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Factors influencing lesbians' direct disclosure of their sexual orientation

Radonsky, Vivien Elaine, Ph.D.

The University of North Carolina at Greensboro, 1993

FACTORS INFLUENCING LESBIANS'

DIRECT DISCLOSURE OF THEIR

SEXUAL ORIENTATION

by

Vivien E. Radonsky

A Dissertation Submitted to
the Faculty of the Graduate School at
The University of North Carolina at Greensboro
in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

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1993

Approved by

Dr. L. DiAnne Borders, Advisor

APPROVAL PAGE

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The major purposes of this study were to investigate

premises regarding self-disclosure as proposed in theories

of homosexual development, to gather baseline empirical data

on the coming-out process, and to generate information about

the practical value of the theoretical premises for the

counseling profession. Several variables that theoretically

influence coming-out, such as persons to whom a lesbian has

self-disclosed, in what order she has chosen to do this, how

her internalized homophobia has influenced behavior, and how

her coming-out behavior is related to level of sexual

identity development, were investigated.

Participants were volunteers responding to an

advertisement in a national lesbian newsletter and through

friendship sampling ($\underline{N}$ = 407, 64% return rate). The sample

was a diverse group in terms of age, ethnic or racial

background, occupation, education, and annual income, with

not all respondents labeling themselves lesbian. Age of

coming-out to themselves ranged from three to 63 years. The

earliest that a woman came-out to another was seven and the

oldest was 51. The shortest time it took a woman to come-

out to another after coming-out to herself was within the

same year and the longest was 33 years. After coming-out to

themselves, respondents tended to come-out to other lesbians

next and then to heterosexuals. Although the literature states that coming-out to family is the most difficult, there was no specific pattern to indicate the respondents came-out to family last or to parents before siblings. Respondents with higher levels of homophobia tended to come-out to fewer groups of people than those with lower levels of homophobia. One's predisposition to disclose was not related to coming-out behavior. Women at later stages of identity formation had come-out to more groups of people.

Available instruments to assess relevant variables were not strong and further research is needed to cultivate knowledge on this minority population. Such work is necessary to enhance the therapeutic experience for lesbians, expand the knowledge base about this population, and counteract biases of the general public.

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understanding when I had to say "No, not this time." To my

extended family and dear friends, near and far--Phyllis,

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A special acknowledgment is due to my clients. Through

the issues they brought to our sessions, these clients

stimulated my thinking on the complexities of coming-out,

which assisted in developing the structure for this project.

Finally and most important are all the women who

participated in the study and those who helped in the

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more--without whose support this project never would have

been completed. The enthusiastic backing I encountered is

an indication to me that lesbians want to move beyond

invisibility to being acknowledged. I hope this gives

future researchers incentive to look further at lesbians as a unique sample within the female population.

Special thanks to Judith Stead for her careful attention to detail with the data, to Holly Butner for giving generously of her time and knowledge to a "poor" doctoral student, to Judy Penny for help in refining the instrument, to Martie Skinner for her statistical support, and to Jimmie Nickell, whose editing expertise, flexibility, and dependability were invaluable in completing this project.

This was a project which took courage on the part of everyone involved. I salute you all for being involved and talking about an uncommon, often anxiety provoking topic which needs to be talked about. I hope further interchanges will happen.

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To my parents, Mona Abrams Radonsky and Abraham Radonsky, who taught me about the importance of knowing the influence of one's roots and the necessity of giving back to one's community, and who reminded me that I could persevere despite adversity.

CHAPTER I

INTRODUCTION

> Self-disclosure, letting another person know what
> you think, feel, believe, or want, is the most
> direct means, although not the only means, by
> which an individual can make himself known to
> another. (Jourard, 1959, p. 502)

In the late 1950's, Jourard and his colleagues
(Jourard, 1958a, 1958b; Jourard & Lasakow, 1958) began a
scholarly exploration of the term "self-disclosure." A
major focus and reason for researching self-disclosure was
Jourard's belief that there is an alignment between verbal
self-disclosure and symptoms of "personality health." He
asserted that in order to work toward personal health an
individual must self-disclose to at least one significant
other. Jourard based his theory on the supposition that "it
is not until I am my real self and I act my real self that
my real self is in a position to grow" (Jourard, 1959, p.
503). He hypothesized that alienation from one's real
self--or non-disclosure--not only arrests one's growth as a
person, but also tends to make a farce out of one's
relationship with people. Jourard concluded that a self-
alienated (non-disclosing) person can never love another
person nor receive love from another person.

For a lesbian, Jourard's view of self-disclosure
presents quite a conflict. On the one hand, self-disclosure
of her sexual orientation is necessary for emotional health;
it also provides an opportunity to develop more honest
relationships (Gartrell, 1981). The same action, however,
also can change negatively the continuation of her
relationships. As a result, lesbians often must make tough
choices that have only unsatisfactory options.

In the lesbian community, self-disclosure, more
commonly referred to as "coming-out," is a frequently
discussed and controversial topic (Zitter, 1987). Coming-
out is a complex process involving the adoption of "a non-
traditional identity [and] involves restructuring one's self
concept, reorganizing one's sense of history, and altering
one's relations with others and with society" (deMonteflores
& Schultz, 1978, p. 61). The term "coming-out" can refer to
both internal and external changes (Baetz, 1984), as seeing
oneself as different from heterosexual peers (internal) or
joining a lesbian social group (external). It also can
refer to direct or indirect self-disclosure of one's sexual
orientation and lifestyle (Ponse, 1976), as in verbally
acknowledging to a co-worker one's being gay (direct) or
dressing in a particular way which makes a statement of
one's sexuality (indirect). Finally, "coming-out" can refer
to the process of self-awareness and self-labeling in

relation to one's own sexuality, as in deciding to call

oneself lesbian.

> I venture to say there is probably no
> experience more horrifying and terrifying than
> that of self-disclosure to significant others
> whose probable reactions are assumed but not
> known. (Jourard, 1959, p. 502)

Direct or indirect self-disclosure of one's sexual

orientation is not always a physically, economically, or

emotionally safe thing to do for a lesbian. Herek (1989)

noted that documentation of discrimination and harassment of

lesbians and gay men can be found daily in newspapers,

magazines, and professional journals. In fact, until 1973,

homosexuality was considered a mental disorder by the

American Psychiatric Association (1978). The decision to

drop the diagnostic category was marked by a resolution

which asserted that homosexuality implies no handicap in

judgment, stability, reliability, or social or vocational

competencies. This resolution encouraged mental health

professionals to help remove the stigma of mental illness

that has long been identified with an homosexual

orientation.

There is some evidence that the stigma has lessened

within the professional community. Buhrke, Ben-Ezra,

Hurley, and Ruprecht (1992) recently conducted a content

analysis and methodological critique of the professional

literature on lesbians and gay men in counseling psychology

journals. They found that the heterosexual bias in major professional journals noted by Morin (1977) and then again later by Watters (1986) had decreased. The focus of homosexuality as an illness or psychopathology went from 16% to 1% inbetween these two literature reviews.

Despite this destigmatization in the professional community, homophobia in the general population has been documented (Millham, San Miguel, & Kellogg, 1976) and persists today (Biemiller, 1982; Newton, 1987; Yeskel, 1985). Homophobia refers to "a fear felt by heterosexuals when in proximity to homosexuals and the self-hatred by gays because of their homosexuality" (Weinberg, 1972, p. 38). Societal norms, such as homophobia, are inherent within the values of the people in that society and take time to change. Homosexuals, for example, for the most part are parented by heterosexuals. In these homes, heterosexuality is the norm and any other pattern is labeled deviant (Rich, 1979). Lesbians and gay men, then, are the only minority population whose family-of-origin is not a nurturing environment in which they are encouraged to learn about their culture (Zitter, 1987). In addition, homophobia is one of the prevailing values instilled in children; as a result the general population has integrated homophobic attitudes that help maintain an established support for traditional roles (Slater, 1988; Weinberger & Millham,

1979). In fact, even lesbian and gay men endure internalized homophobia (Zitter, 1987).

Counselors working regularly with lesbian and gay clients have been confronted with the "insidious and limiting effects internalized homophobia have on their [client's] lives" (Margolies, Becker, & Jackson-Brewer, 1987, p. 229). There are women, for example, who live in committed, long-term, intimate relationships with another woman, but who socially isolate themselves from women like themselves and do not consider themselves lesbian. In fact, Cohen and Stein (1986) concluded that the "centrality of homophobia as a psychological and cultural phenomenon suggests that it may play a crucial role in the development of identity in gay men and lesbians" (pp. 35-36). A counselor and her client's goal is to help the lesbian believe that being lesbian is a positive element in her life, so that self-disclosing of her sexual orientation becomes a way of counteracting her internalized homophobia and developing an identity which integrates her sense of self (Kleinberg, 1986).

Coming-out to friends and family is an important step in the process of claiming a positive and integrated identity, in addition to being crucial for self-acceptance and self-esteem (Murphy, 1989). In fact, Erikson (1968) defined identity as a sense of "both a persistent sameness within oneself....and a persistent sharing of some kind of

essential character with other" (p. 102). Therefore, the development of a positive sexual identity for a lesbian is complicated by her reluctance to self-disclose.

Several theories of homosexual identity development have been proposed, including those of Cass (1979, 1983/4, 1984), Chapman and Brannock (1987), Coleman (1982), McDonald (1982), Plummer (1975), Raphael (1974), Sophie (1985/6), and Spaulding (1981). Several themes are consistent across theories. Women at lower levels of development are characterized by having a less formed sexual identity, while those at higher levels of development are characterized as being more accepting of their sexual orientation. Self-disclosure is viewed as an essential and transformational element in each of these theories and plays a key role in healthy development. In fact, Nemeyer (1980) stated that self-disclosure is a critical element in self growth and is "fundamental to a congruent, accepted lesbian identity" (p. 118).

Also, according to these theories, self-disclosure of one's sexual orientation typically occurs in stages beginning with disclosure to the self, then to "like" others, and finally to non-gay individuals. These self-disclosure behaviors are seen as being influenced by one's level of internalized homophobia (Cohen & Stein, 1986) or rejection of heterosexist norms. To date these theories and

stages have much intuitive appeal, but empirical support for them is almost nonexistent.

Purpose of the Study

The major purposes of this study were to investigate the premises regarding self-disclosure as proposed in theories of homosexual development and to generate information about the practical value of the premises for the counseling profession. For the purposes of this study, several assumptions in Cass's (1979) theory were investigated. Specifically, this study focused on the relationships among a general style of self-disclosure, coming-out behavior, level of internalized homophobia, and phase of sexual identity formation.

To achieve the above purposes, the following data were collected: (a) descriptive data about persons to whom a lesbian woman has self-disclosed her sexual orientation; (b) the intent, amount, depth, positiveness, and honesty-accuracy of the lesbian woman's general disclosure style; (c) information about the lesbian woman's level of internalized homophobia; and (d) the lesbian woman's phase of sexual identity formation.

Need for the Study

> Would it be too arbitrary an assumption to propose
> that people become clients because they have not
> disclosed themselves in some optimum degree to the
> people in their lives? (Jourard, 1959, p. 502)

Self-disclosure is a major factor in the process of

effective counseling for the counselor and in the

psychotherapy process for the client (Jourard, 1959).

Coming-out, homophobia, and sexual identity development are

recurrent and useful themes in working with lesbians

(Sophie, 1982, 1985, 1985/6, 1987). Based on stigmatization

and difference, these themes are central components for

understanding psychotherapy with lesbians and gay men (Cohen

& Stein, 1986, p. 37). Learning the art of working with the

complex anxieties that accompany a lesbian's self-disclosure

is a challenge for many counselors. This study, then,

provides critical information about central themes in

counseling lesbians.

Based on a review of the literature, Browning,

Reynolds, and Dworkin (1991) stated that one of the areas in

which empirical research is needed is the coming-out process

for lesbians and how that process is affected by diverse

variables. Accordingly, this study investigated several

variables that theoretically influence coming-out, such as

persons to whom a lesbian has self-disclosed, in what order

she has chosen to do this, how her internalized homophobia

has influenced her behavior, and how her coming-out behavior is related to level of sexual identity development.

The investigation of lesbians as a unique sample is supported by a review of the literature related to lesbians (Morin, 1977). For example, several reviews have noted the scarcity of empirical data about the distinctiveness of lesbians from heterosexual women (Barrett, 1989; Darty & Potter, 1984; Ettore, 1986; Rothblum, 1989), heterogeneity within the lesbian population (Simon & Gagnon, 1967; Vance & Green, 1984), and dissimilarity between lesbians and gay men (Brooks, 1981; deMonteflores & Schultz, 1978; DuBay, 1987; Faraday; 1981; Fisher, 1983; McIntosh, 1981; Raphael, 1974; Rich, 1979).

Research Questions

The following specific research questions guided this study:

1. To whom and in what order do lesbians self-disclose their sexual orientation as indicated by self report?

   a. Does self-disclosure occur first with like others (homosexuals) (Cass, 1991; Pedersen & Higbee, 1969)?

   b. Does self-disclosure then occur with heterosexuals (Cass, 1979)?

   c. Does self-disclosure occur last with family members, siblings before parents?

2. Will the general level of lesbians' style of self-disclosure, as measured by the General Disclosiveness Scales (Wheeless, 1978), influence their "coming-out" behavior?

   a. Do high disclosers (i.e., those with high scores on intent, amount, depth, positiveness, and honesty-accuracy of disclosure) self-disclose their sexual orientation in a shorter period of time (in relation to their coming-out to themselves) and to more people than do low disclosers (Wheeless, 1978)?

3. Will the level of internalized homophobia, as measured by the Nungesser Homosexual Attitudes Inventory (Nungesser, 1983), be negatively related to coming-out behavior of lesbian women?

   a. Do lesbians who display low internalized homophobia (high attitudes toward homosexuality) self-disclose to more individuals than those with high internalized homophobia (low attitudes toward homosexuality)?

   b. Do lesbians who display high internalized homophobia limit self-disclosure to other lesbians and non-gay female friends?

4. Will the phase of lesbians' identity formation, as measured by the Cass Stage Allocation Measure (Cass, 1984), relate to coming-out behavior?

a. Do lesbians in stage one (Identity Confusion) or two (Identity Comparison) disclose to no one (Cass, 1984)?

b. Do lesbians in stage three (Identity Tolerance) self-disclose to like others only (Cass, 1984)?

c. Do lesbians in stage four (Identity Acceptance) continue to self-disclose to other lesbians and begin self-disclosing to heterosexuals and family members (Murphy, 1989; Warshow, 1991)?

Definition of Terms

The following terms of particular importance to this study are defined as they are applied in the study:

Coming-out: A metaphorical term referring both to a process and to specific events by which a lesbian self-discloses her sexual orientation and life style. This complicated developmental process is multi-stepped and (theoretically) usually begins with acknowledgement to the self, proceeding to experiences within the homosexual community, informing the family of origin, and developing an identity which includes one's sexual orientation (Cohen & Stein, 1986).

Direct self-disclosure: Verbal acknowledgement of one's gayness to another.

Gay: A generic term which can refer to both female and male homosexuals.

Heterosexism or heterosexual bias: An ideology which
sanctifies non-gay norms and devalues the gay experience as
inferior or insignificant (Iasenza, 1989).

Homosexuality: The presence of an attraction for a person of
the same-sex within one or more of the dimensions of
affection, fantasy, or erotic desire (Cohen & Stein, 1986).

Homophobia: Fear and hatred that characterize reactions to
gay people by family, friends, and society (Weinberg, 1972).

Indirect self-disclosure: Nonverbal acknowledgement of
gayness through stereotypic appearance, such as clothes or
hair style, or through living arrangements, social network,
and social activities.

Internalized homophobia: An acceptance and utilization
within lesbians of societally held negative attitudes toward
homosexuals. This attitude is often not conscious, even
though it can be behaviorally observed (Margolies, Becker, &
Jackson-Brewer, 1987).

Lesbian: A woman who defines herself as predominantly or
exclusively homosexual; who differentiates her experiences
related to sexual orientation from the medical, legal, and
moral connotations often associated with using the word
homosexual; and who is consciously aware of her
homosexuality and therefore may tend to be more open about
it (Cohen & Stein, 1986). Lesbianism is a socially
constructed view of oneself, a matter of self-definition

with significant implications for one's life style (Vance & Green, 1984).

Sexual orientation: An intricate web of behaviors, emotions, fantasies, attitudes, self-identification, and sexual and life style choices regarding one's choice of intimate partners (Klein, Sepekoff, & Wolf, 1985).

Self-disclosure: Any communication about the self that an individual conveys to another self (Cozby, 1973).

Sexual identity formation: "The process by which a person comes first to consider and later to acquire the identity of 'homosexual' as a relevant aspect of self" (Cass, 1979, p. 219).

<div align="center">Organization of the Study</div>

This study is presented in five chapters. Chapter I introduces issues around the "coming-out" process for a lesbian and discusses relationships among the concepts of self-disclosure, internalized homophobia, and sexual identity development. It defines special issues which support the need to study lesbians. Purposes of the study, need for the study, research questions, and definition of terms are included.

Chapter II, Review of Related Literature, is comprised of four major sections: self-disclosure, coming-out, internalized homophobia, and sexual identity formation. The review also reveals the heterogeneity of lesbian woman

within the homosexual community and the need for further research on this unique population.

Chapter III is a discussion of the methodology used in the study and includes research hypotheses, instruments employed, description of participants and sampling method, procedures followed, and methods used for data analysis.

Chapter IV includes a discussion of the results yielded by the data analyses. Discussion of the analyses and results parallel the research hypotheses.

Chapter V includes a summary of the study, its major conclusions, and implications for the counseling field. Limitations of the study and recommendations for further research also are discussed.

CHAPTER II

REVIEW OF RELATED LITERATURE

This chapter is organized into three main sections
which correspond to the variables under investigation: self-
disclosure (general self-disclosure and the direct act of
coming-out), sexual identity formation (the coming-out
process), and internalized homophobia (the incorporating of
societal homophobia). In addition, a background section
regarding the study of lesbians as a unique population is
presented. Finally, a section on counseling issues related
to self-disclosure of lesbians is included.

Study of Lesbians as a Unique Population

Lesbian women comprise approximately 10 to 15 percent
of the general population (Kinsey, Pomeroy, Martin, &
Gebhard, 1953). They often are referred to as a "hidden
minority" because they remain invisible to counselors in
therapeutic, educational, and empirical work (Atkinson &
Hackett, 1988; Fassinger, 1991). Lesbians' invisibility is
due to a number of reasons, including negative social
attitudes and stigmatization, fear on the part of lesbian
students and clients to let themselves be known, and lack of
awareness or knowledge on the part of researchers and
service providers (Gonsiorek, 1982; Stein & Cohen, 1986).

This invisibility has been perpetrated by at least three
inappropriate sampling methods employed by researchers.

First, lesbian women often have been grouped with all
women by researchers (Darty & Potter, 1984; Ettore, 1986).
As Rothblum (1989) pointed out, however, "To equate lesbians
and heterosexual women as similar denies several important
processes that exist for lesbians and that do not exist for
heterosexual women" (p. 6). Thus, the unique experiences
and perspectives of lesbians have been lost.

Second, research on gay men has been inappropriately
generalized to lesbians (e.g., see Brooks, 1981, de
Monteflores & Schultz, 1978, DuBay, 1987, Faraday, 1981,
Fisher, 1983, McIntosh, 1981, Raphael, 1974, Rich, 1980).
As DuBay (1987) summarized, "Male homosexuality is a way of
being male and lesbianism is a way of being female. Each
has more in common with its respective gender then with the
other" (p. 8). Research based on gay men outnumbers
research on lesbians by two to one (Morin, 1977; Watters,
1986). This literature, however, is inadequate for
describing lesbian's lives, just as research based on men is
inadequate for describing women's lives (Barnett & Baruch,
1980; Gilligan, 1977; Morin, 1977). Because both lesbians
and gay men express a preference for same-sex intimacy and
are stigmatized for such preferences, they are assumed to
share most characteristics (i.e., stereotypes) and their
uniqueness is ignored (Brooks, 1981; DuBay, 1987; Faraday,
1981; O'Carolan, 1982; Rich, 1979). Often, general

statements are made about homosexuals with the assumption
that the information relates uniformly to both females and
males. Such statements include cross-gender generalities
about variables of interest in this study: identity
development and the coming-out process (de Monteflores &
Schultz, 1978). Fassinger (1991) stated that gay identity
formation may follow different developmental patterns in
women and men. She indicated that the feminist culture may
influence women so that they develop a lesbian identity by a
different route than gay men.

De Monteflores and Schultz (1978) found specific
characteristics of the coming-out process which
differentiate lesbian women's process as different from that
of gay males. The characteristics that were different all
related to societal views of women as relatively invisible,
such as sex role expectations and powerlessness, and legal
and political issues. These same characteristics have been
substantiated by more recent researchers (Carl, 1988; DuBay,
1987; Fisher, 1983).

Third, variations or heterogeneity within the lesbian
population have not been recognized in empirical work (Simon
& Gagnon, 1967). Stereotypes tend to clump minorities into
groups which share specific characteristics, but, like other
minority groups, lesbians are not homogeneous (Vance &
Green, 1984). A number of "within group" variables need to
be considered, such as whether or not the lesbian has been
married to a man (Ettore, 1986) or has children (Loulan,

1986), and the age at which the lesbian comes-out (Sang, 1992).

The distinctiveness of lesbians from heterosexual women, heterogeneity within the lesbian population, and dissimilarities between lesbians and gay men support investigating lesbians as a unique sample. Ettore (1978) found in her study of 200 lesbians that not all women who are now or have been in same-sex relationships refer to themselves as lesbian. Darty and Potter (1984), for example, used the term "women-loving-women." For consistency, one term, lesbian, will be used in this literature review. This term, however, is meant to encompass those who might prefer other terms to refer to their same-sex orientation.

Self-Disclosure: The Direct Act of Coming-Out

The term self-disclosure will be discussed in this section. First, a review of the general self-disclosure literature will focus on (a) defining the term self disclosure and (b) how it influences human development. Then, self-disclosure as related to the lesbian coming-out process will be discussed. Information will be offered from the literature which both addresses coming-out issues and supports the value of self-disclosure for lesbians.

General Self-disclosure

> Every maladjusted person is a person who has not
> made himself known to another human being and in
> consequence does not know himself. (Jourard,
> 1971b, p. 32)

The concept of self-disclosure has been studied from
many perspectives for the last 30 years. This section will
include a brief overview of the general self-disclosure
literature that directly concerns this study.

Verbal disclosure of personal information is one of
the means by which people make themselves known to others
(Jourard & Richman, 1963). Worthy, Gary, and Kahn (1969)
defined self-disclosure as "that which occurs when A
knowingly communicates to B information about A which is not
generally known and is not otherwise available to B" (p.
59). Self-disclosure also has been defined as "any
information about himself which Person A communicates
verbally to Person B" (Cozby, 1973, p. 73).

Jourard (1959), however, defined self-disclosure in
more psychological terms. He described self-disclosure as
an act in which a person establishes contact with her real
self and makes her public self congruent with this real self
(Jourard (1959). Chelune (1979) emphasized the relational
aspects of self-disclosure, noting that self disclosure is a
way of connecting between people and that it involves issues
of intimacy and trust (Chelune, 1979). Relatedly, Taylor
(1979) found that disclosure of one's experience is most

likely to occur when the other person is perceived as a
trustworthy person of good will.

Why self-disclose? Cozby (1973) identified opposing
forces influencing the decision to self-disclosure. One
force encourages an increase in self-disclosure to satisfy
the need to be close, while another inhibits self-disclosure
to meet the need for separation. Steele (1975) offered
several possible reasons for low self-disclosure:
(a) avoiding a negative evaluation and loss of self-esteem,
(b) avoiding a decrease in satisfying relationships,
(c) avoiding loss of control over a situation, (d) avoiding
feeling hurt for other persons, (e) avoiding projecting a
negative image, and (f) perceiving the benefit in lying.
The risk of personal rejection is significant when one self-
discloses. Rosenfeld (1979) found women in his study did
not self-disclose in order "to avoid personal hurt and
problems in the relationship" (p. 73) which might have
resulted from self-disclosure.

But self-disclosure also has positive motivational
properties (Sablosky, 1987). A need to self-disclose
intimate information to at least one other person exists and
must be satisfied (Archer, 1980). Several researchers have
found that self-disclosive communication and interpersonal
trust are decisively connected to the development of close,
stable relationships (e.g., Wheeless, 1976; Wheeless &
Grotz, 1976, 1977). The art of self-disclosure also

improves self knowledge and strengthens one's commitments to her feelings (Archer, 1980). In addition, self-disclosure may encourage a commitment to personal identity, as well as identification with a select community sharing the same private information (Derlega & Chaikin, 1977).

An additional relevant factor in the decision to self-disclose is the salience of particular self-disclosure content for each participant (Cozby, 1973). Jourard (1971a) found that certain categories of personal information were disclosed more often than others. Both the essentialness of the information to one's self concept (Fitzgerald, 1963; Jourard, 1971b) and how private the content is (Archer, 1980; Fitzgerald, 1963; Jourard, 1958b) are related to the degree of self-disclosure and have important implications for further research (Goodstein & Reinecker, 1974).

