INTERNALIZED AND HORIZONTAL HETEROSEXISM

IN GAY AND LESBIAN INDIVIDUALS

By

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Abstract

The present study investigated the relationship between two forms of heterosexism within a gay and lesbian sample: internalized heterosexism and horizontal heterosexism. In addition, the impact of age, sex, level of sexual orientation disclosure (outness), and social support on each of these two types of heterosexism were explored. A national sample of 414 gay and lesbian individuals stratified by age and evenly split between male and female were recruited. Participants filled out a survey containing measures of all study variables using an online platform. Data were analyzed using multiple regression analyses and a path analysis with bootstrapping procedures. Results revealed a strong, positive relationship between internalized heterosexism and outwardly projected horizontal heterosexism, suggesting that the impact of society's oppressive messages, when internalized, have a broader impact than has been previously researched and reported on. Even when controlling for the effects of social desirability, younger age, decreased outness, and decreased support were associated with higher internalized heterosexism, as was being male. Males showed a higher level of internalized heterosexism than females in the sample. Several of the relationships between predictor variables and horizontal heterosexism were mediated by internalized heterosexism. Age was only partially mediated by internalized heterosexism, but outness and support were fully mediated by internalized heterosexism. The results are discussed using social psychological theory on self-concept and its relation to perception of others to give further meaning and context to the findings. Implications for practice and directions for future research are provided.

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Chapter I

Introduction

In the early morning of June 12th, 2016, a man entered a gay night club in Orlando, Florida and shot dozens of individuals, killing 49 of them, before he himself was shot (Zambelich, 2016). This event was horrific and tragic, reminding the country that the dangerousness of homophobia is still very real and present in America today. What was, perhaps, most shocking however, was that in the days and weeks after the shooting, details about the shooter's personal life began coming to light (Domonoske, 2016; CBS/AP, 2016). These details simultaneously included multiple same-sex sexual partners and public displays of outrage over affection displayed by same-sex couples. These details came from his family and sexual partners (Domonoske, 2016; CBS/AP, 2016). This, although an extreme case, highlights the potential dangers of internalized heterosexism, the deep seeded negative beliefs and attitudes one has about their own same-sex attractions that are consistent with heterosexism in society. These beliefs may contribute to negative feelings a gay, lesbian, or same-sex attracted individual might have toward others who identify similarly (horizontal heterosexism).

Internalized heterosexism is also damaging on an individual level, especially in the context of a society where heterosexism exists across systemic, cultural, and individual levels. In the past two decades, waves of suicides by lesbian and gay (LG) young people have made media headlines countless times and called attention to the bullying and mistreatment they face across a wide array of settings. According to Hatzenbuehler (2011) LG teens and young adults are far more likely to have attempted suicide within the last month than heterosexual youth (21.5% compared to 4%), and the increased risk of suicide attempt by LG youth is raised an additional 20% when the impact of living in an unsupportive (versus supportive) living

environment is factored in. These and other documented detrimental effects of heterosexism have raised the multicultural consciousness of researchers and encouraged continuous research to increase understanding of social factors related to heterosexism. Such research may contribute to educational programing efforts to reduce societal heterosexism and its negative influence on individuals and society, as well as the development of individual interventions for internalized heterosexism.

Rationale

The present study investigated the relationship between two forms of heterosexism: internalized heterosexism and horizontal heterosexism. The extant literature is limited in its exploration of factors that might predict internalized heterosexism among LG individuals, and there is a dearth of research regarding whether or not, or how, internalized heterosexism is related to the horizontal oppression of other LG individuals/groups (horizontal heterosexism). The relationship between these two forms of heterosexism was examined in relation to a few other individual variables and two types of perceived social support: familial and peer. Based on related literature, it is clear that many LG individuals have experienced internalized heterosexism to various degrees, depending on their age, biological sex, level of outness, and perceived social support. Prior to this study, however, little to no research could be found on how horizontal heterosexism relates to internalized heterosexism and the impact of age, biological sex, outness, and perceived social support on each form of opression.

Internalized Heterosexism. *Internalized Heterosexism* (IH) is defined as negative attitudes and beliefs that LG or other same-sex attracted individuals have internalized about same-sex romantic, emotional, and sexual relationships (Szymanski, Kashubeck-West, & Meyer, 2008). There is a significant amount of extant internalized homophobia/heterosexism literature

on LG individuals, but it is predominantly about youth and young adults (younger than 40) and is focused on outcomes related to IH (e.g., Amadio, 2006; Frost & Meyer, 2009; LaFollette, 2013; Kashubeck-West & Szymanski, 2008; Szymanski & Chung, 2003; Walker & Longmire-Avital, 2013). However, similar research with older adult LG populations is scarce at best. The limited research available indicates that IH is a relevant issue for that subsection of the population and there are similar relationships between negative IH and health and well-being outcomes in older LG adults to those studied in younger LG samples.

Internalized heterosexism is not a new construct, although the terminology has changed over the years, as researchers have moved from using the word "homophobia" to "homonegativity" to "heterosexism." This is a specific type of internalized prejudice. Internalized prejudice comes in all forms. Consider other 'isms'-racism, sexism, classism, etc.- and how those messages are often internalized by children of those minority statuses at an early age. For example, "I'm just not very good at math because I'm a girl," or "I can't do____/be_____ because I'm_____ ," or "people who look like me/don't have much money don't get to_____/haven't ever _____." This is one form of internalized prejudice or oppression. Societal stereotypes are internalized and in turn breed negative thoughts, feelings, and judgements about one's own self based on stereotypes about the group(s) to which one belongs. The author of the current study sought to replicate previous findings of other IH studies with a sample spanning broader age ranges, and to more thoroughly describe the relationship between IH and the included predictor variables: age, biological sex, outness, and social support. In addition, the author hypothesized that IH mediated the relationships between each of the predictor variables and horizontal heterosexism and used a path analysis model to explore this hypothesis.

Horizontal Heterosexism. Horizontal oppression is a similar construct (Pearlman, 1987; Bryant & Schram, 2009). Horizontal heterosexism (HH) is a term theoretically modeled from horizontal oppression. The term horizontal oppression has been used for tens of years in social justice literature, often referring to racism or sexism perpetuated by members of minority groups toward members of their own minority group or one of equal or lesser privilege. In regards to horizontal racism, Bryant's 2009 research found that internalized racism predicted, in part, a higher propensity for violence toward one's own ethnic group. The author of the current study theorizes that similar results will be found from this study, as many of the mechanisms for developing oppressive attitudes are similar between the two groups. Internalized heterosexism refers to the adverse attitudes and feelings one has turned inward as the product of societal oppression, whereas *horizontal heterosexism* (HH) is used by this author to refer to the act of directing those oppressive thoughts and feelings toward other lesbian and gay individuals or groups. Despite an extensive literature review, the author was not able to find any empirical literature on the marginalization of lesbian and gay individuals or groups by other LG individuals, or any other configurations of LG horizontal oppression.

Age/Generational Background. Age is a demographic construct that represents how individuals are impacted by their social climate in such a way that their sense of self and feelings or judgements of others is often reflective, in varying degrees, of the larger social environment of their formative years. Over the past few decades there have been both positive and negative changes in the social climate regarding how lesbian and gay people are viewed and treated in society, but heterosexism is still very much alive today. Due to a host of different reasons, more and more LG individuals are open about their sexual identity today than years ago and discrimination and prejudice against LG individuals has become more covert. As a result, the

degree to which negative messages about LG people are internalized by lesbian and gay individuals has likely changed as well. For example, would a gay male that grew up during the height of the 80's AIDS pandemic experience a greater degree of IH and/or HH? How does such data compare to someone with the same demographics, but 10 or 20 years younger? Is IH a generational construct? According to Costa, Bandeira, and Nardi (2013), individuals in younger age brackets express statistically significantly less internalized heterosexism than those in older age brackets, and peer perception across age groups is one of the most important contributing factors to one's negative attitudes about same-sex relationships. Since younger generations of the general public have been shown to be more open and accepting of LG peers, is that also be the case for younger lesbian and gay individuals in terms of being more open and accepting of their own sexuality than those who are older? Thus, this study examined the relationship between age and internalized heterosexism, a relationship that has little to no presence in the current literature.

Biological Sex. Previous literature has shown that within the general population, biological sex and societal heterosexism are linked; specifically findings have shown that females are generally less biased toward sexual orientation than males (Costa et al., 2013). However, within IH research, gender roles have been of greater focus, rather than biological sex (Szymanski, Kashubeck-West& Meyer, 2008). If biological sex is predictive of sexual orientation bias in the general population, do those findings hold true for this subset of the population that has a more intimate experience of sexual orientation bias, and does that manifest internally (IH), externally (HH) or in both forms of heterosexism? Regarding biological sex, this study examined the relationship between sex and IH and sex and HH.

Outness. While demographic variables are certainly one category of variables that seem

to impact experiences of heterosexism, so do behavioral and experiential variables. For example, one's level of openness about their sexual identity, or *outness*, is a behavioral variable being used in the current study. Previous research has found that outness is significantly linked to IH and that the relationship is an inverse one (Moradi et al., 2010; LaFollette, 2013). Outness was included in the current research, as the author of the current study sought to further explore the relationship between outness and IH with a large and age-diverse sample, as well as decipher the strength of its relationship to HH. Logically it stands to reason that if outness impacts the way one experiences negative thoughts and feelings about their own sexuality it may very likely impact the way they feel about others who share the same sexual minority status.

Social Support. For the purposes of this study, social support was viewed as parental and peer support, looked at distinctly. Parental support and acceptance have been studied minimally in relation to IH, but have been studied largely in relation to a variety of outcome variables for LG youth and young adults. Peer support, both general and sexuality specific, has also been studied in relation to LG experiences. Research has shown consistently that experiencing supportive versus unsupportive environments has a significant impact on behavioral and health outcomes such as substance use, suicide attempts, depression, psychological well-being, and physical health disparities for LG individuals (e.g., lack of insurance, primary care, etc.) (Feinstein, Wadsworth, Davila, & Goldfried, 2014; Eisenberg & Resnick, 2006; Needham & Austin, 2010; Pearson & Wilkinson, 2013).

It is not only LG youth too often facing a lack of support, negatively charged messages, and disheartening injustices at the hands of the society in which they live, but LG individuals of all ages. Bullying from peers, employment discrimination, and downright hateful messages from various anti-gay activist groups, are just the most obvious messages contributing to the idea that

something is wrong with, and unacceptable about who these individuals are and the relationships that make them happy. Since research shows these areas of social support have significant bearing on LG outcomes across a variety of domains (e.g., self-concept, mental health, physical health, relationship health, etc.) it stands to reason that they would also significantly affect some of the mechanisms by which those outcomes are realized. With that in mind, the author of the current study was interested in the role of both parental and peer support on IH and HH, and whether or not IH mediated the effect of social support on HH. In order to thoroughly investigate these types of support participants were asked to report both general and sexuality specific support from family as well as from their closest friends, resulting in four distinct scores that could be used to analyze the relationship between supports and IH as well as HH.

Present Study

The proposed study had three main objectives: (1) to investigate the relationship between the predictor variables of age, biological sex, outness, and social support, and lesbian and gay individuals' internalization of homonegativity (IH), (2) to explore the relationship between IH with HH, (3) to decipher whether that relationship included IH as a mediator between the aforementioned predictor variables and HH. Previous research has illustrated that many gay and lesbian individuals experience internalized homonegativity, but has not adequately examined its predictors and correlates, nor has it shown the degree to which the negative perception of the self (internal heterosexism) is related to the perception of one's own social group (horizontal heterosexism). This study sought to fill those gaps in the research using multiple measures to assess participants' IH and HH. The relationship between these two types of heterosexism experienced by gay and lesbian individuals was examined along with several predictive variables (age, biological sex, outness, and social support).

The current study made a novel contribution to counseling and social psychology research by exploring the external impact of internalized heterosexism within the gay and lesbian population. Although research on oppressed populations, including the LG population, has long been an important topic for the field of psychology, to date, no other studies have investigated the relationship between IH and HH. The author of the current study theorized that one's thoughts, feelings, and judgements about their own sexual orientation would almost certainly have an effect on how that individual perceives other LG individuals and groups. According to social psychology research on self-concept and perception of others, the categorization schemas we use for both are our largely integrated and difficult to disentangle (Markus, Smith & Mooreland, 1985). Based on this idea, the current research sought to investigate the mediating role IH played between the predictor variables of interest and HH.

Research Questions and Hypotheses

Question I. How are age, biological sex, and outness related to internalized heterosexism?

1. *Hypothesis 1:* Age will be positively related to IHS scores for both lesbian and gay individuals, with younger individuals having lower internalized heterosexism than those who are older.
2. *Hypothesis 2:* Males will have higher IHS scores than females.
3. *Hypothesis 3:* Degree of outness will be negatively correlated with IHS scores for both lesbians and gay men, with higher outness scores related to lower internalized heterosexism.

Question II. How are age, biological sex, and outness related to the negative attitudes of lesbians and gay men about other lesbian and gay individuals or groups?

2. *Hypothesis 4:* Age will be positively related to MSATLG scores for both lesbian

and gay individuals.

3. *Hypothesis 5:* Males will have higher MSATLG scores than females.
4. *Hypothesis 6:* Degree of outness will be negatively correlated with MSATLG scores for both lesbians and gay men, with higher outness associated with lower MSATLG.

Question III. How are parental and peer support related to IH and HH, respectively?

Question IV. Does IH mediate the relationships between age, biological sex, outness, and/or social support and HH?

1. *Hypothesis 7:* IH will partially mediate all four relationships.

Literature Review

Chapter II

This chapter begins with an overview of the progression of terms from homophobia to homonegativity to heterosexism and the way prejudices are believed to be expressed according to each. Internalized and horizontal heterosexism are subsequently defined, and related research is explored with an eye toward historical and current oppressions experienced by sexual minorities. Next, a brief overview of existing literature is given on the four primary independent variables and their published or presumed relationship to IH: age/generational background, biological sex, outness, and social support-both familial and peer support. Finally, this section concludes with an overview of the present study and the author's rationale for conducting it based on the review of the literature cited herein.

Homophobia and Homonegativity

History related to homophobia. The term "homosexual" as a distinct sexual orientation was not coined until the late 1860's. In fact, many early accounts of same-sex attraction and intimacy indicated a tone of societal permissiveness, namely in Greek and Roman cultures (Sullivan, 2003). The text of the Bible presents some of the earliest taboo attitudes toward homosexuality. In fact, many scholars believe it is has become the basis for modern homophobia on the premise that same-sex desires and intimacy are sinful and/or forbidden in Old Testament biblical scriptures (Sullivan & Wodarski, 2002). However, it is not just Christianity that condemns same-sex intimacy; the Qur'an refers to same-sex intimacy, especially among men, as an abomination and a worse transgression than adultery (Jackle & Wenzelburger, 2015). A significant amount of the violence and legislative discrimination gay and lesbian individuals face is done in the name of religion. Consider the beating of playwright Tennessee Williams in 1979

by five teenage boys, one of many that was spurred by the anti-gay newspaper published by a Baptist minister in Key West, Florida (Time, 1979). Another more recent example is the Defense Against Marriage Act (DOMA) that prevailed for many years before recently (2014) being struck down by the Supreme Court. DOMA was based on the idea that religious beliefs about marriage were a justifiable reason for sexual-orientation based discrimination (Case, 2017). Many current bills referred to as "religious freedom bills" move to reinforce and protect the same kind of discrimination.

In 2015 Jackle and Wezselburger used data from the World Values Survey (WVS; results from 1999-2009) to explore differences in attitudes at the individual and group levels toward homosexuality with respondents from 79 different countries. Data from two WVS questions were used to assess attitudes toward homosexuality. The first question of interest asked whether or not homosexuality is ever justifiable, answered on a 10-point Likert scale of *always justifiable* to *never justifiable*, and the second asked whether or not one would dislike having a gay neighbor, and was answered on a three-point scale (yes, no, or indifferent). Prior to their analysis, Jackle and Wenzelburger reviewed both primary resources (religious texts, decrees, writings, and speeches from religious leaders and bodies) and secondary peer-reviewed literature on the religions and their relationships with homosexuality. From this review, they compiled a list of world religions rank ordered by the degree of negative attitudes about same-sex intimacy expressed by each religion. Three metrics were used to create a matrix and rank each religion: whether same-sex intimacy is explicitly written about in holy writings and "tied to a religious ban," how leaders within the religion position themselves on the topic, and how vocal different groups within the religion are regarding homosexuality (Jackle & Wenzelburger, 2015).

