92
S-LIHS – CLC (1)	18.49	7.94	8 – 56	.80
S-LIHS – CLC (2)	12.04	6.53	5 – 35	.87
S-LIHS – PFL	8.96	5.09	6 – 42	.76
S-LIHS - ATOL	9.65	5.18	4 – 28	.72
S-LIHS Total	88.89	32.92	39 – 273	.93
Sexual esteem	11.16	5.43	0 – 20	.92
Sexual anxiety	4.75	5.17	0 – 20	.94
Sexual depression	4.55	5.33	0 – 20	.91
Fear of sexual relationships	7.00	3.57	0 – 20	.89
Sexual satisfaction	10.25	7.00	0 – 20	.96
Self-esteem	31.30	6.40	10 – 40	.92
Depression	37.59	11.60	20 – 80	.93
Social Desirability	5.71	2.85	0 – 13	.69

N = 803 *SD* = Standard Deviation

S-LIHS = Short form of the Lesbian Internalized Homophobia Scale; PIL = Public Identification as a lesbian. CLC (1) = Connection with the lesbian community – interaction. CLC (2) Connection with the lesbian community – knowledge of resources. PFL = Personal feelings about being a lesbian. ATOL = Attitudes towards other lesbians.

5.3. Reliability and validity of the short form version of the LIHS

Tests of reliability for the S-LIHS and sub-scales were conducted for the total sample and separately for each country where more than 50 lesbians had completed the questionnaire. Results are presented in Table 3. Reliability of the sub-scales of the S-LIHS was adequate for all countries with Cronbach Alphas' for the total scale ranging

from .89 to .95. As expected, the total scale was most reliable for respondents from the United States; however it was least reliable for respondents from England. Public Identification as a Lesbian (PIL) was the most reliable scale across all countries. The sub-scale with the greatest variance in reliability was Personal Feelings about Being a Lesbian (PFL), which ranged from .63 for Australian respondents to .83 for Canadian respondents. The reliability of the total S-LIHS scale was similar to the reliability of the LIHS scale reported by Szymanski and Chung (2001) ($\alpha = .94$) and Szymanski, Chung and Balsam (2001) ($\alpha = .93$). Reliability of the original sub-scales was also similar (PIL = .92 & .92; CLC = .87 & .82; PFL = .79 & .78; ATOL = .77 & .74 respectively). In the present study the PFL sub-scale was less reliable for subjects from Australia, and the Attitudes Towards Other Lesbians (ATOL) sub-scale for subjects from the United States, supporting the notion of differences in the cultural construction of homophobia and its internalisation.

Table 3

Reliability of sub-scales of the S-LIHS for respondents from Australia, United States Canada, England and Finland

	<i>n</i>	PIL	CLC (1)	CLC (2)	PFL	ATOL	Total
Australia	327	.90	.77	.86	.63	.74	.91
United States	259	.94	.79	.90	.81	.64	.95
Canada	59	.92	.87	.88	.83	.72	.93
England	59	.91	.79	.84	.75	.77	.89
Finland	69	.88	.82	.81	.77	.76	.90
All Countries	803	.92	.80	.87	.76	.72	.93

PIL = Public Identification as a lesbian. CLC (1) = Connection with the lesbian community – interaction. CLC (2) Connection with the lesbian community – knowledge of resources. PFL = Personal feelings about being a lesbian. ATOL = Attitudes towards other lesbians.

Validity of the S-LIHS was supported by the finding of a positive relationship between internalised homophobia and depression and a negative relationship between internalised homophobia and self-esteem. Validity was also supported by the correlations between internalised homophobia and the measures of psychosexual adjustment, which were in the expected directions. These correlations were significant for the total sample. An examination of these correlations for individual countries with more than 50 participants showed that all the correlations were significant with the exception of internalised homophobia and depression for participants from England and internalised homophobia and three of the psychosexual measures for participants from Finland. Correlations among the variables for the total sample and for individual countries are presented in Tables 4 to 9.

Table 4

Correlations between the S-LIHS, Psychosexual Adjustment, Self-esteem, Depression, Internalised Misogyny and Social Desirability for all participants

	PIL	CLC (1)	CLC (2)	PFL	ATOL	Total	IM	Dep	SE	SxSe	SxAX	SxDe	SxFr	SxSa	SD
PIL															
CLC (1)	.32**														
CLC (2)	.43**	.46**													
PFL	.57**	.32**	.39**												
ATOL	.37**	.36**	.34**	.31**											
Total	.89*	.62**	.67**	.69**	.57**										
IM	.30**	.35**	.34**	.30**	.53**	.46**									
Dep	.25**	.26**	.22**	.36**	.06	.32**	.24**								
SE	-.28**	-.27**	-.26**	-.39**	-.07*	-.35**	-.27**	-.77**							
SxSe	-.24**	-.19**	-.21**	-.20**	-.06	-.27**	-.02	-.29**	.37**						
SxAX	.27**	.25**	.17**	.33**	.06	.31**	.13**	.46**	-.45**	-.46**					
SxDe	.26**	.23**	.16**	.28**	.03	.29*	.11**	.46**	-.44**	-.40**	.74**				
SxFr	.28**	.28**	.19**	.31**	.08*	.33**	.12**	.41**	-.42**	-.45**	.64**	.56**			
SxSa	-.24**	-.19**	-.15**	-.24**	.02	-.25**	-.08*	-.36**	.35**	.43**	-.48**	-.66**	-.37**		
SD	-.07*	-.13**	-.07*	-.09**	.02	-.10**	-.13**	-.31**	.35**	.10**	-.20**	-.19**	-.15**	.17*	