This discussion of the general self-disclosure literature begins to identify the dilemmas that self-disclosure presents for lesbians. On the one hand, self-disclosure is viewed as critical to mental health and intimate relationships. Society, however, punishes disclosure of self that does not fit social norms (Derlega & Grzelak, 1979), setting up a conflict for lesbians between acceptance by society versus personal authenticity. As a result, the question of how much to self-disclose becomes a recurrent theme for lesbians.

Patterns of self-disclosure. The amount that a person
is willing to self-disclose about herself to another person
is influenced by several factors, including her own
characteristics, attributes of the person to whom she is
disclosing, and the nature of the relationships between the
individuals (Pedersen & Higbee, 1969). Gender in particular
influences the degree of self-disclosure, as females appear
to exchange the most disclosure with other females, such as
mother and girlfriend (Pedersen & Higbee, 1969). In fact,
the progression of self-disclosure for females usually
proceeds from a same-sex friend to mother, to opposite-sex
friend, and then to father (Pedersen & Higbee, 1969).

Demographic variables of disclosers have been regarded
as well. Inverse relationships have been found between age
and self-disclosure, in that older subjects had a tendency
to self-disclose less to parents (Jourard, 1961, 1971a;
Jourard & Lasakow, 1958). Developmental issues also are
relevant. Adolescents progressively reduce the amount that
they confide in their parents and same-sex friends and
increase the extent to which they disclose to the opposite-
sex person who is closest to them (e.g., Jourard & Richman,
1963). Racial dissimilarities in self-disclosure have been
reported (Jourard & Lasakow, 1958; Dimond & Hellkamp, 1969;
Cozby, 1973), and Mayer (1967) found that middle class women
self-disclosed more than working class women. Cozby (1973)
concluded, however, that social class and socioeconomic

status have obscured the findings. For example, no
differences in self-disclosure were established between
lower class blacks and lower class whites (Jaffee &
Polansky, 1962).

The anxiety level generated from past experiences with
significant people is also relevant to disclosure
transference (Jourard, 1971). If one has self-disclosed
information and received a positive response, the self-
discloser will consider disclosing again with less anxiety.
Also, it has been noted that people seem to self disclose to
others in proportion to the amount those others disclose to
them (Chelune, 1979).

These studies have identified several consistent
patterns of self-disclosure. It should be noted, however,
that these studies of self-disclosure which refer to
"opposite sex who is the closest to them" were presumably
done with a heterosexual population and, therefore, may not
generalize to the lesbian population.

Psychological functioning and disclosure. The
relationship between psychological adjustment and self-
disclosure is not necessarily a linear one. It has been
hypothesized that a curvilinear relationship best fits
findings from studies of self-disclosure and maladjustment
(Cozby, 1973; Jourard, 1971a, 1971b). For example,
individuals who are psychologically adjusted can be
characterized as having high self-disclosure to a few

significant others and medium self-disclosure to others in their social environment. Maladjusted individuals demonstrate either high or extremely low self-disclosure to everyone.

Self-disclosure and counseling. Much has been written about self-disclosure within the therapeutic relationship. In fact, self-disclosure is the basis for the therapeutic relationship. If a client does not self-disclose, then what happens during the hour? Jourard (1971) stated that self-disclosure is a way by which one realizes personality health. Theoretically, in the therapeutic relationship self-disclosure is related to the desired outcomes of better relationships, self-concept, identity, and so forth (Doster & Nesbitt, 1979). Self-disclosure also may increase mental health by leading to an increase in self-concept (Brownfain, 1952). Therefore, for counselors, self-disclosure is an important issue.

Summary. The general self-disclosure literature reveals that self-disclosure is a mutual reciprocal process in which individuals have their own styles. A self-disclosure style is a reflection of the characteristics of the discloser and disclosee, the amount to be disclosed, past experiences, family-of-origin role models, age and sex of disclosee and discloser, and racial and socio-economic status. Self-disclosure will occur with a trusted individual when the discloser does not believe any hurt will

ensue and when a further intimacy is desired within the
relationship by the discloser. Self-disclosure also is
related to psychological adjustment. Research suggests that
being aware of a client's self-disclosure style might be an
asset within the therapeutic relationship; such information
might be helpful in better understanding a lesbian's coming-
out and sexual identity process and other clinical issues.

Coming-Out

> Perhaps one of the most difficult decisions we
> lesbians face is to determine in which areas of
> our lives we can be ourselves, and in which areas
> we must wear a mask. If we stay in the closet, we
> risk never being truly known as we truly are,
> never having intimacy with family and friends, and
> losing self-respect and any sense of power and
> control over our lives. On the other hand, if we
> come out, we risk losing the love and support of
> our family and friends, forfeiting our
> jobs...[and] feeling the isolation of stigma....
> Nevertheless, the advantages of coming out are
> great: a wonderful feeling of freedom, an increase
> in self-respect, and...the opportunity to create
> friendships in which we are truly accepted for
> ourselves. (Todar, 1979, pp. 41-42)

Coming-out, verbally revealing one's sexual orientation
and life style, is a type of self-disclosure (Cronin, 1974;
Gagnon & Simon, 1967; Ponse, 1978). In the context of this
study, "coming-out" refers to a discrete event of self-
definition and self-recognition as lesbian which is
communicated to others. At the time of coming-out, all
lesbians already are enmeshed in a network of social
relationships with heterosexuals (Ponse, 1978). Over a

lifetime lesbians will self-disclose to these heterosexuals as well as other lesbian and gay men in countless ways. These self-disclosure behaviors will reflect the particular phase of her life and to whom she is self disclosing.

Coming-out has been stated to occur within a complicated, multi-stepped, developmental process, usually beginning with self-awareness, proceeding to indirect and direct disclosure within the lesbian community, and coming-out directly to the family of origin, heterosexual friends, and co-workers (Berzon, 1979; Brown, 1988; de Monteflores & Schultz, 1978; Hanley-Hackenbruck, 1989). The coming-out feat denotes an external manifestation of an internal process (Hanley-Hackenbruck, 1989).

Ponse (1978) indicated that lesbians self-disclose through direct and indirect methods. Direct disclosure is verbal communication of information about one's sexual orientation, such as "Mother or Father, I want you to know that I am lesbian." Indirect disclosure can vary from wearing particular clothing, having a distinctive haircut, or attending a social event and bringing a life-partner as a date without acknowledging her as such. To find a manageable scope for this study, only direct, verbal disclosure will be investigated.

Another important issue when discussing coming-out for lesbians is age. It is important to keep in mind that the woman's age when she first verbally self-discloses her

lesbian identity to herself or others varies and is not restricted to earlier developmental stages (Charbonneau & Lander, 1991). Thus, although some women identify themselves as lesbian in early adolescence, other women can have had same-sex attraction or sexual encounters in childhood, adolescence, or their 20s and 30s, but still not identify themselves as lesbian until they are at mid-life or older (Sang, 1992).

<u>Why come-out?</u>

Various aspects of the internal and external process of coming-out have been written about extensively. Coming-out is thought to evoke mixed emotions and interpersonal stress related to continual choices of self-disclosing a negatively stereotyped identity (de Monteflores & Schultz, 1978; O'Carolan, 1982; Riddle & Sang, 1978). In relation to a lesbian's self-disclosure to non-gay individuals, Ponse (1976) stated that keeping one's lesbian identity concealed is like a double-edged sword.

> While secrecy maintenance avoids the problem of
> stigma and discredibility, it simultaneously,
> however, prevents truly intimate interactions with
> those unaware of the passer's secret. (Ponse,
> 1978, pp. 313-318)

Heyward (1989) reinforced this dilemma by commenting that though lesbians cannot ascertain by themselves the effects of their self-disclosure on others, their desire to come-out is, at root, a desire to "connect authentically"

with others (p. 6). In accord with these authors, Gartrell (1981) defended coming-out for lesbians as an opportunity to enhance and develop more honest personal relationships. With coming-out, the lesbian has more people to turn to in times of stress as well as in celebratory times. When supportive friends, family members, ministers, teachers, and counselors know about a lesbian's sexual orientation, these persons can be valuable in encouraging the growth of the individual beyond negative concepts of self (Coleman, 1982).

There is some research support for these suppositions about coming-out. Wells and Kline (1987) discovered that their respondents "came-out" as a means of self-affirmation (internal) and in order to develop relationships (external). Lesbians in this study also indicated a conflict existed between being themselves and hiding themselves, which potentially weakened intimacy and placed a barrier between them and the ones to whom they wished to be closer. This information supports the general self-disclosure literature that one self-discloses with an expectation of intimacy.

Ort's (1987) study of 72 lesbians indicated that self-disclosure of sexual orientation was significantly related to the need for authenticity, attempts to cast off burdens associated with hiding, expectations of acceptance, feelings of strength, and confidence in identity. Inhibitors of self-disclosure were most frequently related to fears of rejection or judgment. Fisher (1983) also found that the

leading factors associated with self-disclosure were a desire for support, need to be honest, and need to have positive feelings about oneself, whereas fear of rejection, societal prejudice, and vocational safety were the factors frequently identified as prohibiting disclosure. Finally, Elliot (1981) showed that while fear of negative outcome might hamper self-disclosure, negative experiences with self-disclosure do not prevent future coming-out. It appears that expectancy, or hopefulness of non-rejection, is more important in self-disclosure decisions than actual repercussions (Elliot, 1981). Once coming-out has been decided upon, positive reactions are used as support and to bolster relationships; negative reactions, however may chill relationships, be attended to selectively, or be dismissed (Kahn, 1989).

Diversity in Coming-out Behavior and Possible Causes

There is some diversity among the lesbian population in relation to their self-disclosure behavior. The amount that a lesbian self-discloses about her self in relation to her sexual orientation varies in amount (how much she tells) and to whom she discloses (friends, family, co-workers, casual friends) (Sophie, 1985/86). Albro and Tully (1979) asked a sample of 91 lesbians to identify the degree to which they had come-out on a continuum from hidden to complete openness. Their results indicated that the lesbians were normally distributed along the continuum. A lesbian is

"hidden" when she only has come-out to herself or when only she and the woman with whom she is in a relationship are aware of the existence of the lesbian self. The lesbian is "open" when most significant others know of her gay self (Ponse, 1976). The causes for the variation in amount of self-disclosure were not addressed in this study.

One possible cause of this diversity is the environment in which the woman becomes aware of her differentness. Sophie (1984/85), for example, indicated that coming-out behavior can be related to the socio-political environment in which one matured. She pointed to the early 1960's, indicating that the women's movement and gay civil rights movement provided an environment more supportive of coming-out (Sophie, 1985/86). In a major research study which looked at the older lesbian, Kehoe (1988) found that the social climate (e.g., suppression of gay rights) during which the older lesbian came-out influenced her behavior. The older lesbian tends to be more closed, to come-out later, and to tell fewer people about her sexual orientation than does her younger counterpart (Kehoe, 1988). Faderman (1984) wrote of "newgay" lesbians who come-out to themselves at an earlier age and self-disclose to others within a shorter period of time than do lesbian women of earlier times. Albro and Tully (1979), in a study of 91 lesbians, substantiated this age-cohort difference. They found a negative correlation between age and openness; the older

lesbians (over 50) had self-disclosed less than the younger women (under 30).

Coping Behaviors Related to Coming-out

Despite a relatively more supportive social environment, how much to come-out (e.g., telling your mother you are lesbian or bringing the woman with whom you are in a primary relationship to a work related function) is a constant underlying source of tension and pressure (Berg-Cross, 1988). Most lesbians tend to self-disclose their sexual orientation only to certain persons they believe are reliable or with whom they feel very close (Schafer, 1976). Even so, lesbians must decide how to deal with stress that results from making decisions about their coming-out behavior.

One way of dealing with the stress is to choose not to come-out. Ponse (1976) observed a pattern of behaviors used to cope when the lesbian does not want her sexual orientation to be known. One pattern, "passing," attempting to appear heterosexual, is an example of a survival mechanism lesbians use in order to remain invisible and to avoid disclosing (Ponse, 1976). Other strategies of passing involve "impression management, the camouflaging use of dress and demeanor, and sometimes, the conspiracy of others" (Ponse, 1976, p. 317). Non-disclosing lesbians believe this cloak will provide job security, civil rights, fair housing, positive family relations, and the ability to be able to

keep their children (Potter & Darty, 1981). The non-disclosing lesbian is frequently mistaken for a "single heterosexual woman" (Gartrell, 1981, p. 506). Being mislabeled works as a useful cover but denies the lesbian a part of herself (Brooks, 1981; Jourard, 1971; O'Carolan, 1982).

The act of coming-out, however, does not necessarily lead to increased stress. Brooks (1981) found that levels of stress decreased with disclosure in her study of 675 lesbians. She also reported that the best estimation of effectively coping with disclosure consequences is level of self-esteem. Garrison (1988), in a study of 105 lesbians, found that disclosure and sensed acceptance were related to general levels of well being, perceived availability of support, and satisfaction with the support network. Adequate support systems buffeted the negative effects of rejection.

Disclosing to Family

The decision to come-out challenges the lesbian and is most stressful with the intimate relationships of her family (Berzon, 1979; Brown, 1988; Kleinberg, 1986; Lewis, 1984). Clinicians have noted that although coming-out to parents can facilitate the individuation process (Berg-Cross, 1988), the family-of-origin is one of the last groups to which lesbians and gay males typically come-out because of fear of rejection (Lewis, 1984). The lesbian typically (and often

correctly) has an image of her family as disapproving
heterosexuals (Nemeyer, 1980). A negative reaction from the
family risks the breaking of family ties. To avoid the
consequences, most lesbians and gay males choose a stilted
and distant relationship versus no relationship at all with
their families (Brown, 1988).

Wirth (1978) stated that nearly every gay person
believes that disclosing her or his sexual orientation would
lead to family crisis. Wirth asserted, however, that most
gays anticipate more serious trauma than what actually
occurs. Nevertheless, whether real or not, the threat of a
negative response often leads the lesbian to postpone self-
disclosure to family members.

In a study of 51 lesbians, Chafetz, Sampson, Beck,
and West (1974) found that more than half of their lesbian
sample thought their mothers would react with varying
degrees of disapproval. Hatfield (1989), however, reported
that seven of ten gays had told their families; 80 percent
of the families had been supportive (more so for men than
for women).

Fear of rejection often clouds the lesbian's ability to
judge her parents' response to her sexual orientation. Even
though this fear is not always reality-based, it often
drives her toward non-disclosure. Chapman and Brannock
(1987) tested the fears versus the reality in a study of 197
lesbians. They found that when a lesbian came-out to her

family, 67% of the families already knew they were lesbian, while 17% did not know; in 15% some family members knew while others did not. Of those who self-disclosed to their family, 29.4% reported being accepted, 28% said they were rejected, and 28% had mixed responses from family members. Brannock and Chapman (1987) also found that 44.7% had not discussed their sexual orientation with their families. Of those who had self-disclosed, 67% of the family already knew.

There are conflicting contentions in the literature as to whether or not it is "necessary" to come out to one's family-of-origin. Krestan (1988), a Bowenian systems therapist, viewed self-disclosure as an internal and interactional process and stated the importance of helping the client disclose to the family-of-origin. She believes the positive aspects of self-disclosure includes a) counteracting the homophobic messages of society, b) building authentic relationships with family members, and c) avoiding the pressure to build a closed system made up of herself, her lover, and other gays, which would intensify the secrecy. In contrast, Kleinberg (1986) believed that a lesbian who chooses to keep her identity secret from her parents may not necessarily be impeded in solidifying her identity. To develop a sense of self, Kleinberg added, it would be important for the lesbian come-out to non-family persons who are important to her.

Summary

Coming-out for lesbians is a frequently written about topic. While the social stigma is a deterrent to coming-out, many lesbians do make the step and come-out, seemingly because they want more intimate relationships and want to be able to be themselves in the environments in which they live.

There is considerable support in the clinical literature and limited support in the empirical literature for a positive relationship between self-disclosure of lesbian identity and positive psychological functioning. The symbolic barriers to coming-out are tested frequently because many family and friends already know and still accept the lesbian. However, some lesbians are met with rejection. In relation to whom the lesbian self-discloses and when she does come-out, there is no empirical literature to document the order of the audience to whom the lesbian comes-out.

Writings concerning coming-out for a lesbian, the direct self-disclosure of her sexual orientation, aligns with the general self-disclosure literature. Both indicate that the self-disclosure experience enhances the ability of the discloser to be more of her self, leading to a congruency between the private and public self.

Sexual Identity Development: The Coming-Out Process

Being gay is always a matter of self-definition.
No matter what your sexual proclivities or
experience, you are not gay until you decide you
are. (DuBay, 1987, p. 2)

This section will present a discussion of lesbian

identity development. A more colloquial term for this

developmental progression is the "coming-out" process, a

series of events which lead to defining a part of oneself

and not to be confused with the singular act of coming-out

discussed in the previous section. This section includes a

look at lesbian identity development and what influences it.

Sexual identity development, or the coming-out process,

can be interpreted in various ways. In the general

literature on sexual development, sexual identity generally

refers to sexual behavior (Cass, 1984; Ettore, 1986).

Lesbian identity, however, includes affiliation with the gay

community, pride in identification of sexual identity, and

rejection of negative stereotypes; it also often has a

political connotation (Cass, 1984; Chapman & Brannock, 1987;

de Monteflores & Schultz, 1978; Faderman, 1984; Ponse, 1978,

Raphael, 1974; Troiden, 1989; Weinberg, 1972).

Being a lesbian is more than having a same-sex

relationship; therefore, the term "sexual orientation"

(Shively & De Cecco, 1977) is being used in this study

interchangeably with sexual identity. Shively and De Cecco

(1977) developed a practical discrimination by dividing
sexual identity into four parts: (a) **biological sex**, the
genetic elements encoded in chromosomes; (b) **gender
identity**, the psychological perception of being female or
male; (c) **social sex role**, obedience to the culturally
developed behaviors and attitudes considered appropriate for
females and males; and (d) **sexual orientation**, erotic and/or
affectional disposition to the same and/or opposite sex. In
further support, Gonsiorek and Weinrich (1991) recommended
the term sexual orientation because most research findings
(Bell, Weinberg, & Hammersmith, 1981) indicate that
homosexual feelings are a basic part of an individual's
psyche and are established much earlier than conscious
choice would indicate. In this study, sexual identity
refers to sexual orientation (Klein, Sepekoff, & Wolf,
1985), a complexity of sexual and non-sexual behavior, and
includes disclosure to the self and others while coping with
internalized societal norms. Sexual attraction is only one
aspect of sexual orientation, with affectional, emotional,
and even political factors (Faderman, 1984) being more
important for many people than erotic attraction to a
partner (Clark, 1987; Coleman, 1988).

Models of Sexual Orientation

Several writers have proposed models of sexual identity
development for lesbians and gay men, including Cass (1979,
1983/84, 1984), Chapman and Brannock (1987), Coleman (1982),

Lewis (1984), McDonald (1982), Plummer (1975), Raphael
(1974), Spaulding (1982), Sophie (1985/86), and Troiden
(1989). Three of these theorists focused exclusively on the
lesbian's process: Chapman and Brannock (1987), Lewis
(1984), and Sophie (1985/86). Although the distinct models
propose various number of stages to explain homosexual
identity formation, they characterize similar configurations
of growth and change as major rites of passage toward
lesbian or gay sexual orientation (Troiden, 1989). Only one
of these writers, Cass (1984), has developed a formalized
instrument to assess proposed stages of sexual identity in
the model.

Similarities among models. The sexual identity
formation models have several similar points. First, all
models view the process of sexual identity development as
occurring against a backdrop of **stigma** (Troiden, 1989).
This stigma affects both the development and expression of
the lesbian or gay sexual orientation. Gay affirmative
writers have emphasized that many lesbians and gay men
demonstrate discomfort about their sexual orientation
because of societal oppression, but that they can develop a
positive gay identity given appropriate support and
affirmation (Clark, 1987; Fassinger, 1991). Fadderman
(1984) stated that lesbian identity includes a woman's
careful observation of societal norms and expectations,
confrontation with stigma and internalized homophobia, and

sexual experiences. For women-of-color (e.g., Asian,
Latina, Native American, or African-American women), stigma
is endemic within their diverse cultures; acknowledgment of
a lesbian identity means disobeying the role expectations of
their cultures (Chan, 1989; Espin, 1987; Loicana, 1989).
Women of such groups are polycultural and multiply oppressed
(Espin, 1987); they are identified as a woman in a
patriarchal culture, as a minority in a culture that is
racist and anti-Semitic, and as a lesbian in a homophobic
culture (Fassinger, 1991).

Second, the identity theorists address the extended
period of the developmental process and the various stepping
stones, or **stages**, toward developing a sexual orientation
(Cass, 1984). Most theorists acknowledge that this coming-
out process first begins with the awareness of being
"different," which can occur as early as four years (Lewis,
1984), then progresses sometimes to same-sex
experimentation, then self-labeling, and then letting others
know of one's sexual orientation (i.e., coming-out or self-
disclosing) (Moses & Hawkins, 1978). Sophie's research
(1985/86) indicated that the developmental process is not
linear. She found that women often go through the process
more than once and in various orders. These findings were
substantiated by Lewis (1984) in her clinical practice.
This non-linear approach is counter to the belief in a uni-
directional development toward adult heterosexuality. Green

and Clunis (1989) supported the idea that there exists a developmental progression of one's sexual orientation when they discussed married lesbians; "A person's sexual orientation may not be easily captured in a single word, and that word or words may change over time" (p. 43).

The third commonality among identity models is **self-labeling**. According to the models, identifying oneself as lesbian or gay, self-labeling to self and others, has a direct connection with the development of self-acceptance. Cass (1984) stated there are two major reasons to self-disclose or self-label as lesbian: 1) broadening of areas where the woman is known, lending support to viewing herself as homosexual; and 2) aligning a public and private identity. Also, self-labeling and self-disclosure have been related to the development of a positive lesbian or gay identity (Miranda & Storms, 1989).

Self-labeling has been a popular topic in the lesbian literature for some time. Data on the age at which a lesbian self-labels herself is varied. Cronin (1974) reported that, on average, the women in her study became aware of their sexual feelings toward other women between the ages of 15 and 19. Lewis (1984), basing her work on anecdotal data, stated that a lesbian's sexual identity development progresses from thinking of oneself as "different" from as early as four or five years old.

There is also a time differential between first awareness and self-labeling or telling of others. Cronin (1974) found that the average time interval between first sexual desire for a member of the same-sex and the decision that one is homosexual averaged about eight years. More recently, O'Bear and Reynolds (1985) found the time from first awareness of a "differentness" to a point of being able to say "I am lesbian" to be about ten years. They also pointed out that there seems to be a 16-year gap between awareness of homosexual feelings and the development of a positive gay or lesbian identity, which generally comes after self-labeling.

Self-labeling may come about in several ways. In an early study, Cronin (1974) found that 76% of her sample labeled themselves lesbian only after an intense affectionate relationship with another woman; 11% came to define themselves as lesbian independently of any relationship; and 7% came to see themselves as lesbian through discussion with their peers. Cronin also asked participants about their coming-out behavior after self-labeling: coming-out professionally seemed to be the most difficult process, occurring almost 18 years after first awareness of orientation. Disclosing to parents was the next longest period, at 16 years.

Sophie (1986) affirmed that self-labeling and self-disclosure is a critical step to self acceptance as a

lesbian. Although self-disclosure usually occurs during later stages of identity integration, she found that the women disclosed much earlier than men. She stated, "Disclosure to others, homosexual or heterosexual, may occur at any time, and probably occurs throughout the process" (p. 50) of sexual identity formation. Warshow (1991), in looking at middle aged lesbian women, stated that after developing a strong lesbian identity through a process of separatism and then integrating her lesbian identity into her life, the lesbian is better able to re-evaluate her relationship with her mother. Part of taking charge in her life means a re-evaluation of the relationship with her mother.

The fourth commonality among lesbian identity models is the importance of lesbians and gay men **cultivating increasingly intimate and regular social connections with other lesbians and gays** over time (Cass, 1984). Being among more lesbians, one has the opportunity to expand to develop various types of relationships and possible experiences (Cohen & Stein, 1986). The theorists see the experience of building community as essential to the identity development process and see it as progressing over time.

Cass's Model of Sexual Identity Formation

Cass's model (1979) of sexual identity formation is the one most often cited in the literature and the only theory upon which an instrument has been based, the Stage

Allocation Measure (SAM; Cass, 1984). Cass was the first to publish a model of sexual identity formation which looked at both females and males. She proposed a six stage developmental process with affective, cognitive, and behavioral dimensions. In her model, the individual's self-perceptions and behaviors evolve from non-homosexual to a definition as homosexual where incongruence of affect (I feel I am lesbian), cognition (I like being lesbian and want to act on my feelings), and behavior (I like being with women) is minimized. Total congruence between the various parts is seen as impossible, given Western attitudes toward homosexuality (Cass, 1979). Cass perceived the identity process as moving from a negative stigmatized conception of homosexuality toward acknowledging one's sexual orientation in a positive light (Cass, 1984). However, at any point in the developmental process, "foreclosure may result in a cessation of continued homosexual identity" (Cass, 1984).

