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GENDER IDENTITY AND DEFENSIVE STYLES IN  
HOMOPHOBIC HETEROSEXUAL MALES

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GENDER IDENTITY AND DEFENSIVE STYLES IN  
HOMOPHOBIC HETEROSEXUAL MALES

By

Ruth Ellen Euchner

A DISSERTATION

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## ABSTRACT

### GENDER IDENTITY AND DEFENSIVE STYLES IN HOMOPHOBIC HETEROSEXUAL MALES

By

Ruth Ellen Euchner

Although there is a significant body of theoretical literature on the psychoanalysis of homophobia, very little in the way of systematic research on this topic has been conducted. Psychoanalytic theory suggests that the presence of castration anxiety may play a role in the development of homophobia in heterosexual men, and such men may control homosexual anxiety through the use of less psychologically developed defensive styles such as projective identification and reaction formation. This study investigated the relationships between castration anxiety and defensive style in a sample of heterosexual homophobic college-aged males. It was expected that homophobic males would experience significantly greater castration anxiety and engage in less mature defensive styles than their nonhomophobic counterparts. These hypotheses were not confirmed. However, post-hoc analyses indicated that homophobic males were less likely to use adaptive defense styles, and very homophobic males

differed significantly from very nonhomophobic males on a measure of castration anxiety. Results suggest castration anxiety may not explain homophobia except in males who experience extreme homosexual anxiety and that males who experience greater levels of homophobia may not readily make use of adaptive coping mechanisms. Implications of these findings for clinical psychoanalytic practice, as well as directions for future research, are discussed.

To Dad, a great educator

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## Chapter 1

### INTRODUCTION AND LITERATURE REVIEW

"Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation. It cannot be classified as an illness; we consider it to be a variation of the sexual functions produced by a certain arrest of sexual development." --Sigmund Freud

"The problem is with that term homophobia, because if you look at it literally it means fear of homosexuals. My feelings about homosexuals were less fear and more hostility. So I wouldn't say fear was what it was. I wouldn't call it homophobia. It was something else...loathing...loathing of them. To the extent that I was doing it myself [having sex with men], I was disgusted with them...I thought I was helping here [by killing homosexuals]..."

--Jay Johnson, convicted murderer

"Being a verry drunk homofobick I flipped out and began to pistol whip the fag with my gun."

--From a letter written in prison by Aaron

McKinney, one of the killers of Matthew Shepard

That homosexual individuals are often the targets of verbal and physical abuse, overt and covert hostility and discrimination, and jokes and caricatures appears to be a well- established aspect of current American culture. Fassinger (1991) reports in excess of 90 percent of gay men and lesbians report being the target of verbal abuse or threats, and more than one third report being survivors of violence related to their homosexuality. According to the Southern Poverty Law Center, 21 people were killed in 1996 because they were gay or lesbian, compared to 20 African-Americans reported lynched in 1935, and fewer than 10 a year in the 1950s and 1960s. Such statistics have led Alter (1998) to conclude "violence against gays is a fact of life and a national disgrace" (p. 44). Recent events on this campus in which a campus landmark was painted with anti-gay slurs such as "I kill fags" (Sell, 1998) and in Wyoming, where a gay male University of Wyoming student was brutally beaten and subsequently died, underscore the increasing need for a constructive dialogue regarding the construct generally referred to in the popular culture as "homophobia."

### **Purpose of study**

The main purpose of this study was to examine whether homophobic heterosexual males experience a significantly

greater degree of castration anxiety than their nonhomophobic counterparts. Based on Stoller's (1974) use of castration anxiety as an index of core male gender identity, it is believed that homophobic heterosexual males would have less secure gender identity and subsequently higher levels of castration anxiety than nonhomophobic heterosexual males. Such anxiety, which can also be conceptualized as the fear of becoming "feminized," passive, or losing "the idealized penis" (Cameron & Rychlak, 1985), can be an important factor in attempting to explain some negative affective reactions by heterosexual men to homosexual males. Secondly, this study seeks to further understand the links between defensive styles and homophobia. Psychoanalytic theories and the few empirical studies in this area suggest the main defenses utilized by homophobic males in reducing homosexual anxiety are denial, projection, and isolation (Johnson, Brems, & Alford-Keating, 1997). It is theorized that a less psychologically developed defensive style, as described by Bond et al. (1983), would have greater potency in homophobic as compared to nonhomophobic males.

### **Defining homophobia**

The term homophobia, as first described by Weinberg (1972, p. 4), was defined as "the dread of being in close

quarters with homosexuals." Today, this term has been expanded in the social scientific literature to generally refer to cultural, attitudinal, and personal biases toward homosexuals (Fyfe, 1983). Haaga (1991, p. 171) suggests the "broad-gauge usage of 'homophobia' may be counterproductive" to understanding its etiology, blurring operational meanings and muddying much-needed debate among scholars.

In an attempt to inject clarity into the debate, various writers have coined the terms "anti-homosexual prejudice," "homonegativism," "homosexism" and "anti-gay bias" to help distinguish broad negative reactions to homosexuals from more clearly phobic reactions as envisioned by Weinberg. However, these terms have not caught on, and many scholars continue to retain the use of the word homophobia even when they are more clearly referring to anti-homosexual prejudices. Therefore, a review of the development of the term homophobia is necessary before proceeding further, as its definition has important implications for this study.

Cultural definitions of homophobia emphasize the maintenance of traditional sex roles (Brown & Amoroso, 1975; Lehne, 1976; MacDonald & Games, 1974; MacDonald, et al., 1972; Millham, et al., 1976; Morin & Garfinkle, 1978;

Pleck, 1975, and Weinberger & Millham, 1979), while attitudinal definitions focus on fixed, negative attitudes toward homosexuals (Millham et al., 1976; Steffensmeier & Steffensmeier, 1974, and Weinberger & Millham, 1979). Homophobia as a personality dimension has been found to correlate with rigidity, authoritarian style, conservatism, and intolerance of ambiguity and deviance (Berry & Marks, 1969; Dunbar, et al., 1973, and Smith 1971). In a later study, Johnson, Brems, & Alford-Keating (1997), found that homophobia was negatively correlated with empathic concern, perspective taking, and less endorsement of human rights, while positively correlated with religiosity and the coping styles of denial and isolation. Monroe, Baker, and Roll (1997) also discovered that homophobia is inversely related to social intimacy with other males.

Colin (1991) generally defines homophobia as any antihomosexual bias and discriminatory behavior, whereas Kingdon (1979) differentiates between "external" and "internal" homophobia by describing the former as a cultural homosexual bias and the latter as an internalized self-devaluation by homosexuals similar to what clinical psychologists and psychiatrists refer to as "ego-dystonic homosexuality" (Cameron & Rychlak, 1985).



Confronted by this lack of consensus regarding the meaning of homophobia, Hudson and Ricketts (1980) draw a basic distinction between the cognitive aspects of homophobia, which they term *homonegativism*, and the emotional and/or affective responses, which retain the original label of homophobia and are most similar to Weinberg's original definition. Homonegativism includes judgments regarding the morality of homosexuality, decisions concerning personal or social relationships, and any responses concerning beliefs, preferences, legality, social desirability, or similar cognitive responses. Homophobia, according to Hudson and Ricketts, includes fear, anxiety, anger, discomfort, and aversions that a person experiences in interacting with gay individuals, which may or may not contain a conscious, focused attitude. Following this reasoning, it is possible that while a person may experience anxiety or fear around homosexuals, the same person may or may not consciously hold or endorse negative attitudes toward homosexuals.

Furthermore, it is interesting to note that the concept of homophobia does not appear at first blush to fit with classical definitions of phobia. According to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, a

specific phobia is defined as "a marked or persistent fear of clearly discernable, circumscribed objects or situations" (*DSM-IV*, 1994 p. 405). As described by Fyfe (1983, p. 550), there are two specific criteria for phobia that are not consistent with homophobia: "First, there must be a 'compelling desire to avoid' the phobic stimuli in addition to a persistent fear and dread." A review of news accounts describing violence against homosexuals suggests that the instigators of such violence often deliberately seek out homosexuals as targets. In addition, according to Fyfe, "there must be significant distress from the disturbance and *recognition* [author's italics] by the individual that his or her fear is excessive and unreasonable." Again, this appears contrary to popular understandings of homophobia, in which persons so described often a) do not appear to recognize their emotional reactions as fear, but more likely as hatred and/or disgust, and b) do not see their actions as excessive or unreasonable, but moral and just. O'Donohue and Caselles (1993) note that while Hudson and Rickett's definition of homophobia may not be similarly sufficient to other specific phobias to be seen as a mental disorder, it does appear to capture an important subset of negative reactions to homosexuals. In sum, it seems clear that at least some

of these definitions sound more like an anti-homosexual prejudice than a phobia.

### **Reconciling definitions of homophobia**

So, how does one reconcile these competing ideas? Adams, Wright, and Lohr (1996) suggest the only requirement for the label of phobia is that the phobic stimuli produce anxiety. Consequently, the person may avoid, endure, or act in a nature contrary to this anxiety depending on environmental circumstances and the nature of the stimuli. This is consistent with McDonald's (1976) view of homophobia as anxiety or anticipatory anxiety elicited by contact with homosexual individuals and with current diagnostic criteria for simple phobias. In the development of an attitude scale, Van de Ven, Bornholt, and Bailey (1996) found homophobia to be related to the negative affects of guilt (personal discomfort) and anger (hostile feeling) regarding homosexuality. The current study focuses on negative affective responses and rests on the narrower construction of homophobia as an anxiety-based response.

### **Homosexuality**

Because this study assumes important links between homophobia and fears of homosexuality, it seems necessary to discuss what is known at this time regarding some causal

factors in male homosexuality. It cannot be emphasized enough that there is no clear consensus among scholars from multiple disciplines as to the exact etiology of homosexuality in males and, like most behaviors of interest, appears to be multi-factorial.