N = 803 * $p < .05$, ** $p < .01$, *** $p < .001$

PIL – Public Identification as a Lesbian

CLC (1) – Connection with the Lesbian Community – Interaction

CLC (2) – Connection with the Lesbian Community – Knowledge

PFL – Personal Feelings about being a Lesbian

ATOL – Attitude Toward other Lesbians

Total – Total S-LIHS

IM – Internalised Misogyny

Dep – Depression

SE – Self-Esteem

SD – Social Desirability

SxSa – Sexual satisfaction

SxSe – Sexual Self-esteem

SxAX – Sexual Anxiety

SxDe – Sexual Depression

SxFr – Fear of sexual relationships

Table 5

Correlations between the S-LIHS, Psychosexual Adjustment, Self-esteem, Depression, Internalised Misogyny and Social Desirability for participants resident in Australia

	PIL	CLC (1)	CLC (2)	PFL	ATOL	Total	IM	Dep	SE	SxSe	SxAX	SxDe	SxFr	SxSa	SD
PIL															
CLC (1)	.43*														
CLC (2)	.41*	.43**													
PFL	.51**	.33**	.29**												
ATOL	.40**	.31**	.27**	.27**											
Total	.90**	.69**	.64**	.62**	.57**										
IM	.30**	.33**	.31**	.24**	.55**	.45**									
Dep	.14*	.28**	.13*	.23**	-.05	.20**	.27**								
SE	-.19**	-.29**	-.21**	-.29**	-.03	-.27**	-.31**	-.73**							
SxSe	-.31**	-.25**	-.22**	-.26**	-.09	-.34**	-.08	-.30**	.39**						
SxAX	.20**	.25**	.14*	.26**	.03	.24**	.12*	.42**	-.42**	-.53**					
SxDe	.20**	.25**	.10	.22**	-.03	.22**	.07	.42**	-.39**	-.44**	.74**				
SxFr	.26**	.29*	.15**	.23**	.04	.29**	.13*	.37**	-.44**	-.50**	.64**	.53**			
SxSa	-.23**	-.17**	-.05	-.23**	.07	-.20**	-.05	-.33**	.29**	.48**	-.50**	-.65**	-.34**		
SD	-.09	-.18**	-.09	-.05	-.01	-.12*	-.23**	-.36**	.35**	.08	-.21**	-.19**	-.18**	.14**	
N = 327															
* $p < .05$, ** $p < .01$, *** $p < .001$															
PIL – Public Identification as a Lesbian															
CLC (1) – Connection with the Lesbian Community – Interaction															
CLC (2) – Connection with the Lesbian Community – Knowledge															
PFL – Personal Feelings about being a Lesbian															
ATOL – Attitude Toward other Lesbians															
Total – Total S-LIHS															
IM – Internalised Misogyny															
Dep – Depression															
SE – Self-Esteem															
SD – Social Desirability															
SxSa – Sexual satisfaction															
SxSe – Sexual Self-esteem															
SxAX – Sexual Anxiety															
SxDe – Sexual Depression															
SxFr – Fear of sexual relationships															

Table 7

Correlations between the S-LIHS, Psychosexual Adjustment, Self-esteem, Depression, Internalised Misogyny and Social Desirability for participants resident in Canada

	PIL	CLC (1)	CLC (2)	PFL	ATOL	Total	IM	Dep	SE	SxSe	SxAX	SxDe	SxFr	SxSa	SD
PIL															
CLC (1)	.17														
CLC (2)	.49**	.46**													
PFL	.64**	.16	.47**												
ATOL	.52**	.37**	.49**	.53**											
Total	.87**	.53**	.75**	.74**	.72**										
IM	.30*	.34**	.39**	.21	.41**	.43**									
Dep	.49**	.25	.42**	.58**	.29*	.56**	.26								
SE	-.47**	-.27*	-.51**	-.48**	-.33*	-.57**	-.28*	-.80**							
SxSe	-.37**	-.05	-.33**	-.30*	-.12	-.35**	-.01	-.44**	.46**						
SxAX	.36**	.18	.35**	.57**	.35**	.47**	.05	.51**	-.46**	-.54**					
SxDe	.40**	.17	.45**	.54**	.31*	.49**	.06	.54**	-.44**	-.58**	.80**				
SxFr	.13	.21	.38**	.39**	.13	.30*	-.06	.40**	-.32*	-.46**	.71**	.72**			
SxSa	-.33**	-.14	-.44**	-.31*	-.24	-.40**	-.11	-.46**	.44**	.66**	-.61**	-.70**	-.63**		
SD	-.09	-.10	-.16	-.16	.06	-.13	-.16	-.44**	.44**	.22	-.25	-.23	-.27*	.22	
N = 59 * p < .05, ** p < .01, *** p < .001															
PIL – Public Identification as a Lesbian															
CLC (1) – Connection with the Lesbian Community – Interaction															
CLC (2) – Connection with the Lesbian Community – Knowledge															
PFL – Personal Feelings about being a Lesbian															
ATOL – Attitude Toward other Lesbians															
Total – Total S-LIHS															
IM – Internalised Misogyny															
Dep – Depression															
SE – Self-Esteem															
SD – Social Desirability															
SxSa – Sexual satisfaction															
SxSe – Sexual Self-esteem															
SxAX – Sexual Anxiety															
SxDe – Sexual Depression															
SxFr – Fear of sexual relationships															

Table 8

Correlations between the S-LIHS, Psychosexual Adjustment, Self-esteem, Depression, Internalised Misogyny and Social Desirability for participants resident in England