Cass's six stages of sexual identity formation or coming-out are described below accompanied by a comment by Anthony (1982) which summarizes the phases.

I. Identity Confusion: "Maybe this information I'm hearing about homosexuality pertains to me" (Anthony, 1982, p. 46). In this first stage a woman may be experiencing internal confusion about her sexuality. It is "rare" for a person to disclose inner turmoil to others; instead, inner work must be done alone to resolve confusion. She questions

who she is and perceives the potentiality of homosexuality
but has feelings of incongruence. Self-disclosure of
lesbianism typically does not occur at this stage.

II. Identity Comparison: "My feelings of sexual
attraction and affection for my own gender are different
from my peers, family, and society at large" (Anthony, 1982,
p. 46). In this stage a woman is aware of the negative
messages toward homosexuality put forth by her family. She
is aware of the social alienation that might arise and the
consequences that must be examined. A public image of
heterosexuality (passing) is maintained which prevents
personal confrontation with negative evaluations of others.
Self-disclosure is unlikely as the woman is still processing
information; she is likely to feel isolated from non-gay
individuals (Cass, 1979).

III. Identity Tolerance: "I probably am a homosexual,
and I'm not sure I like being one" (Anthony, 1982, p. 47).
In this stage a woman may be working at ways of reducing
tension about her sexual identity such as passing, limited
contact, and selective disclosure. She may seek out the
company of homosexuals in order to fulfill social, sexual,
and emotional needs. She may choose to call herself
lesbian. Her self-disclosure to heterosexuals is limited as
she maintains separate public and private images (Cass,
1979).

IV. Identity Acceptance: "In relating to other lesbians and gays and learning more about the gay subculture, I feel validated in my sexual orientation. I try to fit into the main culture by trying to pass, to limit contacts with heterosexuals, and to keep my personal life to myself" (Anthony, 1982, p. 47). This stage marks the beginning of legitimization (publicly and privately) of her sexual orientation (Cass, 1979). A woman may disclose to more homosexuals with selective disclosure to non-gays, such as friends and relatives, but she maintains her passing behavior.

V. Identity Pride: "I feel a strong sense of belonging to the lesbian and gay community: I want to work toward its more equal treatment" (Anthony, 1982, p. 47). In this stage a woman may display anger, pride, and activism, and may become immersed within the lesbian culture (Cass, 1979). She may use self-disclosure as a strategy for coping with the non-supportive heterosexual culture by a) adapting her future self-disclosure dependent on previous responses (for example, deciding not to tell any one because of negative responses), b) choosing non-concealment of her sexual orientation, or c) choosing indirect disclosure over direct self-disclosure.

VI. Identity Synthesis: "My homosexual identity is one very important aspect of myself, but not my total identity. I feel comfortable in both homosexual and heterosexual

worlds" (Anthony, 1982, p. 47). The lesbian has clarity and acceptance of her sexual orientation and has moved beyond a dichotomized world view (Cass, 1979). In this stage a woman may seek and get heterosexual acceptance, with disclosing becoming a relative non-issue.

Cass (1984, 1991) continues to research the validity of her model; she developed the SAM to assess the validity of the descriptors and proposed ordering of the stages. Using 178 subjects (69 females and 109 males), she found support for the descriptors and ordering of stages. In an educational and clinical environment, Anthony (1982) found Cass's stages to provide helpful information when working with her clients. Kahn (1989) utilized the SAM in her dissertation research which looked at the notion that coming-out is a complex process determined by an interaction of internal and external factors. Her respondents were asked to account for their stages of sexual identity development. Kahn (1989) found that although Cass' model was used as a framework for conceptualization, her findings suggested that, in actuality, lesbian identity development follows various patterns rather than a sequential course. The women who fit Cass' model have "lived within society's expectations for some time before questioning internalized attitudes" (p. 186).

<u>Summary</u>

Sexual identity development for a lesbian is a non-linear process which can start at any age. It can take up to ten years from the initial stage of acknowledging a difference from heterosexuals around her to self-labeling. Self-labeling and self-disclosure are important parts of the sexual orientation process and contribute to a positive sexual identity. The theories of identity development are many. However, certain common themes can be identified: sexual identity takes place within cultural stigma, there are milestone events which occur during the process, these milestones do not always occur in a linear manner, acceptance of lesbian labeling is coupled with comfort and importance of self-disclosure, and increased contact with other lesbians is related to a stronger sexual identity. Cass' (1984) model is representative of the theories and the only one with a defined measure. Her model has intuitive appeal even though the empirical support for the stages is limited. Further exploration of her theory is needed because it would be useful to have a framework from which to observe lesbian identity development.

Internalized Homophobia

> Homophobia: The fear of feelings of love for
> members of one's own sex and therefore the hatred
> of those feelings in others.... The belief in the
> inherent superiority of one pattern of loving and
> thereby its right to dominance. (Lorde, 1984, p.
> 6)

This section begins with a look at the various ways homophobia has been defined. This will include the explanation and evolution of attitudes, behaviors, and beliefs reflected in the literature related to homophobia. The focus will then shift to the residual effects of homophobia within the lesbian community, known as internalized homophobia.

<u>Homophobia</u>

Homophobia is a multi-dimensional term which reflects societal and institutional attitudes toward lesbians, gays, and bisexuals, and which is seen in behaviors of both gay and non-gay peoples (Thompson & Zoloth, 1990). Homophobia depicts the negative response and institutionalized prejudice aimed toward same-sex attraction, sexuality, and bonding; fear of individuals who engage in such behaviors; and hatred of institutions which support such activities (Brown, 1988; Hanley-Hackenbruck, 1989; McDonald, 1976; Weinberg, 1972). Homophobia also is an internalized body of moral beliefs negatively inclined toward homosexuals and homosexuality (Slater, 1989), such as homosexuals are in general less happy, less responsible, and less capable of mature loving relationships than heterosexuals (Fisher, 1983).

Although homophobic beliefs, attitudes, and behaviors have been around for centuries (Crompton, 1981; Eriksson, 1981; Katz, 1976), it was not until 1973 that Weinberg coined the word homophobia. He defined the term as "fear felt by heterosexuals when in proximity to homosexuals and the self-hatred by gays because of their homosexuality" (Weinberg, 1972, p. 38). Since that time, other terms have been used to describe homophobia and to help look at its socio-political implications (Brown, 1986).

Thompson and Zoloth (1990) divided homophobia into several different interrelated types: personal, interpersonal, institutional, cultural, and internalized. **Personal homophobia** refers to prejudice based on the personal belief that lesbians, gays, and bisexual people are immoral, unhealthy, inferior, or incomplete women and men (Thompson & Zoloth, 1990). Historically, these personal beliefs are based on the societal attitudes of deviance and mental illness as defined and determined by society's power structure. One such power structure, the Judeo-Christian doctrine, gave our present culture a belief system which stigmatized the earlier, time-honored individual who was "different" in their sexual orientation (Ritter & O'Neill, 1989). From prejudicial religious tenets came years of discrimination and harassment for the homosexual. Then, in 1969, the American Sociological Association passed a resolution preventing discrimination based on sexual

preference: a similar resolution was adopted by the National
Association for Mental Health in 1970 (Adam, 1987). In
1972, the National Association of Social Workers rejected
homosexuality as a mental illness (Adam, 1987). One year
later the American Psychiatric Association removed
homosexuality as a mental disorder; homosexuality remained a
problem, however, if an individual was distressed by same
sex-arousal and wished to become heterosexual (Krajeski,
1984). It was not until 1987 that the American Psychiatric
Association removed homosexuality altogether as a diagnostic
category (American Psychiatric Association, 1986). Despite
this progress in official views of homosexuality, personal
attitudes have not necessarily kept pace.

Interpersonal homophobia has been described as
individual behavior based on personal homophobia that may be
expressed as name-calling, verbal or physical harassment,
and other acts of discrimination (Thompson & Zoloth, 1990).
Anti-homosexual prejudice and discrimination can be found in
all arenas of the lesbian's or gay man's life (Brown, 1988;
Gantrell, 1984; McDonald, 1982; Sophie, 1984). One example
is the documented anti-gay violence, including particularly
ferocious and serious attacks (Herek, 1989). In fact, 92%
of gays and lesbians report being targets of verbal abuse or
threats, and well over one-third are survivors of violence
related to their gayness (Herek, 1989).

Homophobia is parallel to other forms of prejudice such as sexism, racism, and anti-Semitism (Romano, 1990) and, therefore, cannot be understood without an analysis of societal reactions toward it (homophobia) (Plummer, 1975). **Institutional homophobia** (Fassinger, 1991; Thompson & Zoloth, 1990) or **societal homophobia** (Sophie, 1987) refers to the ways society reflects homophobia within government, businesses, churches, and other institutions and organizations. **Institutional homophobia** (Thompson & Zoloth, 1990) is reflected in religious statements, public and government policies, and employment and child custody laws (Boswell, 1980; Rivera, 1992). Institutional homophobia influences whether a lesbian or gay man will continue her/his religious affiliation after coming-out or contributes to the reason behind her or him not coming-out at work for fear of being fired.

Cultural homophobia (Thompson & Zoloth, 1990), also called **heterosexism** (Iasenza, 1989), **homonegativism** (Hudson & Ricketts, 1980), and **heterosexual bias** (Morin, 1977), refers to social standards and norms which dictate that being heterosexual is better or more moral than being lesbian, gay, or bisexual. In an attempt to research cultural homophobia, Morin (1991) defined heterosexual bias as a "belief system which values heterosexuality as superior to and/or more 'natural' than homosexuality" (p. 629). In his review of the literature he found there to be an

assumption of pathology in much of research on
homosexuality. In her classic article, "Compulsory
heterosexuality and lesbian existence," Rich (1979) stated
that "compulsory heterosexuality" is the presumption of the
dominant culture and "one of many means of enforcement
...rendering invisible the lesbian possibility" (p. 634).
She added that such thinking belies a lesbian existence.
Rich (1979) also stated that thinking there is only one way
to develop is a "compulsory heterosexuality" bias which
leads to stigmatization and discrimination against
alternative identity formation models. She implied that
lesbians go against societal norms by preferring women in
meeting their emotional and sexual needs, therefore
stimulating homophobia beliefs within themselves.

> To live fully as a lesbian is a challenge to be
> both sexual and different. The weight of these
> two forces exists within each individual, side by
> side, playing against each other. (Margolies,
> Becker, & Jackson-Brewer, 1987, p. 23)

Internalized Homophobia

Anyone can experience homophobic feelings. When a
lesbian, gay, or bisexual person experiences these feelings,
it is called **internalized homophobia** (Fassinger, 1991;
Halpern, 1974; Mack, 1986; Sophie, 1987; Thompson & Zoloth,
1990). Internalized homophobia symbolizes an assimilation
of negative attitudes and assumptions concerning lesbians,
gay men, and bisexuals which is absorbed from the social

environment (Hanley-Hackenbruck, 1989; Sophie, 1984, 1987).
There is substantial documentation that psychological
difficulties experienced by lesbians and gay men are
significantly influenced by the internalization of hostile
and derogatory societal attitudes toward homosexuals
(Alexander, 1986; Beane, 1981; Cabaj, 1988).

Hostile and derogatory attitudes toward homosexuals are
learned early. Given the current heterosexual bias of
society, it is fairly certain that most parents do not
deliberately raise their children to be homosexual
(Fairchild, 1979; Gagnon & Simon, 1967; Kiefer Hammersmith,
1987; Weinberg, 1972). As a result, lesbians and gay men
are the only minority who are not raised within an
environment where they can learn positive information about
their own culture (Zitter, 1987). Instead, the lesbian
usually grows up learning, either by negative injunction,
ambiguous information, or absence of information, the
negative stereotypes of homosexuality from her family, her
peers, and her religion (Carl, 1988; Groves, 1985; Hanley-
Hackenbruck, 1989; Plummer, 1975). Her family is not a
harbor in which she can be nurtured from the stings of
verbal abuse, nor is it a place were she can learn the pride
of being different (Berzon, 1979). The implied devaluation
of homosexuality in childrearing, as well as social messages
received later in life, reinforce internalized homophobia
and shame (Kahn, 1989).

Internalized homophobia is a major issue faced by lesbian and gay youths in fairly large numbers (Slater, 1988). When professionals fear to address homosexuality with youths under the age of consenting adults, they display a form of homophobia and encourage internalized homophobia as a basis for self loathing or self-hatred. Also, many children are told by parents that their homosexuality is just a stage, which can confuse adolescents. In a recent study of adolescent suicides (Feinleib, 1989), the author postulated that up to 30 percent of teenage suicides may be comprised of gay youth. These deaths have been attributed to internalized homophobia and low self-disclosure (Feinleib, 1989).

Internalized homophobia has been defined in various ways. Margolies, Becker, and Jackson-Brewer (1987) separated out two distinct parts of internalized homophobia: a) xenophobia, referring to the fear of parental and social rejection because the lesbian or gay man is not living the expected heterosexual life style, and b) erotophobia, denoting discomfort with sexuality in general. In viewing sexual dysfunction in lesbian clients, Brown (1986) identified homophobia and misogyny as roots of the issue. She stated that internalized oppression due to being female in this society has adverse affects on a woman's sexual activity. Thus, a woman may feel muddled when trying to harmonize her positive feelings for women with negative

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reactions from others and her own negative stereotypes of what it means to be lesbian (Padesky, 1989).

Internalized homophobia, which is not always an overt behavior, can influence the coming-out process by lowering self-acceptance; it also negatively influences the lesbian's ability to self-disclose to both heterosexuals and other lesbians and gay men (Hall, 1978; Mack, 1986). Margolies, Becker, and Jackson-Brewer (1987) stated, "In our work we have been confronted regularly with the insidious and limiting effects internalized homophobia has on their (clients') lives" (p. 229). Some less obvious expressions of homophobia and their underlying defenses are: (a) dread of discovery; (b) discomfort with some conspicuous "fags" or "dykes"; (c) rejection or denigration of all heterosexuals (heterophobia); (d) feeling superior to heterosexuals; (e) believing that lesbians are not different from heterosexual women; (f) an uneasiness with the concept of children being raised in a lesbian home; (g) confining attraction to unavailable women, heterosexuals, or those already partnered; and (h) short-term relationships (Margolies, Becker, & Jackson-Brewer, 1987; Padesky, 1989).

A lesbian's struggle to define herself takes place within a context which defines her as an invisible woman (Krestan, 1988) and assigns her a sexual and gender-minority status as well (Nemeyer, 1980). Gartrell (1984) stated that self-disclosure is a means of combating internalized

homophobia and improving self-image. When a lesbian self-
discloses she is no longer invisible to others nor herself.
Warshow (1991) believed that lesbians must first deal with
their internalized homophobia before they can develop
satisfactory relationships, feel in control, and participate
more fully in the world. Therefore, because of the
reciprocal relationship between the concepts of homophobia
and self-disclosure, as a woman progresses through the
various stages of lesbian identity she will be confronting
her internalized homophobia through self-disclosure.

<u>Summary</u>

Homophobia is a set of anti-gay, pro-heterosexual
beliefs that exists in heterosexist society's policies.
Homophobia can be seen in heterosexuals' behavior and within
a lesbian or gay individual's behavior (internal
homophobia). Since the eradicating of homosexuality as a
formal "illness," there is less of a formalized stigma
toward being lesbian or gay. Discrimination still exists,
however. Homophobic beliefs have been the focus of many
authors who have discussed how to identify, measure, and
counteract homophobia (e.g., Brown, 1988; Lumby, 1976;
MacDonald, Huggins, Young, & Swanson, 1972; Millham, San
Miguel, & Kellogg, 1980; Smith, 1971; Weinberger & Millham,
1979). Little empirical data, however, are available
regarding internalized homophobia within the lesbian
population (Kahn, 1989; Sablosky, 1987).

Lesbian women have internalized society's homophobic beliefs to different degrees, and they express these beliefs through various behaviors and thoughts. A lesbian's degree of internalized homophobia, learned within her social environment, displays its residual effects overtly and insidiously. Her attitude toward herself, her family, coming-out, and interpersonal relationships are a reflection of how she views herself and her sexual orientation. When a lesbian decreases her internalized homophobia, it is proposed that the results include an increase in self-disclosure and an enhanced sense of self.

Counseling Issues Related to Lesbians' Coming-Out

Gonsiorek and Weinrich (1991) commented that between 4% and 17% of the general United States population are homosexuals. These statistics suggest counselors will almost inevitably come in contact with a lesbian or gay man, and that they will need to understand this minority and their sexual orientation. This section will discuss the variables of interest within this study, self-disclosure, sexual identity, and internalized homophobia, and how the counselor may deal with them in a therapeutic setting. The last part of this section will discuss how the literature has indicated counselors can be better prepared to work with lesbians and gay men.

The Lesbian as Client

Lesbians who come to counseling bring with them many issues. In the introduction to a ground-breaking collection of essays on counseling lesbian and gay men, Brown (1992) addressed the unique needs of the lesbian and gay culture "as well as its banal humanness" (p. xi). As Brown suggested, it is important to remember that the clinical lesbian population presents the fundamental issues faced by everyone, such as existential guilt, anxiety, depression, anger, suicide, alcoholism, sexual abuse, physical abuse, relationship issues, career planning, and individuation. Superimposed upon these other issues are unique issues of being lesbian. These unique issues include (a) dealing with the process of coming-out to oneself and others, (b) gathering information about being lesbian, and, once "out," (c) facing internal and external homophobia, (d) searching for healthful role models, and (e) learning how to integrate into the lesbian community (Berg-Cross, 1983; Rothblum, 1989; Slater, 1988; Sophie, 1987).

Coming-out to One's Self and Others

One of the most important functions of a counselor in working with a lesbian client is to assist the client in deciding whom, if anyone, to tell about her lesbianism and how to do it (Sophie, 1982). If she should choose not to come-out to her parents, Kleinberg (1986) cautioned that the lesbian needs to be aware of the impact of this choice on

her relationships with her parents and to work with the barriers created by non-disclosure.

The woman who comes to the therapist for help with sexuality issues will probably be experiencing internal conflict (Cass, 1984). Offering her a safe environment to explore relationship issues is a frequent occurrence. Through working with relationship issues, such as individuation from parents and primary love relationships and building friendships, the lesbian can be helped to develop a clearer picture of herself (Berg-Cross, 1988). Also, the counselor can assist the lesbian in being able to develop a social network within the lesbian and non-gay community. In coming-out to herself and others within and outside her community, she is enhancing her growth (Anthony, 1982).

Sexual Identity Development

Counselors need to be aware of the sexual identity development process in order to understand their clients' process. The counselor's role then is to educate the lesbian client in understanding where she is in the process (Lewis, 1984). This information provides the woman client with a different perspective from her being within the process itself.

Internalized Homophobia--The Client

Many of the conflicts that lesbians bring to therapy are insidious and generated by social pressures (Groves &

Venture, 1983). There is a contradiction between societally demanded behavior and the internalized heterosexual moral concepts and one's own homosexual needs; as a result, no woman in our society can be lesbian without difficulty (Schafer, 1976). The goal for a counselor working with a lesbian client is to help her move toward greater self-acceptance and a more accurate assessment of her true value and capabilities (Krajeski, 1989) by helping her reduce her internalized homophobia and developing her sexual orientation. It is important, then, to assist the lesbian in choosing between social stigma and the self-alienating experience of living a lie, the denial mechanism used to avoid the social stigma of being a lesbian (Ponse, 1978).

In order to enhance a positive sexual identity, the lesbian also has to be aware of and confront her internalized homophobia and therefore change the meanings associated with homosexuality and homosexual identity. Several strategies the counselor can focus on to increase the lesbians's coping with internalized homophobia are (Gartrell, 1984; Sophie, 1987): (a) to refrain from giving herself, the lesbian, a negative identity, to cognitively restructure her meaning of being lesbian through meeting other lesbians who can contradict stereotypes and provide positive role models (Cass, 1979, 1984; Coleman, 1981-82; de Monteflores & Schultz, 1978); (b) to utilize an identity label as bisexual to retain heterosexual advantages while

exploring lesbian relationships (de Monteflores & Schultz, 1978; Sophie, 1987); (c) to increase the amount of self-disclosure, which will perhaps decrease internalized homophobia as the homosexual aspect of the self is deemed less shameful and therefore more acceptable to others (Kahn, 1989); (d) to meet other lesbians in order to decrease the level of stress with disclosure and increase the support system available (Brooks, 1981); (e) to live a lesbian life-style through getting involved with the lesbian community, which can expand available activities and role models (Gartrell, 1984).

Internalized Homophobia--The Counselor

Although counselors are generally willing to recognize that homosexuality and lesbianism should not be considered illnesses, mental health professionals are not immune to the effects of societal prejudice and may project these anti-gay biases upon their clients (Carl, 1988; Rudolph, 1989; Watters, 1986; Wooley, 1991). Institutionalized homophobia plays a role in how the therapist perceives the lesbian and how the lesbian perceives herself (Tully, 1988); therefore, counselors must be aware of their beliefs which can affect the therapeutic relationship (Padesky, 1989).

If professionals are struggling with their own homophobia, they can be of little help to their clients. Paulsen (1983) stated that lesbian and gay clients of therapists who are perceived as retaining negative views

toward homosexuality experienced <u>greater</u> psychological distress after therapy. It is understandable, then, that in one study 49% of lesbians and gay men preferred lesbian or gay men counselors (McDermott, Tyndall, & Lichtenberg, 1989).

Many lesbians and gay men report encountering therapists who try to "change" them (Wooley, 1991). Also, in a recent study, the American Psychological Association (1990) reported that diagnostic and treatment bias, lack of sensitive treatment, overt discrimination, and widespread disapproval and stigmatization of lesbians and gay men exists in American society. Therefore, countertransference issues (Cabaj, 1988; Kwawer, 1980) must be dealt with directly within the therapeutic setting in order to avoid power differential of the two roles (de Monteflores, 1986). When this occurs the lesbian is unable to be herself within the therapeutic setting and, therefore, the counseling process is inhibited.

Recently, there has been a significant shift in the treatment of gay and lesbian clients (Dworkin & Gutierrez, 1992). Research focusing on the non-patient population has revealed the diversity of the lesbian women and gay male populations (Wells & Kline, 1987). As a result, affirmative models of psychotherapy have been developed (Gonsiorek, 1982a; Morin, 1991). These models, which have been mentioned earlier, focus on paradigms of gay identity

development with efforts to understand the effects of homophobia, particularly increasing attention to ethical issues. The models include specific experiences, attitudes, and strategies which function to decrease levels of internalized homophobia and increase a positive sexual orientation (Cass, 1979, 1984; de Monteflores & Schultz, 1978; Moses, 1978; Ponse, 1978; Sophie, 1987).

Counselor Training

Social stigma stimulates secrets and stereotypes (Ponse, 1978). Although mental health practitioners vary widely in their attitudes towards homosexuality, popular pathology myths have continued to support notions that (a) homosexuality has neurotic symptoms that should be treated; (b) human beings go through a developmental stage of same-sex attraction and at any point may become fixated or regressed to the homoerotic stage; (c) homosexuality is usually a psychological accommodation, not a normal variation; (d) there will always be "latent" homosexual tendencies; (e) trauma, environmental influences, or unconscious fear may cause homosexuality; (f) homosexuals are less content, less responsible, and less capable of mature loving relationships; (g) homosexuality is a reversible state and should be treated therapeutically (Fisher, 1983; Kahn, 1989; Loftin, 1981; O'Carolan, 1982; Sophie, 1986; Woodman, 1989). Such myths need to be addressed in counselor training programs so that they are not perpetuated in the counseling setting.

A major concern for the counselor is that the discrimination which forces lesbians to remain invisible also interferes with the counselor's ability to know the large non-patient segment of the population (Buhrke, 1989). The lack of research perpetuates stereotypes and, without the topic of homosexuality being addressed in training programs, therapists' heterosexism and homophobia continues (Buhrke & Douce, 1992; Fassinger, 1991). To address this issue, Buhrke (1989) called for the incorporation of information about working with lesbians or gay men into training modules for counselors. The presentation of such information to counselors-in-training would help counteract the heterosexual bias presently found within the literature (Buhrke, Ben-Ezra, & Hurley; 1992; Fisher, 1983; Morin, 1978; O'Carolan, 1982; Sophie, 1986; Watters, 1986).

Learning about the Lesbian Community

A positive self-identity comes about through the development of a social network and finding positive lesbian role models (Groves, 1985). The isolation of rural lesbians affects (a) women's lack of knowledge about lesbians, (b) the lack of role models, and (c) the coming-out process (D'Augelli, 1989; Moses & Buckner, 1986).

Glaus (1989) referred to Cass's six stages as a model for counselors to utilize to help clients see where they are in the process of moving toward a positive lesbian self-identity.