Although its actual incidence may be impossible to ascertain, Kinsey, Pomeroy, and Martin (1948) concluded that 37 percent of the post-pubertal males in our society have had at least one homosexual contact that resulted in orgasm. Kinsey and his associates emphasize, however, that transitory adolescent same-sex activities are included in these statistics, thereby skewing their meaning. They conclude that roughly four percent of white adult males are exclusively homosexual throughout their lives, and that about 10 percent are more or less exclusively homosexual for at least three years between the ages of 16 and 55. More recent studies (Billy, et al., 1993, and Michael, et al., 1994) suggest that the rate of adult homosexual behavior is between two and six percent, with the rate of exclusive male homosexuality between one and two percent. An interesting finding relevant to Kinsey et al.'s study was that about 13 percent of their sample reacted erotically to males even though they never had any overt homosexual contacts after adolescence.

## **Biological theories of male homosexuality**

There are a great number of non-psychodynamic theories regarding the etiology of homosexuality that are too numerous to be reviewed in any great detail here but certainly deserve mention. Biological theories of homosexuality have placed importance on the role of genetic predispositions to explain the observations of higher concordance rates of homosexual behavior in monozygotic twins than in dizygotic twins (Bailey & Pillard, 1991; Hamer, et al., 1993). In addition, studies of birth order find evidence for what Slater (1962) calls "a shift to the right." That is, homosexuals tend to be found later in a sibship than would be theoretically expected. He speculates this may be due to a chromosomal abnormality in homosexuals, however, alternative explanations suggest the unique relationship between a mother and a younger male child may be more plausible. Prenatal androgen deprivation in male fetuses can induce female sexual behavior in adulthood (Goy & McEwen, 1980), while Levay (1993) has tentatively concluded that a specific hypothalamic region in the brain is significantly smaller in male homosexuals than in male heterosexuals. Comparative psychological studies have found evidence for homosexual behavior in other species, suggesting such a deviation may have

adaptive qualities in maintaining social order, specifically among primates (Marmor, 1971). Overall, the available evidence for the biological model of human sexual orientation at this time is intriguing but not overwhelming.

### **Social and developmental factors in male homosexuality**

As difficult as it is to arrive at consensus regarding various biological explanations of male homosexuality, it has been even more difficult to achieve agreement as to the most important social and developmental factors relating to male homosexuality. Various family constellations (intimate and seductive mother, detached and hostile father, idealized father, and intensely ambivalent relationship with an older brother) have all been investigated and found in the backgrounds of some homosexual men. Negative conditioning toward opposite-sex objects and positive conditioning toward same-sex objects has also been advanced as a hypothesis of male homosexuality (Bieber, 1973, and Marmor, 1971). Finally, some scholars emphasize early disturbances in core gender identity as a defining factor in the later development of homosexuality (Friedman & Downey, 1995). Here, the young boy recognizes he is a male, but he may come to feel,

"Although I am male, I am fundamentally different [author's emphasis] from other boys" (p. 101).

### **Psychodynamic theories of homosexuality**

When discussing psychodynamic theories of male homosexuality, one must begin with Sigmund Freud, whose remarkably progressive attitude toward homosexuals is exemplified by the quotation at the beginning of this dissertation. It was not until 1974, some 50 years later, that homosexuality was voted out of the *DSM-II* after an acrimonious and unprecedented debate by psychiatrists. The following is a good summary of his essential theory:

"The genesis of male homosexuality in a large class of cases is as follows. A young man has been unusually long and intensely fixated upon his mother in the sense of the Oedipus complex. But at last, after the end of puberty, the time comes for exchanging his mother for some other sexual object. Things take a sudden turn; the young man does not abandon his mother, but identifies himself with her; he transforms himself into her and now looks about for objects which can replace his ego for him, and on which he can bestow such love and care as he has experienced from his mother...A striking thing

about this identification is its ample scale; it remolds the ego in one of its important features--in its sexual character--upon the model of what has hitherto been the object. In this process the object itself is renounced..." (Freud 1921/1955, p. 108-109).

This suggests homosexuals are in sense making love to themselves by seeking same-sexed partners, thereby using this homosexual identity as an investment in narcissistic libido (Cameron & Rychlak, 1985). Freud later expanded his theory of male homosexuality to include the "idealization of the penis" (Freud, 1922/1955, pp. 230-231). He found that homosexual men seemed to place an inordinate value upon the penis per se, so that the cathecting of this organ later conflicted with cathecting a person who lacked this valued organ--a woman (Cameron & Rychlak, 1985).

Of importance to this study is the idea that homosexuality may be related to castration anxiety. The fear of the father because of the young boy's involvement with the mother becomes so intense that all women are renounced. Additionally, Freud proposed a source of homosexuality evident in the jealousies of a male against his siblings:



"Observation has directed my attention to several cases in which during early childhood impulses of jealousy, derived from the mother-complex...and of very great intensity arose against rivals, usually older brothers. This jealousy led to an exceedingly hostile and aggressive attitude toward these brothers which might sometimes reach the pitch of actual death-wishes, but which could not maintain themselves in the face of the subject's further development. Under the influences of upbringing--and certainly not uninfluenced also by their own continuing powerlessness--these impulses yielded to repression and underwent a transformation, so that the rivals of the earlier period became the first homosexual love-objects" (Freud, 1922/1955, p. 231.

Subsequent analytic thinkers over the years have expanded and refined Freud's original work. For example, Socarides (1978) emphasizes projected castration fears, i.e., an inordinate fear of male aggression, and a yearning for male acceptance and affection stemming from an underlying sense of masculine inadequacy (emasculatation) in the development of homosexuality in men. Such ideas are particularly

relevant to this study, and from here we turn to how such ideas may relate to homophobia. Whether or not one accepts these ideas as being etiologically related to homosexuality, they are relevant to an understanding of homophobia.

### **Etiology of homophobia**

So, what would cause one to hold negative attitudes toward homosexuals? MacDonald (1976) suggests there are multidimensional sources of such attitudes including religious taboos, sexual conservatism, obedience and conformity, the belief that sex should be reserved for procreation, the idea that homosexuality is an unnatural act, the belief that homosexuals seduce young children, homosexuality is a psychopathological state, the idea that homosexuality breeds promiscuity, and intolerance of sex-role confusion. Macdonald also includes homophobia in this listing but emphasizes it does not apply to all persons with negative attitudes toward homosexuals. Stein (1996) stresses male socialization in American society involves learning that sexual and emotional attachments to men involve stigma and consequent anxiety.

### **Psychodynamic views of homophobia**

Regarding homophobia specifically, the most prominent psychoanalytic view today is that people experience

homophobia as a form of latent homosexuality. As described by West (1977), latent homosexuality is defined as homosexual arousal of which the person is either unaware or denies. That is, the person--consciously or unconsciously--fears he is homosexual and/or others will think he is a homosexual and acts in such a manner as to reduce this fear. Imbedded in this concept is the idea of repression. Repression is described as the barring from awareness of unwanted or unacceptable impulses, wishes, fantasies, and/or memories that results in irrational responses or emotional malaise when confronted with such stimuli. Consequently, homophobic reactions of disgust or anger would serve to reduce the anxiety and tension aroused by unconscious conflicts surrounding one's own sexuality or gender identity.

Following Kleinian theory, Sussal (1998) describes homophobia as a potential indication of the lack of resolution of the paranoid-schizoid position, in which the defense mechanism of projective identification is extensively used. Heterosexual feelings are designated as good and are retained, while homosexual feelings are split off and rejected as bad. She concludes that among heterosexual men, an important underlying motive for homophobia is the unconscious envy of gay men who are

perceived as unconstrained by the masculine ideal, thus having greater sexual freedom. In this way envy is unconsciously converted to hostility.

De Kuyper (1993) suggests that there is an unavoidable homosexual residue even in a successful resolution of the Oedipus complex, as the boy has the choice of both parents as a love object, and later identification with the father includes love, a specific variety of identification, for the father. Therefore, de Kuyper asserts, the heterosexual resolution to the Oedipal conflict is achieved at the price of a homosexual resolution, which is never completely surrendered and becomes repressed. In his view, homophobia has to do with frustration and envy, resulting, on the male side, in rivalry (aggressiveness and attraction). In addition, following the original Freud (1937), there is a fear of passivity, not toward women but toward other males, that leads the man to develop homophobic reactions.

Another theorist, Kantor (1998) suggests homophobia "is a symptom like paranoid delusion or phobia are symptoms...it is a defense against anxiety" (pp. 161-162). He asserts the four types of anxiety that can be present in homophobia are (1) superego or conscience anxiety; (2) separation anxiety; (3) id or impulse anxiety, and (4) castration anxiety. Castration anxiety, which Kantor

claims is particularly prominent in "hysterical homophobes" (p. 163), refers to a man's fear of being emasculated.

Isay (1989) expands on this idea by stating that homophobic men's hatred for gay men is often related to fears of "what is perceived as being 'feminine' in other men and in oneself" (p. 78). He further states that many men are in "conflict about their passive anal sexual desires" (p. 75) and that homophobic men have "a distressing tendency for mistaking the feminine aspects of their character as homosexual, leading to their fantasies of performing fellatio or being the receptive partner in anal sex, which they attempt to deal with through counterphobic attitudes" (pp. 75-77).

While there is a wealth of analytic case study material and theoretical papers describing latent homosexuality and homophobia, there is very little in the way of empirical research attempting to link the two. In a very elegant study, Adams, Wright, and Lohr (1996) investigated this relationship by exposing homophobic and nonhomophobic males to explicit erotic stimuli consisting of heterosexual, male homosexual, and lesbian videotapes and measuring changes in penile circumference. While both groups exhibited similar increases in penile circumference to the heterosexual and lesbian videos, only the homophobic

men demonstrated a similar arousal to the male homosexual tape, leading the investigators to conclude that homophobia is associated with homosexual arousal. Their conclusion was strengthened by data indicating the homophobic males did not rate their subjective arousal to the male homosexual tape as great as their arousal to the two other tapes.