	PIL	CLC (1)	CLC (2)	PFL	ATOL	Total	IM	Dep	SE	SxSe	SxAX	SxDe	SxFr	SxSa	SD
PIL															
CLC (1)	.13														
CLC (2)	.27*	.36**													
PFL	.52**	.21	.35**												
ATOL	-.04	.33*	.13	-.09											
Total	.84**	.54**	.59**	.64**	.29*										
IM	.01	.12	.18	.08	.47**	.19									
Dep	.16	.14	.11	.38**	-.18	.20	-.09								
SE	-.30*	-.13	-.22	-.46**	.36**	-.29*	.13	-.80**							
SxSe	-.36**	-.21	-.32*	-.36**	.24	-.38**	.23	-.36**	.53**						
SxAX	.38**	.20	.10	.44**	-.22	.36**	-.09	.51**	-.42**	-.46**					
SxDe	.51**	.09	.15	.42**	-.10	.45**	.01	.46**	-.44**	-.44**	.70**				
SxFr	.39**	.20	.15	.34**	-.17	.37**	-.13	.47**	-.40**	-.58**	.82**	.62**			
SxSa	-.48**	.07	-.09	-.31*	.34**	-.30*	.04	-.28*	.45**	.48**	-.35**	-.59**	-.39**		
SD	.10	.10	.27*	-.01	.27*	.21	.12	-.35**	.29*	.013	-.19	-.23	-.13	.25	

N = 59
 * $p < .05$, ** $p < .01$, *** $p < .001$

PIL – Public Identification as a Lesbian	IM – Internalised Misogyny	SxSe – Sexual Self-esteem
CLC (1) – Connection with the Lesbian Community – Interaction	Dep – Depression	SxAX – Sexual Anxiety
CLC (2) – Connection with the Lesbian Community – Knowledge	SE – Self-Esteem	SxDe – Sexual Depression
PFL – Personal Feelings about being a Lesbian	SD – Social Desirability	SxFr – Fear of sexual relationships
ATOL – Attitude Toward other Lesbians	SxSa – Sexual satisfaction	
Total – Total S-LIHS		

Table 9

Correlations between the S-LIHS, Psychosexual Adjustment, Self-esteem, Depression, Internalised Misogyny and Social Desirability for participants resident in Finland

	PIL	CLC (1)	CLC (2)	PFL	ATOL	Total	IM	Dep	SE	SxSe	SxAX	SxDe	SxFr	SxSa	SD
PIL															
CLC (1)	.23														
CLC (2)	.28*	.55**													
PFL	.37**	.26*	.40**												
ATOL	.20	.40**	.30*	.20											
Total	.82**	.65**	.64**	.56**	.52**										
IM	.14	.46**	.44**	.35**	.56**	.47**									
Dep	.21	.14	.35**	.39**	.18	.32**	.25*								
SE	-.31**	-.21	-.45**	-.48**	-.19	-.45**	-.23	-.75**							
SxSe	-.25*	-.12	-.11	-.14	.08	-.22	-.08	-.21	.33**						
SxAX	.09	-.23	.31**	.17	.02	.21	.21	.35**	-.42**	-.37**					
SxDe	.05	.27*	.19	-.07	.01	.13	.16	.18	-.19	-.37**	.76**				
SxFr	.17	.09	.25*	.10	.05	.21	.23	.38**	-.33**	-.35**	.57**	.49**			
SxSa	-.09	-.34**	-.32**	-.18	-.04	-.24*	-.22	-.25*	.29*	.33**	-.57**	-.77**	-.34**		
SD	.01	.01	-.23	-.08	.06	-.03	.01	-.37**	.45**	.31**	-.39**	-.29*	-.13	.27*	

N = 69
 * $p < .05$, ** $p < .01$, *** $p < .001$

PIL – Public Identification as a Lesbian	IM – Internalised Misogyny	SxSe – Sexual Self-esteem
CLC (1) – Connection with the Lesbian Community – Interaction	Dep – Depression	SxAX – Sexual Anxiety
CLC (2) – Connection with the Lesbian Community – Knowledge	SE – Self-Esteem	SxDe – Sexual Depression
PFL – Personal Feelings about being a Lesbian	SD – Social Desirability	SxFr – Fear of sexual relationships
ATOL – Attitude Toward other Lesbians	SxSa – Sexual satisfaction	
Total – Total S-LIHS		

5.4. Internalised Homophobia: Cultural comparison

A one-way analysis of variance was conducted to test for differences in internalised homophobia between countries as measured by the short form version of the LIHS. Countries with sufficient numbers of respondents for the purpose of making comparisons were Australia, United States, Canada, England and Finland. Means and standard deviations of the S-LIHS sub-scales are presented in Table 10.

Table 10

Means and standard deviations of internalised homophobia as measured by the S-LIHS for Australia, Canada, United States, England and Finland

	<i>n</i>	PIL	CLC (1)	CLC (2)	PFL	ATOL	Total
Australia	327	36.54 (16.49)	18.11 (7.40)	11.58 (6.08)	8.34 (4.03)	9.02 (5.10)	83.60 (29.18)
Canada	59	38.71 (18.56)	18.59 (9.36)	13.10 (7.23)	9.51 (6.57)	10.19 (5.33)	90.10 (35.24)
United States	259	41.87 (22.34)	17.71 (7.64)	11.98 (6.97)	9.74 (6.01)	9.49 (4.79)	90.80 (38.01)
England	59	45.47 (19.71)	20.69 (8.00)	13.64 (6.70)	9.58 (5.22)	11.50 (6.19)	100.90 (29.84)
Finland	69	42.17 (16.12)	18.57 (7.41)	11.23 (4.90)	7.94 (3.96)	10.64 (5.38)	90.55 (26.28)
All Countries	803	39.75 (19.19)	18.49 (7.94)	12.04 (6.53)	8.96 (5.09)	9.65 (5.18)	88.89 (32.92)
Theoretical Range		16 - 112	8 - 56	5 - 35	6 - 42	4 - 28	39 - 273

Note: Standard deviations in brackets

PIL = Public Identification as a lesbian. CLC (1) = Connection with the lesbian community – interaction. CLC (2) Connection with the lesbian community – knowledge of resources. PFL = Personal feelings about being a lesbian. ATOL = Attitudes towards other lesbians.