"....Lack of development of a positive lesbian
identity can be intervened with by connecting the
client with individuals and resources in the
lesbian community that promote a positive
identity, as well as lesbian literature, films,
and music." (Glaus, 1989, p. 139)

<u>Summary</u>

Issues of sexual orientation, of developing a sense of
self within a hostile environment, of seeking support
through sharing one's self through self-disclosure, have
implications for the broad practice of counseling. Working
with lesbian clients is a challenge for the counselor which
goes beyond working with the "traditional" woman client.
Being aware of the cultural diversity within the lesbian
community and the social stigmas that influence the client
is essential information for the counselor who wants to
assist the client in becoming a growing thriving human
being.

Summary

This review has shown the proposed interrelationship
between self-disclosure (coming-out), sexual identity
development, and internalized homophobia. These three
elements may affect each other and the relationship between
them needs to be researched.

<u>Limitations of Research on Lesbians</u>

A number of methodological problems existed in the research which focused on attitudes toward lesbians and gay men. These problems include:

a) assuming that all women are similar rather than differentiating between lesbians and heterosexual women,

b) failing to view the effects of internalized homophobia on sexual orientation development,

c) making unclear the similarities and differences between lesbian women and gay men, and

d) failing to view the cultural diversity and heterogeneity within a lesbian sample population (Atkinson & Hackett, 1988; Buhrke et al., 1992; Fassinger, 1991).

A current review of the literature revealed a strong interest in the issues around coming-out, internalized homophobia, and sexual identity. However, none of the studies has looked empirically or specifically to whether these concepts are independent of each other or are interrelated.

The terms self-disclosure, internalized homophobia, and sexual identity formation are overlapping concepts which have been shown to be clinically associated with each other and therefore may be interdependent on each other. It has been difficult to separate them out without being redundant.

The purpose of this literature review was to show how each term was affected by the other and how they, in turn, affect the lesbian's life. It was the purpose of this review also to show the importance of understanding the interaction of these concepts when working with lesbian women in a clinical setting.

Stein and Cohen's (1986) useful discussion brings these three issues together and demonstrates behaviorally their association with each other. They discuss them, however, from an anecdotal, clinical perspective. Therefore, conducting an empirical study of the relationships of coming-out behavior, self-disclosure style, internalized homophobia, and sexual identity formation will add significantly to the body of literature already accumulated.

CHAPTER III

METHODOLOGY

This chapter is comprised of a discussion of the
methodology of the study. Included in this chapter are
(a) the design, (b) sampling strategy, (c) description of
instruments, (d) procedures undertaken, and (e) analyses
used.

Research Questions

The research questions focus on describing a lesbian's
experience of coming-out in relation to her general level of
self-disclosure, her level of internalized homophobia, and
her phase of sexual identity development. These questions
were:

1. What is the relationship of general self-disclosure
    style and coming-out behavior?

2. What is the relationship of internalized homophobia and
    coming-out behavior?

3. What is the relationship between phase of sexual
    identity development and coming-out behavior?

Hypotheses

The overall hypothesis guiding this study was the
following: There is a general pattern of progressive

coming-out behavior; this behavior pattern parallels levels of sexual identity development and is mediated by a lesbian's predisposition to self-disclose and by her level of internalized homophobia. In line with the research questions, the following specific hypotheses were be tested:

1. Lesbians' self-disclosure to others occurs first with like others (i.e., other homosexuals).

2. Lesbians' self-disclosure behavior occurs next with heterosexuals.

3. Lesbians' self-disclosure occurs last with family members, siblings before parents.

4. Lesbians who have a general predisposition to be self-disclosive self-disclose their sexual orientation a) sooner in relationship to their coming-out to themselves and b) to more groups of individuals than lesbians who have less of a predisposition.

5. Lesbians who display low internalized homophobia tend to come-out to more groups of individuals than those who display high internalized homophobia.

6. Lesbians who display high internalized homophobia limit coming-out to lesbians and non-gay female friends.

7. Lesbians in stage one (Identity Confusion) or two (Identity Comparison) do not self-disclose to anyone.

8. Lesbians in stage three (Identity Tolerance) self-disclose to like others only.

9. Lesbians in stage four (Identity Acceptance) continue to self-disclose to other lesbians and begins self-disclosing to heterosexuals and family members.

The Study

Design

This descriptive study investigated the assumption that coming-out for lesbians is a complex and internally tedious process which is influenced by several factors. Little empirical research exists about the nature of this process.

Participants

Participants were 407 non-heterosexual women who volunteered to participate. There was no limitation on age, since sexual orientation self-disclosure is not age related (Charbonneau & Lander, 1991; Sang, 1992), or marital status, since married women are also known to be lesbians (Loulan, 1986).

Instrumentation

Participants completed a questionnaire that contained demographic items, the General Disclosiveness Scales (GDS;

Wheeless & Grotz, 1978), Nungesser Homosexual Attitudes
Inventory (NHAI; Nungesser, 1983), and Cass Stage Allocation
Measure (SAM; Cass, 1984). The entire questionnaire is
reprinted in Appendix A. The following is a description of
the various sections in the order they appeared in the
questionnaire.

Demographic information. Demographic data was
collected through the responses to questions one through
seven. These questions concerned participants' age,
ethnic/racial background, state of residence, highest
grade/degree(s) completed, employment status, and annual
income.

Self-disclosive style. Section One of the
questionnaire was the General Disclosiveness Scales (GDS;
Wheeless, 1978; Wheeless & Grotz, 1976, 1977), which
describe a person's disclosive style of behavior. Wheeless
and Grotz (1976) defined self-disclosiveness as a multi-
dimensional construct representing a person's predisposition
to disclose to other people. Previous studies (e.g.,
Wheeless, 1976; Wheeless, Nesser, & McCrosky, 1977)
indicated that self-disclosiveness is related to one's
perception of trustworthiness. This instrument was chosen
because (a) it is semantic-based (i.e., respondents are
asked to describe their behavior or personality with terms
synonymous with self-disclosure) versus topic-based (i.e.,
respondents are asked to describe their self-disclosure

behavior in relation with specific topics and target persons identified) (Tardy, 1988), and (b) it breaks down self-disclosure into specific dimensions of the concept self-disclosure (i.e., intent, amount, positiveness, depth, accuracy).

The GDS contains 31 questions which are answered on a seven-point Likert scale (1 = strongly agree, 7 = strongly disagree). This self-report instrument is designed to assess five areas of self-disclosiveness: intent, amount, positiveness, depth, and honesty/accuracy. **Intent** (four items) refers to the degree of the discloser's conscious awareness and her degree of volitional control of disclosing personal information; **amount** (seven items) refers to the degree of time taken to talk about herself and quantity of information shared about herself; **positiveness** (seven items) refers to the degree to which the discloser talks about either affirming or contrary information about herself; **depth** (five items) refers to the intensity of intimate information shared and her self-determination in sharing herself in self-disclosing; **honesty/accuracy** (eight items) refers to the degree of self-awareness and confidence in herself to be sincere and reliable in her self-disclosures. Factor analysis has indicated that each factor is independent of the others and need not be collapsed (Wheeless, 1991). Interpretation is made through looking at each subscale individually.

Reverse scoring is used on several items: 5, 6, 8, 11, 13, 14, 16, 17, 24, 25, 28, and 31. High scores on this scale represent high self-disclosive predisposition in each of the five factors. The range of scores for each subscale are: intent, 4-28; amount, 7-49, positiveness, 7-49, depth, 6-42, and honesty-accuracy, 8-56.

Criterion-related validity for the GDS was tested by producing and testing two factor-based instruments with five dimensions of intended disclosure: intent, amount, positiveness-negativeness, depth, and honesty-accuracy (Wheeless & Grotz, 1977). The GDS was accepted as a measure with items tapping diverse aspects of the general trust domain. The split-half reliability of the measure was .70 (Wheeless, 1978).

Construct validity was investigated by looking at the difference in disclosiveness as a function of locus of control. Wheeless, Frickson, and Behrens (1986) found that disclosiveness was related to locus of control in predicting Western and non-Western differences in disclosiveness. In addition, Wheeless, Nesser, and McCrosky (1986) found that self-disclosure and disclosiveness factors related to high and low communication apprehension levels. Finally, Forst and Wheeless (1986) looked at child-to-parent disclosure, general disclosiveness, and loneliness. Results indicated that disclosiveness dimensions negatively correlated with loneliness.

In a review of semantic-based scales of self-disclosure
not limited to topic (e.g., type of disclosure), Tardy
(1988) concluded that factor analysis and reliability
coefficients have confirmed the internal stability of the
GDS. He also found concurrent validity had been
demonstrated in several studies (Bradac, Tardy, & Hosman,
1980; Stacks & Stone, 1984; Wheeless, 1978; Wheeless &
Grotz, 1977). Tardy noted, however, that no studies had
investigated the GDS's correspondence with other measures of
self-disclosure.

Wheeless (1978), in a follow-up study to the original
testing of the instrument, found the reliabilities on each
dimension of the disclosiveness measures were: intent (.65),
amount (.82), positiveness (.90), depth (.78), and honesty
(.84). Similarly, Wheeless, Nesser, and McCrosky (1986)
found the internal consistency reliability factors for the
subscales to be: intent (.65), amount (.82), positiveness
(.90), depth (.78), and honesty (.84). However, Wheeless,
Frickson, and Behrens (1986), looking at the difference in
disclosiveness as a function of locus of control, found the
reliability by subscales to be slightly different: intent
(.64), amount (.69), positiveness (.80), depth (.78), and
honesty (.77). Forst and Wheeless (1986) looked at child to
parent disclosure, general disclosiveness, and loneliness.
They found the reliability of the subscales to be: intent
(.84), amount (.80), positiveness (.88), depth (.78), and

honesty (.78). These three studies yielded internal consistency data for each factor, with the range for each subscale being intent (.64 - .65), amount (.69 - .82), positiveness (.80 - .90), depth (.78), and honesty (.77 - .84).

Coming-out behavior. In Section Two of the questionnaire the lesbian was asked to recall her coming-out behavior to herself and with various populations. Information from this section was used to test several assumptions in Cass' (1984) theory of sexual identity development.

First, a participant identified when she "first thought of herself as non-heterosexual" (question # 1). Cass (1979) stated that an awareness of being different occurs prior to self-disclosure to others. This information was used to determine the time between coming-out to herself and others.

Then, to gather overall information on the coming-out process, the next question (question # 2) concerned which specific groups the lesbian had told: other lesbians, gay men, non-gay women, non-gay men, family members. In both the literature on self-disclosure and coming-out, it is inferred that self-disclosure to others occurs in a particular pattern for specific reasons based on characteristics of the self-disclosee and discloser, such as gender and past experiences (e.g., Cass, 1979; Jourard, 1961; Pedersen & Higbee, 1972).

The participant was asked to give her age when she came-out to one or more people within each group (column A). This information determined the difference in age between when she came-out to herself and to others. In addition, if a participant had come-out to more than one group at the same age then she was also asked to rank the order in which she had come-out to the groups (column B).

Section Three addressed coming-out behavior with family-of-origin. The focus of these questions was to identify who the lesbian had told of her sexual orientation within her family and in what order this was done.

Homophobia Attitudes. To observe homophobic attitudes, or internalized homophobia, the Nungesser Homosexual Attitudes Inventory (NHAI; Nungesser, 1983) was used in the fourth section of the questionnaire. This was the only such instrument found for which the population of interest is non-heterosexuals. The NHAI was developed to measure homophobic prejudice in homosexual males. It is in a self-report format, consisting of 34 questions with a five position Likert scale response design.

The NHAI reflects an extensive attempt to directly explore internalized homophobia in the lesbian and gay population and is clearly described in Nungesser's book, Homosexual acts, actors, and identities (Nungesser, 1983). In this text the author details the development of the NHAI. In developing the NHAI, Nungesser linked negative attitudes

about homosexuality with the clinical syndrome "ego-dystonic homosexuality" (American Psychiatric Association, 1980), and addressed the importance of gender differences. He asserted, as has been previously stated, that as socialization of males and females differs in our society, so might strategies for coping with homosexual feelings. Nungesser also cited the more severe legal and economic penalties for homosexual males and made clear the need to examine separately homophobia in these two populations. Consequently, his scale has been developed for and validated through the use of male samples.

Nungesser's initial scale was subjected to test development procedures and eventually 34 items were selected from an 84 item pool. Three separate subscales were devised measuring attitudes toward one's homosexuality (Self), toward others (Others), and toward disclosure (Disclosure). In a study with 50 homosexual men, the reliability coefficient for the full NHAI was .94; for the subscales, Self, .89, Other, .68, and Disclosure, .93.

Alexander (1986) developed an instrument, Internalized Homophobia Inventory, to establish the external validity of the NHAI and to looked at the anti-homosexual attitudes (internalized homophobia) of a sample of gay men. The correlation (r = .702, p < .001) between the two instruments supported the concurrent and construct validity of the NHAI.

Sablosky (1987) adapted the NHAI for lesbian subjects by making several changes. First, she substituted the words "lesbian," "lesbians," and "female homosexuals" where appropriate. Similar changes were made for male pronouns and the word "male." Furthermore, the wording of one item was changed. The phrase "pay more attention to my body movements and voice inflections" was deleted and "pay more attention to my general appearance" was added. "Women become lesbians because they have had bad experiences with men" was substituted for "Adult homosexual males who have had sex with boys under 18 years of age should be punished by the law." For this study, one additional change was made due to difficulties in its interpretation based on the pilot study. For "Lesbians do not like men anymore than heterosexual females dislike men," the researcher changed the phrase to read "Lesbians do not dislike men anymore than heterosexual females dislike men."

The revised scale for lesbians (Sablosky, 1987) also is comprised of 34 items divided into three sub-scales: (a) attitudes toward homosexuality as an aspect of one's self (10 items, questions: 1, 3, 6, 8, 9, 12, 20, 29, 31); (b) general attitudes about homosexuality and other female homosexuals (10 items, questions: 4, 7, 10, 11, 13, 15, 17, 21, 24, 27); and (c) attitudes about self-disclosure and overtness of one's own homosexual orientation (14 items, questions: 2, 5, 14, 16, 18, 19, 22, 23, 25, 26, 28, 30, 33,

34). Each item is rated on a five-point scale, ranging from strongly agree (1) to strongly disagree (5). Reverse scoring is used on several items: 2, 6, 7, 9, 10, 12, 15, 21, 28, and 32. High scores on this scale represent positive feelings about one's own homosexuality and about other female homosexuals and a high comfort level with self-disclosure of homosexual identity or one's homosexuality being known. Conversely, low scores represent negative attitudes about one's own and other females' homosexuality and a concern about the consequences of the expression of one's homosexuality. A median split was used to determine the difference between high and low attitudes toward homosexuality.

Although Sablosky (1987) adapted the NHAI for a lesbian sample, it is important to note that there is some question as to whether the NHAI is a valid measure for use with this sample (Sablosky, 1987). Sablosky (1987) did not report any psychometric support for her revisions. In the pilot study for this research, a reliability analysis was used to test for internal consistency of responses. The Cronbach-alpha (Hopkins & Stanley, 1984) was .78, which was acceptable due to the size of the sample and the little variance within the sample.

Cass Stage Allocation Measure. The final instrument to be used in the questionnaire is the Cass Stage Allocation Measure (SAM; Cass, 1984), which assesses subjective level

of homosexual identity development. The six levels on the
SAM are: Identity Confusion, Identity Comparison, Identity
Tolerance, Identity Acceptance, Identity Pride, and Identity
Synthesis. Each respondent is asked to read seven one-
paragraph descriptors and to identify the one which best
describes her. The first descriptor, not a part of the
theory, is used to screen out non-lesbians. From the
selection, the lesbian's level of identity is determined.

The SAM is based on Cass's (1984) model of homosexual
identity formation. She proposed a six-stage model in which
each stage is based on the person's perception of her own
behavior and the actions that arise as a consequence of this
perception (Cass, 1979). Cass assumed a person has an
active role in the acquisition of a homosexual identity. By
linking assigned personal meaning and behavior, Cass
proposed an interactionist approach to homosexual identity
formation and recognized both psychological and social
factors in the process. The model is based on two
assumptions: (a) identity is acquired through a
developmental process; and (b) locus for stability of, and
change in, behavior lies in the interaction process that
occurs between individuals and their environment (Cass,
1979).

The SAM is comprised of seven, one-paragraph
descriptions, one paragraph for each stage of development,
which outline the ways individuals might be ideally

characterized at a particular stage of development. From the 16 dimensions hypothesized by Cass as relevant to the identity acquisition process, Cass chose those considered central to the developmental process at each stage to develop stage descriptors. Although Cass's theory has six stages, a description of pre-Stage One was added in order to identify and screen out those who are satisfied with their heterosexual status. Subjects are told that these profiles are descriptions of seven types of people and that they should select the one that best fits the way they see themselves at the time of the response. Therefore, sexual identity stage is made by self-definition.

In Cass's (1984) study of the SAM's validity, she compared the SAM self-definition of 178 subjects with predicted and given responses to specific aspects of the 16 dimensions of the model. Cass (1984) indicated that the SAM has concurrent and content validity. Concurrent and content validity also is suggested by correlations found in several other studies. Mack (1986) found the willingness to be "out" to others was best predicted by the stage of identity development and anticipated reaction of others. Ort (1987) found that as women move through the stages of identity development they are less likely to be affected by external forces to self-disclose. Kahn's (1988) results supported that self-disclosure represents an external declaration of an internal process (i.e., sexual identity formation). In

addition, Cass developed a Homosexual Identity Questionnaire along with the SAM. A discriminant analysis was performed using both of these instruments together; 97 percent of the cases were correctly classified by the analysis. Cass concluded that differences found between subject groups were not a result of researcher's bias in constructing the questionnaire and scoring keys. These results suggest that it is possible to distinguish among the six groups, although Cass (1984) found some blurring between Stages 1 and 2 and between Stages 5 and 6. Discriminant analysis indicated six stages can be distinguished and the ordering is accurate.

Procedures

Sampling Method

Participants in this study were identified through a friendship and snowball sampling technique. This method, described by McCall and Simmons (1969), is used to gather subjects in loosely structured populations that are difficult to contact for purposes of research. Snowball sampling is a method through which an ever expanding set of observations can be obtained. This type of sampling method is also called "friendship pyramiding," "friendship network," and "extended social network." Since lesbians are generally perceived as invisible (Barrett, 1989), this form of sampling was deemed most appropriate. This method has

been used successfully in other studies about lesbians
(Blacher, 1977; Oberstone, 1974; Weston, 1978).

To identify contact people to facilitate distribution,
several procedures were used. First, an advertisement was
placed in a national newsletter for lesbians (see Appendix
B) asking for names and addresses of women who were
interested in participating in the study. Second, women
known by the researcher were contacted directly and asked if
they would be willing to participate in the study. Each
woman also was asked if she knew one or more other women who
would like to participate. Third, social organizations,
support groups, and political organizations in The Triad and
Triangle areas of North Carolina, in South Carolina, and in
Florida were contacted asking if they would place an
advertisement in their newsletters or if the researcher
could come to a meeting to talk about the survey and ask for
participants. The states of North Carolina, South Carolina,
and Florida were chosen for their proximity to and
familiarity of the researcher. Fourth, bookstores in the
cities of Columbia, South Carolina, Gainesville, Florida,
St. Petersburg, Florida, and Tampa, Florida, were visited by
this researcher and the proprietors were asked if they would
display a letter (see Appendix C) which asked for any one
interested in participating in the study to send in a
postcard requesting a survey. The respondents from the
national lesbians newsletter were a preferrable sample

because they were less contaminated by researcher bias and were a clearly definable population.

Those women who identified themselves through phone calls or through the mail as willing to participate were sent a packet of information. The packet of information contained a cover letter explaining the study, a copy of the questionnaire, a return self-stamped envelope, and a post card to be filled out if the respondent wished a summary of the research results. Also included in the first 400 surveys which were mailed out was a stamped envelope with a letter briefly describing the study and requesting if the reader was interested that she complete the postcard (see Appendix D). Upon receipt of the postcard she would be sent a survey packet. A follow-up letter was sent in December to encourage only the women who had responded to the national newsletter advertisement to return her survey packet if she had not already sent it back (see Appendix E). A total of 635 survey packets were sent out and 407 were returned completed (64% return rate). Of those survey packets sent out, 83 were sent to the respondents to the national lesbian newsletter and 239 were sent to those who either sent in return-postcard, personal letter, or called when finding out about the study. All returned data was used in the data analysis. All requests for packets after the cut-off date were responded to with a letter of thanks (see Appendix E).

Data Analyses

The data from each questionnaire were collected and analyzed in relation to each hypothesis. Demographic data were used to describe the population. Frequency distributions were used to summarize these data. The chi-square statistic was used to determine if there was a difference between Group 1, original respondents to the the national newsletter and their friends, and Group 2, all other respondents. There was a significant difference between the two groups and, therefore, only Group 1 data were used in looking at the hypotheses, since Group 1 was less contaminated due to convenience sample bias.

Responses to question #2 in Section Two, "How old were you when you first came-out to any persons of the following groups?" and to the questions in Section Three, a list of respondents' family-of-origin members and specific information about coming-out behavior, were used to test the first three hypotheses:

1. **Lesbians' self-disclosure to others occurs first with like others (homosexuals).**

2. **Lesbians' self-disclosure behavior occurs next with heterosexuals.**

3. **Lesbians' self-disclosure occurs last with family members, siblings before parents.**

Descriptive statistics were used to confirm or disconfirm these hypothesis.

Scores from the GDS and responses to question 1, Section Two, "How old were you when you first thought of yourself as non-heterosexual?", were used to test the fourth hypothesis:

> 4. **Lesbians who have a general predisposition to be self-disclosive self-discloses their sexual orientation sooner in relationship to their coming out to themselves and to more groups of individuals than lesbians who have less of a predisposition.**

For the first part of this hypothesis, which relates to amount of time, descriptive statistics were used to look at each of the GDS five subscales scores and the difference in the amount of years between coming-out to oneself and first telling others about her sexual orientation. For the second part of the hypothesis, which relates to the number of groups, Pearson correlations were used to look at the number of different groups of people to whom the non-heterosexual women had disclosed their sexual orientation. The researcher counted the number of groups (e.g., lesbians, non-gay women, gay men, non-gay men, family) and correlated the number with each of the GDS subscale scores.

Scores on the NHAI and responses to Question 2A in Section Two, the number of groups to whom the respondents have come-out, were used to test the fifth and sixth hypotheses:

5. Lesbians who display low internalized homophobia

tend to self-disclose to more groups of individuals

than ones who display high internalized homophobia.

6. A lesbian who displays high internalized

homophobia limits coming-out to lesbian and non-gay

female friends.

A frequency table of high and low levels of internalized

homophobia was determined using a median split. A frequency

table was used to indicate, for the high and low groups,

which category of people to whom the respondents have self-

disclosed. The hypotheses were considered supported only if

there were no instances of coming-out to the other groups

(e.g., gay men, non-gay men, and families) among the

respondents whose scores place them in the high internalized

homophobia group.

Responses to question 2B in Section Two, the ranking of

groups on coming-out behavior, and the stage the respondent

identified on the SAM were used to affirm or deny the

seventh, eighth, and ninth hypotheses:

7. Lesbians in stage one (Identity Confusion) or two

(Identity Comparison) do not self-disclose to

anyone.

8. Lesbians in stage three (Identity Tolerance) self-

disclose to like others.

9. Lesbians in stage four (Identity Acceptance)

continue to self-disclose to other lesbians and

begin self-disclosing to heterosexuals and family members.

For each of the above hypotheses, frequency of groups to whom the respondents had come-out were presented. The hypotheses were supported if the women at each stage had disclosed to the groups identitifed within each hypothesis.

Limitations

The sensitive nature of this research topic required the use of volunteers and data collection strategies that relied exclusively on anonymous self-report. This research approach carries a number of limitations. Major threats to the internal validity of the study were history (specific events unique to a woman's life that influenced her coming-out and her decision to participate in this study), instrumentation (much of the data based on self-report is subjective in nature), and selection (the volunteer sample may not be representative of the lesbian population). To counteract these threats, a concerted effort was made to collect data from a sample that varied in socioeconomic class, educational background, and ethnic background.

Situational variables also may have influenced this study. These include, but are not limited to, the environment where the lesbian completed the instruments, her state of mind during the answering process, and emotions or thoughts that might have been evoked by the instruments.

Every effort was made to assure the subject of
confidentiality of responses, and there was encouragement to
seek the support of a friend or counselor. In addition,
since these women were aware of their participation in the
project, bias of the results due to this knowledge
(Hawthorne effect) may have occurred.

Limitations of the various instruments have been
presented earlier. As noted, the only or the best of a
severely limited number of scales were selected for the
study. Lack of instrumentation regarding the topic is a
problem for this study as well as research regarding
lesbians in general. While the limitations of the
instruments must be considered when presenting the results
of this study, the results provide baseline data upon which
other instruments and future studies can be built.

Pilot Study Summary

The purposes of the pilot study were (a) to test the
usefulness of various instruments under consideration for
the larger study, (b) to identify any needed changes, (c) to
determine a preliminary reliability coefficient for the NHAI
(already discussed in the Instrumentation section), and (d)
to conduct initial testing of the hypotheses.