### **Research question**

From the above, it seems clear that homophobia is a complex construct about which we know relatively little. There is initial experimental data to support the idea that homophobia is associated with latent homosexuality; other studies have looked at personality variables and cognitive strategies used by people classified as homophobic. There is a wealth of theoretical papers devoted to in-depth analyses of homophobia; the most influential from a psychoanalytic viewpoint have been reviewed here. In these writings the notion of castration anxiety appears as one etiological factor in both homosexuality and homophobia.

The current study attempts to better understand one of the theorized driving forces--castration anxiety--behind homophobia. Specifically, the primary goal was to investigate whether homophobic heterosexual men experience greater levels of castration anxiety than nonhomophobic

men, as suggested by psychoanalytic theory. Schwartz (1991) has determined that homosexual males show greater castration anxiety than heterosexual males. Given the dynamic links between homosexuality and homophobia, i.e., that homophobia is a defense against latent homosexuality, it seems reasonable to hypothesize that one would also see greater levels of castration anxiety in homophobic males. The current investigation was designed to evaluate this theory.

Since homophobia is seen as a defense against homosexual anxiety, a secondary goal of this study was to evaluate the links between defense mechanisms and homophobia. In Freud's famous case study of Schreber (1911/1958), Schreber protected himself from his homosexual tendencies by means of reaction formation and projection: "I do not love him, I hate him," the ego first says in self-defense, then the projection turns "I hate him" into "He hates me" (Fenichel, 1945). These defenses, among others, have been described by Bond (1995) and Bond and associates (1983) as psychologically "immature" and maladaptive when compared to defenses such as humor, sublimation, and suppression, which are viewed as more constructive mastery of internal conflict. He further suggests the "least mature" people have behavior problems

that prevent them from taking constructive action on their own behalf. Consequently, such persons experience problems in realistically viewing themselves and others, leading to relationship problems. This last statement seems particularly relevant to the problem at hand. From the literature reviewed above, it seems that persons described as homophobic would be particularly prone to have distorted views of others and less well psychologically developed coping mechanisms.

### **Hypotheses**

**Hypothesis 1:** Homophobic heterosexual males will experience a significantly higher level of castration anxiety than will nonhomophobic males. Castration anxiety will be measured by an eight-card Thematic Apperception Test (TAT) set as described in Chapter 2.

**Hypothesis 2:** Homophobic heterosexual males will use less mature defensive styles significantly more than will non-homophobic heterosexual males. Defensive styles will be measured by the Defensive Styles Questionnaire developed by Bond et al. (1983) and is described in Chapter 2.

**Hypothesis 3:** Castration anxiety, as measured by the TAT, will account for the greatest amount of variance in level of homophobia than will defensive style. Here, it is assumed that castration anxiety is the precursor to the



development of a defensive style designed to reduce anxiety.

## Chapter 2

### METHODOLOGY

#### **Participants**

One hundred and fifty-one male students drawn from the Michigan State University Department of Psychology Human Subjects Pool participated in the study. Twenty-eight protocols were excluded from final data analysis as described below, leaving the number of protocols analyzed at 123. According to Cohen (1977), a sample size of 125 is needed to detect a medium effect ( $r=.30$ ) at  $p=.05$  with a power of .80. Post-hoc analysis indicated this sample size had sufficient power to detect a medium effect, if present, at these criteria.

Participants were tested in small groups consisting of no more than 10 participants per test session. Prior to the experiment, informed consent was obtained, during which the participants were told they would first be filling out a brief questionnaire that asked questions about age, race, etc., then each of them would be given a set of eight different pictures. Participants were then told they would be asked to make up and write a story for each picture they saw. Once they had completed that task, participants were told they would be given three short questionnaires to answer. The exact nature of the questionnaires was not

described to participants during the informed consent procedure due to concerns that this knowledge would unintentionally influence the contents of the Thematic Apperception Test (TAT) stories they were about to write; participants were told they would be answering some questions regarding their relationships and how they coped with different kinds of stressors and situations. Prior to the beginning of the experiment, participants were also given envelopes and instructed they should place all study materials except the signed consent forms in the envelopes once they had completed each. This was done to help promote the feeling that their responses to sensitive questions would be kept private from other participants who were sitting near them.

In addition to gathering standard demographic information (Appendix A) from participants, information on participants' history of sexual abuse and/or psychiatric problems was obtained but only used to exclude those participants (n=4) who endorsed either problem from the final data analysis as described above. Likewise, all participants not meeting the inclusionary criteria of heterosexuality as defined below by the Kinsey Heterosexual-Homosexual Rating Scale (described below) were allowed to participate, but their data was excluded from

final analysis (n=24). All participants were debriefed after completing the study.

A pilot study (N=6) was conducted prior to formal data gathering to determine participants' potential emotional reactions to test stimuli and presentation order of test stimuli to control for potential order effects. Pilot study participants were tested individually, then interviewed after each had completed the study. No participant reported any untoward, aversive emotional reactions to test stimuli. It is possible, however, these male participants did indeed feel heightened anxiety after completing the study but were less likely to report such negative feelings to a female investigator. In terms of participants' ability to accurately guess the true purpose of the study, all pilot-study participants said they believed the purpose to the study was to determine if they were "secretly homosexual;" this belief was based on their completing the Index of Homophobia (IHP) coupled with the idea that the investigator was looking for stories that indicated one was gay. This was particularly true for participants who completed the three questionnaires, then responded to the eight TAT cards. Therefore, the TAT cards were given first in the final study, in a randomized order. TAT cards were randomized because pilot-study participants

tended to produce longer, more complex stories to the cards presented to them first and shorter stories to cards that appeared later. The three questionnaires were given to participants after they completed the TAT stories; the questionnaires were also presented in a random order to control for order effects.

## **Measures**

**The Kinsey Heterosexual-Homosexual Rating Scale.** A modified version of the Kinsey Heterosexual-Homosexual Rating Scale (Adams, Wright, & Lohr, 1996; see Appendix B) was used to assess sexual arousal and prior sexual experiences. This version consists of a seven-point scale on which individuals separately rate their sexual arousal and experiences from exclusively homosexual (7) to exclusively heterosexual (1). Only participants who reported exclusive heterosexual arousal and experiences were included in the final data analysis.

**Index of Homophobia.** The IHP (O'Donahue & Caselles, 1993; Appendix C) is the most widely used measure of homophobia and assesses its affective components. The scale contains 25 items, and scores range from 0 to 100. According to O'Donahue and Caselles' original scoring criteria, respondents could be classified into four groups on the basis of their scores: 0-25, high-grade

nonhomophobic men; 26-50, low-grade nonhomophobic men; 51-75, low-grade homophobic men, and 76-100, high-grade homophobic men. The score obtained is a measure of dread an individual experiences when in close quarters with a homosexual: A low score is equivalent to low dread, while a high score indicates high dread. Positive and negative statements are used to control for response set biases. The measure has a satisfactory internal reliability coefficient of .90 (p. 187).

**Thematic Apperception Test.** In a technique developed by Schwartz (1955, 1956, and 1991), Cards 2 (country scene), 3BM (boy huddled on floor with revolver), 4 (woman clutching shoulders of man), 8BM (adolescent boy with rifle, surgery in background), 13MF (man with head downcast and woman lying in bed), 14 (silhouette at window), 18BM (man clutched from behind with three hands), and 20 (figure leaning against a lamp post at night) of the TAT (Murray, 1943) were administered to small groups of participants as described by Shill (1981). Specified responses to these cards have been experimentally validated by Schwartz to be measures of castration anxiety; these responses are detailed in Appendix D. Ten response categories are used to indicate castration anxiety according to this method: genital injury or loss; damage to or loss of other parts of

the body, excluding the genitalia; damage to or loss of extensions of the body image; sexual inadequacy; personal inadequacy; general repetitive attempts at mastery; intrapsychic threat; extrapsychic threat; loss of cathected objects, and formal characteristics of stories. Categories 1-9 are content specific to castration anxiety; Category 10 consists of non-specific formal indices of anxiety, i.e., disorganization of thought or functioning as evidenced by significant erasures or crossing out of responses, etc. as manifested on the TAT.

Each participant was given a set of the eight TAT cards in a randomized order, and participants were given as much time as they needed in order to write the stories. The following instructions were explained verbally to each participant group (adapted from Shill, 1981, pp. 141-142):

The purpose of this experiment is to assess levels of creativity in college men. In order to do this, I will ask you to create (make up) some stories as well as give you a set of questions to answer. If you have any questions about anything once we have started, please raise your hand and I will come over to you.

Each participant was then given an answer booklet with the following instructions on the cover:

You are going to see a series of pictures in this booklet. I want you to please make up a story about each picture, what the events were that led up to it and what the outcome will be, detailing the feelings and thoughts of the characters. Please try to describe a plot and don't worry about writing a literary masterpiece.

You will be given ample time to finish writing each story. Please write clearly and carefully so that I may understand what you have written exactly as you intended it.

Each page of the answer booklet had four questions for each card: 1) What is happening? 2) What led up to it? 3) What will be the outcome? 4) What are the feelings and thoughts of the character(s)?

Each occurrence in the protocol of any item of the measure was tallied in only one of the first nine categories, but could also be scored in Category 10. The number of items of the measure occurring in each story is theoretically unlimited. Only those items of the measure overtly present or spontaneously denied were tallied; inferences were not scored. The scores obtained from these eight TAT cards are considered a measure of the dependent variable, castration anxiety.



All TAT stories were scored by independent raters who were blind to the study's hypotheses. Each rater worked with a partner who independently scored the same stories; disagreements in scoring were discussed and revised until consensus was achieved. If the scoring pair was unable to reach consensus, the primary experimenter served as the final scoring arbiter. The aim of such a scoring system was to reduce potential variability and errors in scoring and to arrive at a single set of scores for each protocol. Furthermore, coders were assigned to pairs on a rotating basis to prevent coder drift.