Although the data was positively skewed, this was expected and was similar to findings in other studies of internalised homophobia (e.g., Meyer & Dean, 1998). The sample size was large and there was sufficient variance not to consider transforming the variables (Tabachnick & Fidell, 1996).

The analysis of variance indicated significant differences in internalised homophobia between the groups for the PIL ($F(4,768) = 4.79, p < .01$), PFL ($F(4,768) = 3.86, p < .01$), and ATOL ($F(4,768) = 3.98, p < .01$) sub-scales and for the overall measure of internalised homophobia ($F(4,768) = 4.38, p < .01$). Post hoc Scheffé tests showed that for the Public Identification as a Lesbian sub-scale, lesbians from the United States and England reported higher levels of internalised homophobia than lesbians from Australia. Lesbians from the United States also had higher levels of internalised homophobia than Australian lesbians for Personal Feelings about being a lesbian. English respondents reported significantly higher levels of internalised homophobia than Australians in regard to Attitudes toward other Lesbians. This pattern was repeated with the overall measure of internalised homophobia with lesbians from England scoring significantly higher than lesbians from Australia.

To enable meaningful comparisons on levels of internalised homophobia to be made between the sub-scales, mean scores were averaged by dividing the total score by the number of items per sub-scale. Averaged scores are presented in Table 11. A visual examination of the averaged means indicated that all countries reported lowered levels of internalised homophobia for the Personal Feelings about being a Lesbian sub-scale than the other sub-scales. It appears that personal acceptance of oneself as a lesbian was less threatening, and invoked less feelings of internalised homophobia and greater self-

acceptance, than interaction either with other lesbians (ATOL and CLC) or heterosexuals (PIL). This supports the notion that it is not homosexuality per se that causes psychological distress but rather interaction with other individuals from a society that views homosexuality negatively.

Table 11

Averaged means and standard deviations of internalised homophobia as measured by the S-LIHS for participants from Australia, Canada, United States, England and Finland

	<i>n</i>	PIL	CLC (1)	CLC (2)	PFL	ATOL	Total
Australia	327	2.28 (1.03)	2.26 (0.93)	2.32 (1.22)	1.39 (0.67)	2.26 (1.28)	2.14 (0.75)
Canada	59	2.42 (1.16)	2.32 (1.17)	2.62 (1.45)	1.56 (1.10)	2.55 (1.33)	2.31 (0.90)
United States	259	2.62 (1.40)	2.21 (0.96)	2.40 (1.39)	1.62 (1.0)	2.37 (1.20)	2.33 (0.97)
England	59	2.84 (1.23)	2.59 (1.00)	2.73 (1.34)	1.60 (0.87)	2.88 (1.55)	2.59 (0.77)
Finland	69	2.64 (1.01)	2.32 (0.93)	2.25 (0.98)	1.32 (0.66)	2.66 (1.35)	2.32 (0.67)
All Countries	803	2.48 (1.20)	2.31 (0.99)	2.41 (1.31)	1.49 (0.85)	2.41 (1.30)	2.28 (.84)

Note: Standard deviations in brackets

PIL = Public Identification as a lesbian. CLC (1) = Connection with the lesbian community – interaction.

CLC (2) Connection with the lesbian community – knowledge of resources.

PFL = Personal feelings about being a lesbian. ATOL = Attitudes towards other lesbians.

5.5. Internalised Misogyny: Factor Analysis

The responses to the 55 items of the Internalised Misogyny scale were evaluated in a maximum likelihood factor analysis. Eigenvalues above 1 in the analysis identified

five relatively strong factors and ten weaker factors; however, on the basis of a scree test a three-factor maximum likelihood factor analysis with oblique rotation was produced. One factor contained items relative to concerns with body image and a second factor contained only items from the Modern Sexism scale. Due to the potential for these factors to be confounded by constructs other than internalised misogyny these items were eliminated from the factor analyses and treated as two separate scales for the purpose of this study. The specific items of these scales are shown in Appendix B and Appendix C. A number of other items failed to load significantly on any factor and one item had significant loadings on two factors. A factor analysis excluding these items was conducted and the new scree test indicated a three-factor solution. The final three-factor solution with oblique (oblimin) rotation that provided the best fit and the most consistent simple structure contained 17 items. One item was recoded (“I believe that most women tell the truth”). The Kaiser-Meyer-Olkin Measure of Sampling Adequacy was high (.90) and Bartlett’s Test of Sphericity was significant ($\chi^2 = 4838.66$, $df = 136$, $p < .001$). The three factors accounted for 42.22% of the total variance. Factor one contained items that related to the devaluing of women, factor two consisted of items that indicated a basic distrust of women and factor three contained items that indicated a gender bias in favour of men. Items that constituted the three factors are presented in Table 12.

Table 12

Results of the Factor Analysis of 17 Internalised Misogyny items

<i>Item</i>	<i>Factor 1</i>	<i>Factor 2</i>	<i>Factor 3</i>
Women exaggerate problems they have at work	.87		
Women are too easily offended	.72		
Women seek to gain power by getting control over men	.64		
When women lose to men in a fair competition, they typically complain about being discriminated against	.59		
It is generally safer not to trust women too much		.83	
When it comes down to it a lot of women are deceitful		.80	
I think that most women would lie just to get ahead.		.67	
I am sure I get a raw deal from other women in my life		.55	
Sometimes other women bother me by just being around		.45	
I believe that most women tell the truth ®		.44	
When I am in a group consisting of equal numbers of men and women and a woman dominates the conversation I feel uncomfortable			.72
I am uncomfortable when I hear a woman speaking with authority on male dominated topics such as football or horseracing			.63
I prefer to listen to male radio announcers than female			.55
The intellectual leadership of a community should be largely in the hands of men			.43
I prefer to work for a male boss			.41
If I were to beat another woman for a job I would feel more satisfied than if I beat a man			.38
Generally, I prefer to work with men.			.35
<i>Eigenvalue</i>	5.39	.92	.87
<i>% of variance explained</i>	31.72	5.38	5.11

® = Reverse Coded

5.6. Reliability and validity of the Internalised Misogyny scale

Reliability tests of the total scale and the three sub-scales showed them to be reliable with alphas ranging from .74 to .88. Reliability tests for the Modern Sexism items and the Body Image items were also adequate. Cronbach alphas and descriptive statistics for the Internalised Misogyny scale and for the Modern Sexism and Body Image items are presented in Table 13.