There was a 65% return rate of the pilot
questionnaires (32 of 49). Ages of respondents ranged from
20 years to 67 years ($\underline{M}$ = 47). The majority (75%)

identified themselves as White-European; 9% were African-
American; and 3% identified themselves as Latina or Native
American. Thirty of the 32 respondents were from North
Carolina and two were from South Carolina. Sixty-two
percent of the women were from an urban area, two were from
rural areas, one of the respondents was from a suburban
area, and one from a small city. The sample was generally
well educated, as 20 of 32 (63%) had at least a bachelor's
degree.

Respondents' annual income ranged from $7,000 to
$85,000 (one woman marked "N/A"), with a mean annual income
of $38,000. Respondents reported occupations in seven
fields: (a) health professions ($\underline{n}$ = 8), (b) teaching
($\underline{n}$ = 6), (c) student ($\underline{n}$ = 3), (d) self-employed ($\underline{n}$ = 3),
(e) working class ($\underline{n}$ = 8), (f) retired ($\underline{n}$ = 2), and
(g) administrative or managerial ($\underline{n}$ = 2).

Respondents stated that their age at acknowledging that
they were different or that they came-out to themselves
ranged from 8 to 58 years old: 23 (72%) of the respondents
were between the ages of 8 and 27; 7 (22%) between 28 and
48; and 2 (6%) between the ages of 48 and 58. The
difference in years between when the respondents first came-
out to themselves as different and when they first self-
disclosed to another ranged from zero to 24 years: 11 (34%)
of the respondents self-disclosed within the same year they
came-out to themselves; 12 (38%) came-out within three

years; 7 (22%) self-disclosed within 10 years; 1 (3%)
respondent waited 15 years; and 1 (3%) self-disclosed 24
years after she realized she was "different."

Statistical analyses of the pilot study data showed
that the research design could adequately test the
hypotheses. There did appear to be an order in which
lesbians come-out, since 81% indicated that they came-out
first to other lesbians, 78% came-out to heterosexuals next,
and 27% to their family members last. It is possible that
the six who had not told their family members may eventually
tell them last. Fourteen of the 26 respondents (53%) who
had come out to their "families" had come-out to a sibling
first, eight had come out to a parent first (31%), and one
respondent (4%) had come-out to her parents and a sibling
concurrently. Lesbians told their siblings before they
came-out to their parents.

The results of this pilot study did not show a
relationship between self-disclosure style and timing of
self-disclosure. Also, participants who had a
predisposition to be disclosive were more likely to come-
out to more groups than those with a low predisposition.

Sixteen (50%) participants were classified as having
positive attitudes (scores ranged from 137 to 159) about
their sexual orientation and 16 (50%) were classified as
having negative attitudes (scores ranged from 81 to 136)
toward their sexual orientation.

The number of groups of people (i.e., lesbians, gay men, non-gay women, non-gay men, family) to whom the woman had come-out were compared with scores on the Stage Allocation Measure (SAM). Two respondents self-reported to be in Stage One (Identity Confusion) and no respondents self-reported to be in Stage Two (Identity Comparison). The two respondents who identified themselves as in Stage One had come-out to at least one person in all groups except "non-gay men" and both respondents had come-out to "lesbians" (see Table 1).

Table 1.   Groups to Whom Lesbians Had Come-out

Stage (SAM)	Lesbian	Gay Male	Non-Gay Woman	Non-Gay Male	Family	Total
1	2	1	1	0	1	2
2	0	0	0	0	0	0
3	2	2	1	1	1	2
4	17	16	16	16	13	17
5	1	1	1	1	1	1
6	10	10	10	8	10	10
Total						32

In addition, one woman identified herself in Stage Five (Identity Pride). She had come-out to all groups. Ten respondents identified themselves in Stage Six (Identity Synthesis). Most of the women had come-out to all groups, with two women having not come-out to at least one non-gay male.

In general, Cass' model (1984) was found to be useful. As proposed, lesbians tended to come-out to like others first, non-gays next, and siblings before parents. However, the lesbians in this study came-out earlier and to more people than predicted by Cass' (1984) model. The General Self-Disclosure Scale was not useful in explaining coming-out behavior. Internalized homophobia was difficult to assess due to the limited variability among respondents.

The primary purpose of the pilot study was to assess the usefulness of the questionnaire and the instruments. Based on the pilot study results, a number of changes were made for the larger study. The pilot study questionnaire was printed on both lavender and purple (darker) paper; due to respondents' comments that the darker color was uncomfortable for reading, only lavender was used for the larger study. The comments from respondents that they were confused about the consent form led the researcher to place the consent form information (originally on a separate sheet) in the cover letter. In addition, placement of the instruments within the questionnaire were changed. Questions and instruments related to coming-out and sexual orientation were grouped together and placed after the demographic and self-disclosure sections. One of the two instruments which assessed homophobic attitudes (Index of Homophobia) was deleted because results were not usable (all respondents scores indicated they were non-homophobic).

Since the target population for the instrument was
heterosexuals, it was thought that the instrument was not
sensitive enough for the lesbian population. Some editing
was done in the NHAI for clarity, using the respondents'
comments.

Summary

The purpose of this descriptive, exploratory research
study was to gather information that will add to the
literature about lesbians on coming-out, sexual identity,
and internalized homophobia. Results will assist counselors
who work with lesbians by providing them with an
understanding of the influence of several factors on the
coming-out process.

CHAPTER IV

RESULTS

The purpose of this chapter was to present results

yielded by the data analyses. Discussion of the analyses

and results parallels the research hypotheses. The

presentation begins with the demographic information which

describes the respondents.

Study Group

Participants

Two distinct groups of respondents (Group 1 and Group

2) will be described. Group 1 was comprised of women who

replied to an advertisement placed in a national lesbian

newsletter and their "friends" (i.e., those women who

requested survey packets by sending in postcards which they

received from the women who responded to the advertisement).

Data for a second convenience sample (Group 2) was gathered

because (1) there was a concern that the national

advertisement would not generate enough data to be able to

either support or deny the hypotheses, and (2) there was a

limited time available for this study. Group 2, then, was

comprised of all other respondents, which included the

researcher's acquaintances and friends, their "friends," and

those who replied to advertisements in local social organizations' newsletters and bookstores within North Carolina, South Carolina, and Florida.

Rate of Return

Overall, there was a 64% return rate (66% for Group 1 and 62% for Group 2) across all groups of questionnaires (407 of 635) which were sent out from November 8, 1992, through January 10, 1993. There were 152 women in Group 1, comprised of 86 (56%) respondents to the national advertisement and 66 (44%) friends of advertisement respondents. There were 255 women in Group 2, comprised of 80 (31%) who knew the researcher, 130 (51%) who received the survey packet from friends in North or South Carolina or Florida, and 45 (18%) who heard of the survey through regional newsletters, bookstores, or social groups.

Demographics

The ethnic or racial background of the respondents in the two groups were similar, with the largest group being white-European (see Table III). The two groups were not significantly different in terms of ethnic/racial background, $\underline{X}^2$ (6, $\underline{N}$ = 405) = 13.096, $\underline{p}$ > .01.

Table 2. Ethnic and Racial Background

Categories	Group 1	(%)	Group 2	(%)
	$\underline{n}=$ 151		$\underline{n}=$ 254	
African-American	9	(6)	7	(3)
Asian-American	5	(3)	1	(.3)
Latina	5	(3)	4	(2)
Native American	5	(4)	7	(3)
White European	113	(75)	218	(86)
Others[a]	14	(9)	17	(6)

Note: $\underline{X}^2=$ (6, $\underline{n}$ = 405) = 13.096, $\underline{p}$ >.01
[a]Mixed descriptions

A majority of the respondents said they live within "urban" areas, with smaller proportions stating they were from suburban, small town, college campuses, or beach communities (see Table 4 A.). The two groups were not significantly different in terms of areas in which they live, $\underline{X}^2$ (1, $\underline{n}$ = 407) = 5.243, $\underline{p}$ > .01

The respondents stated they lived in all regions of the United States, with more in Group 2 living in the Southeast region of the country (see Table 4 B.). The two groups were significantly different in terms of regions of the country, $\underline{X}^2$ (5, $\underline{n}$ = 407), $\underline{p}$ < .001.

Table 3. Geographic Areas and Regions

A. Areas	Group 1 (%)		Group 2 (%)	
	n= 152		n= 255	
Rural	47	(31)	54	(21)
Urban	83	(55)	165	(65)
Other[a]	22	(14)	36	(14)

Note: x^2(1, n = 407) = 5.243, p >.01
[a]suburban, small cities and towns, college campuses, beach communities.

B. Regions	Group 1 (%)		Group 2 (%)	
	n= 152		n= 255	
Southeast	54	(36)	239	(94)
Northeast	45	(30)	7	(3)
Southwest	3	(2)	1	(-1)
Northwest	23	(15)	6	(2)
Middle America	27	(18)	2	(-1)
None	22	(14)	8	(3)

Note: x^2= (s, n= 407) = 165.83, p <.001

There were similar ranges of number of years in school for both groups, with means of 16 and 17 years (see Table 5 A.). In looking at the highest degrees for respondents, women in Group 2 had more graduate degrees (41%) than the women in Group 1 (22%). The two groups were significantly different in terms of degrees earned, X^2 = (4, N = 407) = 24.914, p < .01 (see Table 5 B.).

Table 4. Education

A. Number of Years in School

	Group 1	Group 2
$\underline{n}$	142	148
$\underline{m}$	16	17
$\underline{SD}$	3	3
Minimum #	9	12
Maximum #	23	26

B. Highest Degree Earned

	Group 1	(%)	Group 2	(%)
	$\underline{n}=$ 151		$\underline{n}=$ 255	
Diploma	39	(26)	28	(7)
Associate	18	(19)	30	(11)
Bachelor	40	(26)	75	(29)
Master	27	(18)	75	(29)
Doctor	6	(3)	31	(12)
Other[a]	21	(14)	16	(6)

Note: $\underline{X}^2$ = (4, $\underline{n}$ = 407) = 24.914, $\underline{p}$ <.01
[a]Several degrees, non-traditional degrees, non-diploma

The median annual income was $20,000 for Group 1 and
$26,000 for Group 2, with a modal income being $15,000 for
Group 1 and $ 30,000 for Group 2. The two groups were
significantly different in terms of annual income, $\underline{X}^2$ (2, $\underline{N}$
= 403) = 12.129, $\underline{p}$ < .01 (see Table 6). (In determining
these statistics two adjustments were made during coding.
Those who stated they had no income were coded as missing
and those who stated their income was greater than $100,000
($\underline{n}$ = 2), were coded as $99,000).

Table 5. Annual Income

Descriptive Statistic	Group 1 (%)		Group 2 (%)	
	$\underline{n}$= 150		$\underline{n}$= 253	
$\underline{n}$ of respondents in				
High income range	37	(25)	81	(32)
Middle income range	46	(31)	102	(40)
Low income range	67	(45)	70	(28)
Maximum Income	$72,000		$99,000[a]	
Minimum Income	1,000		5,000	
Median	20,000		26,000	
Q_3 - Q_1	$23,000		$17,500	
Mode	15,000		30,000	

Note: X^2 (2, $\underline{n}$ = 403) = 12.129, $\underline{p}$ <.01
[a]Not actual maximum income, adjusted to fit coding system, actual maximum income $200,000.

Using a career guidance occupation coding system, replies to the occupation question were placed into 18 categories; in addition, seven other categories were added to accommodate those not fitting within the coding system. The seven added were: student, unemployed, retired, self-employed, housewife, parent, and disabled. There were responses in all categories except Music, with the largest percentages falling into Social Services (16% for Group 1 and 21% for Group 2), Management (10% for each Group), and Education Work (10% for Group 1 and 11% for Group 2) (see Table 7). Differences between the two groups were noted in the occupational areas of; Skilled Crafts, Math-Science,

Art Work, Clerical, Sales, Customer Service, Social

Services, Student, and Self-employed. The two groups were

significantly different in terms of occupations, $\underline{X}^2$ (23, $\underline{N}$ =

397) = 44.25, $\underline{p}$ < .01.

Table 6. Occupations

	Group 1 (%)		Group 2 (%)	
	$\underline{n}$= 147		$\underline{n}$= 250	
Skilled Crafts	10	(7)	2	(1)
Technical	9	(6)	13	(5)
Legal Work	3	(2)	5	(2)
Manual Work	2	(-1)	0	
Math Science	0		9	(4)
Data Analysis	6	(4)	8	(3)
Art Work	7	(5)	6	(2)
Literary Work	1	(-1)	2	(-1)
Music Work	0		0	
Management	14	(10)	26	(10)
Clerical Work	10	(7)	11	(4)
Medical-Dental	3	(2)	4	(2)
Personal Services	1	(-1)	4	(2)
Sales Work	4	(3)	13	(5)
Entertainment	0		2	(-1)
Customer Services	3	(2)	9	(4)
Social Services	24	(16)	53	(21)
Education Work	15	(10)	29	(11)
Student	22	(15)	21	(8)
Unemployed	4	(3)	6	(2)
Retired	3	(2)	4	(2)
Self-Employed	3	(2)	22	(9)
Housewife	2	(1)	0	
Parent	1	(1)	0	
Disabled	0		1	(-1)
Missing	4	(3)	5	(2)

Note: $\underline{X}^2$(23, $\underline{n}$ = 397) = 44.25, $\underline{p}$<.01

Respondents were asked to select from a list of words those which they used to describe themselves. The words most frequently chosen (in order of preference across both groups) were "lesbian" (1st), "gay" (2nd), "feminist" (3rd), and "woman-identified" (6th). Other more commonly selected words, although not in the same preference order for each group, were "woman-loving-woman" (4th for Group 1 and 5th for Group 2) and "homosexual" (5th for Group 1 and 4th for Group 2). The words most frequently added to the list were dyke, queer, amazon, and human (see Table 8). The two groups were significantly different, $\underline{X}^2$ (23, $\underline{N}$ = 397) = 44.25, $\underline{p}$ < .01 overall.

Table 7. Self Label

Label*	Group 1	(%)	Group 2	(%)
	$\underline{n}$= 152		$\underline{n}$= 255	
Asexual	1	(1)	2	(1)
Bisexual	8	(5)	31	(12)
Feminist	98	(64)	143	(56)
Gay	102	(67)	184	(72)
Heterosexual	0		1	(.03)
Homosexual	60	(39)	111	(44)
Lesbian	137	(90)	212	(83)
Unsure	1	(1)	9	(4)
Woman-Identified	59	(38)	73	(29)
Other[a]:				
Amazon	3	(2)	0	
Dyke	27	(18)	22	(9)
Human	2	(1)	2	(1)
Me	1	(1)	4	(2)
Queer	5	(3)	6	(2)
Sister	1	(1)	3	(1)

Note: Respondents could check more than one response; thus, percentages do not total to 100.
a Other labels were named by only one or two respondents.
$\underline{X}^2$ (23, $\underline{n}$ = 397) = 44.25, $\underline{p}$ <.01

Ages of respondents for the two groups were somewhat similar, ranging from 18 to 70 years and with an overall mean of 36.5 and standard deviation of 8.88 (see Table 9). The two groups were not significantly different, t = (151, 253) = -1.4001, p > .01.

Table 8. Age of Respondents

	Group 1	Group 2
$\underline{n}$	152	255
$\underline{m}$	36	37
$\underline{SD}$	9.46	8.30
Minimun Age	18	19
Maximum Age	69	70

<u>Note:</u> t = (151,253) = -1.4001, p >.01

Both groups had the same minimum age (3 years) at which the respondents acknowledged that they were "different," that the respondents came-out to themselves, or acknowledged they were not heterosexual to themselves. There was a difference between the two groups in the maximum age, which was 50 years for Group 1 and 63 years for Group 2 (see Table 10).

The variability of the two groups' ages at noticing non-heterosexual status were identical. There was no significant difference between the two groups in terms of age at coming-out to self, t = (151, 253) = -1.4001, p > 01.

Table 9. Age When Thought of as Non-Heterosexual

	Group 1	Group 2
n	149	255
Earliest	3	3
Latest	50	63
$\underline{X}$	19	20
$\underline{SD}$	8.7	8.7
Mode	16	19
$Q_3 - Q_1$	9	9
Median	17	19

Note: $\underline{t} = (151, 253) = -1.4001$, $\underline{p} > .01$

The ages (Group 1 at 7 years and Group 2 at 9 years) that the respondents stated that they first came-out to another were similar between the two groups (see Table 11), with the variability of both groups also being similar.

Table 10. Age at First Coming-Out

	Group 1	Group 2
n	146	248
Youngest	7	9
Oldest	50	51
$\underline{X}$	23	24
$\underline{SD}$	7.9	7.1
Mode	19	21
$Q_3 - Q_1$	8	8.5
Median	21	22

The difference in the number of years between when the respondents first came-out to themselves as non-heterosexual and when they first self-disclosed to another ranged from 0 to 33 years. The largest percentages (41% [$\underline{n}$ = 59] of Group 1 and 44% [$\underline{n}$ = 165] of Group 2) acknowledged their

"difference" within the same year of their coming-out to

another person (see Table 12).

Table 11.   Differences in Years Between Acknowledging
            to Self and to Another

Descriptive Statistic	Group 1	Group 2
$\underline{n}$	145	242
Minimum Number of years	0	0
Maximum Number of years	33	23
$\overline{X}$	4	3.9
$\underline{SD}$	6.1	5.5
Median	1	1
$Q_3 - Q_1$	6	6
Mode	0	0

Table 12.   Group 1 Histogram - Pattern of Difference

```
                                          #
33+*                                      1
   .
   .
   .*                                     2
   .
   .*                                     1
   .*                                     2
   .*                                     2
17+**                                     4
  .**                                     3
  .***                                    5
  .****                                   8
  .***                                    6
  .******                                 12
  .*****                                  9
  .*********                              19
 1+*********************************      69
   ----+----+----+----+----+----+----+
    * may represent up to 2 counts
```

Tables 13 and 14 are histograms which represents the pattern of the difference in years between acknowledging non-heterosexual status and first coming-out to another.

Table 13. Group 2 Histogram - Pattern of Difference

```
                                                    #
22.5+*                                              1
    .*                                              1
    .*                                              1
    .*                                              2
    .
    .*                                              3
    .*                                              3
    .**                                             5
    .*                                              2
    .***                                            7
    .**                                             4
11.5+***                                            7
    .*                                              2
    .***                                            7
    .***                                            8
    .**                                             4
    .****                                           11
    .**                                             4
    .***                                            7
    .****                                           12
    .*******                                        24
    .******                                         17
 0.5+*****************************************       106
    ----+----+----+----+----+----+----+-
    *   may represent up to 3 counts
```

Comparison Subscales

The following paragraphs report overall mean scores and standard deviations for subscales of the General Disclosive Scales (GDS), the Nungesser Attitudes Toward Homosexuality Inventory (NHAI), and Cass's Stage Allocation Measure (SAM).

Means and standard deviations for subscales of the GDS were similar for the two groups (see Table 15), although there were some differences in the variability between the two groups on the subscales of intent, amount, and honesty. The pattern of scores on the subscale intent indicated that respondents tended to be rather intentional about what they disclose about themselves. The pattern of scores on the subscale amount indicated a medium amount of disclosure, with a bell-curved distribution of scores around the mean. The pattern of scores on the subscale positiveness indicated that the respondents tended to talk about themselves with affirming information. The pattern of scores on the subscale depth indicated that the respondents tended to share little intimate information about themselves and tended to be controlled in sharing themselves in self-disclosing behavior. The pattern of scores on the subscale honesty/accuracy indicated a degree of self-awareness and confidence in being sincere and reliable in self-disclosures (see Table 15).

Similar descriptive data from other research using this instrument are limited. In a report of one subscale only, Wheeless, Erikson, and Behrens (1986) reported honesty mean scores which ranged from 35.78 to 39.63, indicating their population of 360 American and International students studying in the United States were more self-aware and confident in themselves to be sincere and reliable in their

self-disclosures than were the respondents in this study. The pilot study respondents' scores were higher on the subscale <u>amount</u> ($\underline{M}$ = 27.13, $\underline{SD}$ = 8.71, range = 11 - 47), indicating the pilot study group disclosed more information about themselves in their disclosures.

Table 14.   General Disclosiveness Scales (GDS)

Subscales	Group 1	Group 2
Intent (possible range 4 – 28)		
<u>n</u>	152	255
<u>m</u>	22.4	22.4
SD	4.01	3.14
MIN SCORE	6	9
MAX SCORE	28	28
Amount (possible range 7 – 49)		
<u>n</u>	152	255
<u>m</u>	19.29	19.21
SD	4.89	4.65
MIN SCORE	7	7
MAX SCORE	29	27
Positiveness (possible range 7 – 49)		
<u>n</u>	152	255
<u>m</u>	24.08	23.98
SD	3.32	3.56
MIN SCORE	8	7
MAX SCORE	30	31
Depth (possible range 6 – 42)		
<u>n</u>	152	255
<u>m</u>	16.06	15.06
SD	6.09	6.07
MIN SCORE	4	5
MAX SCORE	32	35
Honesty (possible range 8 – 56)		
<u>n</u>	152	255
<u>m</u>	28.53	28.53
SD	4.38	3.77
MIN SCORE	10	11
MAX SCORE	37	36

The pilot study respondents' scores were higher on the subscale <u>positiveness</u> (<u>M</u> = 32.22, <u>SD</u> = 7.32, range = 18 - 46) indicating the pilot study respondents had a more wide distribution of scores. The pilot study respondents scores also were higher on the subscale <u>honesty/accuracy</u> (<u>M</u> = 40.06, <u>SD</u> = 8.31, range = 19 - 56), indicating that the pilot study group were more self-aware and confident in themselves to be sincere and reliable in their self-disclosures.

In this study, the two groups' subscale scores on the Nungesser Homosexuality Attitudes Inventory (NHAI) were similar (see Table 16), although the summed scores were significantly different for the two groups (<u>t</u> [405] = 3.76, <u>p</u> < .01). The pattern of scores on the subscale <u>attitudes about self</u> indicated a positive attitude toward homosexuality as an aspect of one's self. The pattern of scores on the subscale <u>general attitudes toward homosexuality</u> indicated neither strongly negative or positive attitudes toward homosexuality and other female homosexuals. The pattern of scores on the subscale <u>self-disclosure</u> indicated a tendency toward a positive attitude about self-disclosure and overtness of homosexual orientation. The pilot study respondents' scores (<u>M</u> = 128, <u>SD</u> = 18.69, range = 100 to 159), although somewhat similar to both Group 1 and 2, had a larger variance in their

positive attitudes toward being lesbian and toward homosexuality.

Table 15. Attitude toward Homosexuality (NHAI)

Subscales	Group 1	Group 2
n	152	255
Attitude About Self[a]		
X	44.73	42.80
SD	4.61	5.64
MIN	28	20
MAX	50	50
General Attitudes		
X	38.96	38.27
SD	3.29	3.51
MIN	24	16
MAX	46	46
Attitudes re: Self Disclosure[b]		
X	56.16	50.73
SD	10.245	9.654
MIN	15	11
MAX	70	70
Sum of Scores[c]		
X	137.86	131.80
SD	15.37	15.93
MIN	69	60
MAX	162	161

[a] t (366) = 3.742, p <.001
[b] t (405) = 3.393, p <.001
[c] t (405) = 3.758, p <.001

Scores on the Stage Allocation Measure (SAM) indicated that a very small percentage (Group 1, 2% and Group 2, 3%) of the respondents said that they were in the first three stages of the Cass model. Most of the respondents (Group 1,

98% and Group 2, 97%) stated they were in the Identity

Acceptance, Identity Pride, or Identity Synthesis stages

(see Table 17). The mean stage and variability was similar

between the two groups. Similar results were found by Kahn

(1989); as in Kahn's study, this researcher found it

difficult to locate women in early stages of sexual identity

formation who would complete the survey (despite a total $\underline{N}$

of 407).

Table 16. Stage Allocation Measure (SAM)

	Group 1 $\underline{n}$= 149 (152)	Group 2 $\underline{n}$= 250 (255)
Mean Stage	5	6
SD	.95	.93
MIN	1	1
MAX	6	6

STAGES	Group 1 (%) $\underline{n}$= 149	Group 2 (%) $\underline{n}$= 250
1	1 (−1)	1 (−1)
2	2 (1)	0
3	0	6 (2)
4	45 (30)	140 (56)
5	46 (30)	35 (14)
6	55 (37)	68 (27)

Group 1 and Group 2 were found to be significantly

different on several factors (i.e., income, geographical

area of the country, education, and occupations). Group 1

respondents were generated by a sampling procedure which was

less biased than that for Group 2, which was a convenience sample. Therefore, the hypotheses were examined only for Group 1. Statistical analyses of the data are reported below for each hypotheses. A family-wise alpha level was used within each analysis to control for Type I errors.

Research Questions/Hypotheses

The following hypotheses were derived from the first research question: To whom and in what order do lesbians self-disclose their sexual orientation as indicated by self report?

Hypothesis 1. A lesbian's self-disclosure occurs first with like others.

