Examining the Impact of Internalized Heterosexism on
Psychological Distress Among Gay Men

An Honors Thesis (PSYS 492)

by

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INTERNALIZED HETEROSEXISM AND PSYCHOLOGICAL DISTRESS

Abstract

Given the pervasiveness of heterosexism in society, gay men are at a significant risk for internalizing heterosexist beliefs and developing psychological distress. The author of the present study examined the impact of internalized heterosexism on self-esteem and depression. Participants (56 self-identified gay men) completed the Nungesser Homosexuality Attitudes Inventory-Revised, Rosenberg Self-Esteem Scale, and the Burns Depression Scale. Considering past research findings, the author hypothesized that internalized heterosexism would be negatively correlated with self-esteem and positively correlated with depression. Results of statistical analyses supported the hypotheses, revealing a significant positive correlation between depression and internalized heterosexism, and a significant negative correlation between internalized heterosexism and self-esteem. The study was limited by its small sample size and lack of diversity among participants, but helped illustrate the impact of internalized heterosexism on psychological distress.

Keywords: Internalized heterosexism, self-esteem, depression, gay men.
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Examining the Impact of Internalized Heterosexism on Psychological Distress Among Gay Men

Serving as one of the greatest impediments to the mental health of gay men, internalized heterosexism is a pervasive concern that affects many individuals in the United States. Those of a sexual minority are born and raised in a society that is dominated by heterosexist values and beliefs. These values and beliefs lead to heterosexist behaviors, such as religious condemnation of homosexuality, sexual orientation-based discrimination, rejection by friends and family as a result of sexual minority orientation, and the denial of federal rights, benefits, and protections to same-sex couples (Szymanski, 2008). Often times, gay men internalize the negative messages of heterosexism, incorporating them into their identity, which can lead to psychological distress, difficulties in the coming out process, and loss of social support (Szymanski, Kashubeck-West, & Meyer, 2008b).

Review of the Literature

Heterosexism

Heterosexism is defined as the negative beliefs, attitudes, and behaviors that denigrate, devalue, and stigmatize non-heterosexual forms of behavior or individuals in the lesbian, gay, and bisexual (LGB) community, and assume that all people are heterosexual (Herek, 1995; Rich, 1980). Adrienne Rich (1980) created the term “compulsory heterosexuality” to describe these social forces that do not allow for alternative sexual orientations. Those in a sexual minority recognize the heterosexism prevalent in Western civilization, and as a result, are often forced into a conflict between personal inclinations and societal expectations (Linde, 2002). Thus, the

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1 It is important to note that focusing upon males is not an unintentional occurrence, reflecting and perpetuating the unfortunate androcentric state of psychological literature. Rather, it is an intentional research decision that reflects the different ways sexual minority men and women experience IH, given differences in gender socialization and sexual minority women’s experience of greater fluidity in their sexual orientation (Herek et al., 1998; Szymanski & Chung, 2001).
term heterosexism was first developed within the LGB rights movement to refer to the ideological system that operates on individual, institutional, and cultural levels to degrade, discriminate, and stigmatize any non-heterosexual way of being (Herek, 1995; Szymanski, Kashubeck-West, & Meyer, 2008a).

Despite the increase in acceptance of those who identify as a sexual minority, heterosexism is still pervasive in society, revealing itself in governmental agencies, religious organizations, social institutions, and the media (Linde, 2002). Some examples include: rejecting friends and family as a result of sexual orientation; religious condemnation of homosexuality; the belief that LGB individuals are disgusting or lower-quality humans; and the denial of protections, rights, and benefits associated with marriage to same-sex couples (Szymanski, 2008). Most often, heterosexism manifests itself through: (1) negative behaviors and attitudes toward LGB individuals, (2) LGB individuals’ experiences of external heterosexism, and (3) internalized heterosexism (Szymanski & Moffitt, 2012).

**Negative attitudes and behaviors toward LGB individuals.** Negative behaviors and attitudes toward LGB individuals frequently take the form of intolerance and condemnation of homosexuality, and LGB behavior and identity (Szymanski & Moffitt, 2012). These attitudes are prominent in society and are often associated with: (1) lacking interpersonal contact with lesbians and gay men, (2) being politically conservative, (3) having a low education level, (4) belonging to a conservative religious denomination, and (5) being male (Herek, 1994).