Table 13

Means, standard deviations, range and Cronbach alpha reliability of Internalised Misogyny scale

	<i>M</i>	<i>SD</i>	Theoretical range	Alpha
IM – Devaluing women	11.23	5.57	4 – 28	.83
IM – Distrusting women	16.65	6.86	6 – 42	.82
IM – Valuing men	15.33	6.27	7 – 49	.74
IM – Total	43.20	15.44	17 – 119	.88
Modern Sexism Scale	28.08	4.44	8 – 56	.87
Body Image Scale	15.59	6.67	4 – 28	.79

N = 803 IM = Internalised Misogyny

As expected, there was a significant positive correlation between internalised misogyny and internalised homophobia ($r = .46, p < .001$) indicating that lesbians who have higher levels of internalised misogyny also report higher levels of internalised homophobia. This relationship was consistent for respondents from the five comparison countries except England ($r = .19, p > .05$). This unexpected result may have occurred as a result of the S-LIHS being a less reliable instrument for lesbians from England or may reflect differences in the cultural attitudes towards women. A check of reliability of the internalised misogyny scale for each country with more than 50 respondents indicated

that the scale was reliable in each country with it being most reliable in England. Tests of reliability by country for the Internalised Misogyny scale are presented in Table 14.

Table 14

Cronbach alpha reliability of the Internalised Misogyny scale by country

	Australia	Canada	US	UK	Finland
IM – Devaluing women	.83	.80	.80	.89	.82
IM – Distrusting women	.80	.84	.82	.80	.72
IM – Valuing men	.70	.76	.73	.82	.79
IM – Total	.86	.89	.87	.92	.85

IM = Internalised Misogyny

Concurrent validity was confirmed with significant correlations in the expected direction between internalised misogyny, depression and self-esteem and the measures of psychosexual adjustment. The Internalised Misogyny scale was significantly correlated with the Body Image Scale ($r = .21, p < .01$) and the Modern Sexism Scale items ($r = .36, p < .01$). This was consistent across the five countries compared, with the exception of Finland (Body Image, $r = .01, p > .05$) and Canada (Body Image, $r = -.11, p > .05$). Correlations between internalised misogyny and other variables were presented in Table 4.

5.7. Internalised Misogyny: Cultural Comparison

A one-way analysis of variance was conducted to test for differences in internalised misogyny between Australia, United States, Canada, England and Finland. Means and standard deviations of the Internalised Misogyny sub-scales are presented in Table 15.

Table 15

Means and Standard Deviations of Internalised Misogyny for Australia, Canada, United States, England and Finland

	<i>N</i>	Devaluing Women	Distrusting Women	Valuing Men	Total
Australia	327	9.97 (5.43)	14.51 (6.15)	13.95 (5.57)	38.42 (13.78)
Canada	59	12.41 (5.57)	18.15 (6.90)	17.20 (6.83)	47.76 (16.28)
United States	259	11.82 (5.45)	17.88 (7.33)	15.98 (6.40)	45.68 (15.73)
England	59	13.59 (6.14)	17.80 (6.71)	17.42 (7.70)	48.81 (18.15)
Finland	69	11.65 (5.20)	19.23 (5.73)	15.88 (6.09)	46.77 (13.34)
All Countries	803	11.23 (5.45)	16.65 (6.86)	15.33 (6.27)	43.20 (15.44)
Theoretical Range		4 - 28	6 - 42	7 - 49	17 - 119

Note: Standard deviations in brackets

Although the data was positively skewed, this was expected and was similar to findings in other studies of internalised homophobia (e.g., Meyer & Dean, 1998). The sample size was large and there was sufficient variance not to consider transforming the variables (Tabachnick & Fidell, 1996). The analysis of variance indicated significant differences in internalised misogyny between the countries ($F(4,768) = 14.49, p < .001$). Post hoc Scheffé tests showed that lesbians from Australia reported lower internalised misogyny than lesbians from the other four countries.

5.8. *Homosexual identity formation and internalised homophobia*

A one- way analysis of variance was conducted to examine changes in levels of internalised homophobia across the stages of homosexual identity formation. Three respondents who identified as pre-stage one (heterosexual) and eleven missing responses were excluded from the analysis. The two early stages of ‘Identity Confusion’ ($N = 7$) and ‘Identity Comparison’ ($N = 9$) were collapsed into one group due to the low responding in these stages. Although the data was negatively skewed, this was expected and was similar to findings in other studies of internalised homophobia (e.g., Meyer & Dean, 1998). The sample size was large and there was sufficient variance not to consider transforming the variables (Tabachnick & Fidell, 1996). Means and standard deviations of levels of internalised homophobia across stages of identity formation are presented in Table 16.