Forty-nine percent of the respondents in Group 1 indicated that they came-out first to other lesbians. As indicated in Table 18, the largest percentage (48.7%) of people to whom the respondents came-out first were lesbians, with the second largest percentage being non-gay women (20%). Thus, the first hypothesis was partially supported (see Table 18).

Hypothesis 2. A lesbian woman's self-disclosure behavior occurs next with heterosexuals.

After coming-out to other lesbians, the next largest group to whom lesbians come-out was heterosexuals, non-gay

women and non-gay men ($\underline{n}$ = 52, 34%). Therefore, hypothesis

two was partially supported (see Table 18).

Table 17.   Order of Coming-out by Identified Categories

Catagory	First	Second	Third	Fourth	Fifth
Lesbians	74 (48.7)	20 (13.2)	7 (04.6)	4 (02.6)	0
Gay Men	18 (11.8)	40 (26.3)	27 (17.8)	21 (13.8)	7 (04.6)
Non–Gay Women	30 (19.7)	33 (21.7)	28 (18.4)	20 (13.2)	1 (00.7)
Non–Gay Men	7 (04.6)	19 (12.5)	30(19.7)	26 (17.1)	27 (17.8)
Family	18 (11.8)	32 (21.1)	37 (25.0)	21 (13.8)	18 (11.0)
None	5 (03.3)	8 (05.3)	23 (15.1)	60 (39.5)	99 (65.1)

Note: Date for Group 1, $\underline{n}$= 151

Hypothesis 3. A lesbian woman's self-disclosure

occurs last with family members, siblings before

parents.

Eighty-two percent ($\underline{n}$ = 124) of the total number of

respondents had come-out to at least one family member. As

indicated in Table 18, the order of coming-out to family

members was not consistently last. Thus, the hypothesis

stating that lesbians come-out to family members last was

not supported.

The data related to the timing of coming-out behavior

between parents and siblings are found in Table 19. At

least 35% of the time respondents had told their parents

prior to siblings. Therefore, this part of the hypothesis

was not supported.

Table 18. Come-out Behavior within Family-of-Origin

<u>n</u> 152	<u>n</u>	(%)
Parents before siblings	51	(34)
Siblings before parents	45	(30)
Simultaneously parents & siblings	10	(3)
Other Family members	5	(3)
Have not come-out to any family members	41	(27)

The following hypotheses were derived from the
research question: Will the general level of lesbians'
style of self-disclosure, as measured by Self-Disclosiveness
Scale (Wheeless, 1978), influence their "coming-out"
behavior?

> Hypothesis 4. A lesbian who has a general
> predisposition to be self-disclosive self-discloses
> her sexual orientation (a) sooner in relationship to
> her coming-out to herself and (b) to more groups of
> individuals than a lesbian who has less of a
> predisposition.

In order to answer this hypothesis, the data from
Table 20 A was examined. There were a large percentage of
respondents whose difference in acknowledging non-

heterosexual status and coming-out was within a short period
of time. Thus, in order to look at the data for this
hypothesis, the difference in years was divided into two
groups, 0 - 7 years and more than seven years (these
groupings were based on studies of the skewed data and
similar data reported by Cronin [1977] [M = 7 years] and
O'Bear and Reynolds [1988] [10 years]). A low group was
established from 0 to 7 and a high group included any one
over 7.1 years. Table 20 A reflects the high and low
groups' scores on the GDS. There were no significant
differences among the groups' scores on any of the subscales
(intent, t [150] = .168 , p > .01; amount, t [150] = .465, p
> .01; positiveness, t [150] = .210, p > .01; depth, t [150]
= .419, p > .01; honesty/accuracy, t [150] , p > .01).
These results indicated that lesbians' predisposition to
self-disclose was not related to her coming-out behavior.

For Part (b), a Pearson correlation was computed
between subscale scores and the number of groups to whom the
respondents had come-out. A significant correlation was
found for the positiveness scale only (r = .188, p < .01,
family wise alpha rate). This indicates that the more
positive the information one discloses the more groups to
whom lesbians had come-out. Despite the statistical
significance, however, the r was small in a practical sense.
Thus, part (b) was not supported, indicating that lesbians'
predisposition to self-disclose was not related to the

number of groups of people to whom they have come-out (see

Table 20 B).

Table 19.   Predisposition to Disclose (GDS)

A.   Differences in Years between Acknowledging Your Self as Non-heterosexual and First Coming-out to Another (ie.)   Number of years by length of time

B.   Correlations for Number of Groups Self-disclosed

Subscales	A Short Time $n = 106$	Longer Time $n = 46$	B
Intent	$X = 22.15$ $SD = 3.99$	$X = 23.13$ $SD = 4.05$	.006
Amount	$X = 19.48$ $SD = 4.66$	$X = 18.85$ $SD = 5.43$	.141
Positiveness	$X = 24.30$ $SD = 3.64$	$X = 23.57$ $SD = 3.64$	.188[a]
Depth	$X = 16.55$ $SD = 6.32$	$X = 15.67$ $SD = 5.54$	.211
Honesty	$X = 28.64$ $SD = 4.08$	$X = 28.28$ $SD = 4.08$	.023

Note: Short Time = < 7 Years; Longer Time = > 7 Years
[a]Significant at p = <.001

The following hypotheses were created to answer the research question: Will the level of internalized homophobia, as measured by the Nungesser Homosexual Attitudes Inventory (Nungesser, 1983), be negatively related to coming-out behavior of lesbian women?

Hypothesis 5. A lesbian who displays low internalized homophobia tends to self-disclose to more groups of individuals than one who displays high internalized homophobia.

Hypothesis 6. A lesbian who displays high internalized homophobia limits self-disclosure to lesbian and non-gay female friends.

To test these two hypotheses, the number of groups of people to whom the women had come-out was compared with their scores on the Nungesser Homophobic Attitudes Inventory (NHAI; Nungesser, 1983). Following the scoring instructions that accompany the NHAI, a median split scoring criteria was used, with those at the mean being placed with the "high" group. Based on a reading of the percentages (see Table 21) the fifth hypothesis was supported. The lesbians who displayed low internalized homophobia came-out to more groups than those with high internalized homophobia (X (4, N = 152) = 24.465, p < .001). The sixth hypothesis was not supported as both groups, high and low homophobia, had been inclusive about the identified categories to whom they had

come-out; the low group had not limited their self-

disclosure only to other lesbians and non-gay women.

Table 20.   Internalized Homophobia

A.   Number of Groups to Whom Come-Out and Sum of Scores on NHAI

# of Groups	High[a] (%)	Low[b] (%)	Sum (%)
0	0 (2)	4 (7.5)	4 (2.6)
1	0	0	0
2	2 (2)	5 (9)	7 (4.6)
3	6 (6)	5 (9)	11 (7)
4	11 (11)	15 (28)	28 (17)
5	85 (81)	24 (45)	104 (68)
Total	99 (65)	53 (35)	152 (100)

x^2 (4, n = 152) = 24.465, p <.001

B.   Identified Categories to Whom Come Out and Sum of Scores on NHAI

Identified Categories	High[a] (%)	Low[b] (%)
Lesbian	99 (95)	47 (89)
Gay Men	93 (94)	43 (81)
Non-Gay Women	95 (96)	45 (85)
Non-Gay Men	90 (91)	32 (60)
Family	89 (90)	38 (72)

[a]High denotes LOW internalized homophobia and HIGH attitude toward homosexuality, scores range = >135
[b]Low denotes HIGH internalized homophobia and LOW attitude toward homosexuality, scores range = <135

The following hypotheses were developed in order to answer the research question: Will the phase of lesbians' identity formation, as measured by Cass Stage Allocation Measure (Cass, 1984), relate to coming-out behavior?

> **Hypothesis 7. A lesbian in stage one (Identity Confusion) or two (Identity Comparison) does not self-disclose to anyone.**
>
> **Hypothesis 8. A lesbian in stage three (Identity Tolerance) self-discloses to like others.**
>
> **Hypothesis 9. A lesbian in stage four (Identity Acceptance) continues to self-disclose to other lesbians and begins self-disclosing to heterosexuals and family members.**

To test these three hypotheses, specific identified categories of people (i.e., lesbians, gay men, non-gay women, non-gay men, family) to whom the woman had come-out, regardless of order, were compared with scores on the Stage Allocation Measure (SAM) (see Table 22). There were insufficient data in stages one, two, or three to form any conclusions. Therefore, hypotheses seven and eight were not supported. There was a trend for a larger percentage of those at higher stages to come-out to each group, particularly non-gays and family members. Thus, hypothesis 9 was partially supported.

Table 21.   Stages of Sexual Identity Formation and
            Identified Categories to Whom Come-Out.

Stage	L[a]	GM	N–G W	N–G–M	F
1[b]	1 (100)	1 (100)	1 (100)	1 (100)	1 (100)
2	2 (100)	1 (50)	1 (50)	1 (50)	1 (50)
3	0	0	0	0	0
4	44 (96)	39 (87)	38 (84)	25 (56)	33 (73)
5	43 (93)	42 (91)	44 (96)	42 (91)	42 (91)
6	53 (98)	51 (93)	53 (96)	51 (93)	48 (87)

Note: First set of numbers is n and second set is (%).

[a]Identified Categories: L = Lesbian, G–M = Gay Male, N–G W = Non–Gay
Woman, N–G–M = Non–Gay Male, F = Family.

[b]Identity Stages of Coming–Out: Stage 1 = Identity Confusion, Stage 2 =
Identity Comparison, Stage 3 = Identity Tolerance, State 4 = Identity
Acceptance, Stage 5 = Identity Pride, Stage 6 = Identity Synthesis.

CHAPTER V

CONCLUSIONS

The purpose of this study was twofold. One intention was to investigate the premises regarding self-disclosure as proposed in theories of homosexual development. The second objective was to generate information about the practical value of the premises for counseling practice. In light of these intentions, this chapter is organized into six sections; (a) general descriptions based on scores on the various instruments, (b) information generated by hypotheses testing, (c) information pertinent to counseling, (d) limitations, (e) further suggestions for research, and (f) overall conclusions.

General Description of Respondents

Generally, lesbians have been stereotyped since not much data has been available about this population. A purpose in studying only lesbians was to determine if they are truly a heterogenous group. The demographic data collected on age, age at coming-out, ethnic or racial background, occupations, education, and annual income indicated that the women who participated in this study were diverse. In fact, not all women in this study refer to the term lesbian to define themselves. Ettore (1978) reported

the similar results for 200 lesbians, as did Darty and
Potter (1984), which indicates that not all women in same-
sex relationships necessarily call themselves lesbians.

Age of coming-out to themselves, or noticing their
difference in reference to heterosexuality, ranged from
three years to 63 years. The earliest that a woman came-
out to another was seven years and the oldest was 51 years.
These results support Charbonneau and Lander's (1991)
statement that sexual orientation self-disclosure is not age
related.

The largest portion of the sample came-out within the
same year, with the mean number of years being four years.
These results are in conflict with Cronin's (1974) and
O'Bear and Reynolds's (1985) results. They found the
difference in years to be eight and ten years, respectively.
One point which may be relevant to this discussion is the
historical context within which a woman identifies herself
as lesbian. Sophie (1987) and Faderman (1984) both
supported the idea that the present time is more supportive
of a women's exploration of alternative life styles due to
the women's movement of the last twenty years. Therefore, a
woman's path to coming-out may be "easier" than women who
came-out in earlier times. This factor may have influenced
women in this study to come-out sooner than women in past
studies.

General Description of Instruments

Scores on the General Disclosive Scales revealed that the respondents tended to be intentional and superficial in their disclosure. Wheeless and Grotz (1977) stated that trust is predominantly related to control of depth and intent to disclose. Since lesbians are at risk for being stigmatized because of their sexual orientation (Morin, 1991; Slater, 1988), it makes sense that lesbians would be more cautious in talking about personal information.

Scores on the Nungesser Homosexuality Attitudes Inventory indicated that respondents tended to display a wide range of attitudes about their homosexuality. In other words, these lesbians vary greatly in their attitudes toward homosexuality. These results support Margolies et al.'s (1987) statement that internalized homophobia is prevalent and insidious.

Scores on the Stage Allocation Measure indicated that almost all the respondents identified themselves as being in stages four, five, and six. As was the experience of this researcher, it is difficult to identify and then to have women in early stages of sexual identity formation participate in a study whose focus is lesbians. The women from both Groups 1 and 2 were primarily in the later stages, perhaps indicating a more confident awareness of their sexual orientation, and thus a greater willingness to complete a survey about their sexual orientation.

Information Generated by Hypotheses Testing

It was hypothesized that coming-out about one's sexual orientation was difficult and that after first coming-out to themselves, it would be emotionally safer to seek out other lesbians before telling non-gays in their life. The data partially supported this; it does appear that lesbians typically come-out first to other lesbians.

It was hypothesized that during the early coming-out process women would speak of their sexual orientation to heterosexuals only after they disclosed to lesbians. Results were mixed. Respondents came-out to gay men as much as to the combined groups of non-gay women and non-gay men.

It was hypothesized that coming-out to family members was a stressful event. Therefore, women would tell family of their sexual orientation last, that is, after other lesbians, gay men, non-gay women, and non-gay men. The respondents in this study came-out to their family at different times. There was no set pattern.

It also was hypothesized that within the respondents' family they would talk of their sexual orientation to their siblings before they would talk about their sexual orientation to their parents, either mother or father. This was not supported. Instead, respondents in this study more often told their parents before they shared this information with siblings.

It was hypothesized that predisposition to self-disclosure would influence coming-out behavior to other individuals. Superimposed upon this hypothesis was the hypothesis that there is a time differential between when one admits to oneself that she is non-heterosexual and when one begins to verbalize this information to others. Results indicated no relationship between areas of self-disclosure and differences in time between coming-out to oneself and coming-out to another. One of the reasons for this result could be the small variance in the scores on the GDS.

It also was hypothesized that the number of groups one comes-out to varies and is related to the five dimensions of self-disclosure. Only positiveness was positively related to the number of groups. This result seems to indicate that if one has a predisposition to state positive things about oneself, one would tend to come-out to more groups of people.

It was hypothesized that lesbians have internalized both negative and positive attitudes toward homosexuality and a lesbian life style, and that these attitudes are linked to the number of groups to whom she verbalized her sexual orientation. Respondents' scores indicated that the women with low attitudes about their sexual orientation tend to come-out to fewer groups than those with high attitudes about their sexual orientation.

It was also hypothesized that if a woman had a "negative attitude" (high internalized homophobia) about homosexuality that she would speak of her own sexual orientation only to other women, lesbians and non-gay women. This was not supported by the data. Respondents with high internalized homophobia, however, did not limit their self-disclosure to a specific group.

It was hypothesized that women who identified themselves as in "Identity Confusion" or "Identity Comparison" (that is, she was experiencing internal confusion about her sexuality and felt isolated from like-others) were in the beginning of an exploration of their sexual identities and would not have spoken to others of their dilemma. The limited sample made this hypothesis unable to answer.

It was hypothesized that women who identified themselves as in "Identity Tolerance" (that is, she was seeking out other women like her in order to meet her social, sexual, and emotional needs) had talked only to lesbians or women who were in the same situation. Again, the limited sample made this hypothesis unable to answer.

It was hypothesized that women who identified themselves in "Identity Acceptance" would have spoken of their sexual orientation to non-gay women and men and family members. Since the respondents in the later stages were more represented, a trend could be seen. It appeared that

respondents' coming-out behavior was related to the stage
self-identified within that process.

Counseling Implications

The primary information gathered from this study for
counselors is that lesbian women are a demographically
heterogeneous group (see also as was found by Simon &
Gagnon, 1967, and Vance & Green, 1984). Thus, when working
with a woman who deems herself lesbian or who is in a sexual
identity crisis, a counselor needs to keep in mind that
stereotypes of what a lesbian is must be put aside and must
not bias the therapeutic relationship nor developmental
process. It is also important for the counselor to share
this information about the heterogeneity of the lesbian
population with women who are either in same-sex
relationships or who are questioning their sexual
orientation. Through acknowledging differences within the
lesbian population, the client can be helped to accept parts
of herself that perhaps are associated with shame.

The amount of time it takes a woman to tell someone of
her sexual orientation ranged from "within the same year" to
33 years, with a mean age of four. This information is
helpful to a counselor in understanding the variations in
the process of coming-out and to then explain it to her
clients. The length of time for each woman must be honored,

whether long or short, since each client's coming-out involves many different experiences.

These data support Sophie's (1985/86), Lewis's (1984), and Green and Clunis's (1989) findings, each of whom referred to a non-linear sexual identity formation, which is counter to the belief that there is a uni-directional heterosexual development, such as described by Cass (1984). Data from this study substantiate their clinical and empirical findings.

Since for the women in this study the average time interval between first sexual desire for the same sex and the decision to tell someone was four years, it is important for the counselor to understand how early learning and social stigma influences this coming-out process. Children learn in their family-of-origin that heterosexuality is the norm and any alternative is either not acknowledged or acknowledged with the stigma of difference (Zitter, 1987). Therefore, self-disclosure of one's sexual orientation could be an issue in counseling affiliation where trust is a criteria for building a therapeutic relationship. Also, counselors need to keep in mind that women who have not shared their sexual orientation with other gay women might be isolating themselves from this support and may need help in developing this area of their lives.

Another issue to explore with clients is the term lesbian and what it means to her client, since not all women

refer to themselves as lesbian, as previously established
(Dotty & Porter, 1984) and supported by this study. In
fact, some women do not consider themselves lesbian unless
they refer to themselves as such (Dubay, 1987).

Limitations

The sensitive nature of this research topic brings with
it several limitations. The use of volunteers and data
collection strategies that rely on anonymous self-report
required a convenience sample which generates a sampling
bias. Another limitation was that despite the researcher's
efforts to have an ethnic and racial representation, this
was not achieved. It would be helpful for this challenge to
be met more effectively to generate more information within
the lesbian population. Also, it was difficult to generate
a sample which represented all stages of sexual identity
formation, which limited information gathered and hypothesis
testing.

Suggestions for Further Research

This study added to the literature on coming-out for
lesbians and offered additional information for future
researchers. Some of the results help clarify other
empirical studies and anecdotal information. However, this
study has just opened the door on the topic of lesbians and
their coming-out process.

It would be helpful if more testing were done to verify the validity and reliability of the NHAI, since homophobia is not always a visible construct and hidden homophobia could be blocking a client's life goals. Even better instruments specifically based on the lesbian population are greatly needed if valid research is to be conducted. In such a scale, it could be important to explore the various components of homophobia which might be endemic to the lesbian population. Xenophobia, erotophobia, and mysogyny have been noted (Brown, 1986; Margolies, et al., 1987) as contributors to homophobia. Also, it is important to investigate if there is a relationship between internalized homophobia and sexual identity formation. This might be helpful in understanding further how internalized homphobia affects the lesbian in her relationship with the world. Another area that may be related to internalized homophobia is self-labeling. Since not all women in this study referred to themselves as lesbian, and DuBay (1987) stated that one is not gay until one states such, it seems important to understand the relationship between self-labeling and internalized homophobia.

The usefulness of Cass's (1984) model to conceptualize lesbian identity development within the counseling context may be helpful only as a theoretical model. It is important to remember that Cass's model was developed with female and male respondents. Perhaps the difference that was seen is

this study which did not support her findings related to the fact that this sample was all female. Since Cass has developed the only instrument which looks at sexual identity formation, further investigators could focus on developing a lesbian-centered instrument which encompasses other researchers' work, as Chapman and Brannock's (1987) model, which might be helpful if integrated with Cass's paradigm. Another possible variable may be time, since there has been about ten years since Cass developed and published her instrument and theory; perhaps a cohort effect might now be able to be determined by further studies (Sophie, 1985/6). It is important to notice, however, that the number of of groups increase as the level of sexual identity foramtion progresses along. This indicates an increase in coming-out as one feels more comfortable with her sexual orientation.

One effect hampering research on identity development is the difficulty of accessing lesbians in early stages of their sexual orientation development. This difficulty has been encountered by other researchers (e.g., Kahn, 1989) as well. This is another area in need of investigation. A complete understanding of lesbians' coming-out behavior, based on empirical data, necessitates a sample that represents all stages of development, but there is no clear solution of this critical problem.

This study did not investigate the characteristics of the "groups" to whom the lesbians came-out. Several points

are relevant here. First, a number of women came-out to non-gay men. It would be helpful to know who these men are and what led to disclosure. Further research into how these non-gay men interact with the lives of the lesbians could be important to understanding the coming-out process. Also, this research only looked at the number of categories (groups of people) and not at the amount or characteristics within each group identified. The number and characteristics of people might be helpful to understand the coming-out process better (i.e., coming-out information on women who have been married or have children and how the coming-out process was for them).

Gathering data on this population was a difficult task yet they were willing to particiapte when identified. The bias that is inherent within a convenience sample can lead to information that is not particularly useful. Future researchers need to keep this in mind.

Summary

This study was an attempt to gather base line empirical data on the coming-out process for lesbians. Some of the information has supported the anecdotal, clinical data already collected, whereas other data have been different. Available instruments to assess relevant variables are not strong and further research is needed to cultivate the knowledge on this minority population. Such work is

necessary to enhance the therapeutic experience for lesbians and to expand the knowledge base and counteract biases of the general public.

BIBLIOGRAPHY

Adam, B. D. (1987). The rise of a gay and lesbian movement.
    Boston, MA; Twayne Publishers.

Albro, J. C., & Tully, C. (1979). Lesbians in the
    homosexual micro-culture and the heterosexual macro-
    culture. Journal of Homosexuality, 4, 331-344.

Alexander, R. D. (1986). The relationship between
    internalized homophobia and depression and low self-
    esteem in gay men (homosexuality). (Doctoral
    dissertation, University of California, Santa Barbara,
    1986). Dissertation Abstracts International, 47, 3977A.

American Psychiatric Association (1978). Diagnostic and
    statistical manual. New York: American Psychiatric
    Association.

American Psychiatric Association (1980). Diagnostic and
    statistical manual, III. New York: American Psychiatric
    Association.

American Psychiatric Association (1986). Diagnostic and
    statistical manual of mental disorders: Third edition
    (Revised). New York: American Psychiatric Association.

American Psychological Association, Committee on Lesbian and
    Gay Concerns (1990). Final report of the task force on
    bias in psychotherapy with lesbian and gay men.
    Washington, DC: Author.

Anastasi, A. (1976). Pschological testing. New York: Macmillan.

Anthony, B. D. (1982). Lesbian client-lesbian therapist: Opportunities and challenges in working together. Journal of Homosexuality, 8, 45-57.

Archer, R. L. (1980). Self-disclosure. In D. M. Wegner & R. R. Vallacher (Eds.), The self in social psychology (pp.183-205). New York: Oxford University Press.

Atkinson, D. R., & Hackett, C. (1988). Counseling non-ethnic American minorities. Springfield, IL: Charles C. Thomas.

Baetz, R. (1984). The coming-out process: Violence against women. In T. Darty & S. Potter (1984) (Eds.), Women-loving-women (pp. 45-50). Palo Alto, CA: Mayfield.

Barnett, R. C., & Baruch, G. K. (1981). Women in the middle years: A critique of research and theory. In S. Cox (Ed.), Female Psychology: The Emerging Self. (pp.283-291) New York: St. Martins Press.

Barrett, M. B. (1989). Invisible lives: The truth about millions of women-loving-women. New York: Morrow.

Beane, J. (1981). "I'd rather be dead than gay": Counseling gay men who are coming out. Personal and Guidance Journal, 60, 222-226.

Bell, A. P., Weinberg, M. S., & Hammersmith, S. K. (1981). Sexual preference: Its development in men and women. Bloomington, IN: Indiana University Press.

Berg-Cross, L. (1988). Lesbians, family process and

    individuation. Journal of College Student

    Psychotherapy, 3, 97-112.

Berzon, B. (1979). Developing a positive gay identity. In B.

    Berzon & R. Leighton (Eds.), Positively gay (pp. 1-

    14). Millbrae, CA: Celestial Arts.

Biemiller, L. (1982, October 20). Homosexual academe say

    "coming-out" could jeopardize careers. The Chronicle of

    Higher Education, pp. 9-10.

Blacher, J. (1977). An exploration of androgyny, self-

    actualization, and field-independence in lesbian

    feminist and non-feminist and non-lesbian feminist and

    non-feminist women. (Doctoral dissertation, California

    School of Professional Psychology, 1977) Dissertation

    Abstracts International, 39, 4568B.

Boswell, J. (1980). Christianity, social tolerance, and

    homosexuality. Chicago: University of Chicago Press.

Brown, L. S. (1986). Confronting internalized oppression in

    sex therapy with lesbians. Journal of Homosexuality,

    12, 99-107.

Brown, L. S. (1988). Lesbians, gay men and their families:

    Common clinical issues. Journal of Gay & Lesbian

    Psychotherapy, 1, 65-77.

Brooks, V. (1981). Minority stress and lesbian women.

    Lexington, MA: Lexington Books.

Brownfain, J. J. (1952). Stability of the self-concept as a
    dimension of personality. Journal of Abnormal
    Psychology, 47, 597-606.