In addition, scorer reliability was calculated by taking the independent scores in the first 20 cases and then calculating a reliability coefficient ( $r=.31$ ). This determined the lower bounds of scorer reliability. It was anticipated that additional analysis of protocols scored later would have increased reliability. Indeed, interrater reliability increased to a level of  $r=.63$  during the study but did not reach a satisfactory level of  $r=.80$ . Possible explanations for this include turnover in scorers during the two-year span of the study and difficulties in interpreting the scoring criteria.

## **Defensive Style Questionnaire**

The DSQ (Bond, Gardner, Christian, & Sigal, 1983; Bond, 1996; Appendix E) is an 88-item questionnaire on which respondents rate their level of agreement with various statements on a nine-point scale, with one indicating strong disagreement and nine indicating strong agreement. All scales were constructed so that a high score on any one defensive measure indicated the respondent was using that defense. Some representative statements include the following:

1. People tell me I have a persecution complex (projection).
2. I act like a child when I'm frustrated (regression).
3. I often act impulsively when something is bothering me (acting out).
4. I'm often late for appointments (passive-aggression).

The DSQ consists of four defensive styles that range on a continuum from more primitive and maladaptive (Maladaptive Action Style: withdrawal, regression, acting out, inhibition, passive-aggression, and projection) to more mature and adaptive (Adaptive Style: suppression, sublimation, and humor).

In their development of this scale, Bond and associates (1983) determined that the Maladaptive Action Style had a significant negative correlation with Adaptive Style. Additionally, the DSQ was compared to scores on measures of ego strength (Ego Function Questionnaire) and development (Sentence Completion Test of Loevinger). Bond et al. found that both the ego strength and development scores had significantly high negative correlations with Maladaptive Action Style and significant positive correlations for Adaptive Style. Finally, the total-item correlations on the questions and the defenses they were supposed to represent were all significant at  $p < .001$ .

For purposes of this study, the DSQ has some important advantages over more projective-type measures for the assessment of defensive functioning in that it is easier for participants to complete, easy to administer, saves time, eliminates problems of interrater reliability, and is easy to score.

Table 1 provides demographic information—age, race, parents' occupations, and if one was raised in an urban or rural environment—for the 123 respondents. A t-test derived from a simple regression equation was conducted to determine if there was any systematic relationship between these demographic variables and any of the measures

Table 1

Sample characteristics (N = 123)

<b>Characteristic</b>	<b>Frequency</b>	<b>Percent</b>
<b>Age Range</b>		
18-21	107	87.0
22-24	14	11.4
25-30	2	1.6
<b>Total</b>	<b>123</b>	<b>100.0</b>
<b>Race</b>		
African-American	10	8.1
Hispanic	2	1.6
Asian	7	5.7
Caucasian	98	79.7
Other	6	4.9
<b>Total</b>	<b>123</b>	<b>100.0</b>
<b>Father's Occupation</b>		
Unskilled Labor	4	3.3
Skilled Labor	21	17.1
Not in Work Force	4	3.3
Managerial	36	29.3
Professional/Technical	47	38.2
Other	11	8.9
<b>Total</b>	<b>123</b>	<b>100.0</b>
<b>Mother's Occupation</b>		
Unskilled Labor	3	2.4
Skilled Labor	16	13.0
Not in Work Force	25	20.3
Managerial	18	14.6
Professional/Technical	53	43.1
Other	8	6.5
<b>Total</b>	<b>123</b>	<b>100.0</b>
<b>Rural vs. Urban</b>		
Rural	41	33.3
Urban	82	66.7
<b>Total</b>	<b>123</b>	<b>100.0</b>

administered. Although the sample was quite homogeneous, results were not statistically significant ( $p < .05$ , two-tailed) for any demographic variable.

### **Statistics**

In the development and validation of his TAT measure of castration anxiety, Schwartz (1955, 1956, and 1991) controlled and corrected for length of stories produced by respondents, while Shill (1981), in a separate study using this measure, did not. Therefore, both types of analyses were conducted in the current study to determine if story length produced any spurious significant or non-significant relationships. In order to control for such spurious relationships, length of story was analyzed with level of castration anxiety as a possible covariate by means of a partial correlation technique.

The first hypothesis that homophobic heterosexual males will show greater involvement with castration anxiety was tested with a Pearson product-moment correlation ( $r$ ) between the variables of homophobia and castration anxiety. Pitman (1937) has determined that this correlation coefficient is the most efficient non-parametric measure of association. The second hypothesis that homophobic heterosexual males will show greater involvement with a

less mature defensive style, e.g., Maladaptive Action Style and/or Image Distortion Style, was analyzed in a similar fashion.

For the third hypothesis, homophobia constituted the criterion variable, while castration anxiety and all four defensive styles constituted the predictor variables in a multiple regression equation. The prediction was that castration anxiety by itself would account for more of the variance than defensive styles added to castration anxiety. If previous analysis determined that protocol length was significantly related to castration anxiety, then length of TAT protocol will always be used as another predictor variable.

## Chapter 3

### RESULTS

#### **Descriptive Data**

Means and standard deviations were calculated for each measure administered. The mean score for the Index of Homophobia (IHP) was 54.05, with a standard deviation of 15.41. According to O'Donahue and Caselles' original scoring criteria, the current sample can be characterized as being low-grade homophobic, although there is considerable variation in the sample, with scores ranging from 7 to 92 on a scale of 0-100.

Table 2 presents means and standard deviations for the Defensive Style Questionnaire (DSQ). Characterization of the sample at this level of analysis is not possible as the scales use to score each defensive style contain an unequal number of questions.

Table 3 displays the means and standard deviations for the castration anxiety score as measured by the TAT. Inspection of the aggregated data show story length for each card was roughly equivalent, ranging from roughly a mean of 109 words on Card 14 (silhouette in window) to a mean of 137 words on Card 2 (farm scene). Cards 8BM (adolescent boy with rifle; surgery in background) and Card 13MF (man with head downcast and woman lying in bed)

Table 2

Defensive Style Questionnaire: Means and Standard  
Deviations for Four Defensive Styles (N = 123)

<b>Defensive Style</b>	<b>Mean</b>	<b>Standard Deviation</b>
Maladaptive Action	126.27	30.08
Image Distortion	62.98	15.74
Self-Sacrificing	34.24	10.03
Adaptive	45.37	7.27



Table 3

Thematic Apperception Test: Means, Standard Deviations,  
and Story Length for Eight TAT Cards Comprising Castration  
Anxiety Score (N = 123)

<b>Card</b>	<b>Mean</b>	<b>Standard Deviation</b>
Card 2	1.98	2.12
Word Total	136.53	62.06
Card 3BM	3.10	2.60
Word Total	112.11	60.23
Card 4	2.75	2.19
Word Total	123.69	66.47
Card 8BM	4.64	2.59
Word Total	120.62	60.75
Card 13MF	4.74	15.87
Word Total	114.05	55.43
Card 14	1.82	2.43
Word Total	108.96	57.30
Card 18BM	3.33	3.05
Word Total	113.08	51.49
Card 20	1.74	2.25
Word Total	114.88	62.42
<b>Total Castration Anxiety Score</b>	<b>22.92</b>	<b>20.67</b>

elicited the most scoreable responses ( $M=4.64$  and  $4.74$ , respectively), although their standard deviations differed considerably ( $SD=2.59$  and  $15.87$ , respectively). The probable reason for the relatively high standard deviation on Card 13MF is the card's general tendency to elicit one of two responses: a rape or rape-death scene, which is a scoreable response, or a scene of grief over the woman's death, i.e., by illness, which is generally not a scoreable response unless the hero causes the death.

Means and standard deviations for the castration anxiety score by content category are shown in Table 4. The categories that generated the most scores were Category 5 (personal inadequacy,  $M=4.59$ ), Category 8 (extrapsychic threat,  $M=4.17$ ), and Category 6 (repetitive attempts at mastery,  $M=3.63$ ). Category 1 (genital injury), which contains overt castration references, generated the fewest scores ( $M=.12$ ).

### **Hypotheses**

The hypothesis that castration anxiety was significantly related to one's level of homophobia was not confirmed ( $r=-.02$ ,  $p=.82$ ). In addition, the hypothesis that males with higher levels of homophobia show greater involvement with a less mature defensive style, i.e.,

Table 4

Castration Anxiety Scores: Means and Standard Deviations  
for Ten Scoring Categories (N = 123)

<b>Category</b>	<b>Mean</b>	<b>Standard Deviation</b>
Genital Injury (Category 1)	.12	.51
Body Damage (Category 2)	3.08	2.55
Extension of Body Image: Damage (Category 3)	.27	.56
Sexual Inadequacy (Category 4)	1.21	1.81
Personal Inadequacy (Category 5)	4.59	3.33
Repetitive Attempts at Mastery (Category 6)	3.63	3.24
Intrapsychic Threat (Category 7)	1.50	1.82
Extrapsychic Threat (Category 8)	4.17	3.09
Loss of Cathected Objects (Category 9)	1.10	1.71
Formal Characteristics (Category 10)	3.38	2.15

Maladaptive Action Style and/or Image Distortion Style, was also unconfirmed ( $r=.02$  and  $-.05$ , respectively;  $p=.85$  and  $.58$ , respectively).

Hypothesis 3 predicted that the variance in homophobia could be explained by defensive style. This was not confirmed. The F-statistic for the overall model was not significant ( $F=.673$ ,  $p=.54$ ), and none of the t-statistics for the independent variables reached statistical significance. The correlation coefficients produced by the multiple regression model were all relatively low values and consistent with the t-statistic results as expected. In sum, neither the IHP score nor any of the defensive style scores played a significant role in explaining TAT score variance.

Re-examination of the original hypotheses by controlling for word length of TAT stories by means of a partial-correlation technique did not produce significant relationships between the TAT castration anxiety score and IHP score ( $r=.06$ ,  $p=.49$ ) and between IHP score and Maladaptive Action and Image Distortion Styles ( $r=-.02$  and  $-.08$ , respectively;  $p=.80$  and  $.38$ , respectively).