Table 16

Means and Standard Deviation of Levels of Internalised Homophobia by Stage of Homosexual Identity Formation

Identity Stage	<i>n</i>	<i>M</i>	<i>SD</i>
Identity Confusion \ Identity Comparison	16	142.44	40.90
Identity Tolerance	34	139.74	35.30
Identity Acceptance	159	114.83	27.44
Identity Pride	89	80.99	26.05
Identity Synthesis	491	75.99	23.13

$N = 789$

Results of the analysis of variance found significant differences in levels of internalised homophobia across the groups ($F(4,784) = 126.73, p < .001$). A Scheffé post hoc test found no significant difference between individuals in the Identity Pride or

Identity Synthesis stages but both these groups reported significantly lower levels of internalised homophobia than individuals in the three early stages of identity formation. No significant difference in levels of internalised homophobia was found between individuals in the two earliest stage groups (Identity Confusion\Comparison and Identity Tolerance) but individuals in the Identity Acceptance group had significantly lower levels of internalised homophobia than the two early groups but higher levels than the two later groups.

5.9. Internalised Homophobia and Internalised Misogyny as predictors of Depression and Self-esteem

Multiple regressions were conducted to explore the ability of internalised homophobia and internalised misogyny to predict levels of self-esteem and depression. Although both internalised homophobia and internalised misogyny were positively skewed, the sample size is large and there was sufficient variance not to consider transforming the variables (Tabachnick & Fidel, 1996). Summaries of regression results predicting depression and self-esteem are presented in Tables 17 and 18 respectively. Hierarchical multiple regressions were used to assess the contributions of socially desirable responding at stage one and internalised misogyny and internalised homophobia at stage two. In the first regression (see Table 17) socially desirable responding accounted for 10% of the variance in depression scores ($F(1,801) = 86.76, p < .001$). In stage two, the addition of internalised misogyny and internalised homophobia accounted for a further 9% of the variation ($F(3,799) = 61.17, p < .001$). Lesbians less concerned with socially desirable responding, and those higher in internalised homophobia and internalised misogyny tended to report more severe levels of depression.

Table 17

Hierarchical Multiple Regression Predicting Depression from Socially Desirable Responding and Levels of Internalised Misogyny and Internalised Homophobia

Predictor	β	t	R^2	$R^2\Delta$
Step 1				
Social Desirability	-.31	-9.31***	.10	.10***
Step 2				
Social Desirability	-.28	-8.57***		
Internalised Misogyny	.10	2.69**		
Internalised Homophobia	.24	6.77***	.19	.09***

$N = 803$ * $p < .05$, ** $p < .01$, *** $p < .001$

Note: β = Standardised Beta Coefficient; $R^2\Delta$ = R square change

In the second regression (see Table 18) socially desirable responding accounted for 12% of the variance in self-esteem scores ($F(1,801) = 112.12, p < .001$). In stage two the addition of internalised misogyny and internalised homophobia accounted for a further 11% of the variation in self-esteem scores ($F(3,799) = 80.15, p < .001$). Lesbians who were concerned with appearing socially desirable reported higher self-esteem, as did those with less internalised misogyny and internalised homophobia. In both regressions socially desirable responding was the best predictor of self-esteem and depression followed closely by internalised homophobia. Internalised misogyny had the least merit as a predictor, indicating that for both self-esteem and depression, being a lesbian in a heterosexist society had a more negative impact than did being a woman in a male dominated society.

Table 18

Hierarchical Multiple Regression Predicting Self-esteem from Socially Desirable Responding and Levels of Internalised Misogyny and Internalised Homophobia

Predictor	β	t	R^2	$R^2\Delta$
Step 1				
Social Desirability	.35	10.59***	.12	.12***
Step 2				
Social Desirability	.31	9.91***		
Internalised Misogyny	-.10	-2.88**		
Internalised Homophobia	-.27	-7.81***	.23	.11***

$N = 803$ * $p < .05$, ** $p < .01$, *** $p < .001$

Note: β = Standardised Beta Coefficient; $R^2\Delta$ = R square change

Chapter 6: Discussion

6.1. Psychometric Properties of the LIHS

The results of this study provide support for the psychometric properties of a short form of the Lesbian Internalised Homophobia Scale (S-LIHS) with a multi-cultural sample. Reliability tests of the total S-LIHS and sub-scales were adequate and were very similar to the original LIHS when tested with participants from all countries. As expected (H1), tests of reliability with samples from individual countries indicated the scale was less reliable for countries other than the United States. Although reliability tests for individual countries demonstrated adequate reliability for the total scale there was some variability among the sub-scales indicating that some sub-scales may be less reliable in particular countries.

Although the psychometric properties of the original Lesbian Internalized Homophobia Scale were adequate, the lack of factorial validity questions the underlying dimensions and their interrelationship. In particular the lack of factorial validity for the original Moral and Religious Attitudes Towards Other Lesbians (MRATL) sub-scale found here, indicates that the content validity of this sub-scale was questionable. Other studies also report that tests of validity for sub-scales designed to measure the moral and religious attitudes component of internalised homophobia are sometimes problematic (e.g., Ross & Rosser, 1996; Szymanski & Chung, 2001). The items in this sub-scale appear to access strong feelings of homophobia based on moral values. These values are possibly linked to religious ideology as research has shown that strong homophobic attitudes are positively related to conservative Christian attitudes (Plugge-Foust, 2000). Over 50% of lesbians who completed this survey stated that they did not subscribe to

any religion with another 30% following Eastern or alternative religions or spiritual philosophy. In addition, the internalised homophobia scores in this study were positively skewed indicating that most respondents had relatively low levels of internalised homophobia. The Moral and Religious Attitudes Towards Other Lesbians sub-scale may have relevance for measuring internalised homophobia in a sample of lesbians that exhibits more intense feelings of homophobia or subscribes to strong Christian beliefs.