Browning, C., Reynolds, A.L., & Dworkin, S. H. (1991).
    Affirmative psychotherapy for lesbian women. Counseling
    Psychologist, 19, 177-196.

Buhrke, R. A. (1989). Incorporating lesbian and gay issues
    into counselor training: A resource guide. Journal of
    Counseling and Development, 68, 77-85.

Buhrke, R. A., Ben-Ezra, L. A., & Hurley, M. E. (1992).
    Content analysis and methodological critique of
    articles concerning lesbian and gay male issues in
    counseling journals. Journal of Counseling Psychology,
    39, 91-99.

Buhrke, R. A. & Douce, L. A. (1992). Training issues for
    counseling psychologists in working with lesbian women
    and gay men. The Counseling psychologist, 19, 216-234.

Cabaj, R. P. (1988). Homosexuality and neurosis:
    Considerations for psychotherapy. Journal of
    Homosexuality, 15, 13-23.

Carl, D. (1988). Same-sex couples. The Family Therapy
    Networker, November/December, 52-55.

Cass, V. C. (1979). Homosexual identity formation: A
    theoretical model. Journal of Homosexuality, 4, 219-
    235.

Cass, V. C. (1983/84). Homosexual identity: A concept in
    need of definition. Journal of Homosexuality, 9, 105-
    126.

Cass, V. C. (1984). Homosexual identity formation: Testing a
    theoretical model. Journal of Sex Research, 20, 143-
    167.

Cass, V. C. (1991). Personal communication

Chafetz, J. S., Sampson, P., Beck, P., & West, J. (1974). A
    study of homosexual women. Social Work, 19, 714-723.

Chan, C. S. (1989). Issues of identity development among
    Asian-American lesbians and gay men. Journal of
    Counseling and Development, 68, 16-20.

Chapman, B. E., & Brannock, J. C. (1987). Proposed model of
    lesbian identity development: An empirical examination.
    Journal of Homosexuality, 14, 69-80.

Charbonneau, C. & Lander, P. S. (1991). Redefining
    sexuality: Women becoming lesbians at midlife. In B.
    Sang, J. Warshow, & A. J. Smith (Eds.), Lesbians at
    midlife: A creative transition (p. 29-43) San
    Francisco: Spinsters Book Company.

Chelune, G. J. (1979). Measuring openness in interpersonal
    communication. In G. J. Chelune & Associates (Eds.),
    Self-Disclosure: Origins, patterns and implication of
    openness in interpersonal relationships (pp. 1-27).
    San Francisco, CA: Jossey-Bass.

Clark, D. (1987). The new loving someone gay. Berkeley, CA:
Celestial Arts.

Cohen, C. J., & Stein, T. S. (1986). Reconceptualizing
individual psychotherapy with gay men and lesbians. In
T. S. Stein & C. J. Cohen (Eds.), Contemporary
perspectives on psychotherapy with lesbians and gay men
(pp. 27-54). New York: Plenum Medical Book Company.

Coleman, E. (1982). Developmental stages of the coming-out
process. American Behavioral Scientist, 25, 469-482.

Coleman, E.(1988). Assessment of sexual orientation. In E.
Coleman (Ed.), Integrated identity for gay men and
lesbians: Psychotherapeutic approaches for emotional
well being (pp. 9-24). New York: Harrington Press.

Cozby, P. C. (1973). Self-disclosure: A literature review.
Psychological Bulletin, 79, 73-91.

Cramer, D. W., & Roach, A. J. (1988). Coming out to mom and
dad: A study of gay males and their relationships with
their parents. Journal of Homosexuality, 15, 79-91.

Crompton, L. (1981). The myth of lesbian impunity: Capital
laws from 1270 to 1791. In S. J. Licata & R.P. Petersen
(Eds.), Historical perspectives on homosexuality (pp.
11-25). New York: Haworth Press & Stein and Day
Publishers.

Cronin, D. M. (1974). Coming-out among lesbians. In E.
Goode & R. R. Troiden (Eds.), Sexual Deviance and

Sexual Deviants (pp. 268-277). New York: William
Morrow.

Darty, T., & Potter, S. (1984) (Eds.), Women-identified
women. Palo Alto, CA: Mayfield.

D'Augelli, A. R. (1989). Lesbian women in a rural helping
network: Exploring informal helping resources. Women
in Therapy, 8, 119-130.

Derlega, V. J., & Chaikin, A. (1977). Privacy and self-
disclosure in social relationships. Journal of Social
Issues, 33(3), 102-115.

Derlega, V. J., & Grzelak, J. (1979). Appropriateness of
self-disclosure. In G. J. Chelune & Associates (Eds.),
Self-Disclosure: Origins, patterns and implication of
openness in interpersonal relationships (pp. 151-176).
San Francisco, CA: Jossey-Bass.

de Monteflores, C. (1986). Notes on the management of
difference. In T. S. Stein & C. J. Cohen (Eds.),
Contemporary perspectives on psychotherapy with
lesbians and gay men (pp. 73-101). New York: Plenum
Medical Book Company.

de Monteflores, C., & Schultz, S. (1978). Coming out:
Similarities and differences for lesbians and gay men.
Journal of Social Issues, 34, 59-72.

D'Emilio, J. (1983). Sexual politics, sexual communities:
The making of the homosexual minority in the United

States, 1940-1970. Chicago: University of Chicago Press.

Dimond, R., & Hellkamp, D. (1969). Race, sex, ordinal position or birth and self-disclosure in high school students. Psychological Reports, 25, 235-238.

Doster, J. A., & Nesbitt, J. G. (1979). Psychotherpy and self-disclosure. In G. J. Chelune & Associates (Eds.), Self-Disclosure: Origins, patterns and implication of openness in interpersonal relationships (pp. 177-224). San Francisco, CA: Jossey-Bass.

DuBay, W. (1987). Gay identity: The self under ban. Jefferson: McFarland.

Elliot, P. (1981). Lesbian identity and self disclosure. (Doctoral dissertation, University of Windsor). Dissertation abstratcts International, 42/08-B, 3494.

Erikson, E. H. (1968). Identity: Youth and Crisis. New York: Norton.

Eriksson, B. (1981). A lesbian execution in Germany, 1721: The trial records. In S. J. Licata & R.P. Petersen (Eds.), Historical perspectives on homosexuality (p 11-25). New York: Haworth Press & Stein and Day Publishers.

Espin, O. (1987). Latina lesbian women. In Boston Psychologies Collective (Ed.), Lesbian Psychologies (pp. 35-55). Chicago: University Press.

Ettore, E. M. (1986). Social lesbians and social

   lesbianism. In E. M. Ettore (Ed.), Lesbians, women, and

   society. London: Routledge & Kegan Paul.

Faderman, L. (1984). The "newgay" lesbians. Journal of

   Homosexuality, 10, 85-95.

Fairchild, B. (1979). For parents of gays: A fresh

   perspective. In B. Berzon & R. Leighton (Eds.),

   Positively gay(pp. 101-111). Millbrae CA: Celestial

   Arts.

Faraday, A. (1981). Liberating lesbian research. In K.

   Plummer (Ed.), The making of the modern homosexual,

   (pp. 112-129). New Jersey: Barnes & Noble Books.

Fassinger, R. E. (1991). The hidden minority: Issues and

   challenges in working with lesbian women and gay men.

   The Counseling Psychologist, 19, 157-177.

Feinleib, M. R. (1989) (Ed.), Report of the Secretary's Task

   Force on youth suicide. U. S. Department of Health and

   Human Services, Public Health Service, Alcohol, Drug

   Abuse, and Mental Health.

Fisher, E. (1983). An investigation of the process of

   identification and disclosure of the sexual preference

   of lesbian women. (Doctoral dissertation, University of

   Pittsburgh, 1982) Dissertation Abstracts International,

   44/08, 2358A.

Fitzgerald, M. P. (1963). Self-disclosure and expressed
     self-esteem, social distance, and areas of the self
     revealed. Journal of Psychology, 56, 405-412.

Fitzpatrick, G. (1983). Self-disclsoure of lesbianism as
     related to self-actualization and self-stigmatization.
     Dissertation Abstracts International, 43, 4143B.

Forst, E., & Wheeless, L. R. (1986). Child to parent
     disclosure, general disclosiveness, and loneliness.
     Unpublished paper presented at the Annual meeting of
     the Speech Communication Association, Chicago, IL,
     November.

Garrison, D. (1988). Social support and well-being in
     self-disclosed and non-disclosed lesbians. Paper
     presented at the annual conference of the Association
     of Women in Psychology, Bethesda, MD.

Gartrell, N. (1981). The lesbian as a "single" woman.
     American Journal of Psychotherapy, 4, 502-509.

Gartrell, N. (1984). Combatting homophobia in the
     psychotherapy of lesbians. Women in Therapy, 3, 13-
     29.

Gilligan, C. (1977). In a different voice: Psychological
     theory and women's development. Cambridge, MA: Harvard
     University Press.

Glaus, K. O. (1989). Alcoholism, chemical dependency and the
     lesbian client. In E. D. Rothblum & E. Cole (Eds.),

<u>Lesbians: Affirming nontraditional roles</u>, <u>Women in therapy</u>, <u>8</u>, 1/2. New York: Haworth Press.

Gonsiorek, J. C. (1982a). <u>Homosexuality and psychotherapy: A practitioner's handbook of affirmative models</u>. New York: Haworth.

Gonsiorek, J. C., & Weinrich, J. D. (1991). The definition and scope of sexual orientation. In J. C. Gonsiorek & J. D. Weinrich, (Eds.), <u>Homosexuality: Research implications for public policy</u> (pp.1-12). Newbury Park, CA: SAGE Publications.

Goodstein, L., & Reinecker, V. (1974). Factors affecting self-disclosure: A review of the literature. In B. Maher, (Ed.), <u>Progress in Experimental Personality Research</u> (Vol. 7, pp. 49-77). New York: Academic Press.

Green, G. D., & Clunis, D. M. (1989). Married lesbians. In E. D. Rothblum & E. Cole (Eds.), <u>Loving boldly: Issues facing lesbians</u> (pp. 41 - 49). New York: Heyward Press.

Groves, P. (1985). Coming-out: Issues for the therapist working with women in the process of lesbian identity formation. <u>Women and Therapy</u>, <u>4</u>, 17-22.

Groves, P., & Ventura, L. (1983). The lesbian coming-out process: Therapeutic considerations. <u>The Personnel and Guidance Journal</u>, <u>62</u>, 146-149.

Hall, M. (). Lesbian families: Cultural and clinical issues. <u>Social Work</u>, <u>23</u>, 380-385.

Halpern, H. (1974). Attitudes toward male and female

   homosexuality as related to gender, sex-role attitudes,

   and sexual orientation. Unpublished master's thesis,

   University of Cincinnati, Cincinati, Ohio.

Hanley-Hackenbuck, P. (1989). Psychotherapy and the

   "coming-out" process. Journal of Gay & Lesbian

   Psychotherapy, 1, 21-39.

Hatfield, H. (1986). Affection and sexual intimacies in

   adulthood as determined by family religousness and

   child rearing practicies. Unpublished doctoral

   dissertation, University of Cincinnati, Cincinnati,

   Ohio.

Herek, G. M. (1989). Hate crimes against lesbians and gay

   men: Issues for research and policy. American

   Psychologist, 44, 948-955.

Heyward, C. (1989). Coming-out and relational empowerment: A

   lesbian feminist perspective. Work in Progress, # 38.

   Wellesley, MA: The Stone Center.

Hudson, W. W., & Ricketts, W. A. (1980). A strategy for the

   measurement of homophobia. Journal of Homosexuality, 5,

   357-372.

Hyde, J. (1985). Half the human experience. Lexington: D. C.

   Heath.

Iasenza, S. (1989). Some challenges of integrating sexual

   orientation into counselor training and research.

   Journal of Counseling and Development, 68, 73-76.

Jaffee, L., & Polansky, N. (1962). Verbal inaccessibility in young adolescents showing delinquent trends. Journal of Health and Human Behavior, 3, 105-111.

Jourard, S. M. (1958a). Healthy personality: An approach through the study of healthy personality. Basic Books: New York.

Jourard, S. M. (1958b). Some factors in self-disclosure. Journal of Abnormal Psychology, 56, 91-98.

Jourard, S.M. (1959). Healthy personality and self-disclosure. Mental Hygiene, 43, 499-507.

Jourard, S. M. (1961). Age trends in self-disclosure. Merrill-Palmer Quarterly, 7, 191-197.

Jourard, S. M. (1971a). Self-disclosure: An experimental analysis of the transparent self. New York: Wiley.

Jourard, S. M. (1971b). The transparent self (rev. ed.). New York: Van Nostrand Reinhold.

Jourard, S. M., & Lasakow, P. (1958). Some factors in self-disclosure. Journal of Abnormal Psychology, 56, 91-98.

Jourard, S. M., & Richman, P. (1963). Disclosure output and input in college students, Merrill Palmer Quarterly, 9, 141-148.

Kahn, M. (1989). Factors related to the coming out process for lesbians. (Doctoral dissertation, Texas Women's University, 1989). Dissertation Abstracts International, 51, 3590B.

Katz, J. (1976). <u>Gay American history: Lesbians and gay men</u>
    <u>in the U.S.A.</u> New York: Avon.

Kehoe, M. (1988). <u>Lesbians over 60 speak for themselves</u>.
    New York: Harrington Press.

Kiefer Hammersmith, S. (1987). A sociological approach to
    counseling homosexual clients and their families.
    <u>Journal of Homosexuality</u>, <u>14</u>, (1/2), 173-190.

Kinsey, A. C., Pomeroy, W. B., Martin, C. E., & Gebhard, P.
    H. (1953). <u>Sexual behavior in the human female</u>.
    Philadephia: W. B. Saunders.

Klein, F., Sepikoff, B., & Wolf, T.(1985). Sexual
    orientation--a multi-variable dynamic process. <u>Journal</u>
    <u>of Homosexuality</u>, <u>1</u>, 35-49.

Kleinberg, L. (1986). Coming home to self, going home to
    parents: Lesbian identity disclosure. Work in
    Progress, Wellesley College: The Stone Center.

Krajeski, J. P. (1986). Psychotherapy with gay men and
    lesbians: A history of controversy. In T. S. Stein & C.
    J. Cohen, (Eds.), <u>Contemporary perspectives on</u>
    <u>psychotherapy with lesbians and gay men</u> (pp. 9-25). New
    York: Plenum.

Krestan, J.A. (1988). Lesbian daughters and lesbian
    mothers: The crisis of disclosure from a family systems
    perspective. <u>Journal of Psychotherapy & the Family</u>, <u>3</u>,
    113-130.

Kwawer, J. S. (1980). Transference and countertransference
in homosexuality--Changing psychoanalytic views.
American Journal of Psychotherapy, 34(1), 72-80.

Lewis, L. A. (1984). The coming-out process for lesbians:
Integrating a stable identity. Social Work, September-
October, 464-469.

Loftin, E. C. (1981). The study of disclosure and support in
a lesbian population. (Doctoral Dissertation,
University of Texas, Austin, 1981). Dissertation
Abstracts International, 42, 1348A.

Loicano, D. K. (1989). Gay identity issues among Black
Americans: Racism, homophobia, and the need for
validation. Journal of Counseling and Development, 68,
21-25.

Lorde, A. (1984). Sister outsider. Freedom CA: The Crossing
Press.

Loulan, J.A. (1986). Pscyhotherapy with lesbian mothers. In
T. S. Stein & C. J. Cohen, (Eds.), Contemporary
perspectives on psychotherapy with lesbians and gay men
(pp. 181-208). New York: Plenum.

Lumby, M. E. (1976). Homophobia: The quest for a valid
scale. Journal of Homosexuality, 2, 39-47.

Margolies, L., Becker, M. &, Jackson-Brewer, K. (1987).
Internalized Homophobia: Identifying and treating the
oppressor within. In The Boston Lesbian Psycholgies
Collective (Eds.), Lesbian Psychologies: Exploration &

<u>Challenges</u> (pp. 229-241). Urbana, IL: University of
Illinois Press.

MacDonald, A. P., Huggins, J., Young, S., &, Swanson, R. A.
(1972). Attitudes toward homosexuality: Preservation
of sex morality or the double standard? <u>Consulting and
Clinical Psychology</u>, <u>40</u>, 161.

Mack, K. (1986). Factors effecting gay and lesbian identity
development: Implications for therapy. Unpublished
manuscript. University of Cincinnati, Cincinatti, OH.

Mayer, J. (1967). Disclosing marital problems. <u>Social
Casework</u>, <u>48</u>, 342-351.

McCall, G. J., & Simmons (1966). <u>Identities and
interactions: An examination of human associations in
everyday life</u>. New York: The Free Press.

McDermott, D., Tyndall, & Lichtenberg, J. W. (1989). Factors
related to counselor preference among gays and
lesbians. <u>The Journal of Counseling and Development</u>,
<u>68</u>, 31-35.

McDonald, G. (1982). Misrepresentation, liberalism, and
heterosexual bias in introductory psychology textbooks.
<u>Journal of Homosexuality</u>, <u>6</u>, 45-58.

McIntosh, M. (1981). The homosexual role. In K. Plummer
(Ed.), <u>The making of the modern homosexual</u> (pp. 30-
49). New Jersey: Barnes & Noble Books.

Millham, J., San Miguel, C. L., & Kellogg, R. (1976).
Factor-analytic conceptualization of attitudes toward

male and female homosexuals. <u>Journal of Homosexuality</u>,
<u>2</u>, 3-10.

Miranda, J., & Storms, M. (1989). Psychological adjustment
of lesbians and gay men. <u>The Journal of Counseling and
Development</u>, <u>68</u>, 31-35.

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

Morin, S. F. (1991). Removing the stigma: Lesbian and gay
affirmative counseling. <u>The Counseling Psychologist</u>,
<u>19</u>, 245-247.

Moses, A. E. & Buckner, J. A. (1986). The special problems
of rural gay clients. In A. E. Moses & R. O. Hawkins
(Eds.), <u>Counseling lesbian women and gay men: A life
issues approach</u> (pp. 173-180). St. Louis, MO: C. V.
Mosby.

Moses, A. E. & Hawkins, R. O. (1982). (Eds.), <u>Counseling
lesbian women and gay men</u>. St. Louis, MO: C.V. Mosby.

Murphy, B. C. (1989). Lesbian couples and their parents: The
effects of perceived parental attitudes on the couple.
<u>The Journal of Counseling and Development</u>, <u>68</u>, 46-51.

Nemeyer, L. (1980). Coming out: Identity congruence and the
attainment of adult female sexuality. (Doctoral
dissertation, Boston University School of Education).
<u>Dissertation Abstracts International</u>, <u>41</u>, 1924B.

Newton, E. (1987, March 11). Academe's homophobia: It
damages careers and ruins lives. The Chronicle of
Higher Education, p. 104.

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

O'Bear, K., & Reynolds, A. (1985, March). Opening doors to
understanding and acceptance: A facilitator's guide for
presenting workshops on lesbian and gay issues.
Workshop and manual presented at the American College
Personnel Association convention, Boston.

Oberstone, A. K. (1974). Dimensions of psychological
adjustment and style of life in single lesbians and
single heterosexual women. (Doctoral dissertation,
California School of Professional Psychology, Los
ANgels, 1974). Dissertation Abstracts International,
35, 5088B.

O'Carolan, R. (1982). An investigation of the relationship
of self-disclosure of sexual preference to self-esteem,
feminism, and locus of control in lesbians. (Doctoral
dissertation, University of Missouri-Kansas City,
1982). Dissertation Abstracts International, 43/03,
915B.

Ort, J. (1987). Enablers and inhibitors of lesbian self-
disclosure. Unpublished manuscript, University of
Cincinnati, Cincinnati, Ohio,

Padesky, C. A. (1989). Attaining and maintaining positive lesbian self-identity: A cognitive therapy approach. In E. D. Rothblum & E. Cole (Eds.), Lesbians: Affirming nontraditional roles. Women in Therapy, 8, 145-156. New York: Haworth Press.

Paulsen, J. (1983, April). Homophobia in American psychiatrists. Paper presented to the Group for the Advancement of Psychiatry, Philadelphia, PA.

Pedersen, D. M., & Higbee, K. L. (1969). Self-disclosure and the relationship to the target person. Merrill-Palmer Quarterly, 15, 213-220.

Plummer, K. (1975). Sexual stigma: An interactionist account. London: Routledge & Kegan Paul.

Ponse, B. (1976). Secrecy in the lesbian world. Urban Life, 5, 313-338.

Ponse, B. (1978). Identities in the lesbian world: The social construction of self. Westport, CT: Greenwood Press.

Raphael, S. M. (1974). "Coming Out": The emergence of the movement lesbian. (Doctoral dissertation, Case Western Reserve, 1974). Dissertation Abstract International, 35/08, 5536-A.

Riddle, D. I., & Sang, B. (1978). Psychotherapy with lesbians. Journal of Social Issues, 34, 84-99.

Rich, A. (1979). Compulsory heterosexuality and lesbian existence. SIGNS, 5, 631-660.

Ritter, K. Y., & O'Neill, C. W. (1989). Moving through loss: The spiritual journey of gay men and lesbian women. <u>Journal of Counseling and Development, 68</u>, 9-15.

Rivera, R. R. (1992). Sexual orientation and the law. In J. C. Gonsiorek & J. D. Weinrich, (Eds.), <u>Homosexuality: Research implications for public policy</u> (pp.81-100). Newbury Park, CA: SAGE Publications.

Romano, K. (1990). The relation of perceived societal and familial homonegativism and homophobia and individual homophobia to relationship satisfaction and self-esteem in partnered lesbians. (Doctoral dissertation, New York University, 1990). <u>Dissertation Abstracts International, 51</u>, 5104A.

Rosenfeld, L B. (1979). Self-disclosure avoidance: Why am I afraid to tell you who I am. <u>Communication Monographs, 46</u>, 63-74.

Rothblum, E. D. (1989). Introduction: Lesbianism as a model of a positive lifestyle for women. In E. D. Rothblum & E. Cole (Eds.), <u>Lesbianism: Affirming nontraditional roles</u>. New York: Haworth Press.

Rudolph, J. (1989). Effects of a workshop on mental health practitioners' attitudes toward homosexuality and counseling effectiveness. <u>Journal of Counseling and Development, 68</u>, 81-85.

Sablosky, R. G. (1987). Interpersonal congruency as motivation for the decision to self-disclose lesbian

identity to mother. (Doctoral dissertation, California School of Professional Psychology). <u>Dissertation Abstracts International</u>, <u>46</u>, 1820B.

Sang, B. E. (1992). Counseling and psychotherapy with midlife and older lesbians. In S. H. Dworkin & F. J. Gutierrez (Eds.), <u>Counseling gay men and lesbians: Journey to the end of the rainbow</u> (pp. 35-48). Alexandria, VA: American Association for Counseling and Development.

Schafer, S. (1976). Sexual and social problems of lesbians. <u>Journal of Sex Research</u>, <u>12</u>, 50-69.

Simon, W., & Gagnon, J. H. (1967). The lesbians: A preliminary overview. In J. H. Gagnon & W. Simon (Eds.), <u>Sexual Deviance</u> (pp. 247-232). New York: Harper & Row.

Shively, M. G. & de Cecco, J. P. (1978). The identification of the social sex-role stereotypes. <u>Journal of Homosexuality</u>, <u>3</u>, 225-234.

Slater, B. R. (1988). Essential issues in working with lesbian and gay male youths. <u>Professional psychology: Research and Practice</u>, <u>19</u>, 226-235.

Smith, K. T. (1971). Homophobia: A tentative personality profile. <u>Psychological Reports</u>, <u>29</u>, 1091-1094.

Sophie, J. (1982). Counseling lesbians. <u>The Personnel and Guidance Journal</u>, <u>61</u>, 341-345.

Sophie, J. (1985). Stress, social network, and sexual
    orientation identity in women. (Doctoral dissertation,
    New York University, 1985). Dissertation Abstracts, 46,
    949B.

Sophie, J. (1985/86). A critical examination of stage
    theories of lesbian identity development. Journal of
    Homosexuality, 12, 39-51.

Sophie, J. (1987). Internalized homophobia and lesbian
    identity. Journal of Homosexuality, 14, 53-65.

Spaulding, E. (1981). The formation of lesbian identity
    during the "coming out" process. (Doctoral
    dissertation, Smith College School for Social Work,
    1982) Dissertation Abstracts International, 43/06,
    2106A.

Steele, F. (19750. The open organization: The impact of
    secrecy and disclosure on people and organizations.
    Reading, MA: Addision-Wesley.

Tardy, C. H. (1988). Self-Disclosure: Objectives and
    methods of measurement. In C. H. Tardy (Ed.), A
    Handbook for the study of human communication: Methods
    and instruments for observing, measuring, and assessing
    communication processes. Norwood, New Jersey: Ablex
    Publishing.

Taylor, D. A. (1979). Motivational bases. In G. J. Chelune &
    Associates (Eds.), Self-Disclosure: Origins, patterns
    and implication of openness in interpersonal

relationships (pp. 1-27). San Francisco, CA: Jossey-
Bass.