Based on their review of primary and secondary literature, Jackle and Wenzelburger

(2015) found that Islam had the strongest position against homosexuality, closely followed by Catholicism, Protestantism, and then Hinduism, and Buddhism/Taoism/Confucianism, in that order. The authors then conducted a multi-level analysis using the WVS data. Of the differences in attitudes toward homosexuality found between various groups (e.g., gender, region, nationality, etc.), the authors found in their data, religion accounted for one of the most profound. Those that described themselves as highly religious were the most likely to also respond with negative attitudes toward accepting homosexuality or having a gay neighbor. Additionally, the results of their analysis matched the rank-ordered list they compiled from their literature review with one exception: those identifying themselves as Catholics showed less homophobia/ homonegativity than was predicted by the rank-order list based on theoretical expectations (Jackle & Wenzelburger, 2015).

Related, but distinct, recent history and modern governance supply ample evidence of state-sponsored homophobia/heterosexism in most countries around the world. Historically this includes the imprisonment of gay and lesbian individuals in Nazi Germany, who were also forced to wear identifying pink triangles in concentration camps. Another example of state-sanctioned homophobia includes the arrests of hundreds of Russian men in the 1930's due to a conspiracy about gay men: that they were all guilty of pedophilia with young boys (Allen, 2013). Unfortunately, many heterosexual individuals across cultures still believe that gay men have propensities toward pedophilia, despite research repeatedly demonstrating that White heterosexual men comprise the largest number of known pedophiles (Sullivan, 2003).

In the 1950's and 60's in the United States Senator McCarthy believed that homosexuality was the "psychological maladjustment that led people toward communism" (Johnson, 2009). This led to the firing of hundreds of federal employees suspected of being gay

or lesbian, and the "Pervert Elimination Campaign" where hundreds were apprehended and charged with disorderly conduct, loitering, indecency or some other non-descript violation (Johnson, 2009). Furthermore, hundreds more (four times as many as were charged) were detained. Although most of them were released without arrest because of a lack of evidence, but their names, occupations, and fingerprints were recorded in a "pervert file" nonetheless (Johnson, 2009). This which-hunt of sorts was known as the "Lavender Scare", happening during the same time as the "Red Scare," a time in U.S. history where the political scene was rife with fear of working class revolution and political radicalism (Johnson, 2009).

During this same time, President Truman signed legislation banning gay individuals from all branches of military service. Not only did this prevent qualified individuals from enlisting, but over the next several decades individuals were dismissed from the military without justification for mere suspicion of being gay. This was despite the publication of an investigation by the Navy Board of Inquiry, *The Crittenden Report*, that found no reason for such discrimination in 1957, but was kept secret by top officials until 1976 (Johnson, 2009). In 1993, President Clinton signed into effect "Don't Ask, Don't Tell" which precluded military personnel from asking questions about one's sexual orientation or discriminating against individuals who were suspected of being gay, lesbian or bisexual. Don't Ask Don't Tell did not, however, allow sexual minorities to openly serve in the U.S. military, which finally came into being in 2011, and currently all members of the U.S. military are afforded the same protections from discrimination and spousal benefits.

Although progress has been made in several states and countries regarding discrimination protections in the workplace and marriage equality, for every legal victory, there are several bills proposed to roll back the progress made. Currently, state-sanctioned homophobia/heterosexism

ranges from the death penalty for engaging in same-sex relations, to laws restricting freedom of expression that target same-sex couples, or requiring different ages of consent for same-sex relations than for opposite sex relations (Carroll, 2016). From the egregious to the more subtle endorsements of discrimination against same-sex relationships and intimacy, both internal and external homophobia are fueled.

Theoretical understanding of homophobia. Social psychologists have acknowledged two theories in relation to the development and maintenance of homophobia. The first is Social Control Theory, which purports that rather than homophobia being an individual's internal fixation on something frightening or detested about another, it is instead a form of social control. This functions as a means to intimidate sexual minorities and endorse heterosexuality, the only acceptable sexual identity 'choice' (Radowsky & Siegel, 1997 as cited in Sullivan, 2003). Strict definitions of gender roles significantly contribute to homophobia – gay men are thought to be "acting like women" and abandoning their male privilege. Lesbians, on the other hand, are seen as trying to assume male privilege and authority to which they are not entitled (Sullivan, 2003).

The second theory, Role Theory, suggests that homophobia is a result of being confronted with images and information that undermines sex-role stereotypes. Societies demand their members sustain traditional belief systems by acting in congruence with unspoken rules of behavior (Sullivan, 2003). Gay and lesbian individuals threaten these traditional belief systems by choosing partners outside of what they have been socialized to do according to sex-role expectations. According to this theory, acting within these bounds is particularly important for role-modeling to younger members of society, who might be confused by witnessing these unconventional roles leading to possible social anarchy (Sullivan, 2003).

History of terminology. The concept of prejudice is as old as human history. For the

purposes of this research, Allport's (1979) modern definition is used: "an aversive or hostile attitude toward a person who belongs to a group, simply because he/she belongs to that group, and is therefore presumed to have the objectionable qualities ascribed to the group." Along this same vein, Herek (2000) broadly described sexual prejudice as negative attitudes based on sexual orientation, regardless of what that orientation is. More specific to the topic at hand, the term homophobia has been used to describe prejudice toward gay and lesbian individuals.

The term homophobia was first used in the 1970's when psychologist George Weinberg coined the term, defining it as "the dread of being close to homosexuals—and in the case of homosexuals themselves, self-aversion," in his book *Society and the Healthy Homosexual* (1972). At the time, much of society thought being attracted to the same sex could be contagious and many were afraid of being perceived as being gay due to the social implications. Meanwhile, the APA had classified homosexuality as a "sociopathic personality disturbance" in the first *Diagnostic and Statistical Manual of Mental Disorders* (DSM-1) in 1952, and continued to make it a diagnosable mental disorder in the DSM-II, categorizing it instead as a sexual deviation. Although the American Psychological Association (APA) was already discussing removing homosexuality from the Diagnostic and Statistical Manual of Mental Disorders (DSM), and voted to do so in 1973, Weinberg's work spoke to a larger audience than clinicians. The DSM diagnoses were not controversial with dominant society, but with the emergence of the gay rights movement in the late 1960s and early 1970s, Weinberg "gave a name to the hostility [toward gays and lesbians] and helped popularize the belief that it constituted a social problem worthy of scholarly analysis and intervention" (Herek, 2004). Weinberg's (1972) work was monumental. In addition to his impact on clinicians, his work became and continues to be an invaluable tool for advocates and activists.

Homonegativity is a closely related term to the previously used homophobia. Homonegativity indicates negative attitudes and emotions toward non-heterosexual individuals, and was coined in 1980 by Hudson and Ricketts after many in the scientific realm voiced their disagreement with using the term homophobia. Homophobia indicates a fear of homosexuality, which may not be the most appropriate way to label the negative attitudes and emotions felt by those experiencing such attitudes and feelings. Scientists thought it unempirical to use a term that did not cover the gamut of cognitive and affective reactions and behavior to gay individuals that society and its members were having, although the change in terminology in the academic world has been gradual from 1980 through the present. The timing of the change in terminology is also somewhat reflective of the changes in presentation of prejudicial attitudes and behaviors from more overt to covert.

Both overt and covert prejudices play a role in current society's messages toward oppressed individuals (Swim, Aikin, Hall, & Hunter, 1995; Morrison, Morrison & Franklin, 2009). However, over the course of several decades, what was once primarily expressed as blatant and unconcealed contempt is now more often expressed as covert prejudice. For example, in our current times, it would be less likely for an individual to express that "homosexuality is an abomination," than it would be for some one to say, "if gay men/lesbians want to be treated like everyone else, then they need to stop making such a fuss about their sexuality" (MHS; Morrison, Morrison & Franklin, 2009).

Janet Swim and colleagues (1995) explored this progression referencing the constructs of racism and sexism, and found that although a majority now indicate that it is wrong to make blatantly prejudicial comments or deny someone of a different sex, race, or sexual orientation service, a plethora or prejudicial attitudes are still prevalent. These include denying the existence

of continuing discrimination, both systematic and otherwise, antagonism toward minority group demands, and resentment regarding policies and practices targeted at providing opportunities and equality for minorities (Swim et al., 1995). This is not to suggest that physical violence and other blatant aggressions are not still perpetrated toward gay and lesbian individuals. It was not until 2009 that attacks motivated by a victim's sexual orientation were considered to be hate crimes under federal law. Since then the Federal Bureau of Investigation (FBI) has kept statistics on these and other hate crimes, and reports them annually to the public. In the past several years, sexual orientation motivated hate crimes have accounted for 17.7-20.8% of all reported hate crimes in the United States (U.S. Department of Justice, 2016).

In 2009 Morrison, Morrison and Franklin conducted a study using a measure they had created to specifically assess "modern homonegativity," the Modern Homonegativity Scale (MHS). They were concerned that the current measures available were falsely showing that homonegativity was decreasing when in actuality, it had just morphed into more covert forms that were not being accurately measured by the scales available. They gave their measure to both Canadian and United States college students along with a traditional measure of "old-fashioned homonegativity." Their results showed that across all groups (divided by country and gender) participants scored higher on the Modern Homonegativity Scale than the Attitudes Toward Gays/Lesibans ATL/G (Herek, 1994), the measure of old-fashioned homonegativity (Morrison, Morrison & Franklin, 2009). However, the discrepancy between the two scores, particularly for American men, when asked about gay males, was smaller than expected (e.g., MHS-G $M_{Am.\ \text{Males}} = 3.42/5$, ATG $M_{Am.\ Males} = 3.15/5$) (Morrison, et al., 2009). The authors explained that the small differences for Americans (especially American males) between modern and old-fashioned homonegativity scores, may be due to social differences, including American

society's rewarding of assimilation and Canada's history of social democracy (Morrison et al., 2009).

A subsequent study was done in 2012 using the same measures with the purpose of assessing differences in old-fashioned and modern homonegativity among four different North American and European Countries (McDermott & Blair, 2012). This study used general population samples, and revealed lower scores on all measures (MHS-G, MHS-L, and ATL, ATG) for both United States Men and Women than the Morrison, Morison and Franklin (2009) study (e.g., American males: MHS-G M = 2.48/5, ATG M = 2.17/5). Both studies show evidence of the trend toward more covert forms of homonegativity, and less overt prejudice. Of importance, however, Morrison, Morrison and Franklin (2009) note that declines in old-fashioned prejudice toward a particular group do not necessarily correlate with declines in discrimination.

Heterosexism

Heterosexism is an outgrowth of homonegativity, in much the same way that the term homonegativity developed from homophobia as the presentation of prejudice shifted. Heterosexism refers to prejudicial attitudes, assumptions and behaviors that grant privileges to heterosexual members of society and at the same time oppresses sexual minority individuals (McGeorge & Carlson, 2011). Therefore, while it captures the negative attitudes and behaviors of those that hold prejudices toward non-heterosexual individuals, this term also encapsulates the idea that there is a systemic process in place that encourages heteronormative assumptions, behaviors, and presentations. In addition, heterosexism literature highlights the oppressive parallels to racial and gender prejudices. Heterosexism describes the unspoken class system that exists, separating gay and heterosexual individuals, and somewhere in between lie the gay

individuals that pass as 'straight' and assimilate into the dominant culture. In the current study, homonegativity (sometimes still referred to as homophobia) is thought of as an aspect of heterosexism, as is consistent with much of the current literature.

The use of the term "heterosexism" can be traced as far back as 1972 in published response letters to Weinberg's (1972) *Society and the Healthy Homosexual* (Herek, 2004). "The authors of both letters, Weinberg and Herek, used the term to draw connections between a belief system that denigrates people based on their sexual orientation and other belief systems that make similar distinctions on the basis of race or gender, that is, racism and sexism" (Herek, 2004). The use of the term gained traction in the 1980's as writers and other activists began to use it to draw parallels between sexism and anti-gay ideologies.

From a theoretical perspective, the cultural impact of heterosexism is threefold and encompasses heteronormative assumptions, institutionalized oppression, and heterosexual privilege (McGeorge & Carlson, 2011). Heteronormative assumptions are the automatic thoughts, beliefs, and expectations that individuals and their relationships are heterosexual, which maintains the idea that heterosexuality is ideal or normal. As a result, individuals, with or without negative intentions, tend to ignore the needs of and any forms of oppression perpetrated toward sexual minorities (McGeorge & Carlson, 2011). This is how the invisibility of sexual minorities contributes to heterosexism. Examples of this range from thins as material as same-sex couples not having a representative cake topper available where they go to have a wedding cake made, to something so critically vital to liberty and personal security as work place discrimination protections, which are currently lacking or nonexistent in 29 states (Human Rights Campaign (HRC), 2016).

The second tenet McGeorge and Carlson (2011) assert is institutionalized oppression.

This is defined as "social policies and actions by institutions (e.g., governments, healthcare systems, and educational systems)" that denigrate non-heterosexual individuals and/or relationships or promote privileged status for heterosexual individuals (McGeorge & Carlson, 2011). Current and recent examples of this include state bills allowing the refusal of services to same-sex couples or gay/lesbian individuals, the repeal of bills protecting the same population from employment discrimination based on their sexual orientation, and educational institutions only teaching sex education topics on heterosexual sex (Koon, 2015; Jones, 2015; Tufts, 2014).

The final tenet is heterosexual privilege: unearned rights, advantages, and social benefits an individual is given based exclusively on their sexual orientation (McGeorge & Carlson, 2011). This concept is parallel to that of White privilege or male privilege. Some of the most common heterosexual privileges are displays of affection as mundane as handholding without fear of retribution, or telling a story about a spouse without worrying about whether or not it is a safe space to "come-out" in. However, according to McGeorge and Carlson (2011), one of the most influential privileges is invisible and unconscious: "the increased sense of worth that comes with being a part of the dominant socially sanctioned group." Just as heterosexual individuals might unconsciously internalize positive beliefs related to being an accepted member of a dominant social group, in a parallel process LG individuals often internalize negative thoughts and feelings about their belongingness and self-worth (McGeorge & Carlson, 2011).

Internalized Heterosexism. Internalized heterosexism (IH) is defined as the negative attitudes and beliefs that LG individuals have internalized about same-sex romantic, emotional, and sexual relationships (Szymanski, Kashubeck-West, & Meyer, 2008). When living in an environment that regularly victimizes, systematically discriminates against, and marginalizes gay and lesbian individuals, it is common for sexual minorities to internalize such attitudes and

oppression. As Huebner, Davis, Nemeroff, and Aiken (2002) acknowledged, most minority sexual identity development models denote that gay and lesbian identities are most often formed in the context of societal stigma, and expressed only to be met by negative reactions ranging from invisibility to outright violence. This quickly marginalizes anyone who may feel or expresses attraction to the same-sex from the very beginning of their sexual orientation identity development. This marginalization leads to feelings of mild to severe self-doubt, and on the more severe end of the spectrum is often expressed as self-hatred and leads to self-destructive behavior (Szymanski, Kashubeck-West, & Meyer, 2008). Socialization with similarly identified individuals and support can often help an individual experiencing IH unlearn some of these negative attitudes. However, it is unlikely that all traces of IH would be eliminated once instilled, especially when such an individual is surrounded by a society that continues to perpetuate heterosexism (Szymanski, Kashubeck-West, & Meyer, 2008).

At its inception, research on internalized homophobia/heterosexism primarily discussed HIV+ gay men only. However in the most recent decades, a plethora of outcome studies have been conducted linking IH with a myriad of negative mental and physical health outcomes, most notably depression and anxiety, as well as other 'distress-related constructs' like self-esteem, life-satisfaction, and overall well-being. Newcomb and Mutanski (2010) conducted a meta-analytic review of 31 of these studies spanning 22 years (1986-2008), using hierarchical linear modeling. Their meta-analysis included only studies that reported statistics specific to sexual minorities, and included continuous variable measures of IH and at least one global or independent dimensional measure of internalizing mental health problems based on symptomology (e.g., the Global Symptoms Inventory or the Beck Depression or Anxiety Inventory). Across the 31 studies, there were 5,831 participants with a mean age of 32.70. The

results of this analysis "revealed a small to moderate effect size for the relationship between IH and internalizing mental health problems," $ES_r = .262$, $p < .01$ (Newcomb & Mutanski, 2010). There was significant variability in the effect sizes between individual studies, so the authors also evaluated the moderating effects of several other variables collected from each study.