Nonetheless, some significant findings did emerge from further analysis: There was a significant relationship between scores on the Maladaptive Action and Image

Distortion Styles ( $r=.50$ ,  $p<.001$ ), and scores on the Self-Sacrificing and Adaptive Styles ( $r=.25$ ,  $p=.006$ ).

Interestingly, there was a near-significant relationship ( $r=-.18$ ,  $p=.051$ ) between the Adaptive Style and level of homophobia. The trend in the data cautiously suggests that those participants with higher levels of homophobia may be less likely to engage in adaptive defensive styles (humor, sublimation, suppression, anticipation, and affiliation) than are low scorers.

### **Post-hoc Analyses**

Because all original hypotheses tested produced non-significant findings, the significance levels did not even trend in the directions hypothesized, and the sample was quite homogenous in terms of social and demographic characteristics, further analysis was conducted to determine if the data was normally distributed. The graphed results of this analysis suggested that data for all measures administered was normally distributed and included a range of variation on each variable.

Also subjected to further analysis was the internal reliability of the DSQ to determine if the participants responded to items comprising each scale consistently. For the first three defensive styles, the reliability

coefficients were at acceptable levels (Maladaptive Action Style,  $r=.82$ ; Image Distortion Style,  $r=.71$ , and Self-Sacrificing Style,  $r=.66$ ). The internal reliability of the Adaptive Style 4 was  $.47$ , but the reliability was sufficient enough to produce a statistically significant result as noted above. The internal reliability of the scoring categories for the TAT castration anxiety measure was sufficient ( $r=.64$ ) and, therefore, not likely to explain the lack of findings. All in all, analyses indicated that nothing threatened the theoretical model tested from a data standpoint.

Another possibility tested was that the initial castration anxiety score, as calculated by summing the scores of 10 categories of scoring criteria on the eight cards, consisted of too many variables, some of which may have been irrelevant. Subsequently, a preliminary factor analysis of the 10 TAT scoring categories was conducted. Four general factors emerged; initial factor selection was based on non-rotated eigenvalues of 1.0 and above. The factor extraction method consisted of a principal component analysis, then a varimax rotation with Kaiser normalization was conducted. Any items without an appreciable loading on any of the new four factors were eliminated, and a new TAT castration anxiety score was recalculated by adding up the



scores on the content categories of personal inadequacy, intrapsychic threat, loss of cathected object, and formal characteristics of story. This second test did not improve upon the fit of the model, with no significant relationships found among any of the variables.

In addition, the relationship between each TAT card and level of homophobia was tested to determine if the castration anxiety score elicited by any particular TAT card was significantly related to level of homophobia. No significant results were found from this analysis.

Nonetheless, some interesting yet surprising findings did emerge from further post-hoc analyses. Individual scores on the original castration anxiety scale scoring Categories 1 and 4 (genital injury and sexual inadequacy, respectively) were each found to be inversely and significantly related to level of homophobia ( $r = -.26$ ,  $p = .004$ , and  $r = -.23$ ,  $p = .012$ ). That is, as homophobia scores rise, scores in the genital injury and sexual inadequacy categories fall. Only 10 of the 123 respondents produced scores related to Category 1, and 60 respondents produced stories that received scores in the sexual inadequacy category.

Based on a working hypothesis that the successful use of projection may be affecting the genital injury and



sexual inadequacy scores of more homophobic participants, the data was reanalyzed by a partial correlation technique that held projection, as defined by one's scores on the nine DSQ items that measure projection, constant. The results here did not suggest that projection played any role in the relationship between these variables.

Previous research using the IHP as an independent variable has divided respondents into groups of high-grade homophobic males (those receiving IHP scores of 76-100) and low-grade nonhomophobic males (those receiving IHP scores of 0-25), then compared them on some variable of interest. The current data was parceled in this fashion and reanalyzed to determine if there were any appreciable differences in castration anxiety scores when comparing essentially very homophobic (n=12) vs. nonhomophobic (n=4) males. The results were significant ( $t=2.458$ ,  $p=.033$ , two-tailed) but should be interpreted cautiously due to the small number of respondents who fell in the nonhomophobic category. Table 5 displays the means and standard deviations for the four groups of participants when classified by the original IHP scoring criteria. Further analyses parceled the data by respondents' scores on the IHP (0-25, high-grade nonhomophobic men; 26-50 low-grade nonhomophobic men; 51-75 low-grade homophobic men,

Table 5

IHP: Means and Standard Deviations for Four Groups of  
Participants Categorized by IHP Score (N = 123)

<b>Group</b>	<b>Mean</b>	<b>Standard Deviation</b>
Low-Grade Non-Homophobics (IHP: 0-25, n=4)	16.25	7.63
High-Grade Non-Homophobics (IHP: 26-50, n=47)	41.91	5.40
Low-Grade Homophobics (IHP: 51-75, n=60)	60.67	7.30
Hi-Grade Homophobics (IHP: 76-100, n=12)	81.08	5.02

and 76-100, high-grade homophobic men), thereby creating four data subsets, then examined the correlations between level of homophobia and castration anxiety scores for each of the four groups. None of the correlations reached statistical significance (see Table 6), however, trends in the data suggest, consistent with the t-test conducted above, high-grade nonhomophobic participants experience lower levels of castration anxiety compared to their high-grade homophobic counterparts.

Table 6

Correlations and Significance Levels Between Castration Anxiety and Homophobia Scores for Four Groups of Participants Categorized By IHP Score (N = 123)

Group	r	p
Low-Grade Nonhomophobics (IHP=0-25, n = 4)	-.183	.817
High-Grade Nonhomophobics (IHP 26-50, n = 47)	.073	.628
Low-Grade Homophobics (IHP 51-75, n = 60)	.073	.580
High-Grade Homophobics (IHP 76-100, n = 12)	.171	.596

## Chapter 4

### DISCUSSION

Given that homophobia is considered by some to be a "permissible" prejudice (Hoffman et al., 2000), psychology's role in initiating in-depth and systematic research regarding this phenomenon seems clear and never more needed. As Freud so thoughtfully and elegantly wrote nearly 100 years ago, psychoanalysis includes not only the in-depth study of individual dynamics, but also an active inquiry regarding the dynamics binding clinical and cultural phenomena and self- and social regulation. When we pick up the newspaper or turn on the television and learn of such heinous crimes as the Matthew Shepard murder, how can we not wonder: Exactly what was it that made Aaron McKinney "flip out"?

While much has been written in the psychoanalytic literature about the dynamics and theory of homophobia, very little in the way of systematic research from an analytic perspective on this topic has been carried out. We know quite a bit more about homophobia from cognitive and personality perspectives, i.e., that people who are homophobic engage in more cognitive simplicity and have authoritarian tendencies, than we do from an analytic one.

The current study is one of the first of its kind to

systematically study some unconscious dynamics that, from a psychoanalytic perspective, could plausibly be related to homophobia. It examined the relationships among castration anxiety, defensive style, and level of homophobia in 123 heterosexual college-aged men. The correlations between castration anxiety and level of homophobia and defensive style and homophobia were performed, with the expectation being that participants who indicated a higher degree of homophobia would experience greater castration anxiety and preferentially use less mature coping mechanisms such as acting out and image distortion to cope with anxiety.

Results of a priori hypotheses testing, generally, were disappointing. Castration anxiety was not significantly related to level of homophobia, nor was it found that participants with higher levels of homophobia showed greater involvement with less mature defensive styles. Also, it was predicted that variance in homophobia could be explained by defensive style; this was found not to be the case as well. Further analysis of results by controlling for TAT word order and recalculating the castration anxiety score based on factor analysis that eliminated seemingly irrelevant dependent variables did not appreciably improve results. It is difficult to know what to make of these non-findings. Some psychoanalytic writers

suggest that the development of homophobia has its roots primarily at a pre-Oedipal level, a disruption in early object relations and regression to the paranoid-schizoid position, particularly in relation to the father (Sussal, 1998). Other work (Shoham, Weissbrod, Gruber, & Stein, 1978) suggests that there are essentially two types of homosexuals (passive vs. active), with passive homosexuals being fixated at an earlier oral stage of development and preferring the feminine role in sexual relations and active homosexuals being fixated at a later oral stage and preferring the insertive role in sexual relations, which expresses their need to "conquer the object" (p. 166). In line with this pre-Oedipal theoretical conceptualization, Blechner (1998) notes that prior to the McCarthy-era hunt for homosexuals and the subsequent gay liberation movement, certain males in New York City referred to themselves as either "trade" or "queers." Trade were men who would allow themselves to be sexually serviced by other men, but always took the penetrative role. Queers, on the other hand, were men who solicited trade and played what was considered the feminine role. Trade (men who had sex with other men) considered themselves masculine and not gay, but considered their partners (queers) to be gay. It was not until later, as noted above, that outsiders placed both kinds of men

under the same "gay" rubric and villainized any man who had sex with another man. Thus, "men who were yesterday's trade became redefined today as bisexual or homosexual, and some stopped engaging in sex with other men" (p. 602).

Such theoretical and practical considerations may have important implications for the study of homophobia. It may be that what men who are homophobic experience is something akin to what could be termed "penetration anxiety"--an act of submission and passivity that is so profoundly threatening and singularly representative of one's masculinity being stripped away that they must constantly be "on guard" against it. Such an idea--that penetration anxiety could be the unconscious root of homophobic terror--while highlighted in analytic case studies, deserves further empirical examination despite the obvious difficulties in operationalizing such a concept.

When one considers the effects of instrumentation choice on the current results obtained, Schwarz's (1955, 1956, and 1991) castration anxiety measure has been little used (i.e., only one study conducted by Shill in 1981 in addition to Schwarz's original research) in large empirical studies. Although Shill obtained significant results in his sample of father-absent vs. father-present college men, it may be that Schwarz's measure has some important



limitations in terms of being a valid and reliable measure of castration anxiety. It is possible the re-examination of the same theories with an instrument such as the Blacky cards would yield different results.