Troiden, R. R. (1989). The formation of homosexual
identities. Journal of Homosexuality, 17(1/2), 43-73.

Thompson, C. &, Zoloth, B. (1990). Homophobia. Cambridge,
MA; Campaign to End Homophobia.

Todar, N. (1979). Coming-out. In B. Berzon & R. Leighton
(Eds.), Positively gay (pp. 41-42). Millbrae CA:
Celestial Arts.

Tully, C. T. (1988). Caregiving: What do midlife lesbians
view as important? Journal of Gay and Lesbian
Psychotherapy, 1, 87-103.

Vance, B. K. &, Green, V. (1984). Lesbian identities: An
examination of sexual behavior and sex role attribution
as related to age of initial same-sex encounter.
Psychology of Women, 8, 293-307.

Warshow, J. (1991). How lesbian identity affects the mother
-daughter relationship. In B. Sang, J. Warshow, & A.
J. Smith (Eds.), Lesbians at midlife: A creative
transition. (pp. 80-83). San Francisco: Spinsters Book
Company.

Watters, A. T. (1986). Heterosexual bias in psychological
research on lesbianism and male homosexuality (1970-
1983) utilizing the bibliographic and taxonomic system
of Morin (1977). Journal of Homosexuality, 13, 35-38.

Weinberg, G. (1972). Society and the healthy homosexual. New York: Anchor.

Weinberger, L. E. & Millham, J. (1979). Attitudinal Homophobia and support of traditional sex roles. Journal of Homosexuality, 4, 237-246.

Wells, J. W., & Kline, W. B. (1987). Self-disclosure of homosexual orientation. Journal of Social Psychology, 127, 191-197.

Weston, A. E. (1978). Sexual and social interaction patterns in lesbian and heterosexual women. (Doctoral dissertation, University of California, Berkley, 1988) Dissertation Abstracts International,140, 468B.

Wheeless, L. R. (1976). Self-disclosure and interpersonal solidarity: Measurement, validation, and relationships. Human Communication Research, 3, 47-61.

Wheeless, L. R. (1978). A follow-up study of the relationships of trust, disclosure, and interpersonal solidarity. Human Communication Research, 4, 143-157.

Wheeless, L. R., & Grotz, J. (1976). Conceptualization and measurement of reported self-disclosure. Human Communication Research, 2, 338-346.

Wheeless, L. R., & Grotz, J. (1977). The measurement of trust and its relationship to self-disclosure. Human Communication Research, 3, 250-257.

Wheeless, L. R., Nesser, K., & McCrosky, J. C. (1977). The relationships of self-disclosure and disclosiveness to

high and low communication apprehension. <u>Communication Research Reports</u>, <u>3</u>, 129-134.

Wheeless, L.R., Frickson, K.V., & Behrens, J. S. (1986). Differences in disclosiveness as a function of locus of control. <u>Communication Monographs</u>, <u>53</u>, 36-46.

Wheeless, L. R. (1992). Personal communication.

Woodman, N. (1989). Mental health issues of relevance to lesbian women and gay men. <u>Journal of Gay and Lesbian Psychotherapy</u>, <u>1</u>, 53-63.

Wooley, G. (1991, January/February). Beware the well intentioned therapist. <u>Family Therapy Networker</u>, p. 30.

Worthy, M., Gary, A.L., & Kahn, G. M. (1969). Self-disclosure as an exchange process. <u>Journal of Personality and Social Psychology</u>, <u>13</u>, 59-63.

Yeskel, F. (1985). <u>The consequences of being gay: A report on the quality of life of lesbian, gay, and bisexual students at the University of Massachusetts at Amherst</u>. Unpublished mauscript. (Available from Office of Lesbians/Gay/Bisexual Concerns, c/o Residential Ed. West, 117 Cance House, University of MAssachusetts, Amherst, MA 01103, (413) 545-4824)

Zitter, S. (1987). Coming out to mom: Theoretical aspects of the mother-daughter process. In The Boston Lesbian Psycholgies Collective (Eds.), <u>Lesbian Psychologies: Exploration & Challenges</u>. (pp. 177-194). Urbana, IL: University of Illinois Press.

APPENDIX A

RESEARCH INSTRUMENT

Cover Letter for Research Instrument

Dear Interested Woman,

> *We need to know that we are not accidental, that our culture has grown and changed with the current events of time, that we, like others, have a social herstory filled with individual lives, community struggles and customs of language, dress and behavior....*
> *Joan Nestle, 1982*
> Keynote address for Amazon's Autumn's Sixth Annual Lesbian Fall Festival

It is important to me to acknowledge my lesbian identity and sisters in my community. Therefore I am doing my research for my doctoral studies on a small piece of lesbians' lives. Specifically, I am looking at coming-out experiences. I appreciate your **voluntary** participation. All responses will be kept strictly **confidential** and **anonymous.** Thank you for your help in completing the questionnaire and in suggesting names of other interested lesbians. I can not do it without **you**! We are everywhere.

Each packet contains one questionnaire, a stamped, pre-addressed envelope, and a pre-addressed postcard. If you are going to participate, **FIRST** complete the questionnaire; **SECOND**, place the completed questionnaire into the stamped, pre-addressed return envelope and **mail it within 2 weeks**; **THIRD** if you want a copy of the results of this study put your name and address on the pre-addressed postcard and mail it separately from the research packet.

The enclosed questionnaire will take 20 - 30 minutes to complete. Please find a time in your busy schedule and a quiet place where you can be uninterrupted so you can answer the questions without additional stress. Coming-out issues can be stressful enough. Please do not discuss the questionnaire or your answers until you have completed the entire questionnaire. After completing the questionnaire, I encourage you to seek out supportive friends and/or professional helpers to discuss any feelings or thoughts which might be stimulated by your participation in the study.

I am looking for more women to participate in the study. If you know of someone who might be interested give or mail her the enclosed envelope. The envelope contains a postcard which your friend or colleague can mail to me requesting a survey packet.

Please join me in looking at our community. The information gathered will be used to help counselors work with the lesbian population. I also hope it will help us learn more about our own community and empower us in our life challenges. If you have any questions please call me collect at 919-993-9191. I will be glad to assist you as you complete the questionnaire.

Most sincerely,

Vivien E. Radonsky,
Doctoral Candidate

On the following pages you will be shown a number of attitude statements which are personal and intimate in nature. Please answer them to the best of your ability. Remember all information is being collected anonymously, to protect your privacy, and all information is being held in strictest confidence.

Some statements may depict situations which you have not experienced. In those cases, please imagine yourself in that situation when answering those statements. It is most important that you answer each of the statements as frankly and honestly as you can.

Throughout the questionnaire, the term "lesbian" or "homosexual" is used. If you use a different word to describe yourself (such as gay or woman-identified) please feel free to substitute whichever one you feel most comfortable with in order to make the items applicable to you.

Remember, this is not a test, so there are no right or wrong answers. Your answers are the **CORRECT** answers.

Indicate how much **you** personally endorse each statement. Please mark every statement. Work quickly, and just record your first impressions.

PLEASE GO TO NEXT PAGE AND BEGIN

SECTION ONE: SELF-DISCLOSURE

This section is designed to measure self-disclosure. Self-disclosure refers to information about yourself that you reveal to other people that they would not otherwise know, i. e., personal feelings, beliefs, private information.

Please mark the following statements to reflect how you communicate with other people in general. Work quickly and record your first impression. Indicate the degree to which the following statements reflect how you communicate with people by putting a CIRCLE around the number that reflects how you feel.

Circle 1 if you Strongly Disagree; 2 if you Disagree; 3 if you Moderately Disagree; 4 if you are Undecided; 5 if you Moderately Agree; 6 if you Agree; and 7 if you Strongly Agree.

EXAMPLE: In A. below, if you Strongly Agree with the statement you would circle 7.

A. Self-disclosure refers to information about yourself that you reveal to other people that they would not otherwise know.	1	2	3	4	5	6	(7)

	SD	D	MD	U	MA	A	SA
1. When I wish, my self-disclosures are always accurate reflections of who I really am.	1	2	3	4	5	6	7
2. When I express my personal feelings, I am always aware of what I am doing and saying.	1	2	3	4	5	6	7
3. When I reveal my feelings about myself, I consciously intend to do so.	1	2	3	4	5	6	7
4. When I am self-disclosing, I am consciously aware of what I am revealing.	1	2	3	4	5	6	7
5. I do not often talk about myself.	1	2	3	4	5	6	7
6. My statements of my feelings are usually brief.	1	2	3	4	5	6	7
7. I usually talk about myself for fairly long periods at a time.	1	2	3	4	5	6	7
8. My conversation lasts the least time when I am discussing myself.	1	2	3	4	5	6	7
9. I often talk about myself.	1	2	3	4	5	6	7
10. I often discuss my feelings about myself.	1	2	3	4	5	6	7
11. Only infrequently do I express my personal beliefs and opinions.	1	2	3	4	5	6	7
12. I usually disclose positive things about myself.	1	2	3	4	5	6	7
13. On the whole my disclosures about myself are more negative than positive.	1	2	3	4	5	6	7
14. I normally reveal "bad" feelings about myself.	1	2	3	4	5	6	7

<u>PLEASE GO TO NEXT PAGE</u>

	SD	D	MD	U	MA	A	SA
15. I normally express my "good" feelings about myself.	1	2	3	4	5	6	7
16. I often reveal more undesirable things about myself than desirable things.	1	2	3	4	5	6	7
17. I usually disclose negative things about myself.	1	2	3	4	5	6	7
18. On the whole, my disclosures about myself are more positive than negative.	1	2	3	4	5	6	7
19. I intimately disclose who I really am, openly and fully in my conversation.	1	2	3	4	5	6	7
20. Once I get started, my self disclosures last a long time.	1	2	3	4	5	6	7
21. I often disclose intimate, personal things about myself without hesitation.	1	2	3	4	5	6	7
22. I feel that I sometimes do not control my self-disclosures.	1	2	3	4	5	6	7
23. Once I get started, I intimately and fully reveal myself in my self-disclosures.	1	2	3	4	5	6	7
24. I cannot reveal myself when I want to because I do not know myself thoroughly enough.	1	2	3	4	5	6	7
25. I am often not confident that my expressions of my own feelings, emotions, and experiences are true reflections of myself.	1	2	3	4	5	6	7
26. I always feel completely sincere when I reveal my own feelings and experiences.	1	2	3	4	5	6	7
27. My self-disclosures are completely accurate reflections of who I really am.	1	2	3	4	5	6	7
28. I am not always honest in my self-disclosure.	1	2	3	4	5	6	7
29. My statements about my own feelings, emotions, and experiences are always accurate self-perceptions.	1	2	3	4	5	6	7
30. I am always honest in my self-disclosures.	1	2	3	4	5	6	7
31. I do not always feel completely sincere when I reveal my own feelings, emotions, behaviors or experiences.	1	2	3	4	5	6	7

SECTION TWO: COMING-OUT

This section looks at personal information concerning "COMING-OUT." COMING-OUT refers to a direct statement to others which identifies you as non-heterosexual.

Please answer the following questions related to COMING-OUT to the best of your ability. Remember all information is being collected **anonymously**, to protect your privacy, and all information is being held in **strictest confidence**.

1. How old were you when you **first** thought of yourself as non-heterosexual?_____

2. Question 2 has TWO parts; A and B. Read <u>A</u> and answer it and then go to <u>B</u> and follow the instructions.

A. How old were you when you **first** CAME-OUT to any persons of the following groups? In the column marked <u>AGE</u> list the age you were when you **FIRST** CAME-OUT to a person in the identified groups. If you have <u>NEVER</u> COME-OUT to a particular group mark the column <u>NEVER</u>.

GROUP	A. AGE or NEVER		B. RANK
LESBIANS	___	___	___
GAY MEN	___	___	___
NON-GAY WOMEN	___	___	___
NON-GAY MEN	___	___	___
FAMILY	___	___	___

B. For those groups with whom you did COME-OUT, in the column marked <u>RANK</u> , please go back and rank the order in which you CAME-OUT (First = 1, Second = 2, etc...) If you CAME-OUT to more than one group at the same time give those groups the same rank number.

SECTION THREE: FAMILY OF ORIGIN

This section looks at coming-out within your FAMILY-OF-ORIGIN. FAMILY-OF-ORIGIN are people in your immediate family with whom you spent your early childhood years. For example FAMILY-OF-ORIGIN may include, your parents (step or biological), sisters or brothers, (step or biological), aunts or uncles, grandparents, or cousins, if you shared a household with them when you were a child.

This question has TWO parts; <u>A</u> and <u>B</u>. Read <u>A</u> and answer it and then go to <u>B</u> and follow the instructions.

A. In the left hand column list the members in your FAMILY-OF-ORIGIN by their relationship to you (for example mother, not by name). Then complete the next two columns indicating how old you were when you CAME-OUT to them. If deceased please indicate the year died. If you have never come-out to that person, leave blank. If you have not "come-out" to any one in your FAMILY-OF-ORIGIN please go to the next page.

Family Member	A. AGE you CAME-OUT	If deceased, year of death	B. Rank
_____	___	_____	___
_____	___	_____	___
_____	___	_____	___
_____	___	_____	___
_____	___	_____	___

B. In column B. for those FAMILY-OF-ORIGIN members with whom you have COME-OUT, rank the order in which you CAME OUT (First = 1, Second = 2, etc...) If there is a tie, give both relatives the same number.

IF YOU NEED MORE SPACE PLEASE USE ANOTHER SHEET OF PAPER

SECTION FOUR: ATTITUDES ABOUT HOMOSEXUALITY

This section is designed to measure the way you feel about working or associating with homosexuals. No two of the statements below are exactly alike. Consider each statement carefully before answering. Please circle the number that reflects how you feel.

Indicate 5 if you Strongly Agree; 4 if you Agree; 3 if you are Undecided; 2 if you Disagree; and 1 if you Strongly Disagree.

	SD	D	U	A	SA
1. When I am in a conversation with a lesbian, and she touches me, I am uncomfortable.	1	2	3	4	5
2. I would not mind if my boss found out I am lesbian.	1	2	3	4	5
3. Whenever I think a lot about being lesbian, I feel depressed.	1	2	3	4	5
4. Homosexuality is not as good as heterosexuality.	1	2	3	4	5
5. When I think about telling my family about my lesbianism, I worry that they will try to remember things about me that would appear to fit the stereotype of lesbian.	1	2	3	4	5
6. I am glad to be lesbian.	1	2	3	4	5
7. Lesbianism is a natural expression of sexuality in human females.	1	2	3	4	5
8. When I am sexually attracted to a close female friend, I feel uncomfortable.	1	2	3	4	5
9. I am proud to be part of the lesbian community.	1	2	3	4	5
10. Lesbians do not dislike men any more than heterosexual females dislike men.	1	2	3	4	5
11. Marriage between two lesbians should be legalized.	1	2	3	4	5
12. My lesbianism makes me happy.	1	2	3	4	5
13. Lesbians are overly promiscuous.	1	2	3	4	5
14. When I am sexually attracted to another lesbian, I would mind if someone else knows how I feel.	1	2	3	4	5
15. Most problems that lesbians have come from their status as oppressed minority, not from their lesbianism per se.	1	2	3	4	5

	SD	D	U	A	SA
16. When men know I am lesbian, I am afraid they will not relate to me as a woman.	1	2	3	4	5
17. Lesbian lifestyles are not as fulfilling as heterosexual lifestyles.	1	2	3	4	5
18. I would mind if my neighbors knew that I am lesbian.	1	2	3	4	5
19. It is important to conceal the fact that I am lesbian from most people.	1	2	3	4	5
20. Whenever I think a lot about being lesbian, I feel critical about myself.	1	2	3	4	5
21. Choosing to be a lesbian should be an option for any girl or woman.	1	2	3	4	5
22. If my straight friends knew of my lesbianism, I am afraid they would begin to ignore me.	1	2	3	4	5
23. If heterosexual women knew of my lesbianism, I would be uncomfortable	1	2	3	4	5
24. Heterosexuality is a sexual perversion.	1	2	3	4	5
25. If it were public that I am a lesbian I would be extremely unhappy.	1	2	3	4	5
26. If my coworkers knew that I am a lesbian, I am afraid that many would not want to be my friends.	1	2	3	4	5
27. Women become lesbians because they have had bad experiences with men.	1	2	3	4	5
28. If others knew I am lesbian, I would be afraid they would see me as masculine.	1	2	3	4	5
29. I wish I were heterosexual.	1	2	3	4	5
30. When I think about coming out to someone, I am afraid they will pay more attention to my general appearance.	1	2	3	4	5
31. I do not think I will be able to have a long term relationship with another woman.	1	2	3	4	5
32. I am confident that my lesbianism does not make me inferior.	1	2	3	4	5
33. I am afraid that people will harass me if I come out more publicly.	1	2	3	4	5
34. When I think about coming out to a heterosexual female friend, I worry that she might watch me to see if I do things that are stereotypically homosexual.	1	2	3	4	5

PLEASE TURN TO THE NEXT PAGE

SECTION FIVE: SELF DESCRIPTION

Presented below are descriptions of SEVEN types of people. Read through each one carefully and select the description that best fits the way you are NOW by placing a cross (X) in the box next to it. If none of the descriptions is <u>exactly</u> like you, select the one that is MOST like you NOW. You must select one of the descriptions.

[ ]   1. You believe you are heterosexual and never question this. You rarely, if ever, wonder "Am I a homosexual?" You do not believe that homosexuality has anything to do with you personally.

[ ]   2. You are not sure who you are. You are confused about what sort of person you are and where your life is going. You ask yourself the questions "Who am I?" "Am I homosexual?" Am I really a heterosexual?" You sometimes feel, think, or act in a homosexual way, but you rarely, if ever, tell anyone about this. You're fairly sure that homosexuality has something to do with you personally.

[ ]   3. You feel that you probably are a homosexual, although you're not definitely sure. You realize that this makes you different from other people and you feel distant or cut-off from them. You may like being different or you may dislike it and feel very alone. You feel you would like to talk to someone about 'feeling different'. You are beginning to think that it might help to meet other homosexuals but you're not sure whether you really want to or not. You don't want to tell anyone about the fact that you might be a homosexual, and prefer to put on a front of being completely heterosexual.

[ ]   4. You feel sure you're a homosexual and you put up with, or tolerate this. You see yourself as a homosexual for now but are not sure about how you will be in the future. You are not happy about other people knowing about your homosexuality and usually take care to put across a heterosexual image. You worry about other people's reactions to you. You sometimes mix socially with homosexuals, or would like to do this. You feel the need to meet like-others to yourself.

[ ]   5. You are quite sure you are a homosexual and you accept this fairly happily. You are prepared to tell a few people about being a homosexual (such as friends, family members, etc.) but you carefully select who you will tell. You feel that other people can be influential in making trouble for homosexuals and so you try to adopt an attitude of getting on with your life like anyone else, and fitting into where you live and work. You can't see any point in confronting people with your homosexuality if it's going to embarrass all concerned. A lot of the time you mix socially with homosexuals.

[ ]   6. You feel proud to be homosexual and enjoy living as one. You like reading books and magazines about homosexuals, particularly if they portray them in good light. You are prepared to tell many people about being homosexual and make no attempt to hide this fact. You prefer not to mix socially with heterosexuals because they usually hold anti-homosexual attitudes. You get angry at the way heterosexuals talk about and treat homosexuals, and often openly stand up for homosexuals. You are happy to wear badges that bear slogans such as "How dare you presume I'm heterosexual". You believe it is more important to listen to the opinions of homosexuals than of heterosexuals.

[ ]   7. You are prepared to tell ANYONE that you are a homosexual. You are happy about the way you are but feel that being a homosexual is not the most important part of you. You mix socially with fairly equal number of homosexuals and heterosexuals and with all of these you are open about your homosexuality. You still get angry at the way homosexuals are treated but not as much as you once did. You believe there are many heterosexuals who happily accept homosexuals and whose opinions are worth listening to. There are some things about a heterosexual way of life that seem worthwhile.

<u>PLEASE TURN TO THE NEXT PAGE</u>

DEMOGRAPHIC INFORMATION

1. What is your AGE:_____

2. Which phrase BEST describes your ETHNIC/RACIAL BACKGROUND?
____ (1) African-American
____ (2) Asian-American
____ (3) Latina
____ (4) Native American
____ (5) White-European
____ (6) Other (please specify) _____

3. What is your STATE of RESIDENCE?_____

4. Would you describe WHERE YOU LIVE as
____ (1) Rural?
____ (2) Urban?
____ (3) other? (please specify) _____

5. Please indicate your
A. NUMBER OF YEARS IN SCHOOL: _____
B. HIGHEST DEGREE ATTAINED:
                         ____ (1) Diploma
                         ____ (2) Associate
                         ____ (3) Bachelor
                         ____ (4) Master
                         ____ (5) Doctor
                         ____ (6) Other (please specify) _____

6. Please state your ANNUAL INCOME to the nearest $5,000: _____

7. Please state your current OCCUPATION: _____

8. It is possible that not all the women participating in this study use the word lesbian to describe themselves. Please check below ALL the words which you use to describe yourself.
____ ASEXUAL   ____ BISEXUAL   ____ FEMINIST
____ GAY   ____ HETEROSEXUAL   ____ HOMOSEXUAL
____ LESBIAN   ____ UNSURE   ____ WOMAN-IDENTIFIED
                      ____ WOMAN-LOVING-WOMAN
____ OTHER (please specify) _____

9. How did you learn about this study?
_____ (1) Advertisement
_____ (2) Friend
_____ (3) Researcher
_____ (4) Other (please specify)_____

> This is the end of the questionnaire. Thank you very much for taking the time to participate. Now that you have completed the questionnaire please feel free to discuss it.
>
> Fill out the post card enclosed AND MAIL IT SEPARATELY if you would like a copy of the results. I will send the results as soon as they are completed.

APPENDIX B

ADVERTISEMENT

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Advertisement

APPENDIX C

COVER LETTER FOR POSTCARD PACKET

Cover Letter for Postcard Packet

Dear Interested Woman,

> *We need to know that we are not accidental, that our culture has grown and*
> *changed with the current events of time, that we, like others, have a social herstory*
> *filled with individual lives, community struggles and customs of language, dress and*
> *behavior....*
> *Joan Nestle, 1982*
> Keynote address for Amazon's Autumn's Sixth Annual Lesbian Fall Festival

It is important to me to acknowledge my lesbian identity and sisters in my community. Therefore I am doing my research for my doctoral studies on a small piece of lesbians' lives. Specifically, I am looking at coming-out experiences.

I would appreciate your **voluntary** participation. All responses will be kept strictly **confidential** and **anonymous**. The questionnaire will take 20 - 30 minutes to complete. If you participate I will be glad to send you the results. I can not do it without <u>you</u>! We are everywhere.

Please, join me in looking at our community. <u>Fill out the enclosed post card and I will send you a survey packet</u>. The information gathered will be used to help counselors work with the lesbian population. I also hope it will help us learn more about our own community and empower us in our life challenges. If you have any questions please call me collect at 919-993-5319.

Most Sincerely,

Vivien E. Radonsky
Doctoral Candidate

APPENDIX D

POSTCARDS

I'm Interested Postcard

I AM INTERESTED IN PARTICIPATING
IN YOUR STUDY. PLEASE SEND ME A
SURVEY PACKET.
(Please Print)

NAME _____

ADDRESS _____

_____

Results Postcard

YES, I PARTICIPATED IN THE STUDY
PLEASE SEND THE RESULTS TO:
(Please Print)

NAME _____

ADDRESS _____

_____

APPENDIX E

FOLLOW-UP LETTERS

Follow-Up Letter

December 14, 1992

Dear Respondents to the LC ad,

I am trying to follow up on the women **who asked for surveys
but who did not ask for the results** among the women who said
they would like to participate in my survey. I am assuming
that if you did not send the post card asking for results
then you did not return the completed questionnaire. If I
am right and you have not completed the survey packet yet,
please do it as soon as possible. I need it by December 31,
1992. If for any reason there is a problem, as you never
received the packet, please contact me **Collect** at 919-993-
9191. I will try to help. If I am wrong thanks for your
participation!

In Sisterhood and Blessings for the Holiday Season,

Vivien E. Radonsky

No More Surveys Follow-up Letter

Vivien E. Radonsky
1065 Century Park Avenue
Kernersville, NC 27284
919-993-9191

January 18, 1993

Dear Respondent,

Thank you so much for letting me know that you would like to participate in my study. I heard from you by all kinds of correspondents: some of you responded to the advertisement for help in your newsletters or in bookstores, others filled in postcards telling me that you wanted to participate, others sent me notes with your survey telling me of your interest and others who would take the survey. I am in awe of the support and feel very validated that I am doing the "right " thing.

I am writing to let you know that I have stopped sending out surveys because there are no more to send out (I have mailed 635 packets). I had to stop for monetary reasons and time constraints. I plan on completing my requirements by the end of March so I can graduate in May. However, I will be sending you a copy of the results of the survey when it is completed.

So, I appreciate your support and I wish you all the best and continued zest to stand up and be heard and be counted for what you believe in. Blessings to you all and those you hold dear.

In sisterhood,