In this secondary analysis, the authors found mean sample age to be a statistically significant moderating variable, $\Upsilon = .008$, $p = < .05$. This means that for every year increase in the average age of the sample, there is a .008 increase in the correlation between internalizing mental health problems and IH (Newcomb & Mutanski, 2010). Whether this is a generational construct due to societal changes over time, or it is due to changes actually associated with age is unknown. Finally, Newcomb and Mutanski (2010) looked deeper into the differences between the relationships between IH and depression and IH and anxiety, finding that depression symptoms have a much stronger relationship to IH than anxiety symptoms, although both have statistically significant relationships (depression compared to anxiety: $\Upsilon = .095$, $p = < .05$.

Despite the abundance of research linking IH to poorer health outcomes for sexual minority individuals, little research has been done on the mechanisms by which these outcomes occur. Hatzenbuehler (2009) created an empirically derived mediation framework that established three processes through which experiencing oppression affects mental health: coping/emotion regulation, cognitive processes, and social and interpersonal elements. Hatzenbuehler (2009) conducted a limited review sharing several studies that supported his framework and a few that either did not or did not give enough information. Puckett (2014) added to this line of research by evaluating a model in which the roles of self-criticism, LGB community connectedness, and decentering (a coping strategy) were tested as the mechanisms by which IH influenced psychological distress and negative outcomes in sexual minorities. Puckett

(2014) collected data from a convenience sample of 436 individuals (64% female, 80% Caucasian). Results of this study showed that the relationship between IH and psychological distress was accounted for by higher self-criticism and decreased community connectedness. A large enough sample size was not obtained to assess the mediating effect of decentering as a coping strategy. With both mediators included in the model, 64.3 % of the variance in psychological distress was accounted for, and the direct relationship between IH and psychological distress was no longer significant. Only an indirect effect of IH through community connectedness (β = .10, p < .01; 95% CI: [.04, .16]) and self-criticism (β = .28, p < .001; 95% [CI: .22, .36]) remained (Puckett, 2014).

Internalized heterosexism continues to be an area of study regarding outcomes and interventions in psychological research. Over the past few years, researchers seem to be saying, "Now we know how detrimental this can be, what can we do about it?" This is an important direction as social justice advocates and culturally competent clinicians seek to understand and help those they serve, however, it is not just the gay or lesbian individual that is impacted by societies oppressive messages and policies. Such oppressive experiences can also impact the way gay and lesbian individuals view and interact with those within their own community.

Horizontal Heterosexism. While internalized heterosexism refers to the negative attitudes and feelings one has toward themselves as the result of oppression from the outside world seeping into their own cognitive and emotional self-appraisals, horizontal heterosexism (HH) is used by this author to refer to the act of directing those oppressive thoughts and feelings toward other LG individuals. The author has derived the term horizontal heterosexism from the more widely used, but less specific term horizontal oppression (sometimes referred to as horizontal violence). Horizontal oppression is a term that has been used for decades in social

justice literature, and is often used in reference to racism and sexism perpetuated by members of minority groups. In 1997, Wijeysinghe, Griffin, and Love published a handbook for teaching on topics of diversity and social justice. In it, they defined horizontal prejudice regarding race as "The result of people of targeted racial groups believing, acting on, or enforcing the dominant system of racial discrimination and oppression. Horizontal racism can occur between members of the same racial group...or between members of different targeted racial groups" (Wijeysinghe et al., 1997). If you replace the term "racial groups" with "sexual minorities," the same horizontal prejudice can be applied to the system of heterosexism in place in the United States.

Szymanski and Chung (2001) discussed several ways in which research has looked at horizontal heterosexism, but without yet having language to discuss this form of horizontal or lateral oppression. The authors noted that in addition to research exploring the expression of internalized heterosexism through shame, isolation, and fear of being outed or discovered, there is also research supporting the expression of horizontal heterosexism via condemnation of homosexuality on moral or religious grounds, having negative attitudes about other lesbians and gay men, and discomfort with "the idea of children being raised in a lesbian home" (Herek, 1984; Ross & Rosser, 1996; Pearlman, 1987; Pharr, 1988; Margolies et al., 1987 as cited in Szymanski & Chung, 2001). Relatedly, there have been several works over the years that have had findings indicating, like with many groups, that positive interactions with lesbians and gay men decreases one's stigma or biases toward them (Herek, 2000). According to Herek (2000) "Sexual prejudice is strongly related to whether or not a heterosexual [individual] knows gay people personally. The lowest levels of prejudice are manifested by [individuals] who have gay friends or family members." However, this does not explain the phenomenon of horizontal heterosexism, as many gay and lesbian individuals often encounter other LG individuals, yet still

experience bias against themselves and/or other gay and lesbian individuals.

In 2014 McLemore conducted a study to explore the implicit sexual prejudice and physical, mental, and sexual health correlates of 101 (Age M = 31.88, 59% male) gay and lesbian individuals using the Implicit Association Test (IAT: Greenwald, Schwartz & McGhee, 1998 as cited in McLemore, 2014), the Internalized Homophobia Scale (IHP; Meyer & Dean, 1998 as cited in McLemore, 2014), and the Attitudes toward Lesbians and Gay Men short form (ATLG; Herek, 1994 as cited in McLemore, 2014). In order to assess implicit self-stigma about one's sexuality (IH), participants were shown images of gay, lesbian, and opposite-sex couples kissing and holding hands and asked to evaluate the images as matching or not matching their sexuality. They were also shown evaluative words and asked to categorize them as positive or negative – the same words used by the IAT creator (McLemore, 2014).

According to McLemore's (2014) results, individuals with higher levels of implicit self-stigma (IH) hold more negative explicit attitudes about themselves and other gay and lesbian individuals (β = .29, (.25), t(2,85) = *2.69*, p = .009). Furthermore, there is also an interaction between implicit sexual-stigma (IH) and implicit sexual prejudice (HH). When implicit self-stigma is low (1 SD below the mean), implicit sexual prejudice hovers around the same range, however, as implicit self-stigma reaches the mean and beyond, sexual prejudice also increases significantly (Interaction β = .43, (.67), t(3,85) = *2.83*, p = .006). Interestingly only self-stigma (IH), not sexual prejudice (HH) had direct effects on any of the mental and physical health outcomes measured. McLemore's (2014) study also found that those with higher implicit self-stigma had more unfavorable "attitudes toward public policy that benefits lesbians and gay men," a puzzling expression of HH presumably effected by IH, as such policies would also be aimed at benefiting the individual.

Social psychology research on perceptions of self and others indicates that the schemas, or mental organizational systems we use for ourselves are often what we apply when evaluating others (Markus, Smith & Mooreland, 1985). In the context on the current study, this means that IH and its contributors may also contribute to HH. Previous research has shown that people more frequently describe others along the dimensions by which they think about themselves, rather than dimensions that are less personally relevant (Shrauger & Patterson, 1976). In other words, what is salient to us about ourselves – positive or negative – generally dictates what will be salient to us about someone else.

According to Markus, Smith, and Mooreland (1985) we become acutely attuned to the most salient attributes by which we evaluate ourselves, and create very detailed schemas for these dimensions. For example, if being gay or lesbian is a salient attribute to an individual, they will become sensitive to the words and behaviors of others that might indicate a gay or lesbian identity, acquire a large store of anecdotal knowledge about such indicators. The individual develops a kind of expertise about these attributes by which they have defined themselves, and for the individual with a gay/lesbian self-schema. That schema functions as a compelling reference point from which to evaluate behaviors that indicate a similar attribute in others (Markus, Smith & Mooreland, 1985). In terms of the present study, considering the previous research on self-concept and the perception of others, it follows that one's conceptualization of their own gay or lesbian identity and the associated valence would look similar to their evaluation of other gay and lesbian individuals or groups.

Predictive Role of Selected Individual Variables

As is common for most, the way gay and lesbian individuals view themselves and others is largely influenced by the social climate, including institutionalized oppression, however, there

are also individual differences among the LG community. The following individual predictor variables have been observed to contribute to differences in attitudes toward gay and lesbian individuals among the heterosexual community, or they have been found to influence the outcomes of those who identify as gay or lesbian. The literature reviewed summarizes this information as well as indicates the gaps in extant research between these variables and the constructs of internalized and horizontal heterosexism.

Age/Generational Background

Previous related research has shown that negative views toward gay and lesbian individuals have decreased significantly in the past 40 years (Treas, 2002). Much of this decline has been attributed to attitude changes within younger generations (Hetzel, 2011). However, as media and politics show us, there are still a great number of citizens who hold negative views of lesbian and gay individuals and continue to call for the allowance of discriminatory practices. One of the most current examples of this is North Carolina's House Bill 2, a bill allowing for discriminatory practices against members of the LGBT community, part of which was recently repealed. Left in place, however, was a statewide ban on the creation of any anti-discrimination laws for sexual minorities for the next several years (Domonoske & Doubek, 2017) A very active stance against the inclusion and safety of gay Americans. These messages are bound to have an effect on a majority of the lesbian and gay population both in terms of how they view themselves and their peers, leading them to internalize negative messages, to rebel against the discrimination they see and hear, or experience both of these negative outcomes.

Herrick et al. (2013) conducted a National Institute of Health (NIH) funded study to investigate individual changes in IH with increasing age. Participants were 1,541 sexual minority males with a mean age of 51.6 (*SD* = 10.2), who completed three IH questionnaires, one

that asked them to think back to their attitudes and feelings around the time they first realized they were gay, one about current IH, and on about the resolution of IH between the two time periods. The results of the study indicated that those who realized their sexual minority status in earlier decades were more likely to have resolved their IH (Herrick et al., 2013). This is particularly true for those who indicated first identifying (to themselves) their sexual minority status in the 1960's or before (58.5% of sample). Notably, this was before campaigns like "*It Gets Better*" and the public coming-out of many celebrities, meaning this organic movement toward self-acceptance and reduction of IH can be viewed as inherent resilience among gay and bisexual men (Herrick, et al., 2013).

Interestingly, it appears the described pattern of IH related to the historical decade seems to be a result of the time that has passed between first realizing one's sexual orientation, not differences in retrospective IH scores or other artifacts. According to Herrick et al. (2013), "this suggests that the despite the fact that society has made strides towards becoming more accepting of sexual minorities, this changing context has had no noticeable effect on the way these men perceived themselves when they first realized a same sex-attraction." This may translate to a simple age – IH relationship, and by virtue of the self-concept's influence on perception of others, an age – HH relationship.

Biological Sex

Another demographic construct that has been shown to contribute to sexual orientation prejudice is biological sex. Specifically, females tend to be less biased regarding sexual orientation (Costa et al., 2013). Although general sex differences between gay and lesbian individuals tend to be smaller than sex differences in their heterosexual counterparts across research literature, they are often still significant. Warriner, Nagoshi, and Nagoshi (2013) found

that males scored higher than females on a measure of homophobia in a gay and lesbian sample. Their study used an ethnically diverse sexual minority college population, with a mean age of 20.15 (*SD* = 2.25). Participants were given several paper survey measures and asked to return them in anonymous envelopes. Their results were then compared to the data collected from a heterosexual population at the same university four years prior. The authors attributed this to Nagoshi's (2008) theory, stating that sexual orientation prejudice arises, in part, from threats to one's social status, which is also in line with the aforementioned Social Control Theory. Along this line of reasoning, because men have higher social status than women, the threat of being considered feminine and losing the perception of their dominant social role may be the most significant contributor to sexual orientation prejudice.

Outness

Existing literature suggests that there is a significant inverse relationship between outness and internalized heterosexism. Outness has been defined as the degree to which one has disclosed their sexual orientation to others within and across spheres of personal interaction (family, friends, work, religious community, etc.) (Mohr & Fassinger, 2000). In a study done by Moradi et al. (2011), 178 individuals with a 50/50 white/ethnic minority split, with a mean age of 30.02 (*SD* = 13.04), and 52.2% male. Participants were then asked to fill out several survey measures either in person or via email, depending on their preferences. Results indicated internalized heterosexism was related to one's degree of outness in a significant way (IH: r_{poc} = -.32, $p < .01$; r_w = -.45, $p < .001$). Relatedly, in a 2011 study, Gilmore, Rose, and Rubenstein assessed the degree to which IH accounted for disclosure of sexual orientation in 290 sexual minority individuals ages 18-71, *M* = 38. The results indicated that degree of IH impacted the decision to disclose sexual orientation to friends, colleagues, and extended family, but not to

one's immediate family members (defined as nuclear family in this study) (Gilmore, Rose, & Rubenstein, 2011).

Only one peer-reviewed article could be found that addressed outness and HH, which was defined as social attitudes toward homosexuality in this study. In 2016, Wilkerson et al. designed a study to examine whether a single or multi-factor measure of outness was a more accurate measure. In doing so they also examined several known correlates of outness in a sample of 1,475 of sexual minority men from across the United States. Their results, as expected, revealed significant inverse correlations between outness and IH (r_{1F} = -.63, p < .001; r_{Multi} = -.55, p < .001) and outness and HH (r_{1F} = -.38, p < .001; r_{Multi} = -.21, p < .001). Of note, the single-factor measure, which was one item that read, "*I would say that I am open (out) as gay, bisexual, or a man attracted to other men*," with response options ranging from 1= *not at all open (out)* to 5= *open (out) to all or most people I know*, outperformed the multi-factor scale. The single-item responses shared more variance with IH and HH, however it did not allow for the opportunity to evaluate outness across multiple domains of the respondent's life (Wilkerson et al., 2016). At the time this dissertation was written, there was only one published research article regarding the relationship between outness and HH to review.

Perceived Familial and Peer Support

For several years now researchers have linked a number of health-risk outcomes (cigarette smoking, problematic substance use, depression, lack of primary care, etc.) in LG individuals to a lack of social support, primarily from family, but also from peers. This translates to the fact that sexual minority youth are both more likely to report lower levels of parental support than heterosexual youth, and have physical and mental health complaints (Feinstein, Wadsworth, Davila, & Goldfried, 2014; Eisenberg & Resnick, 2006; Needham &

Austin, 2010; Pearson & Wilkinson, 2013; Ueno, 2005). Some of the family factors that have been shown to relate to the health-disparities faced by sexual-minority youth include increased problems with parents (Ueno, 2005), decreased family connectedness (Eisenberg & Resnick, 2006), decreased parental support (Needham & Austin, 2010), decreased closeness with parents, and decreased support from families (Pearson & Wilkinson, 2013).

Additionally, gay and lesbian individuals often experience a lack of support from their peers, especially their heterosexual peers. This is relevant because of the role that peers play developmentally in the lives of most youth/emerging adults, and because research suggests that peer support may be especially important for one's well-being when family support is low (Sheets & Mohr, 2009). Research has also indicated that fear of rejection by one's family often prevents them from divulging their sexual orientation to family members, and instead they seek support from peers. In their review of the literature on family and peer support, Sheets and Mohr (2009) found that the presence of sexuality-specific support was likely to be an additional protective factor against psychological distress, with the most obvious expression of such support being the acceptance of the individual's sexual orientation. Measures have been adapted to be able to differentiate between general support and sexuality-specific support, in order to distinguish the variance in outcomes accounted for by the two types of support. This is often done by altering the instructions given with social support measures, asking participants to think specifically about support surrounding a sexuality-specific issue.

Berg, Munthe-Kaas, and Ross (2016) conducted a systematic mapping review, which gives a detailed overview of a specific area of study, but within a larger context needed to interpret the findings. Two-hundred-one studies from 1989-2012 that examined IH in some way were reviewed (n = 77,663, *M* = 33 years, Range = 11-94 years). Among the information

gathered from their review was some of the sparse data on LG older adults. Their review indicated that similarly to younger LG samples, in samples of older gay and lesbian individuals social support is correlated with positive well-being, mental health, and a decrease in IH, compared to those with less social support (Berg, Munthe-Kaas, & Ross, 2016). However, with the exception of the last study mentioned, all of these previous studies have been focused on particular mental or physical health or other well-being outcomes, rather than self-concept or other social perception, which is consistent with the current literature available. The current study sought to explore how a lack of support affects one's sense of self relating to positive or negative feelings about their identity as a gay or lesbian individual and their perception of other gays and lesbians.