Some of the same reasoning can be applied to the use of the Defensive Style Questionnaire (DSQ) as an indicator of defensive functioning. As stated in Chapter 2, the DSQ is easier to administer and take than other projective-type instruments that also measure various facets of defensive functioning, thereby making it both user- and participant-friendly. Partly because of this fact, it has been used to study a number of psychological phenomena, and provides scores on four broad categories of defensive functioning. Other defensive assessment schemes that rely on projective data might produce data on the defenses of projection and projective identification, which are viewed by some theorists as being more relevant to the construct of homophobia than broad categories of functioning.

There also may be important limitations of using a college-aged subject pool to study the concept of homophobia. On this particular construct, there may be important differences between college-aged men, older men, and men from other educational, occupational, and income groups. One must not forget that the promotion of

homosexuality as being a normal variant in sexual functioning is a relatively recent phenomenon, and that college-aged men today are more likely to have reaped the benefits of generally more positive portrayals of homosexual men in the mass media during their childhood and adolescence. It is also important to note that being in a college environment, which exposes one not only to academic debate on various concepts but also to others who are different than oneself, may have a neutralizing effect on homosexual prejudice. In addition, research on the full life span suggests that, compared with older adults, college students are likely to have less-crystallized attitudes, less well-formulated senses of self, stronger cognitive skills, stronger tendencies to comply with authority, and more unstable peer group relationships, leading Sears (1986) to conclude that psychology's heavy reliance on a very narrow data base may often produce scientifically flawed conclusions. The importance of replicating this study with a broader demographic sample seems clear.

Nonetheless, some significant findings did emerge from post-hoc analysis. The Maladaptive Action Style had a significant positive correlation with the Image Distortion Style (both relatively immature styles), and the Self-

Sacrificing Style had a significant positive correlation with the Adaptive Style (both relatively mature styles). In the development of the DSQ, Bond (1996) obtained similar results with the first pair of defense styles ( $r=.39$ ,  $p<.001$ ), but not the second ( $r=-.02$ ). Theoretically, it makes sense that, in the current study, these significant relationships were obtained. Compared to Bond's normative group, which consisted of both psychiatric patients and non-patients, the current sample is relatively homogenous, which may explain the discrepant findings between the current study and Bond's original work. Future studies with various populations may shed additional light on the intercorrelations among the DSQ's four scales; this appears to be a potentially fruitful and relatively straightforward research program to undertake.

One interesting finding particularly deserving of future research is the near-significant ( $r=-.18$ ,  $p=.051$ ) inverse relationship between scores on the Adaptive Defense Style and level of homophobia. There are at least two possible explanations for this trend in the data. First, as described in the literature review, homophobia as a personality dimension has been found to correlate with cognitive rigidity and intolerance of ambiguity. It may be that when one experiences significant homophobia, it

creates a dampening effect on the expression of more creative defenses such as humor and anticipation, which are subsumed under the Adaptive Style. In other words, people who are quite homophobic may also be more cognitively simple and concrete and, therefore, unable to creatively defend against anxiety. Secondly, the use of a more adaptive defense style may be a rough index of overall developmental maturity, which, one would think, would vary quite widely in a sample of mostly college freshman and sophomores. It may be that those more mature participants endorsed the use of more adaptive defense styles and nonhomophobic attitudes more than their less-mature counterparts. Both hypotheses merit further investigation.

The most surprising finding to come from this research was the inverse relationship between scores on the TAT's genital injury and sexual inadequacy scoring categories and level of homophobia. One would expect the opposite result. Because projection occupies a central place in theories of homophobia, i.e., "I'm not gay, you are," the idea that participants who have higher homophobia scores but fewer concerns with genital injury and sexual inadequacy because they are successfully projecting was tested. Disappointingly, the results did not support this explanation. It may be the nine DSQ items that comprised

the projection variable may simply not be an adequate measure of projection, and other more comprehensive measures of projection would capture this relationship, if it indeed exists.

Finally, high-grade homophobics (participants who scored 76 or more on the IHP;  $n=12$ ) were compared to low-grade nonhomophobics (participants who scored 25 or lower on the IHP;  $n=4$ ) on the castration anxiety measure. While these subsamples consisted of small numbers of participants, it does appear that, in the current study, there is preliminary evidence for some significant differences in concerns with castration anxiety between very homophobic and nonhomophobic men in the predicted directions. If very homophobic men do experience more castration anxiety, this would lend partial support to the general premise of this study. It seems reasonable to think that men who are extremely homophobic are the leading perpetrators of hate crimes against gays, and that there is some psychic force in addition to the general pervasive anti-gay socialization practices seen in U.S. culture in play here with such men. Unconscious castration anxiety may be such a force. Obviously, this tentative yet promising finding deserves replication with larger samples of both very nonhomophobic and homophobic men in spite of

the difficulties previous researchers have found in obtaining adequate sample sizes of low-grade nonhomophobic men (Adams, et al, 1996).

### **Clinical Implications**

How might the results of the current study be of use to clinical psychologists? From a psychoanalytic standpoint, the transference and countertransference implications for the individual analysis of male patients by male analysts could be a potential minefield, particularly with homophobic patients who begin to become consciously aware of their warm and tender feelings toward their analysts. Fantasies or dreams of overt sexuality between the patient and analyst on the part of the analyst and could, understandably, be terrorizing and may lead to premature termination if not handled sensitively. Blechner (1998) also notes that often, heterosexual men with no homosexual experience often use sexual metaphors in describing their interactions with other men: "For instance, it is commonplace for a man to describe finalizing a business deal or partnership with another man as 'getting into bed with him'" (p.605). A sensitive clinician should be alert to such metaphors as a clue to homosexual anxiety. It has also been observed by many clinicians—analysts and non-analysts alike—that many

heterosexual men have such a dread of homosexuality that it interferes with their ability to develop close ties and friendships with other men. In addition, results of this study tentatively suggest that men with higher levels of homophobia are less likely to make use of adaptive defenses, which has implications for the therapeutic relationship.

In the forensic arena, research has shown that those who commit hate crimes are not mentally ill in the traditional sense, but do have much higher levels of aggression and anti-social behavior (DeAngelis, 2001). Gay-bashers, DeAngelis says, commute long distances to pursue their victims in spots they're likely to find them, suggesting a strong premeditative component to these crimes. In addition, as is true with most people who can be labeled as antisocial, those who commit hate crimes against gays begin with smaller acts and graduate to more serious offenses. These factors suggest that the use of mental-health defenses such as insanity or diminished capacity are not likely to be successful in these types of crimes. Along these lines, the author of this study is aware of a case in which a male psychiatric patient who heard voices that said he was gay assaulted other male patients and staff because he feared he would be raped.

The patient was subsequently adjudicated as not guilty by reason of insanity. However, the psychotic element of this crime was clearly the evidence that tipped the scales, rather than the specific content of the hallucinations.

### **Summary**

The current study addressed how castration anxiety and defensive style impact the experience of homophobia in a heterosexual male sample. Of particular interest to clinical psychologists is the near-significant trend that suggests that those participants who experience higher levels of homophobia were less likely to use adaptive defense mechanisms, and men who experience very high levels of homophobia differ significantly in terms of castration anxiety from men with very low levels of homophobia. It should be emphasized that the current study is one of the first forays into the systematic investigation of the dynamic underpinnings of homophobia in heterosexual men. It is hoped that this effort spawns other research into this much-needed area of study.



## APPENDICES

## APPENDIX A

### Demographic Questionnaire

## Appendix A

### DEMOGRAPHIC QUESTIONNAIRE

1. How old are you? \_\_\_\_\_
2. What is your primary ethnic identification?  
\_\_\_\_\_ African/American      \_\_\_\_\_ Caucasian  
\_\_\_\_\_ Hispanic      \_\_\_\_\_ Native American  
\_\_\_\_\_ Asian      \_\_\_\_\_ Other (please specify)
3. What is your father's occupation, if known?  
\_\_\_\_\_ Unskilled labor      \_\_\_\_\_ Managerial  
\_\_\_\_\_ Skilled labor      \_\_\_\_\_ Professional/technical  
\_\_\_\_\_ Not in work force      \_\_\_\_\_ Other (please specify)
4. What is your mother's occupation, if known?  
\_\_\_\_\_ Unskilled labor      \_\_\_\_\_ Managerial  
\_\_\_\_\_ Skilled labor      \_\_\_\_\_ Professional/technical  
\_\_\_\_\_ Not in work force      \_\_\_\_\_ Other (please specify)
5. Where did you grow up?  
\_\_\_\_\_ Rural (<10,000 pop.)      \_\_\_\_\_ Urban (>10,000 pop.)
6. Have you ever been diagnosed and/or treated for a  
mental or emotional disorder?  
\_\_\_\_\_ Yes      \_\_\_\_\_ No
7. Have you ever been the victim of unwanted sexual  
contact by anyone?      \_\_\_\_\_ Yes, by a man  
\_\_\_\_\_ Yes, by a woman      \_\_\_\_\_ No

## APPENDIX B

### Modified Kinsey Heterosexual-Homosexual Rating Scale

## Appendix B

### MODIFIED KINSEY HETEROSEXUAL-HOMOSEXUAL RATING SCALE

Which of the following best describes your sexual behavior? Please rate the extent to which you have engaged in opposite-sex or same-sex behaviors using the scale below. Rate only your behaviors, not your sexual thoughts or fantasies. Read all responses before indicating your answer. Circle only one response.

- X No sexual experiences have occurred
- 0 Only opposite-sex contacts
- 1 Mostly opposite-sex, but a few same-sex contacts
- 2 More opposite-sex, but some same-sex contacts
- 3 Equal opposite-sex and same-sex contacts
- 4 More same-sex, but some opposite-sex contacts
- 5 Mostly same-sex, but a few opposite-sex contacts
- 6 Only same-sex contacts

Which of the following statements best describes your sexual fantasies or thoughts? Please rate the extent to which you engage in opposite-sex or same-sex fantasies or

thoughts. Rate only your sexual fantasies or thoughts, not your behaviors. Read all responses before indicating your answer. Circle only one response. Note: A person's sexual fantasies or thoughts may differ from their behavior.