It was expected that Connection with the Lesbian Community (CLC) sub-scale from the original LIHS would be less relevant in countries with a lower population density than the United States. Many of the items in the original scale pertained to social contact with lesbian social groups, events, organisations, and sporting teams that may not be available in areas of low population density. Factorial analysis of the LIHS provided some support for variations in relevance of the CLC sub-scale with scale items loading on two factors. One factor represented social contact with the lesbian community (CLC-1) and the second factor contained items relating to knowledge of lesbians' resources such as books, music and movies (CLC-2). Tests of reliability for these sub-scales indicated that the CLC-1 sub-scale was less reliable than the CLC-2 sub-scale for participants from Australia, United States and England but reliability of both scales was similar for participants from Canada and Finland. The variation in reliability of these sub-scales appears not to be related to population density and may be influenced by some additional variable such as social cohesion of the lesbian community. Further research could investigate other factors that may be influencing these findings.

6.2. Levels of Internalised Homophobia: Cultural comparison

The results of this study also confirm the social constructionist nature of internalised homophobia by providing evidence for differences in internalised homophobia across different countries (H2). As expected, lesbians in Australia reported lower levels of internalised homophobia than lesbians from other countries. This suggests that differences in internalised homophobia result from differences in experience of prejudice and discrimination by lesbians from different countries. A comprehensive explanation for the differences in each country are beyond the scope of this study but would draw upon theories of stigma and would likely incorporate differences in socio-political and religious structures.

6.3. Internalised Misogyny

The Internalised Misogyny scale developed for this study proved to be a reliable and valid instrument for measuring the impact of a devalued gender status on women. The reliabilities of the sub-scales were adequate to good and illustrated an internalisation of misogynistic attitudes that manifests as stereotypical beliefs about women, devaluing and distrusting other women, and valuing men over women. While the three sub-scales identified in this study relate to women's feelings about other women and about men, it would be expected that there would also be a factor construed around the impact of internalised misogyny on women's feelings about themselves. In this study this was evidenced by women's hatred of their physical bodies; however the scale developed here may not have adequately identified other aspects of internalised misogyny around feminine self-constructs.

As expected (H3) there were significant differences in level of internalised misogyny between lesbians from different countries. Lesbians from Australia reported lower levels of internalised misogyny than the other countries examined. This finding provides evidence that misogyny, like homophobia, is a social construction that serves to emphasise difference and reinforce the value of men over women.

6.4. Internalised Homophobia and Internalised Misogyny

As expected (H4) there was a significant positive relationship between internalised homophobia and internalised misogyny. This suggests that cultural misogyny and cultural homophobia operate in tandem and that the experience of prejudice and discrimination is multiplied for lesbians. Lesbians who reported higher levels of internalised homophobia and higher levels of internalised misogyny also reported greater depression, lower self-esteem and more psychosexual difficulties (H5).

6.5. Internalised Homophobia and Internalised Misogyny as predictors of Depression and Self-esteem

In this study both internalised homophobia and internalised misogyny were significant predictors of levels of depression and self-esteem in lesbians (R1). However for both self-esteem and depression, internalised misogyny contributed the least to this model. The higher contribution of internalised homophobia may be attributable to the additional stress resulting from the option of choosing to conceal oneself as a lesbian. Concealing a homosexual identity or 'passing' as heterosexual generally has a negative impact on mental health (Smart & Wegner, 2000). The correlation between internalised homophobia and internalised misogyny provides empirical support for the generally accepted fact that lesbians experience the double dilemma of being stigmatised both as women and homosexuals.

6.6. Homosexual Identity Formation

Correlations between internalised homophobia and the development of a homosexual identity were also as expected (H6) with reported levels of internalised homophobia decreasing as individuals moved from the early stages of self-doubt and questioning to a positive evaluation of one's homosexual identity. The low number of respondents identifying in the early stages of the Cass (1979) model makes a full examination of the theoretical framework difficult. Difficulty in recruiting respondents in these early stages is an issue that has been identified in other research utilising this model (Brady & Busse, 1994, cited in Taylor, 1999). Individuals in these early stages of confusion and comparison are unlikely to be part of the population targeted for participation in research studies aimed at people who identify as homosexual.

6.7. Implications of the study

The S-LIHS and the Internalised Misogyny scale presented in this study are reliable instruments for use in multi-cultural samples. Both scales are relatively short, easily administered and scored, and the results of this study indicate they are reliable and valid instruments in a variety of cultural settings. Both scales are suitable for use in further research and in clinical applications. The results presented here have added to the understanding of the management of multiple stigmatised identities for lesbians. While there is a paucity of published research on internalised homophobia in lesbians this study has provided a unique contribution to the understanding of cultural homophobia for lesbians. The sample size in this study was large, involved participants from many different countries and provided new insights into the manifestations of internalised homophobia. The findings of this study have confirmed the likelihood that cultural differences in homophobia exist between particular countries. Examination of

these differences could be the focus of further research and could include an examination of the socio-political and religious contexts within which internalised homophobia develops. In addition, the Internalised Misogyny scale has made a unique contribution to the understanding of the impact of cultural misogyny for women and of the interaction of multiple stigmatised identities for lesbians. Although internalised misogyny is acknowledged as a factor that has implications for all women in Western countries (Ellis & Murphy, 1994), no other empirical data on the construct exists at this time. Further empirical studies of the construct are required to provide additional validation of the scale.

While internalised homophobia is reduced through the formation of a positive homosexual identity and through contact with the lesbian community it continues to have implications for all lesbians. This study has provided additional evidence that internalised homophobia correlates with increased depression, lowered self-esteem and psychosexual difficulties; therefore therapy with lesbian clients should address internalised homophobia even when not the presenting problem. Therapy with lesbians should take into consideration current and historical cultural attitudes and beliefs about lesbians as this informs the development of internalised homophobia. In addition, all lesbians experience the negative effects of internalised misogyny. Positive contact with the lesbian community may be a factor that reduces internalised misogyny as well as internalised homophobia, but the internalisation of negative cultural beliefs and attitudes about women and lesbians continues to affect all lesbians to some degree.