Summary

Within the existing research on heterosexism and its correlates within the LG population, nearly all previous studies have focused on the internalization of various forms of oppression experienced by sexual minorities (Szymanski, Kashubeck-West, & Meyer, 2008; Hatzenbuehler 2009; Morrison, Morrison & Franklin, 2009; Newcomb & Mutanski, 2010; Berg, Munthe-Kaas, & Ross, 2016) and related negative consequences. It has been established that internalized heterosexism is significantly linked to internalizing mental health problems (Newcomb & Mutanski, 2010) and psychological distress, and that much of this relationship is accounted for by self-criticism and decreased community connectedness (Puckett, 2014). Regarding age, research has shown that negative attitudes have decreased over time in heterosexual populations, generally attributed to the increasing acceptance in society (Treas, 2002). However, a study among gay males revealed that those with less time between the present and identifying their sexual orientation, generally younger individuals, have greater levels of IH (Herrick, et al.,

2013). In the heterosexual community, sex has been shown to be a statistically significant predictor of higher levels of heterosexism, and some studies have shown this effect generalizes to gay and lesbian samples as well (Costa, et al., 2013; Warriner, et al., 2013). Finally, the presence of various types of social support and higher degrees of disclosure of one's sexual orientation have both been found to be negatively related to IH in previous studies, however the direction of causality for these relationships has not been evaluated (Wilkerson et al., 2016; Berg et al., 2016).

While research on IH has begun to steadily increase, minimal research exists with regard to horizontal heterosexism (HH), or the attitudes sexual minorities hold toward other sexual minorities and gay and lesbian related social issues. One dissertation found that that there was a strong relationship between high levels of IH and HH (McLemore, 2014). The present study focused a large part of its attention on understanding the correlates of HH and the relationship between internalized and horizontal heterosexism. According to social psychology theory on self-concept and perception of others, that negative frame of reference will then significantly contribute to how they think about others with whom they share attributes. Furthermore, while lateral oppression has been talked about in certain social justice circles and other scholarly literature (nursing literature, for example) for several years, it is not a well-researched construct. Little is known about what is correlated with it in general, let alone in an LG specific population, nor is there theory on what likely contributes to its development, but rather acknowledgement of its existence, and of its detriment to minority groups as they seek safety and equal rights.

The current study lends support to IH as the frame of reference for (or otherwise contributing to) individuals' negative external perceptions of other gay and lesbian individuals, strengthening the argument that continued interventions are needed on individual and community

levels to reduce internalized heterosexism within the LG community. Previous and current attempts to reduce societal stigma and oppression toward sexual minorities have focused on doing so among heterosexual individuals. The current study provides a starting place for designing interventions to reduce heterosexist prejudice within the LG community.

Chapter III

Methods

The current study was designed to investigate the relationship between age, biological sex, outness, and social support as explanatory variables and internalized heterosexism, as well as the same explanatory variables and horizontal heterosexism. Additionally, the current study sought to examine the mediating role of internalized heterosexism between age, biological sex, outness, and social support as explanatory variables and horizontal heterosexism as the outcome of interest. This study used a correlational design and collects anonymous survey data online. The relationships among all the variables were investigated using multiple regression analysis and path analysis.

Participants and Procedures

An a priori power analysis indicated that a 400 participant sample pool was the appropriate sample size to be able to determine whether or not the theoretical model tested was statistically significant. 420 gay and lesbian community members were recruited from a stratified national sample via a company called *Qualtrics*, ensuring to the best of the researcher's ability that the sample were varied in age and sex. *Qualtrics* Panels services utilizes a previously created database of potential survey participants developed using various sampling techniques (e.g., recruitment via mobile applications, in-person recruitment, telephone sampling, and pay-per-click website recruitment) to recruit convenience samples for online research. When the current study's survey was submitted to them, the panel service identified potential participants in their database and provided them with a link to the survey and an invitation to participate, indicating the possible compensation amount and inclusion criteria prior to participation.

Inclusion criteria for the current study included self-identifying as gay or lesbian, and being a United States Citizen. To improve representativeness of the sample, participants were recruited from panels throughout the United States using quotas to match the diversity in age and biological sex of the 2013 U.S. Census results. For example, this sampling guaranteed participant ages were comparable to population percentages, 13.3 percent of the sample was comprised of individuals ages 18-24, another 34.9% were individuals ages 25-44, another 35.4% was comprised of those ages 45-64, and finally, the last 16.4% of participants recruited were ages 65 or above (United States Census Bureau, 2015). All participants in the sample were recruited by the Qualtrics Panels service.

Table 1 (below) displays demographic information for the sample. The sample was 49.6% female (n = 206), with a mean age of 45, however, 13.3% (n = 55) of the sample was under the age of 25, and 22.7% (n = 96) age 60-85. Data was also recorded about client ethnicity; 70.8% of the population identified themselves as White or Caucasian, 13.3% as Black or African American, 7.2% as Latina or Latino. This research was supported by The University of Kanas Office of Graduate Studies, which provided funds in the amount of $2,000, the amount needed for participant reimbursement through *Qualtrics*.

Table 1. Demographics

Participants' Demographic Information

Characteristic	N	%
Sex		
Male	208	49.8
Female	206	49.8
Intersex	3	0.7
Census Age Groups		
18-24	53	13.3
25-44	146	34.9
45-64	147	35.4
65+	68	16.4
Ethnicity		
Black/African American	55	13.3
Asian/Asian American	7	1.7
Native American /Alaskan	8	1.9
Latina(o)/Hispanic	30	7.2
Caucasian/White/European	294	70.8
Bi-racial/Multi-racial	19	4.6
Hawiian/Pacific Islander	2	.5
Childhood Region of Residence		
New England	56	13.5
South	89	21.4
Appalachia	46	11.1
Great Lakes	60	14.5
Midwest/Great Plains	79	19.0
Southwest	22	5.3
West	45	10.8
Alaska	2	0.5
Hawaii	3	0.7

After providing consent, participants were told the purpose of the study was to understand people's experiences of prejudice and how it has changed over time, but without great detail. Participants were informed on two occasions that their responses were anonymous

and in no way linked to their identity. Participants were asked to complete a battery of six measures: a demographics questionnaire, the Internalized Heterosexism Scale (IHS), the Multidimensional Scale of Attitudes Toward Lesbians and Gay Men (MSATLG), Outness Inventory (OI), the Social Support Behaviors Scale (SSB)-a sexuality specific version and a nonspecific version, and the Marlowe Crown Social Desirability Scales (MCSDS). Participants were compensated for their participation by the researcher through *Qualtrics*, and were notified prior to taking the survey the amount for which they would be compensated. Participants took the measures online via a link from *Qualtrics* that provided them access to the study. They were first presented with informed consent, then the demographics questionnaire. Subsequent measures were presented to respondents in randomized order to control for any priming effects that would possibly take place from the measures given first.

Measures and Materials

Demographics questionnaire. This study contained a total of six instruments including a demographics questionnaire. The demographics questionnaire asked 10 questions to gather information about the participant's age, race-ethnicity, biological sex, gender identity, sexual orientation, current relationship status (and if in a relationship, the duration of that relationship), and the United States region in which they spent their childhood and in which they currently live. All questions were standard text entry or multiple choice format questions except for three questions. The first, "Degree of identification with gender identity," provided a sliding scale for participants to move between 0% and 100%, and the second and third nontraditional question formats were maps the participant could click to record a response for questions about the region in which they reside now and where they resided during their childhood. Participants' age and/or

biological sex were used as independent variables in the regression analyses for answering Questions I, II, and IV.

Internalized Homophobia Scale (IHS). The Internalized Homophobia Scale, comprised of 20 items and scored on a 5-point Likert scale, was created for the purpose of measuring IH among primarily white men who self-identified as gay (Wagner, 1998). The measure was originally validated on a community sample of 142 gay men, however, it has since been validated and used with both lesbian and bisexual populations as well as a larger group of ethnicities (Kralovec, Fartacek, Fartacek, & Plöderl, 2014; Tan, 2005). Internal consistency was calculated using Cronbach's Alpha (α), with the initial sample scoring α = .92 (Wagner, 1998). Sample items include *whenever I think a lot about being gay/lesbian, I feel critical about myself,* and *most problems that gay/lesbian individuals have come from their status as an oppressed minority, not from their being gay per se* (reverse scored). Individual's scores can range from 20 to 100, with higher scores indicating increased internalized heterosexism. Total scores were calculated after reverse scoring the appropriate items, as denoted with an (R) in Appendix A (M = 37.10, SD = 14.41). Participants' IHS scores were used to indicate degree of IH and was included as the dependent variable in the regressions run to answer Questions I and III, and as the mediating variable in the path analysis used to answer research Question IV. The internal consistency of the IHS using Cronbach's Alpha (α) was .90 for the current sample, which is considered to be excellent (DeVellis, 2003).

Multidimensional Scale of Attitudes Toward Lesbians and Gay Men (MSALG). A relatively new measure, the Multidimensional Scale of Attitudes Toward Lesbians and Gay Men was developed with more modern language and expressions of sexual orientation prejudice in mind (Gato, Fontaine, & Carneiro, 2012). Developed after an extensive review of existing

homophobia and attitude measures, the measure was originally normed on a 380-person European college sample, the MSALG consists of 27 items presented as statements, and responses are scored on a Likert scale ranging from 1 (*completely disagree*) to 6 (*completely agree*), with total scores ranging from 27 to 162 where higher scores indicate a higher degree of heterosexism. The 27 items loaded as four distinct factors: rejection of proximity (not wanting to be associated with gay/lesbian individuals), support (visibility and rights of lesbian/gay individuals-reverse scored), modern homonegativity (negative attitudes toward homosexual parenting and same-sex marriage, and discomfort with expressions of lesbian/gay identity), and pathologizing homosexuality (Gato, Fontaine, & Carneiro, 2012). Although a total score is gathered and will be used for the path analysis, scores for each subscale are also given and could be used for further analyses if warranted. Internal consistency for each of the individual factor scales were strong, with Cronbach's alpha for each ranging from r = .79 – 91. As expected, women and those with more contact with gay/lesbian individuals and couples had lower scores overall on the measure, contributing to its construct validity, as those are the individuals who have been shown to have lower scores on other sexual orientation bias measures (Gato, Fontaine, & Carneiro, 2012). Subscale scores and a total score for each respondent were calculated after reverse scoring the appropriate items, as denoted with an (R) in Appendix A (M_{Total} = 47.75, SD_{Total} = 22.83). Participants' MSATLG scores were used to indicate degree of HH and was included as the dependent variable in the regressions run to answer Questions II and III, and as the dependent variable in the path analysis used to answer research Question IV. The internal consistency of the MSATLG total scale was α = .93 for the current sample, which is considered to be excellent (DeVellis, 2003).

Outness Inventory (OI). The Outness Inventory, developed by Mohr and Fassinger in 2000, is a 10-item measure that uses a 7-point Likert scale response system, and individual scores are then totaled and averaged, with higher scores indicating a higher level of disclosure. This measure was selected to assess the degree to which participants have disclosed their sexual orientation to those around them, including, but not limited to family, friends, and religious community (Mohr & Fassinger, 2000). The OI has been found to have acceptable reliability across LGB individuals as well as between American subcultures (Asian, Caucasian, and African American), ranging from r = **.**69-99 (Szymanski & Sung, 2010 & Moriadi et al., 2010 as cited in LaFollette, 2013). Subscale scores were calculated for *Out to Family*, *Out to World*, and *Out to Religious Community* and a total score for the OI. Total scores were used for statistical analyses in the current study (M_{Total} = 5.05, SD_{Total} = 1.77) as independent variables in the regression analyses for answering Questions I, II, and IV. The internal consistency of the OI total scale was α = .84 for the current sample, which is considered to be good (DeVellis, 2003).

Social Support Behaviors Scale (SSB). The Social Support Behaviors Scale, was originally comprised of 45 items and five subscales, is scored on a 5-point Likert scale and was created to assess general social support (Vaux, Riedel, & Stewart, 1987). At its inception, the measure's content validity was checked by multiple raters who could correctly classify which items belonged on which scales as well as which kinds of support were being demonstrated in several vignettes created based on the items (Vaux, et al., 1987). The measure also had strong internal consistency (subscale alphas ranging from α = .86 - .90). Since its creation, however, it has been modified for several studies to gauge support for specific areas of study (e.g., career development, sexual orientation, etc.) (Schneider, Rottinghaus, Etcheverry, & Vaux, 2011; Doty, Willoughby, Lindahl, &Malik, 2010).

Of particular interest is Doty et al.'s (2010) adaptation of the measure to assess specifically sexuality-related support from parents and friends. In their 2010 publication, the group noted that they reduced the original measure from 45 to 22 items per administration by reducing their measure from five to two subscales (Emotional Support and Guidance/Advice) as the other three (Financial Assistance, Practical Assistance, and Socializing) did not readily adapt to sexuality-related issues of support, and this also allowed for the reduction of assessment burden (Doty, Willoughby, Lindahl, &Malik, 2010). The group then changed the items slightly to specify that the support was related to a sexuality/sexual-orientation specific concern or problem. Doty et al.'s administration had high internal consistency with Cronbach's Alpha ranging from α = .97 - .98, consistent with the original validation of the measure.

Items are phrased in the form of statements and are asked in such a way that the instructions can specify who the examinee is to consider when answering (e.g., peer or family). Sample items include *gave me a hug, or otherwise showed me I was cared about* and *did not pass judgement on me*. This measure was given twice with different instructions, with the first set of instructions asking for ratings for both family and peers in regards to general support, and the second set of instructions asking participants to rate both parties in regard to sexuality-specific support. This resulted in a total of 4 total scores. The relationship of these scores were examined in relation to IH and HH in two separate regression models to assess which, if any were statistically significant predictors. Participants' support scores were used as independent variables in the statistical analyses for answering Questions II, and IV. The internal consistency of the sexuality specific family support scale using Cronbach's Alpha (α) was .97 for the current sample, which is considered to be excellent, and for the sexuality specific peer support α = .96, also in the excellent range. The internal consistency of the nonspecific family support scale

using α = .97 for the current sample, which is considered to be excellent, and for nonspecific peer support, α = .96, also in the excellent range (DeVellis, 2003).

Marlowe-Crown Social Desirability Scale (MCSDS). The Marlowe-Crowne Social Desirability Scale was created in 1960 to determine how much social desirability influences information provided via self-report (Crowne & Marlowe, 1960). The original scale consisted of 33 true/false items in which participants were asked whether each item described them or not, but in the interest of brevity, this study used the short form B, compiled and validated by Reynolds in 1982. The short form contains only 12 items, with a similar percentage of mean "true" items 45.4% (full scale) vs. 43.5% (short form B) (Reynolds, 1982). Scores range from 12 to 24, with 24 indicating the highest level of concern about social conventions and approval from others. The internal consistency for short form B has been recorded as α = **.**61 (Loo & Thorpe, 2000). Strong construct validity was reported between the MCSDS short form B and the Edwards Social Desirability scale at r =.92 (Reynolds, 1982). Crown and Marlowe (1964) also reported strong convergent validity with measures that assess the importance of others' perceptions in behavioral decision-making. This measure was selected to assess the influence of social desireability on participant responses. Respondent totals were calculated and entered as a variable to control for in the regressions run in order to answer Questions I and II. (M = 17.26, SD = 2.81). The internal consistency of the MCSD short form using Cronbach's Alpha (α) was .69 for the current sample, which is considered to be on the low end of the acceptable range (DeVellis, 2003).

Validity Check

When using internet-based surveys for data collection, several considerations need to be made to ensure that the data collected is valid. Two of the most common issues with internet-based data collection are duplicate participant responses (either intentional or unintentional) and careless or random responding. To control for these issues the researcher used the recommendations of Schmidt (1997) and Meade & Craig (2012). Schmidt (1997) recommends monitoring respondents' internet protocol (IP) addresses and the date and time of submission. Each respondent has a unique IP address, but it is not attached to any identifying information and thus allows them to remain anonymous. If any duplicates had appeared in one of the surveys in the pair would have been randomly eliminated from the dataset. The second validity issue arises from inattentiveness or intentional random responding. One of the ways to check for this is to include "instructed-response items" throughout the survey. This is recommended by Meade & Craig (2012). Respondents are instructed how to respond to these items, making it easy to check whether they were reading and understanding the items. There were three items throughout the survey that instructed clients which answer to select. If a participant answered an instructed-response item incorrectly, their survey responses were removed from the dataset.