- 0 Only opposite-sex fantasies or thoughts
- 1 Mostly opposite-sex, but a few same-sex fantasies or thoughts
- 2 More opposite-sex, but some same-sex fantasies or thoughts
- 3 Equal opposite-sex and same-sex fantasies or thoughts
- 4 More same-sex, but some opposite-sex fantasies or thoughts
- 5 Mostly same-sex, but a few opposite-sex fantasies or thoughts
- 6 Only same-sex fantasies or thoughts

## APPENDIX C

### Index Of Homophobia

## Appendix C

### INDEX OF HOMOPHOBIA

This questionnaire is designed to measure the way you feel about working or associating with homosexuals. It is not a test, so there are no right or wrong answers. Answer each item as carefully and accurately as you can by placing a number beside each one as follows:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

Please begin.

- 1. I would feel comfortable working closely with a male homosexual. \_\_\_\_\_
- 2. I would enjoy attending social functions at which homosexuals were present. \_\_\_\_\_
- 3. I would feel uncomfortable if I learned my roommate was homosexual. \_\_\_\_\_
- 4. If a member of my sex made a sexual advance toward me I would feel angry. \_\_\_\_\_
- 5. I would feel comfortable knowing that I was attractive to members of my sex. \_\_\_\_\_



6. I would feel uncomfortable being seen in a gay bar. \_\_\_\_\_
7. I would feel comfortable if a member of my sex made  
an advance toward me. \_\_\_\_\_
8. I would be comfortable if I found myself attracted to  
a member of my sex. \_\_\_\_\_
9. I would feel disappointed if I learned my child was  
a homosexual. \_\_\_\_\_
10. I would feel nervous being in a group of homosexuals. \_\_\_\_\_
11. I would feel comfortable knowing my clergyman was  
homosexual \_\_\_\_\_
12. I would deny to members of my peer group that I had  
friends who were homosexual \_\_\_\_\_
13. I would feel that I had failed as a parent if I  
learned that my child was gay. \_\_\_\_\_
14. If I saw two men holding hands in public I would be  
offended. \_\_\_\_\_
15. If a member of my sex made an advance toward me I  
would be offended. \_\_\_\_\_
16. I would feel comfortable if I learned my daughter's  
teacher was a lesbian. \_\_\_\_\_

17. I would feel uncomfortable if I learned that my spouse or partner was attracted to members of his or her sex. \_\_\_\_\_
18. I would like my parents to know that I had gay friends. \_\_\_\_\_
19. I would feel uncomfortable kissing a close friend of my sex in public. \_\_\_\_\_
20. I would like to have friends of my sex who were homosexual. \_\_\_\_\_
21. If a member of my sex made an advance toward me I would wonder if I were homosexual. \_\_\_\_\_
22. I would feel comfortable if I learned that my best friend of my sex was homosexual. \_\_\_\_\_
23. If a member of my sex made an advance toward me I would feel flattered. \_\_\_\_\_
24. I would feel uncomfortable knowing that my son's male teacher was homosexual. \_\_\_\_\_
25. I would feel comfortable working closely with a female homosexual. \_\_\_\_\_

## APPENDIX D

### Castration Anxiety Measure

## Appendix D

### CASTRATION ANXIETY MEASURE

The elements of the measure are: 1) Genital injury or loss; 2) Damage to or loss of other parts of the body; 3) Damage to or loss of extensions of the body image; 4) Sexual inadequacy; 5) Personal inadequacy; 6) General repetitive attempts at mastery; 7) Intrapsychic threat; 8) Extrapsychic threat; 9) Loss of cathected objects, and 10) Formal characteristics of stories.

#### **I. Genital Injury or Loss**

1. Castration or gross loss of the genitalia.
2. Total mutilative destruction of the body, i.e., death where specified or clearly inferable as mutilative: e.g. auto accident, bomb explosion, tortured to death, etc.
3. Injury or gross physical damage to genitalia.
4. Loss of the genitals through surgery.
5. Partial loss of the genitals through surgery.
6. Surgical operations upon the genitals, not involving loss or removal.

Note: These are scored for any character of the story, except where there is clear specification of the hero, and the hero is doing these things to someone else. This latter possibility is scored under Part VI, General

Repetitive Attempts at Mastery, when the hero is doing this to someone who has hurt or threatened him, or has the capacity to do so.

## **II. Damage to or Loss of Other Parts of the Body**

1. Loss of, or injury to common symbolic equivalents of the genitalia:

- a. nose
- b. eyes
- c. arms and/or fingers
- d. genito-urinary apparatus or lower abdomen
- e. lungs

2. Surgical operations upon above (1).

3. Loss of, operations upon, or damage to other parts of the body.

4. Loss of part, damage to, or operations upon body, without further specification.

5. Torture.

6. Ritual scarification, except where this can be subsumed under Part I, above, as damage to the genitalia.

7. Tattooing, where the story has the clear implication of this being a painful, damaging, or punitive measure; where the tattooing has the clear implication of being valued for exhibitionist purposes, this is scored under Part VI, General Repetitive Attempts at Mastery.

8. Pain, hurt, or blood, any mention thereof or spontaneous denial or avoidance. This holds for any character of the story, except where hero inflicts or causes these to someone else. Rape and rape-death sequences are included here, again with the proviso that the hero does not do the raping.

9. Beating or clear implication of injury to hero, where specified, or to other character of story, except where hero injures another.

10. Illness, and death as consequence of illness of hero. When not of hero, this is either not scored, or scored as Loss of Cathected Objects, IX, when this is relevant, or if the story so indicates, scored under VI, as aggression against authority figures.

Note: For Nos. 1-7, scored when occurring to hero, or, if no specification of hero, where occurring to any character of story except when done by hero. Possible exception is injury to father or father-surrogate figure. Here, the general tenor of story must decide whether scored here, under Part VI, or not scored.

### **III. Damage to or Loss of Extensions of the Body Image**

1. Destruction of, loss of, or damage to non-bodily symbolic equivalents of the genitalia:

a. machinery, instruments

- b. weapons, particularly guns
  - c. cameras or other optical instruments or equipment
- 2. Above, (1), but involving more general extensions of body image:
  - a. automobiles
  - b. clothing
- 3. Destruction of, loss of, or damage to possessions. Possessions include animals and pets.

#### **IV. Sexual Inadequacy**

Here, special care must be taken to score spontaneous denials.

- 1. Impotence, sterility: behavioral, or fear, anticipation or expectation of
- 2. Phallic inadequacy: penis too small, ejaculation praecox, 'inability to satisfy the sex partner': behavioral, or fear, anticipation, or expectation of
- 3. Lack of prowess in sexual activities, without further specification.
- 4. Description of hero as having chronically unsatisfied sexual longings.
- 5. Renunciation of sexuality, own sexual longings or urges.

6. Withdrawal in the face of heterosexual stimulation, inability to carry through to logical conclusion in situation of sexual stimulation.

7. Inability of hero to marry, but only to assume casual sexual relationship.

8. Equation of sexuality with aggression: mention of rape or violent possession of woman as means of sexual gratification, intercourse-death sequence, damages or hurts sex partner, etc.

9. Repeated emphasis on foreplay, preliminary stages of love making, touching, petting, etc. Usually occurs with No. 6, inability to carry through to logical conclusion.

10. Description of women as phallic--either directly symbolic, i.e., witches, possessing arms, etc. or as dominating and capable of hurting hero.

Note: This is to be differentiated from Part VIII, parental domination or prohibition, where, even if mother is specified as dominating or prohibiting, this is less specific.

#### **V. Personal Inadequacy**

1. Physical inadequacy

a. lack of size or build

b. lack of strength



These are scored in relation to sex and aggression, and/or where there is no specification of the area of life involved.

2. Mental inadequacy

- a. stupidity, low I.Q.
- b. difficulty in learning, mastering, or understanding, where this involves sexual or aggressive content
- c. above, (b), with content not specified

3. Motivational inadequacy

- a. insufficient motivation to carry through to accomplishment, where this involves areas of sexuality or aggression
- b. above, (a), but in unspecified areas

Hero does not know what to do, uncertain, can reach no resolution. Where reaches resolution, this is not scored. Also, stories of wanting to better oneself, or one's lot in life, without any statement of accomplishment, i.e. merely wanting to do more, be better.

4. Descriptions of hero as meek, timid, shy, fearful, anxious, hesitant, weak, helpless, etc.

- a. in sexual or aggressive areas
- b. in general social intercourse or unspecified areas.

5. Renunciation of pleasurable activities, specified or unspecified, and/or general asceticism.

6. Renunciation of abilities, ambitions, or possessions.

7. Passive reaction of hero to external or internal threat directed against him--unable or unwilling to fight, defend self, or assert needs.

8. Propitiating or submissive behavior toward male or female authority figures who show, or are capable of showing, aggression toward hero:

a. following sexual or aggressive activity or fantasy.

b. without specification of circumstance

9. Description of hero as being ill or dying, preventing, precluding, or hindering activities. Where not hero, this is not scored here.

10. Descriptions of hero as ugly, crippled, or sick.

11. Inability of hero to remain faithful in marital relationships, or after extra-marital experiences.

12. Descriptions of hero's reaction to loss or stress as hysteria, lack of control, etc.

13. Drunkenness allowing the expression of aggressive or sexual urges.

Note: Drinking or drunkenness in response to loss of cathected objects, or grief, etc. is specifically excluded.

14. Inability of hero to provide for family, make a living, be a satisfactory husband, etc.

#### **VI. General Repetitive Attempts at Mastery**

1. Preoccupation with common phallic symbols, or phallic activities, i.e., the rifle on Card 8BM, the revolver on Card 3.

2. Curiosity about and/or preoccupation with anatomy; sexual curiosity in or ambivalence about sex of figures or activity engaged in.