6.8. *Limitations*

The results of this study add to the understanding of the manifestations and correlates of internalised homophobia; however any generalisations should be made with caution. Other variables such as traumatic life events, individual coping styles and personality factors may influence the internalisation of negative societal attitudes and beliefs (Linville, 1987; Matthews, Hughes, Cassidy, Johnson & Razzano, 2000). The majority of participants in this study were well educated and lived in urban areas and were similar in demographics to other samples used in studies of internalised homophobia in lesbians (e.g., Szymanski & Chung, 2001; Szymanski, Chung & Balsam, 2001). In particular, with such a large sample from the United States, the demographic of race should have been considered. The author received correspondence from a number of African American lesbians that detailed perceived differences in the development of a lesbian identity within a minority group stigmatised by colour. These women reported that they dealt not only with the negative and homophobic stereotypes of the wider community but were also subject to additional social controls and sanctions from within their own community as a result of the perception that they further diminished the social standing of their race by being homosexual.

The assessment of sexual orientation and identification as a lesbian was based upon limiting the survey to participants who had experienced same-sex attraction, and an assessment of sexual behaviour and identification within Cass's (1979) Stage Allocation Measure. Despite the clear targeting of women who identify as lesbians a small number of respondents identified as Pre-Stage 1 (heterosexual) and had sexual relationships only with men. However, as White and Levinson (1993, cited in Taylor, 1999) note, women who identify as lesbians may be celibate or sexually active with

women, men, or both. An adequate assessment of sexual orientation generally requires the 2 (affective attraction and physical/sexual attraction) x 2 (same-sex attraction and opposite-sex attraction) assessment described by Chung and Katayama (1996); however this was not used in this study in an attempt to enhance the potential for the maximum number of respondents to complete the survey.

The majority of participants in this study completed the survey through the World Wide Web. With such a high percentage of participants recruited through a single medium the results of this study may reflect the experiences of a particular section of the lesbian community. Lesbians who utilise *e*-groups and *e*-communities may be a special group of lesbians and their experiences, attitudes and beliefs might not reflect those of other lesbians.

6.9. Further Research

The Internalised Misogyny scale developed for this study identified dimensions of the construct that emphasised feelings about other women and the valuing of men over women. The lack of more personally relevant self-hatred aspects may indicate that the scale measures overt manifestations of internalised misogyny and a more sensitive measure is required to identify aspects of internalised misogyny relevant to the self. It was beyond the scope of this study to conduct an in-depth investigation of this aspect of internalised misogyny and this could be the focus of further research in this area.

Further research should also consider a comparison of internalised homophobia and internalised misogyny between homosexual women and heterosexual women.

Although this study was primarily aimed at assessing the internalisation of homophobia and misogyny in lesbians a comparison group of heterosexual women may provide additional insight into the particular effect of misogyny and homophobia on lesbians. As all women in Western cultures experience internalised misogyny to some degree (Ellis & Murphy, 1994) further research should explore for changes in levels of internalised misogyny that may result from development of a lesbian identity. Development of a lesbian identity generally incorporates positive contact with other lesbians in the latter stages and exploration of the impact of this contact on levels of internalised misogyny could be explored.

Further research could also focus on attributions for the negative affect resulting from internalised homophobia. Lesbians who attribute their devalued status to a heterosexist and homophobic society may be less effected by internalised homophobia than lesbians who self-blame.

6.10. Conclusions

Although psychometric tests of the original LIHS indicated that the scale was both reliable and valid the results of the factorial analysis conducted in the current study provide support for a shorter version of the scale (S-LIHS). Psychometric evaluation of the S-LIHS demonstrated that it is a reliable and valid scale suitable for use with multi-cultural samples. Tests of the psychometric properties of the Internalised Misogyny scale developed for this study were adequate and indicate that the scale is suitable for assessing the extent of internalised misogyny in lesbians. Additional validation is required to assess the suitability of the scale with non-homosexual women. Results of the current study provide additional understanding of the nature of the relationships between internalised homophobia, internalised misogyny, depression, self-esteem and

psychosexual difficulties. Cultural variations in both internalised misogyny and internalised homophobia demonstrate the social construction of homophobia and misogyny and the impact these have on the development of a lesbian identity.

Awareness of the process of internalised homophobia and internalised misogyny, and of the cultural milieu of heterosexism and misogyny is critical for effective and affirmative psychotherapy with lesbians. Internalised homophobia and internalised misogyny are often major variables in the development of some symptomatic conditions among lesbians and the first stage of therapy should be to identify the nature and extent of internalised homophobia and internalised misogyny (e.g., Johnson, 1999). The S-LIHS and the Internalised Misogyny scale are reliable and valid instruments for measuring internalised homophobia and internalised misogyny in lesbians. Both scales provide a simple means for conducting an initial assessment of the extent to which homophobia and misogyny has been internalised. Information gained from the assessment can serve to inform psychotherapeutic interventions and goals.

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Appendix A:

Copy of Questionnaire

Appendix B

Internalised Misogyny - Modern Sexism Scale

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1. Discrimination against women is no longer a problem in Australia
 2. It is easy to understand the anger of women's groups in Australia
 3. Women often miss out on good jobs due to sexual discrimination
 4. It is easy to understand why women's groups are still concerned about the societal limitations of women's opportunities.
 5. Over the past few years, the government and news media have been showing more concern about the treatment of women than is warranted by women's actual experiences.
 6. It is rare to see women treated in a sexist manner on television
 7. On average people in our society treat men and women equally
 8. Society has reached the point where women and men have equal opportunities for achievement
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Appendix C

Internalised Misogyny - Body Image Scale

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1. I dislike the way my body looks.
 2. I am very dissatisfied and self-conscious about specific parts of my body (eg nose, breasts, legs)
 3. If I could afford it I would consider having plastic surgery.
 4. Concerns about my weight are a daily occurrence for me.
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