Plan of Analysis

Question I: Examining the relationship between age, sex, outness, and IH. A sequential multiple regression was conducted in order to examine the relationship between the predictor variables of age, sex, and outness (OI scores) and the outcome variable internalized heterosexism, as measured by IHS total scores, while controlling for social desirability (MCSDS scores). MCSDS scores were entered as the lone predictor variable in the first block of the regression to parse out the variance in IHS total scores accounted for by social desirability.

Subsequent to interpreting the initial regression results, crossproducts were created and added as separate blocks of the sequential regression analysis to check for statistically significant interactions between the predictor variables.

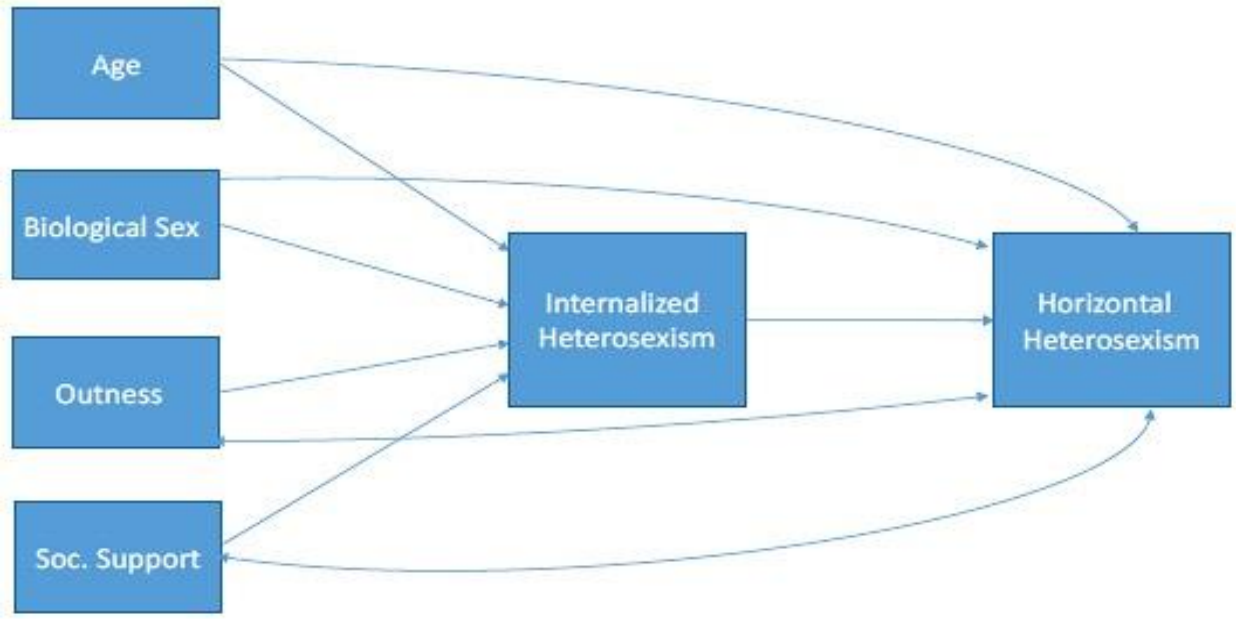
Question II: Examining the relationship between age, sex, outness, and HH. The same type of analysis, a sequential multiple regression, was conducted to evaluate the explanatory relationship between the age, sex, and outness (OI scores) and horizontal heterosexism as measured by total MSATLG scores, while controlling for social desirability (MCSDS scores). As was done in the analysis to answer Question 1, MCSDS scores were entered as the lone predictor variable in the first block of the regression to parse out the variance in MSATLG total scores accounted for by social desirability. Crossproducts were also examined to check for interactions relevant to this research question, after the initial regression results were interpreted.

Question III: Relation of Parental and Peer Support with IH and HH. Separate total scores were calculated for both the sexuality specific version of the SSB measure and the non-specific SSB measure, as well as separate totals for family and peers. All four of these scores were entered as independent variables in a simultaneous multiple regression with IH as the dependent variable. Subsequently, the same four scores were entered into a regression with HH as the dependent variable to assess to what degree each type of support accounts for variance in IH/or HH. Because of the large amount of collinearity observed between both types of family support and both types of peer support, composite scores were created for family support and peer support and entered into a third and fourth simultaneous regression (with IH and HH as the dependent variables, respectively) to address these concerns.

Question IV: Mediation of relationship between HH and other variables by IH.

According to social psychology research on self-concept and perception of others, the categorization schemas we use for both are largely integrated and difficult to disentangle (Markus, Smith & Mooreland, 1985). In the context on the current study, this means that what affects IH may very well affect HH. Based on this idea, the current research theorized that one's thoughts, feelings, and judgements about their own sexual orientation would almost certainly have an effect on how that individual perceives other LG individuals or groups. Put simply, it was predicted that the role of internalized heterosexism is so central to the development and maintenance of any horizontal heterosexism ideas or attitudes, that it would at least partially mediate the relationship between all four individual predictor variables discussed in this study and HH.

Figure 1.



The path model shown above (the saturated model-analyzing the full number of possible relationships between variables) was used to derive the path estimates for the sample obtained. The four predictor variables are on the left, the mediator variable in the middle, and the outcome variable on the right. Subsequently, an unsaturated (only analyzing specific relationships between the included variables) model was created by removing the four direct paths from the predictor variables to the outcome variables, and was compared to the saturated model to assess whether IH partially or fully mediated the relationships between each of the predictor variables and HH. When it was established that the second model had good fit, statistically significant path coefficients were interpreted.

Using Preacher and Hayes' (2004) recommended procedures for testing direct and indirect effects, bootstrapping was conducted to help the investigator decide how to trim the path models. This technique allows the sample used for testing to be treated as the population by using a process in which small samples are taken from the larger sample, analyzed, replaced, and then repeated (2,000 times for the present study). One of the strengths of bootstrapping is that it does not make any assumptions about the distributions of the variables and allows conclusions about direct and indirect effects to be drawn from smaller sample sizes (Hayes, 2009). Goodness of fit indices for the models evaluated, as well as standardized regression coefficients for all paths of the final model are reported in the following chapter. Three indices were used to evaluate the fit of the incrementally different models evaluated: Chi-square of model fit (Chi-square) and corresponding significance values (*p*), root mean square error of approximation (RMSEA), and comparative index (CFI).

In regard to the indices of fit used, the Chi-square Test of Model Fit is the ratio of the difference between observed and expected scores to the square root of the expected scores.

Therefore, the lower the Chi-square (with a *p*-value > .05), the better the model fit (Tabachnick & Fiddell, 2007). CFI compares the specified model to the saturated model. CFI values greater than .95 are considered to indicate very good model fit Hu & Bentler, 1999). Finally, RMSEA is a measure of model fit that is sensitive to the number of parameters being estimated in a model, or in other words, rewards parsimony. Values of .08 or less are considered adequate and values of .05 or less indicate good model fit (Hu & Bentler, 1999).

Chapter IV

Results

The present study was designed to investigate the influence of several predictor variables on both internalized and horizontal heterosexism. This research also examined the potential mediating relationship of internalized heterosexism between the predictor variables of age, sex, outness, and perceived support, and the outcome variable horizontal heterosexism. The following chapter describes the results of preliminary data analyses, multiple regressions, and a path analysis organized around the study's major research questions and hypotheses.

Data Cleaning

Data were collected from 420 individuals who self-identified as gay or lesbian. During data collection, participant responses were examined as collected to ensure any survey responses were complete and without missing or invalid data. Several participants' data were removed by *Qualtrics* and replaced due to inconsistent answers (e.g. age: 37, age group: 45-64), or inappropriate responses in text entry boxes that lead the researcher to believe such participants were not giving their full effort to responding accurately. Nearly all items were forced-response items, so there was very little missing data, and *Qualtrics* ensures that researchers only pay for and receive completed participant data (at least 85% of data is present). Before any statistical analyses were performed, participant responses to validity check questions were examined, as well as text-input questions to identify whether participant data needed to be removed from the dataset. The data set was sorted by case in ascending order for each of the validity check items to examine whether any participant responses needed to be thrown out due to inattentive responding, and based on this examination, one participant was removed. Additionally, text input responses were evaluated, and two participants were removed from the data set due to

irrelevant or inappropriate responses in text entry items. Finally, because the group of intersex individuals was so small (less than 1%, 3 individuals) those three participants were not used for data analysis. This left the final dataset with data from 414 participants. Prior to any other data analysis a bivariate correlations table with means and standard deviations was created and is provided below.

Table 2.

Summary of Intercorrelations, Means, and Standard Deviations for Variables Used

Variable	1	2	3	4	5	6	7	8	9	*M*	*SD*
1. Age										44.95	16.47
2. Sex (1=M, 2=F)	-.28**									1.51	.515
3. Outness	-.16**	.13*								5.05	1.77
4. Sexuality Specific Family Support	-.07	.10*	.32**							39.63	13.73
5. Sexuality Specific Peer Support	.02	.15**	.29**	.43**						44.15	11.25
6. Nonspecific Family Support	-.07	.12*	.28**	.87**	.43**					40.57	13.17
7. Nonspecific Peer Support	.02	.13*	.29**	.36**	.85**	.46**				43.26	11.25
8. Social Desirability	-.07	-.06	-.05	-.11*	-.027	-.01	-.02			17.26	2.81
9. Internalized Heterosexism	-.15**	-.10*	-.21**	-.16**	-.35**	-.13**	-.27**	.28**		37.10	14.41
10. Horizontal Heterosexism	-.21**	-.06	-.05	-.05	-.28**	-.02	-.23**	.23**	.66**	47.75	22.83

Note: * $p < .05$,
**$p < .01$

Question I

Multiple Regression. Question I examined the relationship between predictor variables age, sex, and outness, and dependent variable internalized heterosexism (IH) while controlling for social desirability. A sequential multiple regression was conducted with MCSDS (social desirability) scores entered into the first block, and age, sex, and OI (outness) scores in the second block. Block 1 was statistically significant. Only the social desirability variable was included in this block and accounted for 8% of the variance in IH ($\Delta R^2 = .08$, $\Delta F[1,412] = 35.61$, $p < .01$). The second block included all three predictor variables (age, sex, and outness) of interest. The addition of these three variables in combination was also statistically significant and accounted for an additional 8% of the variance in IH ($\Delta R^2 = .16$, $\Delta F[3,409] = 19.42$, $p < .01$). All four variables included in the final model were statistically significant predictors of variance in IH. The variables social desirability, age, and outness had nearly equal effects on IH with standardized regression coefficients (β) of .25, -.20, and -.22 respectively, while sex was smaller ($\beta = -.12$).

Table 3.

Regression Coefficients for IH Multiple Regression

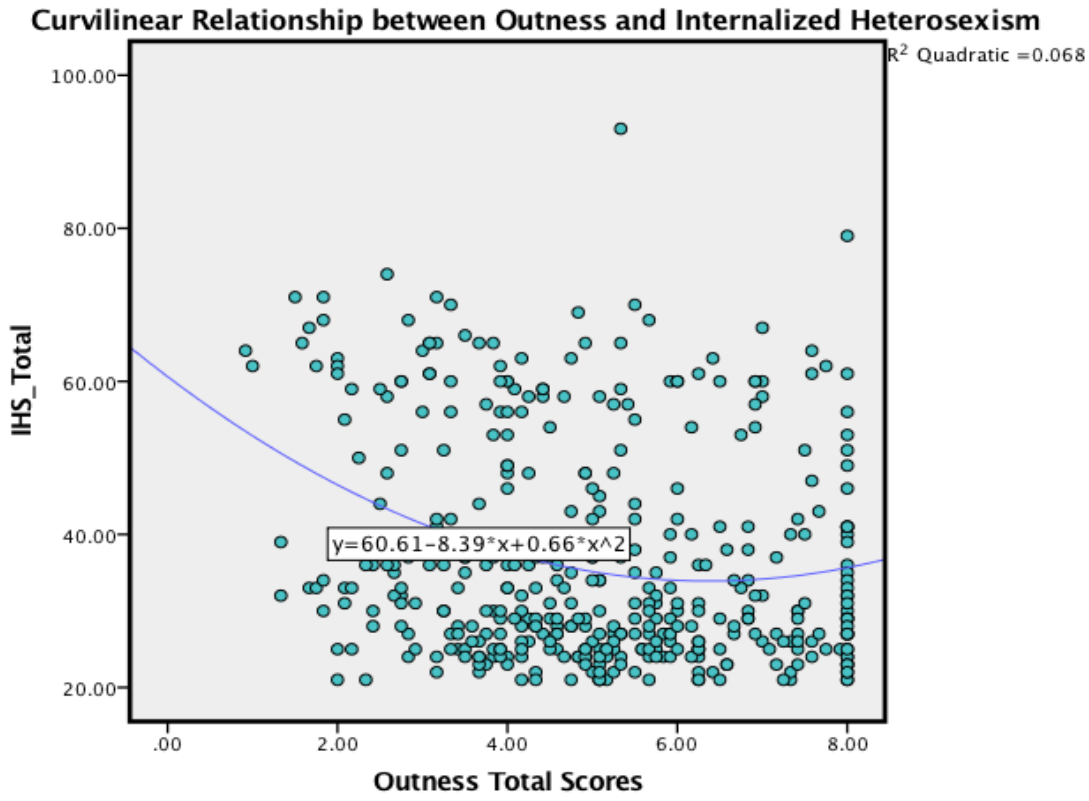
Variable	β	*p*
Social Desirability	.25	<.01
Age	-.20	<.01
Sex	-.22	<.01
Outness	-.12	<.01

These results indicated that controlling for social desirability was an important step in the interpretation of these results, as it accounted for a statistically significant portion of the variance in IH scores. More importantly, however, the results also revealed that when controlling for social desirability and the other predictor variables included, with each *SD* increase in age, IH scores decreased .20 *SD* (β = -.20, t[409] = -4.26, p < .01; 95% CI [-.26, -.10], b = -.18), meaning that the younger a gay or lesbian individual is, the more likely they are to have negative feelings and beliefs about themselves related to theirs sexuality. Also of interest, each one unit increase in the measurement of sex (1 = male, 2 = female), resulted in a 3.41 decrease in IH (β = -.12, t[409] = -2.56, p = .01; 95% CI [-6.04, -.79], b = -3.41), when controlling for social desirability, age, and outness. In other words, on average, females had approximately three and a half points lower IH scores (on a 100pt scale) than males in this sample. Finally, controlling for social desirability and all other included predictor variables, outness was also a significant predictor of variance in IH for both lesbians and gay men (confirmed with a split file regression analysis), with each *SD* increase in outness resulting in a .22 *SD* decrease in IH (β = -.22, t[409] = -4.67, p < .01; 95% CI [-.2.49, -1.01], b = -.1.75), indicating that generally, the more open one is about their sexual orientation with those in their life, the less IH they are likely to have.

Post Hoc Analyses. Post hoc analyses revealed no interactions between independent variables, but revealed a curvilinear relationship between outness and IH. An additional 2.3% of variance was accounted for when outness was squared and added to the model in a third block of the regression (ΔR^2 = .02, ΔF[1,408] = 11.533, p < .01, β = .15), revealing a moderate effect. The relationship between outness and IH varies in strength depending on how open one is about their sexuality. If one's total outness score is four or greater, which means they have achieved at least a moderate level of openness about their sexual orientation with multiple individuals in

their life, the relationship between outness and IH diminishes. The inverse relationship between outness and IH is strongest when outness scores are below four, after which they level off. The relationship is depicted in the graph below:

Figure 2.



Question II

Multiple Regression. Question II examined the relationship between predictor variables age, sex, and outness, and dependent variable horizontal heterosexism (HH) while controlling for social desirability. Just as was used to answer Question I, a sequential multiple regression was conducted with MCSDS scores entered into the first block, and age, sex, and OI scores in the second block. Block 1 of this regression was statistically significant. Only the social desirability variable was included in this block and accounted for 5.4% of the variance in HH (ΔR^2 = .05,

$\Delta F[1,412] = 23.49$, $p < .01$). The addition of the three predictor variables of interest (age, sex, and outness) and in combination was also statistically significant and accounted for an additional 5.3% of the variance in HH ($\Delta R^2 = .05$, $\Delta F[3,409] = 12.30$, $p < .01$). Only three of the four variables included in the final regression model were statistically significant predictors of variance in HH. In contrast with IH, outness was not a statistically significant predictor of variance in HH ($p = .17$) after controlling for social desirability, age, and sex.

Table 4.