3. Exhibitionism of abilities, beauty, musculature, ornamentation, clothes, tattooing, etc.

4. Aggression, sadism, or rebellion against authority figures, and/or against figures who have hurt or deprived the hero, or have the capacity to do so. This includes killing, beating, revenge, etc. and/or the 'adventitious' death of such figures.

Note: This specifically excludes aggressive displays by the hero without the above qualification of circumstances.

5. Ambivalence in stories, where the alternatives, or one of the alternatives, is concerned with elements of this measure.

6. Emphasis on risk taking, taking a chance, intentionally exposing one's self to situations of danger.

7. Humorization: humorous descriptions, gags, comments to the examiner, etc.; this is scored only when the story involves other elements of the scale, or in situations where stories with sexuality (i.e. Card 13MF) are ordinarily expected.

### **VII. Intrapsychic Threat**

1. Self-recrimination or self-accusation following sexual temptation or fantasy, or provocation to aggression.

2. Above, (1), following sexual or aggressive activity.

3. Self-punishment following sexual temptation, i.e. penance.

4. Above, (3), following sexual activity.

5. Guilt, remorse or shame, without further specification.

6. Above, (5), following sexual or aggressive expression.

7. Above, (5), following sexual or aggressive longings, temptations, or fantasies.

8. Above, (5), precluding sexual or aggressive expression.

9. Fear or expectation of retaliation, punishment, parental or authority figure discovery, scorn or social ostracism, following sexual or aggressive activities, longings, temptations or fantasies.

10. Syphilophobia, or fear or expectation of illness or debility:

- a. in consequence of activity or fantasy
- b. without specification of antecedents

11. Fear or expectation of death (or divine wrath or punishment, purgatory, hell, etc.)

- a. in consequence of activity or fantasy
- b. without specific antecedents

12. Suicidal thoughts, attempted or successful suicide, unless clearly narcissistic or clearly escape from unbearable circumstances or grief.

Note: This is scored only as a function of guilt or remorse following sexual or aggressive activity or fantasy.

13. Drinking or drunkenness as a sequel of sexual or aggressive misbehavior.

#### **VIII. Extrapsychic Threat**

1. Parental punishment, nature specified or unspecified, unless this may be subsumed under one of the prior parts of this measure:

- a. for behavior

- b. for fantasy, longings, or temptation
  - c. without specification
- 2. Authority figure-parental surrogate punishment (as above).
- 3. Violence or threat directed against hero from other external personal sources.
  - a. when juxtaposed with any sexual or aggressive element (the subject need not specify causality)
  - b. without mention of sexual or aggressive antecedents.
- 4. Death or destruction of hero, when 'adventitious.'
- 5. Impersonal threat: war, pestilence, accident, flood, earthquake, etc. (deprivation of necessities of life and famine are specifically excluded).
- 6. Parental or parent-surrogate or authority figure prohibition, domination, or opposition to desires of hero re: sex, aggression, adventures, freedom, fuller life, escape, etc.
- 7. Societal scorn, ostracism, etc.
- 8. Pregnancy as a consequence of illicit love: also, conception of pregnancy as difficult, dangerous, etc.; also, conception of child or woman as somehow injured or damaged. This is essentially a conception of pregnancy

as punishment for forbidden sexuality. Included here also is being forced to marry as consequence of sexual activity.

9. For female characters in stories, becoming a prostitute in consequence of sexual misbehavior: This is not scored if there is clear specification that the woman becomes a prostitute for gain of any sort or for survival. The element of misbehavior must be present. For male characters, becoming a bum, drifter, hobo, or criminal or losing class status, is scored analogously.

#### **IX. Loss of Cathected Objects**

Note: This is scored where these are objects loved by the hero, not objects upon whose love the hero is dependent. Unless the latter is specified clearly, this is scored, however, scored only where the hero can be specified.

1. Male parent or parent surrogate:
  - a. through hero's actions
  - b. adventitiously
2. Female parent or parent surrogate:
  - a. through hero's actions
  - b. adventitiously
3. Love object, female, not parent, i.e. girlfriend, wife, mistress, etc.:
  - a. through hero's actions

b. adventitiously

4. Same sex love object, i.e., sibling

**X. Formal Characteristics**

1. Erasures or erasure equivalents (line drawn through words, phrases, or sentences), provided these involve a significant number of words (i.e. arbitrarily, six or more words), unless the words erased or with a line drawn through are significantly related to items of the measure.

2. Misspellings of significant words, unless occurring in the context of very frequent misspellings in the composition.

3. 'Bad' endings to stories (failure, debility, punishment, suicide, death, depression, loss, ruin, etc.)

4. Discontinuity of story or sentence, including starting one story, stopping it, and beginning another.



## APPENDIX E

### DEFENSIVE STYLE QUESTIONNAIRE

## Appendix E

### DEFENSIVE STYLE QUESTIONNAIRE

#### Instructions

This questionnaire consists of 88 statements, each of which is followed by a rating scale:

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Rate the degree to which you agree or disagree with each statement and write your rating from one to nine on the answer sheet.

Example: Montreal is a city in Canada.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

You would choose 9 and write 9 on the answer sheet beside the statement number.

1. I get satisfaction from helping others and if this were taken away from me I would get depressed.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

2. People often call me a sulker.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

3. I'm able to keep a problem out of my mind until I have time to deal with it.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

4. I'm always treated unfairly.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

5. I work out my anxiety through doing something  
constructive and creative like painting or woodwork.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

6. Once in awhile I put off until tomorrow what I ought  
to do today.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

7. I keep getting into the same type of frustrating  
situations and I don't know why.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

8. I'm able to laugh at myself pretty easily.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

9. I act like a child when I'm frustrated.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

10. I'm very shy about standing up for my rights with  
people.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

11. I am superior to most people I know.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

12. People tend to mistreat me.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

13. If someone mugged me and stole my money, I'd rather he  
be helped than punished.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

14. Once in a while I think of things too bad to talk about.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

15. Once in a while I laugh at a dirty joke.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

16. People say I'm like an ostrich with my head buried in the sand. In other words, I tend to ignore unpleasant facts as if they didn't exist.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

17. I stop myself from going all out in a competition.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

18. I often feel superior to people I'm with.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

19. Someone is robbing me emotionally of all I've got.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

20. I get angry sometimes.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

21. I often am driven to act impulsively.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

22. I'd rather starve than be forced to eat.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

23. I ignore danger as if I were Superman.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

24. I pride myself in my ability to cut people down to size.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

25. People tell me I have a persecution complex.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

26. Sometimes when I am not feeling well I am cross.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

27. I often act impulsively when something is bothering me.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

28. I get physically ill when things aren't going well for me.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

29. I'm a very inhibited person.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

30. I'm a real put-down artist.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

31. I do not always tell the truth.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

32. I withdraw from people when I feel hurt.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

33. I often push myself so far that other people have to set limits for me.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

34. My friends see me as a clown.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

35. I withdraw when I'm angry.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

36. I tend to be on my guard with people who turn out to be  
more friendly than I would have suspected.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

37. I've got special talents that allow me to go through  
life with no problems.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

38. Sometimes at elections I vote for people about whom I  
know very little.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

39. I'm often late for appointments.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

40. I work more things out in my daydreams than in my real  
life.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

41. I'm very shy about approaching people.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

42. I fear nothing.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

43. Sometimes I think I'm an angel and other times I think  
I'm a devil.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

44. I would rather win than lose in a game.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

45. I get very sarcastic when I'm angry.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

46. I get openly aggressive when I feel hurt.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

47. I believe in turning the other cheek when someone hurts me.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

48. I do not read every editorial in the newspaper every day.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

49. I withdraw when I'm sad.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

50. I'm shy about sex.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

51. I always feel someone I know is like a guardian angel.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

52. My philosophy is "Hear no evil, do no evil, see no evil."

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

53. As far as I'm concerned, people are either good or bad.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

54. If my boss bugged me, I might make a mistake in my work  
or work more slowly to get back at him.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

55. Everyone is against me.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

56. I try to be nice to people I don't like.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

57. I would be very nervous if an airplane in which I was  
flying lost an engine.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

58. There is someone I know who can do anything and who is  
absolutely fair and just.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

59. I can keep the lid on my feelings if it would interfere  
with what I'm doing if I were to let them out.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

60. Some people are plotting to kill me.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

61. I'm usually able to see the funny side of an otherwise  
painful predicament.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

62. I get a headache when I have to do something I don't  
like.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree



63. I often find myself being very nice to people who by al  
rights I should be angry at.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

64. There's no such thing as "finding a little good in  
everyone." If you're bad, you're all bad.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

65. We should never get angry with people we don't like.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

66. I am sure I get a raw deal from life.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

67. I fall apart under stress.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

68. When I know I will have to face a difficult situation,  
like an exam or job interview, I try to imagine what it  
will be like and plan ways to cope with it.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

69. Doctors never really understand what is wrong with me.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

70. When someone close to me dies, I don't feel upset.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

71. After I fight for my rights, I tend to apologize for my  
assertiveness.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

72. Most of what happens to me is not my responsibility.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

73. When I'm depressed or anxious, eating makes me feel better.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

74. Hard work makes me feel better.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

75. People close to me are not able to help me really get over my problems.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

76. I'm often told that I don't show my feelings.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

77. I believe that people usually see more meaning in films, plays, or books than is actually there.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

78. I have habits or rituals which I feel compelled to do or else something terrible will happen.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

79. I take drugs, medicine, or drink alcohol when I'm tense.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

80. When I feel bad, I try to be with someone.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

81. If I can predict when I'm going to be sad ahead of time, I can cope with it better.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

82. No matter how much I complain, I never get a  
satisfactory response.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

83. Often I find that I don't feel anything when the  
situation would seem to warrant strong emotions.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

84. Sticking to the task at hand keeps me from feeling  
depressed or anxious.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

85. I smoke when I'm nervous.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

86. If I were in a crisis, I would seek out another person  
who had the same problem.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

87. I cannot be blamed for what I do wrong.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

88. If I have an aggressive thought, I feel the need to do  
something to compensate for it.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

## REFERENCES

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