Regression Coefficients for HH Multiple Regression

Variable	β	*p*
Social Desirability	.21	<.01
Age	-.24	<.01
Sex	-.11	.02
Outness	--	.17

These results indicated that controlling for social desirability was an important step in reporting the most accurate results possible from the self-report data obtained. More importantly, the results also revealed that while controlling for social desirability, sex, and outness, with each *SD* increase in age, HH scores decreased .24 *SD* ($\beta = -.24$, $t[409] = -4.76$, $p < .001$; 95% CI [-.46, -.19], $b = -.33$), a moderate effect. This result indicates that the younger a gay or lesbian individual is, the more likely they are to have negative feelings about other gay and lesbian individuals or groups. Also of interest, each one unit increase in the measurement of sex (1 = male, 2 = female), resulted in a 4.97 decrease in HH ($\beta = -.11$, $t[407] = -2.29$, $p = .02$; 95% CI [-9.24, -.71], $b = -.4.97$), while controlling for social desirability, age, and outness, a

moderate effect. In other words, on average, females had nearly five points lower HH scores (out of 162) than males in this sample. Post hoc analyses conducted to check for the effects of interactions between predictor variables on HH yielded no significant results.

Question III

Multiple Regression Analyses. Question III examined the relationship between each type of support measured and two dependent variables: IH and HH. Two simultaneous multiple regressions were conducted with all four of the Social Support Behavior (SSB) score totals as independent variables in each: Sexuality Specific Family Support, Sexuality Specific Peer Support, Nonspecific Family Support, and Nonspecific Peer Support. The first regression of the set examined the influence of each of the four types of support on HH, while controlling for other types of support. The overall model was statistically significant (R^2 = .13, F[4,410] = 14.70, p < .01), and the optimal linear combination of the included variables accounted for 12.5% of the variance in IH. However, only one of the support variables had a statistically significant effect. Sexuality specific peer support was the only significant predictor of variance in IHS scores in the model (β = -.41, t[410] = -4.42, p < .01; 95% CI [-.76, -.29], b = -.52), and was considered to have a large effect. The standardized regression coefficient (β) for sexuality specific support was -.41, indicating that for every one standard deviation (*SD*) increase in sexuality specific peer support, there was a .41 *SD* decrease in IH.

The second regression examined the relationship between each of the four types of support and HH. The overall model was also statistically significant (R^2 = .09, F[4,410] = 10.11, p < .01), and the optimal linear combination of the included variables accounted for 9% of the variance in HH. Again, only one of the support variables had a statistically significant effect. Sexuality specific peer support was the only significant predictor of variance in MSATLG scores

in the model (β = -.27, t[410] = -3.13, p < .01; 95% CI [-.98, -.22], b = -.60), also considered a large effect. The standardized regression coefficient (β) for sexuality specific support was -.30, indicating that for every one *SD* increase in sexuality specific peer support, there's a .30 *SD* decrease in HH. Comparatively, this is a smaller explanatory relationship than the relationship between sexuality specific peer support and IH, but it is still significant. It is important to note that there was a significant amount of collinearity between some of the predictor variables (sexuality specific and non-specific family support, r = .87, p < .01; sexuality specific and non-specific peer support, r = .85, p < .01), which increases the probability of type-2 error. In order to further explore this, the support variables were totaled based on the source of support (e.g., a total family support score, and a total peer support score) and entered into two separate regressions, with IH and HH as the respective dependent variables. In both regressions, only the peer support total was statistically significant, addressing concerns about type-2 error for the two family support variables in the prior regressions.

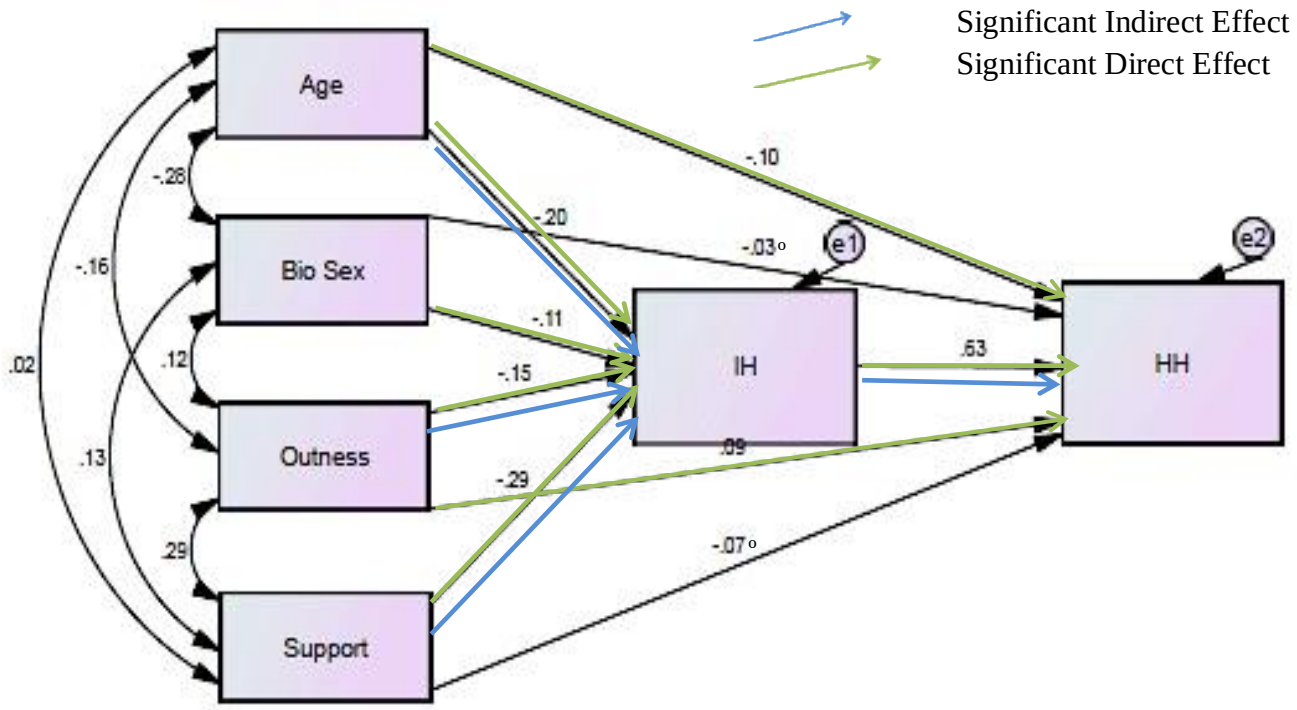
In sum, sexuality specific peer support was the only significant predictor of IH and HH in the two separate regressions run to assess support as a predictor (IH: b = -.41, t[410] = -4.42, p < .01; 95% CI [-.76, -.29], β = -.52, HH: b = -.30, t[410] = -3.13, p < .01; 95% CI [-.98, -.22], β = -.60). However, because of the collinearity of the both peer support variables, it can be said that they are so similar they explain the same variance. Therefore, henceforth, the support variable in further data analysis will refer to sexuality specific peer support.

Question IV

Path Analysis. The purpose of Question IV was to explore if the effects of age, sex, outness, and support on the dependent variable HH were mediated by IH. In order to do this, structural equation modeling was used, specifically path analysis, via *AMOS*, a statistical

software package. Bootstrapping was performed and allowed for the assessment of direct and indirect effects of the path model, once a model with the best fit for the data was established. *Model 1*, presented in *Figure 3*, is the saturated model, meaning that all possible paths between variables were included in this model. Two of the direct paths in Model 1 were not statistically significant contributors to HH: support and sex (p = .16 and p = .48, respectively). In addition, with age, outness, and support in the model, there were no statistically significant direct or indirect effects of sex upon HH, however, the direct effect of sex on IH remained.

Figure 3.
Model 1. Saturated Model



Note: ° *indicates non-significance in this model*

Next, Model 1 was revised to remove all direct paths from (the four independent variables) to HH in order to test a full mediation model. In this second model, some of the reported fit statistics were outside of the acceptable ranges, including the statistical significance

of the Chi-square for the model (χ^2 = 15.48, p < .01). The degradation in model fit suggested that a full mediation model was not plausible for these data. Fit statistics for Model 2 are reported in *Table 5* below.

A third model was estimated, in which the direct paths from sex and support to HH were deleted. These two paths were not statistically significant in *Model 1*. *Model 3* was not statistically significantly different from *Model 1*. All estimated paths but one were statistically significant at the p < .05 level. Outness did not have a statistically significant direct effect on HH once the other two direct paths were removed (p = .06) this is not surprising, as outness and HH did not have a statistically significant relationship in the regression conducted to answer *Question 3*. *Model 3* fit the data acceptably as seen in *Table 5*, but for the sake of parsimony, the non-significant direct path between outness and HH was trimmed to create one final model seen below in *Figure 4*.

Figure 4.
Model 4. Final Model-Partial Mediation of Age, Full Mediation of Support

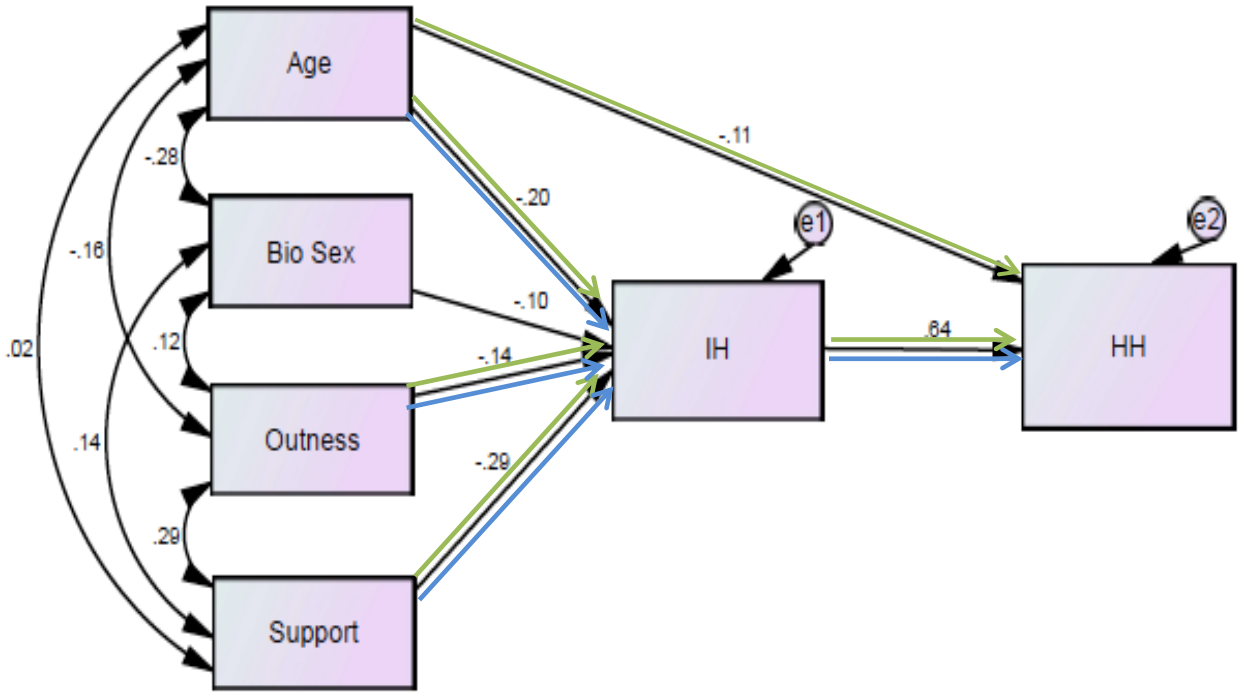


Table 5.

Model Fit Statistics				
	$\chi^2(df)$, p	$\Delta\chi^2/\Delta df$	RMSEA	CFI
Cut-off Scores	**Small χ^2, p >**	**--**	**< .08**	**> .95**
Model 1	0.00(0), --	--	--	1.00
Model 2	15.49(4), $p < .01$	Model 2 - Model 1 = 15.49/4	.08	.97
Model 3	3.41(2), $p = .18$	Model 3 - Model 1 = 3.41/2	.04	.99
Model 4	6.94(3), $p = .07$	Model 4 - Model 3 = 3.53/1	.06	.99

The final model (*Model 4*) resulted in a Chi-square of 6.942 ($df = 3$, $N = 414$, $p = .074$), indicating good fit, and it did not fit statistically significantly worse than did *Model 3*, suggesting this more parsimonious model be retained. Additionally, all other indices of fit were within the acceptable ranges and are listed in *Table 5*. A comparison of the models reveals that it is the most parsimonious model that fits the data well. All but one of the paths in the model were statistically significant, the path between sex, and IH ($p = .053$). With the covariance of all other variables accounted for, sex had neither a significant direct or indirect effect on HH. The standardized regression coefficients from each path of the final model are reported in *Table 6.*

Table 6.

Regression Coefficients for Final Path			*Direct, Indirect, and Total Effects of Predictors on HH*		
Path	*β*	*p*	*Direct Effect*	*Indirect Effect*	*Total Effect*
Age → HH	-.11	<.01	-.11	--	--
Age → IH	-.20	<.01	--	-.13	-.24
Sex → IH	-.10	>.05	--	--	--
Outness → IH	-.14	<.01	--	-.09	-.09
Support → IH	-.29	<.01	--	-.19	-.19
IH → HH	.64	<.01	.64	--	.64

The most notable results of the path analysis were that the effects of both outness and support on HH were mediated fully by IH, and the effects of age on HH were partially mediated by IH. Breaking down the model further, age had a moderate direct effect on HH, (β = -.11, p < .01; 95% CI [-.17, -.04], b = -.15) and a moderate direct effect on IH (β = -.20, p < .01; 95% CI [-.28, -.12], b = -.17). This signified that in conjunction with the significant IH/HH relationship, age also has an indirect effect on HH. The significance of the indirect effect was tested using bootstrapping procedures and resulted in a moderately sized statistically significant indirect effect on HH (β = -.13, p < .01). The statistical significance of both paths stemming from the age variable indicated that IH only partially mediated the relationship between age and HH. All together, with the variables included in this model, age had a total effect bordering on large (β = -.24, p < .01). When controlling for the effects of sex, support, and outness, a one standard deviation increase in age was associated with a .24 decrease in horizontal heterosexism, with most of that effect mediated by internalized heterosexism.

There were no other statistically significant direct paths in the model from the four predictor variables to HH. However, there were two additional significant paths from outness to IH, and from support to IH. Outness had a moderate effect on IH (β = -.15, p < .01; 95% CI [-.24, -.05], b = -1.18). Outness likely had an indirect effect on HH. The significance of the indirect effect was tested using bootstrapping procedures and resulted in a small indirect effect on HH (β = -.09, p = .04). When controlling for the effects of age, sex, and support, a one standard deviation increase in outness was associated with a .09 decrease in horizontal heterosexism as mediated by internalized heterosexism. Finally, the standardized path from support (peer support) to IH was large (β = -.29, p < .01; 95% CI [-.39, -.19, b = -.37), and there was also a statistically significant moderate indirect effect of support on HH (β = -.19, p < .01).

When controlling for the effects of age, sex, and outness, a one *SD* increase in peer support was associated with a .19 *SD* decrease in horizontal heterosexism as mediated by internalized heterosexism.

Of note, both indirect relationships require there to be a statistically significant relationship between IH and HH. As expected, this path was statistically significant and IH is considered to have a large effect on HH (β = .65, p < .01; 95% CI [.56, .73], b = 1.02). There is a strong predictive relationship between these two types of heterosexism.

Chapter V

Discussion

This chapter includes a summary of the results and an interpretation of the findings related to each of the research questions situated contextually among the existing literature on internalized and horizontal heterosexism, and the correlates that have been previously explored. The discussion includes an examination of what these findings may mean for applied psychology, a description of the limitations of the current study, and directions for future research.

Summary and Explanation of Findings

The current study was designed to (1) investigate the relationship between the predictor variables of age, biological sex, outness, and social support, and lesbian and gay individuals' internalization of heterosexism (IH); (2) to explore the relationship between IH and horizontal hetero sexism (HH) and (3) whether that relationship includes IH as a mediator between the aforementioned predictor variables and HH. The correlational relationship between these two variables and several predictive variables (age, biological sex, outness, and social support) was also examined. Very broadly stated, risk factors for IH included younger age, being male, a lower degree of outness, and decreased peer support. Also of great importance, IH was a major risk factor for HH. Not inconsequentially, several of the same predictors of IH could be considered risk factors for HH due to their direct and/or indirect effects mediated by IH (e.g. because of the way outness impacts IH, it has an impact on HH). These results paint a picture of the relationship between the internal and interpersonal experiences of many gay and lesbian individuals, and highlight the importance of time, visibility and disclosure, and support.

Question I. *How are age, biological sex, and outness related to internalized heterosexism? Hypothesis 1* predicted that age would be positively related to Internalized Homophobia Scale (IHS) scores for both lesbian and gay individuals, with younger individuals having lower internalized heterosexism than those who are older. This hypothesis was not confirmed. Instead, a multiple regression, controlling for the effects of social desirability showed age had an inverse relationship with IH, meaning that the older an individual is, the lower IH they are likely to have, according to the current study. The researcher's hypothesis was derived from the suggestions of previous research that the trend of reductions in IH in recent years is the result of a reduction in societal stigma toward gay and lesbian individuals, primarily in younger generations (Treas, 2002; Hetzel, 2011). However, the data from this study is more supportive of previous research (Herrick, et al., 2013) that indicates it is not necessarily age or generationally stereotypic perceptions that affect IH, but rather the amount of time someone has had since first identifying as gay or lesbian that makes the difference. This variable might relate to other variables included in the study in so far as that older individuals may be out or have disclosed their sexual orientation to more individuals in their lives, if they have had time to form a cohesive identity that includes their sexual orientation. It is also likely that those who have had more time since discovering their sexual identity and processing what that means to them may have developed a larger and more stable peer support network, and be aware of which peers would best provide sexuality specific support.

The second hypothesis related to this question (*Hypothesis 2*) proposed that males would have higher IHS scores than females. Consistent with previous research on sex and internalized heterosexism, a multiple regression controlling for social desirability, sex, and outness confirmed a statistically significant difference in IH, for males and females, with males having significantly

greater IH. In both heterosexual and gay and lesbian samples, males tend to score statistically significantly higher than females on heterosexism related measures (Warriner et al., 2013). Although it is not clear exactly why males are more vulnerable than females when confronted with IH, Social Control Theory, first introduced in this dissertation in Chapter 2, may provide some insight. Social Control Theory purports that heterosexism is a form of social control that functions as a means to intimidate sexual minorities and endorse heterosexuality as the only acceptable sexual identity 'choice' (Radowsky & Siegel, 1997 as cited in Sullivan, 2003). While gender and sex are distinct, society does not distinguish them. Therefore definitions of gender roles are thought to significantly contribute to heterosexism – gay men are thought to be "acting like women" and abandoning their male privilege, which is often seen and treated as more egregious than lesbians who are thought to be "acting like men" and claiming privilege that is not theirs. Additionally, gay men are often in more physical danger than lesbians because of the greater degree of homophobia/heterosexism experienced by their male counterparts in broader society, experiencing hate crimes more than four times as often as their lesbian peers (U.S. Department of Justice, 2016). It is quite possible that the increased frequency and intensity of their experiences with being the targets of heterosexism are also major contributors to their higher IH scores.

Finally, *Hypothesis 3* predicted that one's degree of outness would be negatively correlated with IHS scores (a measure of IH) for both lesbians and gay men, with higher outness scores related to lower internalized heterosexism. Support was found for this hypothesis using a sequential multiple regression. Generally, the more open one is about their gay or lesbian sexual identity, the less internalized heterosexism they will have, particularly for those who are 'out' to many or most individuals in their lives. This is consistent with previous research findings

(Moradi et al., 2010; LaFollette, 2013). This observed phenomenon also reflects the possibility that being open about one's sexual minority status is associated with a level of perceived safety or support, which in turn may be associated with decreased internalization of heterosexist bias. However, it is important to note that the causal direction of this relationship cannot be garnered from the type of data gathered. IH may precede one's decisions to disclose their sexual orientation, or their decisions not to disclose may precede the development of IH.

It should be noted that the relationship between outness and IH was not linear according to the results of this study. It seems that those who have not disclosed their sexuality as all, or to very few people in their lives, the multitude of possible reasons for concealing their sexual identity may also be very salient to their experience of IH. These reasons may include safety concerns, employment security, identity questions, or many others, and each could be a common cause of both concealment of sexual identity and IH. However, if one achieves even a moderate level of comfort with disclosure of their sexual orientation, it is then minimally if at all related to internalized heterosexism. This result in particular speaks to the importance of the visibility of sexual minorities and safe spaces (both physical and emotional) for gay and lesbian individuals, especially those who are at the beginning of the coming out process or grappling with identity questions or issues (D'Augelli, 2006; Wolowic, Heston, Saewyc, Porta & Eisenberg, 2012; Arreola, Ayala, Diaz, & Kral, 2013; Vaccaro, August & Kennedy, 2016).

Question II. *How are age, biological sex, and outness related to the negative attitudes of lesbians and gay men about other lesbian and gay individuals or groups? Hypothesis 4* projected that age would be positively related to Multidimensional Scale of Attitudes Toward Lesbians and Gay men (MSATLG) scores for both lesbian and gay individuals, with younger individuals having lower horizontal heterosexism than those who are older. This hypothesis was

not confirmed, instead, a multiple regression, controlling for the effects of social desirability showed age had an inverse relationship with HH. Similar to *Hypothesis 1*, this hypothesis was based on previous research into internalized heterosexism and social psychological theory relating self-construct to perception of others. Regarding societal heterosexism, research has shown a trend of reductions in IH in recent years, and many have attributed this to a reduction in societal stigma toward gay and lesbian individuals, most notably among younger generations (Treas, 2002; Hetzel, 2011). Additionally, social psychology research on self-concept and perception of others has shown that the categorization schemas we use for both are fundamentally integrated and difficult to disentangle (Markus, Smith & Mooreland, 1985). These results supported the aforementioned social psychology research, but did not support the idea that a decline in heterosexism among younger generations generalizes to gay and lesbian individuals within the population. Likely the impact of confounding individual variables specifically applicable to younger generations of gay and lesbian individuals (including IH) overshadows the general trend of declining heterosexism in society.

The second hypothesis related to this question (*Hypothesis 5*) predicted that males would have higher MSATLG scores than females. As expected, a simultaneous multiple regression confirmed a statistically significant difference in HH, represented by MSATLG scores, for males and females, with women having lower scores. This is consistent with previous research on sex and measures of homophobia taken by those who identify as gay or lesbian (e.g, Warriner et al., 2013). In both heterosexual and gay and lesbian samples, males tend to score statistically significantly higher than females on both internal and external heterosexism related measures. While there is no definitive research explaining why these differences exist, the author's speculation about sex differences discussed in regard to *Hypothesis 2*, may also apply here,

namely Social Control Theory and the greater number of aggressive heterosexist acts perpetrated toward gay men. Social psychological theory on self-concept and the perception of others would suggest that societal heterosexism (systemic and singular aggressive acts alike) is internalized and then outwardly projected onto other gay and lesbian individuals and groups.

Finally, *Hypothesis 6* proposed that one's degree of outness would be negatively correlated with MSATLG scores for both lesbians and gay men, with higher outness scores related to lower internalized heterosexism. There was no previous heterosexism research to base this hypothesis on, rather it was predicted solely by the relationship the author expected to find between outness and IH based on existing literature (Moradi et al., 2010; LaFollette, 2013). By extension of that predicted relationship and of the social psychology literature on self-concept/perception of others, a hypothesis was made about a parallel relationship. However, this hypothesis was not confirmed. In fact, no statistically significant relationship was found between outness and HH in this simultaneous regression. It is possible that even though outness and IH have a statistically significant relationship, one's own decisions about divulging their sexual orientation are so highly contextual and specific to their circumstances, that they may not affect one's perception of others. Meaning that although other variables may be present that impact both their levels of IH and HH, one's decision to disclose or not, may not be a variable that applies to one's schemas about both self and others. Of note, however, because of outness' effect on IH and IH's effect on HH, there is a significant indirect relationship between outness and HH, which is discussed below under Question IV.

Question III. *How are parental and peer support related to IH and HH, respectively?* No hypothesis was enumerated for this research question, as it was exploratory in nature. Little research has been done to date on the relationship between IH and parental and peer support,

rather research has focused on the outcomes of gay and lesbian individuals relative to the support they have received. No research was found regarding social support and HH prior to conducting this study. Two separate simultaneous multiple regressions were conducted in order to answer this question, and the only significant relationships that emerged were the relationship between sexuality specific peer support and IH, and sexuality specific peer support and HH. Both of these relationships were inverse, an association between greater support and lower heterosexism scores on both measures. This is consistent with previous research that has revealed support (in general) to be a protective factor against IH (Berg et al., 2016), and lends support to research that has identified sexuality specific support as an especially strong protective factor against psychological distress for gay and lesbian individuals (Sheets & Mohr, 2009). Regarding the lack of relationship between familial support and either type of heterosexism, the author of the current study proposes that this may be a factor of age. The large majority of previous research about familial support and heterosexism and/or outcomes for gay and lesbian individuals has been done with LG youth. It is possible that these effects become less salient as one grows older and creates their own family, either a family of choice, or their own nuclear family. Longitudinal research using the same or similar variables would be invaluable in this new vein of research.

Question IV. *Does IH mediate the relationship between age, biological sex, outness, and/or social support and HH?* The only hypothesis related to this question (*Hypothesis 7*) stated that IH would partially or fully mediate the relationships between all four predictor variables and HH. On the whole, this hypothesis was not supported, as one predictor variable was no longer a significant predictor of HH in any way with IH in the model. Using path analysis, confirmed with bootstrapping procedures and a sequential regression, it was determined

two of the four relationships between predictor variables and HH were fully mediated by IH, as is consistent with the author's hypothesis: outness and support. Considering these results, it is quite possible that the author's prediction of the impact of self-concept (IH here), on perception of others in one's group (HH, in this instance), may be the underlying mechanism for these two indirect relationships. Conceptually, this was modeled with IH, a self-concept related variable, as the mediating variable between several individual variables found to be related to IH, and HH. To date, there is no other research into predictors of HH, and there is limited information about the relationship between IH and HH, and outcomes associated with HH.

Regarding the relationships between the other two predictor variables and HH according to the path model created, sex was determined to have neither a statistically significant direct or indirect effect on HH when IH was included in the model, and age had both significant direct and indirect effects. These results indicated that age was partially mediated by IH, which also lends support to *Hypothesis* 7. Perhaps more importantly, even though it is only partially mediated by IH, it does not necessarily negate the idea that the impact of age on IH (a self-construct variable) carries over to an individual's perception of other gay and lesbian individuals. It is possible that the impact age has on the development of IH carries over to the development of HH, but also has an additional impact on HH. This additional direct effect may exist because the broad nature of age as a variable (generational experiences, age as a part of group or individual identity, age as a simple demographic variable, etc.) could act on multiple mechanisms to impact HH scores. Further research, potentially using causal modeling and including additional mediators, may help clarify the mechanism of this additional impact of age on HH.

This information sketches one of the first pictures of lateral oppression within the gay and lesbian community, and some of the risk factors associated it. While age has a relationship with

horizontal heterosexism all on its own, its relationship gains strength when age is also considered through the lens of its impact on horizontal heterosexism as a product of the relationship between age and internalized heterosexism. The relationships between outness and horizontal heterosexism and peer support and horizontal heterosexism are both fully the products of their relationships with internalized heterosexism and internalized heterosexisms relationship with horizontal heterosexism. All of this is evidence pointing toward the importance of each of these aspects in the conceptualization of the self as a gay or lesbian individual, and of other gay and lesbian individuals and groups, and that both are intimately entwined.

Limitations and Directions for Future Research

Indetermination of causal effects. Although an alternate name for path analysis is causal modeling, one of the most significant limitations of this study is that causal effects cannot actually be drawn from the correlational data used. For example, it cannot be determined whether those who are more cautious about disclosing their sexual orientation do so because they have previously developed higher levels of internalized heterosexism, *or* because they are less open about their sexuality, they have subsequently developed higher levels of internalized heterosexism. Longitudinal data on both constructs would need to be collected to assess the causal directionality of such a relationship. Future research projects with the ability to collect such data over time, may consider looking at outness, internalized heterosexism, and horizontal heterosexism over time, starting with a sample that has just recently come out, or individuals who are questioning their sexuality and may not yet have come out as a sexual minority.

External validity. Another limitation of the current study is the generalizability of the results to individuals with identities outside of gay and lesbian. Because of the new nature of the construct of HH, the researcher chose to narrow the focus of the study in hopes of reaching the

clearest conclusions possible, using a sample of self-identified gay and lesbian individuals only. The hope is that the data and conclusions from this dissertation will be used to expand this line of research in the near future and include bisexual, questioning, and other sexual minority identities. Additionally, nearly 71% of the sample identified themselves as White or Caucasian, and just over 13% and 7% Black or African-American and Latina/o or Hispanic, respectively. This means that the results from this study should be interpreted very cautiously as it may apply to ethnic minorities, and that further research focused on the relationship between ethnicity and HH as mediated by IH should be conducted. Another limitation related to the external validity of this study is the truncated nature of internalized heterosexism in the sample obtained. This may be due to the fact individuals self-selected into the participant sample for this study, but regardless of cause, a vast majority of participant IHS scores were concentrated on the lower third of the scale, indicating that this sample may have more healthy attitueds about their sexuality, than some of the gay and lesbian community. This limited variance did not allow for as robust of results as a sample with more diverse attitudes might.

Unaccounted for multicultural variables. Unaccounted for variables related to different aspects of participant diversity are also likely an influential limitation of this study. Due to the resources available for the current study, there were many variables that were not included in the current research. Some of these include ethnicity, religious beliefs and observance, childhood region of residence within the United States, and current region of residence. Each of these suggested variables could have reasonably contributed unique variance to internalized and/or horizontal heterosexism, resulting in a more complete mediation model. Of note, data on ethnicity and regions of current and childhood residence were gathered and could therefore be used in subsequent studies, however information on religion and religious

observance was not. Ethnicity has previously been a variable of interest in other IH and homophobia/homonegativity studies, and would be a positive addition to a model assessing predictors of IH and HH, not only because it is likely to contribute to explained variance, but it would also contribute to the greater understanding of the risk and/or protective factors associated with intersectionality.

Testing effects. Additionally, all measures used were self-report measures. While precautions were taken to limit careless or malicious responding, there is no way to account for the accuracy of each participants' self-report information or their understanding of every individual item. One of the limitations of self-report instruments is that different participants often have different response styles in completing the same measure, increasing measurement error. According to Paulhus and Vazire (2015) respondents' answers are subject to anchoring, recency and primacy effects, pressure to complete the instruments quickly, and a motivation to answer consistently even if the consistent answer is in opposition to their first-instinct answer. Future studies might combine self-report measures as well other instruments such as the IAT and other instruments less subject to the effects of self-report biases.

Implications

In 2012 the American Psychological Association (APA) published a set of guidelines for psychological practice with lesbian, gay, and bisexual clients. The very first of these guidelines is that "Psychologists strive to understand the effects of stigma (i.e., prejudice, discrimination, and violence) and its various contextual manifestations" in the lives of sexual minority individuals (American Psychological Association, 2012). The results of the current study add to the understanding of such stigma and the minority stress of gay and lesbian individuals. An important, but oft forgotten or unknown aspect of the oppression experienced by gay and lesbian

individuals is that it can be perpetrated from within their own community (horizontal heterosexism) as well as broader society, and intensified by internalized heterosexism.

Gay and lesbian clients present to therapy with as many different concerns as the rest of the population. Outcome research tells us that these individuals are at increased risk for depression, anxiety, substance abuse, and suicide to name a few (Feinstein, Wadsworth, Davila, & Goldfried, 2014; Eisenberg & Resnick, 2006; Needham & Austin, 2010), and all of these presenting concerns are complicated by the varying and widespread impact of oppression. In clinical settings, knowledge about the strong predictive relationship between internalized and horizontal heterosexism may help practitioners evaluate their LG clients' statements about themselves or other gay or lesbian individuals differently. It is highly likely that if someone is expressing one form of heterosexism, they are experiencing both. For example, if a gay client reveals that one of their gay or lesbian friends is going through the adoption process and this bothers them because the individual is gay, the therapist may want to ask questions that help them understand the individual's concerns about both their friend, and any internalized related feelings that are likely to exist.

Additionally, this relationship between IH and HH indicates that while a focus of individual therapy may more often be feelings of internalized heterosexism, the impact of such feelings and resulting behaviors may be much further reaching than the individual. Consider the same individual discussed above. Despite their desire for their own children, they have not pursued this because of their internalized heterosexism (e.g., thoughts that only heterosexual couples can be fit parents). In addition to this, instead of providing support and understanding to their friend, they are likely remaining silent at best, and possibly be projecting their own heterosexist thoughts and/or discouraging the individual.

For sexual-minority therapists, it is crucial, as with any area where biases may threaten the quality of work conducted with clients, to be aware of any internalized herterosexism one might be experiencing and process through those thoughts and feelings. The results of the current study indicate that a therapists' IH could easily affect how they perceive or treat sexual minority clients or the loved ones of such individuals. It may be even more difficult for an LGB clinician to identify such biases because they themselves idenditfy with the same community, but it is equally important for such therapists to evaluate themselves for such bias and how they might be communicating any biases they find to their clients (HH).

The predictor variables, age, sex, outness, and social support gave insight to what might be considered risk factors for internalized and horizontal heterosexism. However, it should be noted, that there was plenty of additional variance to be explained, even when these variables were accounted for. As alluded to previously, one possible risk factor for IH and HH both is the recency with which one has discovered their gay or lesbian identity, rather than biological age itself. Those who have had more time to accept their identity and become comfortable with it are likely to have lower IH and HH. At a community intervention level, designing a mentorship program to connect older gay and lesbian individuals with younger gay and lesbian individuals may provide multiple positive outcomes. For example, those who are further along in the process of identity development and self-acceptance, may be able to provide support to those that are just beginning the process of coming to terms with stresses and sources of pride associated with identifying as gay or lesbian, help them navigate coming out safely, and assist in finding other sources of support. Although not evaluated in the current study, community connectedness has been shown to be a predictor of positive outcomes for gay and lesbian individuals (Puckett, 2014), and such a community intervention could increase community connectedness for all those

involved, and the support received would likely help to reduce both IH and HH, as it was found to be a protective factor in the current study.

Being male was also a risk factor associated with internalized and horizontal heterosexism. Although this is not an area for intervention on the part of clinicians, it is something important to be aware of when conceptualizing clients and discussing trauma. Gay male clients are more likely to exhibit negative or prejudicial attitudes related to their own sexual orientation and other gay and lesbian individuals. They are also more likely to have experienced anti-gay violence (U.S. Justice Department, 2013).

Outness also influenced IH, primarily when one's LG identity was mostly concealed, and through IH outness also impacted HH. Keeping in mind that disclosure of one's sexual orientation is a complex decision with safety and other concerns, to consider this possible risk factor may be a good area of exploration for therapists working with clients who seem to be expressing IH. Therapists may also want to focus on the peer support their gay and lesbian clients are accessing, keeping in mind that lower levels of support, perhaps particularly sexuality specific peer support, are directly related to higher amounts of internalized heterosexism and indirectly related to higher levels of horizontal heterosexism. A lack of support may be an impetus for developing increased heterosexist feelings or attitudes, or the order of operations may instead be reversed: those with increased feelings of IH and HH, maybe less likely to seek and engage with supportive peers. Discussing this openly in therapy could prove exceptionally beneficial to gay and lesbian clients.

Conclusion

In conclusion, this study adds to prior research on internalized heterosexism and its correlates, and adds to a new line of research on in-group prejudice within the gay and lesbian community. This research demonstrated that there is a strong, positive relationship between internalized heterosexism and outwardly projected, horizontal heterosexism, suggesting that the impact of society's oppressive messages, when internalized, has a broader impact than has been previously studied. Decreases in age, outness, and support were all associated with increases in internalized heterosexism, as was being male, and higher social desirability scores. Several of the relationships between predictor variables and horizontal heterosexism were mediated by internalized heterosexism. The relationship between age and HH was only partially mediated by IH, but those between outness and HH and support and HH were fully mediated by IH.

In addition, the application of social psychology theory on self-concept and its relation to perception of others further contextualizes the results of the current study. The schemas used for conceptualizing one's self are complex and inextricably tied to our perceptions of others, suggesting a possible mechanism by which the same predictors of internalized heterosexism, might also predict horizontal heterosexism, both of which are detrimental to gay and lesbian individuals and their community.

There are several implications associated with the results of the current study. This includes increasing therapist awareness of the far-reaching impact of internalized heterosexism. The results of this study tell us that if a gay or lesbian client is expressing negative thoughts and feelings about his/her own sexual orientation, they are likely also experiencing, and potentially expressing in other settings, negative thoughts and feelings about other gay and lesbian individuals or groups, or vice versa. In addition, a community level intervention is suggested

that addresses the risk factors of both age-perhaps more accurately described as time since realizing one's sexual orientation-and social support. Finally, this research is not without several limitations, including the inability to identify causal direction among the variables studied, generalizability, unaccounted for variables, and testing effects. Nonetheless, the current study points to a number of notable directions for future empirical research including the inclusion of multicultural variables to assess the impact of intersectionality on IH and HH, and longitudinal studies to assess the direction of causality associated with many of the relationships studied herein.

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Appendix A

Information Statement

Information for Prospective Participants

Dear Prospective Research Participant:

The Department of Educational Psychology at the University of Kansas supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time without penalty.

The current study is designed to investigate positive and negative effects of social support on queer adults. We are seeking participants who are 18 years or older to respond to questions with regard to their experiences of peer and familial support and personal experiences related to their sexual orientation. Study participation will entail your completion of some questionnaires. The survey is expected to take approximately 20 minutes to complete. The content of the survey should cause no more discomfort than you would experience in your everyday life.

Although participation may not benefit you directly, we believe that the information obtained from this study will help us gain a better understanding of how the presence or absence of support impacts those with non-heterosexual identities. Your participation is solicited, but is strictly voluntary. Your name or individual responses will NOT be associated in any way with the research findings. It is possible, however, with internet communications, that through intent or accident someone other than the intended recipient may see your response. You will be compensated for your time and survey participation with points redeemable for a variety of uses (retail purchases, gift cards, airfare points, etc.)

To begin the study, please click the >> button at the bottom right corner of this information statement. If you would like additional information concerning this study before or after it is completed, please feel free to contact us by phone or mail.

Completion of the survey indicates your willingness to take part in this study and that you are at least 18 years old. If you have any additional questions about your rights as a research participant, you may call (785) 864-7429 or write the Human Research Protection Program (HRPP), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7563, email irb@ku.edu.

Sincerely,

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Appendix B

Instruments

Demographics Questionnaire

Age: _____

Ethnicity:	Black or African American	Specify:
	Asian/Asian American	Specify:
	Native American or Alaskan Native	Specify:
	Latino/Latina/Hispanic	Specify:
	White/Caucasian/Anglo:	Specify:
	Bi-racial/Multi-racial	Specify:
	Hawaiian/Pacific Islander	Specify:

Biological Sex:
Male
Female
Intersex

Gender Identity:
Man
Woman
Trans Man
Trans Woman
Gender Identity Not Listed Here

Degree of Identification with Gender Identity: (Sliding Scale)

Sexual Identity:
Gay
Lesbian

Region of Hometown: (Map provided for individuals to click location to avoid confusion)

Relationship Status:	Single	
	In a committed relationship	Duration: ___ years ___months
	Married	Duration: ___ years ___months
	Other:	

Internalized Homophobia Scale (Wagner, 1998)

Please rate your level of agreement for each of the following statements using the rating scale below:

1	2	3	4	5
Completely Agree	Somewhat Agree	Neutral	Somewhat Disagree	Completely Disagree

1. Homosexuality is a natural expression of sexuality in humans.	1 2 3 4 5
2. I wish I were heterosexual. (R)	1 2 3 4 5
3. When I am sexually attracted to someone of the same sex, I do not mind if someone else knows how I feel.	1 2 3 4 5
4. Most problems that gay/lesbian individuals have come from their status as an oppressed minority, not from their being gay per se.	1 2 3 4 5
5. Life as a gay person is not as fulfilling as life as a heterosexual. (R)	1 2 3 4 5
6. I am glad to be gay/lesbian.	1 2 3 4 5
7. Whenever I think a lot about being gay/lesbian, I feel critical about myself.(R)	1 2 3 4 5
8. I am confident that being gay/lesbian does not make me inferior.	1 2 3 4 5
9. Whenever I think a lot about being gay/lesbian, I feel depressed. (R)	1 2 3 4 5
10. If it were possible, I would accept the opportunity to be completely heterosexual. (R)	1 2 3 4 5
11. I wish I could become more sexually attracted to people of the opposite sex.(R)	1 2 3 4 5
12. If there were a pill that could change my sexual orientation, I would take it. (R)	1 2 3 4 5
13. I would not give up being gay/lesbian even if I could.	1 2 3 4 5
14. Homosexuality is deviant. (R)	1 2 3 4 5
15. It would not bother me if I had children who were gay/lesbian.	1 2 3 4 5
16. Being gay/lesbian is a satisfactory and acceptable way of life for me.	1 2 3 4 5
17. If I were heterosexual, I would probably be happier. (R)	1 2 3 4 5
18. Most gay/lesbian people end up lonely and isolated. (R)	1 2 3 4 5
19. For the most part, I do not care who knows I am gay/lesbian.	1 2 3 4 5
20. I have no regrets about being gay/lesbian.	1 2 3 4 5

R indicates reverse scored item. Higher scores indicate a higher degree of internalized homonegativity

Multidimensional Scale of Attitudes toward Lesbians and Gay Men (Gato, Fontaine & Carneiro, 2012)

Rate the degree to which you agree with each item: 1 (*completely disagree*) to 6 (*completely agree*).

1. It does not matter to me whether my friends are gay or straight. (R)
2. Homosexuality is a psychological disease.
3. I believe same-sex parents are as capable of being good parents as heterosexual parents. (R)
4. Homosexuality is an inferior form of sexuality.
5. If I were a parent, I could accept my son or daughter being gay. (R)
6. A sexual education curriculum should include all sexual orientations. (R)
7. The increasing acceptance of homosexuality in our society is aiding in the deterioration of morals.
8. Organizations who promote gay rights are necessary. (R)
9. I would be hesitant to support lesbian and gay individuals for fear of being perceived as one.
10. Same-sex couples should be allowed to adopt children the same as heterosexual couples. (R)
11. Lesbians and gay men who are "out of the closet" should be admired for their courage. (R)
12. Lesbians and gay men still need to protest for equal rights. (R)
13. I would feel uncomfortable knowing my daughter's or son's teacher was gay/lesbian.
14. Celebrations such as "gay pride day" are ridiculous because they assume an individual's sexual orientation should constitute a source of pride.
15. Lesbians and gay men could be heterosexual if they really wanted to.
16. I would feel uneasy if I found out that my doctor was not heterosexual.
17. Lesbians and gay men should undergo therapy to change their sexual orientation.
18. I feel that you cannot trust a person who is homosexual.
19. I would not vote for a gay man/lesbian in an election for public office.
20. When I hear about a romantic relationship, I tend to assume that the partners are of the opposite sex.
21. Gay men and lesbian women should stop shoving their lifestyle down other people's throats.
22. I see the gay movement as a positive thing. (R)
23. I would not mind working with a lesbian/gay man. (R)
24. Gay people make me nervous.
25. Being raised in a same-sex parented home is quite different from being raised in a heterosexual-parented home.
26. I don't mind companies using openly lesbian/gay celebrities to advertise their products. (R)
27. Legalization of same-sex marriages will dismantle the fundamental foundations of society.

Total scores are gathered for each of the four subscales (derived from the four factor EFA loadings)- rejection of proximity, support (reverse scored), modern homonegativity, and pathologizing of homosexuality- as well as a total score. Higher scores indicate higher levels of homonegativity.

Outness Inventory (Mohr & Fassinger, 2000)

Use the following rating scale to indicate how open you are about your sexual orientation to the people listed below. Try to respond to all of the items, but leave items blank if they do not apply to you.

1. mother
2. father
3. siblings (sisters, brothers)
4. extended family/relatives
5. my NEW straight friends
6. my work supervisor(s)
7. members of my religious community (e.g. church, temple)
8. leaders of my religious community (e.g. church, temple)
9. strangers, new acquaintances
10. my OLD heterosexual friends

Items are rated on a 7-point scale where 1 is "person definitely does NOT know about your sexual orientation status" and 7 is "person definitely knows about your sexual orientation status, and it is OPENLY talked about." Additionally, participants have the option of responding where 0 is "not applicable to your situation; there is no such person or group of people in your life." The Out to Family subscale is composed of an average of items 1, 2, 3, and 4, Out to World a average of items 5, 6, 7, and 10, Out to Religion an average of items 8 and 9, and lastly Overall Outness is composed of an average of the above three subscales. Lower scores indicate the individual is more open about their sexuality to a greater number of individuals.

Social Support Behaviors Scale (Vaux, Reidel & Stewart, 1987)
Sexuality Specific and Revised Nonspecific Social Support Behaviors Scale (Doty, Willoughby, Lindahl & Malik, 2010)

People help each other out in a lot of different ways. Suppose you had some kind of problem *related to your sexuality* (second set of instructions include: *not related to your sexuality*). How likely would (a) memebers of your family, and (b) your friends be to help you out in each of the specific ways listed below. We realize you may rarely need this kind of help, but if you did would family and friends help in the ways indicated. Try to base your answers on your past experience with these people.

Use the scale below, and circle one number under family, and one under friends, in each row.

1 no one would do this
2 someone might do this
3 some family member/friend would probably do this
4 some family member/friend would certainly do this
5 most family members/friends would certainly do this

	Family	Friends
1. Comforted me when I was upset (E)	1 2 3 4 5	1 2 3 4 5
2. Joked around or suggested doing something to cheer me up (E)	1 2 3 4 5	1 2 3 4 5
3. Suggested how I could find out more about a situation (A)	1 2 3 4 5	1 2 3 4 5
4. Listened when I needed to talk about my feelings (E)	1 2 3 4 5	1 2 3 4 5
5. Suggested a way I might do something (A)	1 2 3 4 5	1 2 3 4 5
6. Gave me encouragement to do something difficult (E)	1 2 3 4 5	1 2 3 4 5
7. Gave me advice about what to do (A)	1 2 3 4 5	1 2 3 4 5
8. Helped me figure out what I wanted to do (A)	1 2 3 4 5	1 2 3 4 5
9. Showed me that they understood how I was feeling (E)	1 2 3 4 5	1 2 3 4 5
10. Helped me decide what to do (A)	1 2 3 4 5	1 2 3 4 5
11. Gave me a hug, or otherwise showed me I was cared about (E)	1 2 3 4 5	1 2 3 4 5
12. Helped me figure out what was going on (A)	1 2 3 4 5	1 2 3 4 5
13. Did not pass judgement on me (E)	1 2 3 4 5	1 2 3 4 5
14. Told me who to talk to for help (A)	1 2 3 4 5	1 2 3 4 5
15. Was sympathetic when I was upset (E)	1 2 3 4 5	1 2 3 4 5
16. Stuck by me in a crunch (E)	1 2 3 4 5	1 2 3 4 5
17. Told me about the available choices and options (A)	1 2 3 4 5	1 2 3 4 5
18. Gave me reasons why I should or should not do something(A)	1 2 3 4 5	1 2 3 4 5
19. Showed Affection for me (E)	1 2 3 4 5	1 2 3 4 5
20. Told me the best way to get something done (A)	1 2 3 4 5	1 2 3 4 5
21. Told me what to do (A)	1 2 3 4 5	1 2 3 4 5
22. Helped me think about a problem (A)	1 2 3 4 5	1 2 3 4 5

* E= Emotional Support subscale, A= Advice/Guidance subscale

Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960)

Short Form B (Reynolds, 1982)

3. It is sometimes hard for me to go on with my work if I am not encouraged.

6. I sometimes feel resentful when I don't get my way.

12. There have been times when I felt like rebelling against people in authority even though I knew they were right.

13. No matter who I'm talking to, I'm always a good listener. (R)

15. There have been occasions when I took advantage of someone.

16. I'm always willing to admit it when I make a mistake. (R)

19. I sometimes try to get even rather than forgive and forget.

21. I am always courteous, even to people who are disagreeable. (R)

26. I have never been irked when people expressed ideas very different from my own. (R)

28. There have times when I was quite jealous of the good fortune of others.

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

33. I have never deliberately said something that hurt someone's feelings. (R)

True/False Items (number corresponding to the full MC scale listed)

R indicates reverse scored item. T=2, F = 1, Higher scores indicate the participant influenced more by social desirability than a participant with lower scores. Total scores range from 12 – 24.