Furthermore, negative attitudes toward LGB individuals are also associated with sexist attitudes, negative beliefs about equal rights for women, and the adherence to and promotion of traditional gender and sex roles and behaviors (Herek, 1994; Kilianski, 2003).
Research has shown that anti-lesbian and gay attitudes have been linked with anti-lesbian and gay behaviors (Franklin 1998, 2000; Goodman & Moradi, 2008). Anti-lesbian and gay behaviors, including sexual orientation-based hate crimes, are not only influenced by anti-lesbian and gay attitudes, but also by peer dynamics (i.e., gaining social approval from friends and “proving” heterosexuality in groups), thrill seeking (i.e., alleviating boredom and having fun), self-defense (i.e., retaliating against perceived aggression or flirtation from a sexual minority individual), and gender (i.e. males commit more violent anti-lesbian and gay acts than females; Franklin, 1998, 2000; Szymanski & Moffitt, 2012). Further, research has shown that heterosexual men may react more negatively to gay men when feelings of attraction to other men cause them to feel anxiety (Adams, Wright, & Lohr, 1996) or situations when they feel less masculine (Szymanski & Moffitt, 2012). These research findings support the notion that anti-lesbian and gay behaviors arise developmentally through which boys and men, specifically, attempt to assert their masculinity and heterosexuality (Franklin, 1998, 2000; Szymanski & Moffitt, 2012).

**LGB individuals’ experiences of external heterosexism.** In addition to negative attitudes and behaviors toward LGB individuals, research has also focused on ways to measure experiences of heterosexism. This research can be divided into four subgroups: (1) heterosexist events, (2) parental maltreatment, (3) sexual orientation-based hate crimes, and (4) anti-LGB policies, legislation, and movements (Szymanski & Moffitt, 2012).

**Heterosexist events.** Heterosexist events include experiences of sexual orientation-based discrimination, prejudice, harassment, and rejection (Szymanski & Moffitt, 2012). These heterosexist events are widespread and common (Rankin, 2003; Szymanski, 2009; Szymanski & Moffitt, 2012). In a large-scale study, Herek (2008) found that roughly 50% of LGB individuals
had experienced sexual orientation-based verbal harassment, and over 10% experienced sexual orientation-based employment or housing discrimination. Moreover, gay men and lesbians reported more employment and housing discrimination than did those that identified as bisexual, most likely due to the fact that gay men and lesbians are more likely than bisexual individuals to disclose their sexual orientation and/or live with someone of the same sex (Herek, 2008; Szymanski & Moffitt, 2012). Likewise, LGB adults are more likely to experience victimization and discrimination compared to their heterosexual peers, and these experiences explained sexual orientation differences in mental health indicators (Mays & Cochran, 2001).

Research has shown that experiencing heterosexist events is significantly and positively correlated with psychological distress (Szymanski, 2006, 2009; Szymanski & Balsam, 2011; Szymanski & Meyer, 2008). Specifically, experiences of heterosexist events, such as anti-LGB discrimination, violence, and harassment, are related to poorer mental and physical health, as well as poorer academic performance, lower grade point averages, lower education aspirations, and increased school absenteeism (Meyer, 1995; Waldo, Hesson-McInnis, & D’Augelli, 1998; Szymanski & Moffitt, 2012). Furthermore, research has found that high degrees of experiencing heterosexist events influenced posttraumatic stress symptoms, both directly and indirectly, by diminishing one’s self-esteem. Thus, stressors that threaten an important aspect of one’s identity is particularly harmful to one’s sense of self, which in turn increases symptoms such as increased arousal and avoidance (Szymanski, 2009; Szymanski & Balsam, 2011; Szymanski & Moffitt, 2012).

**Parental maltreatment.** In addition to heterosexist events, LGB individuals often experience external heterosexism in the form of parental maltreatment. LGB adults report more parental maltreatment, including both physical and psychological abuse, during childhood than
heterosexual adults, suggesting that LGB individuals may be targeted for abuse from their families as a result of their sexual orientation (Balsam, Rothblum, & Beauchaine, 2005; Corliss, Cocran, & Mays, 2002; Szymanski & Moffitt, 2012). Additionally, early coming out and gender atypical behavior and appearance may be associated with greater risk for child sexual abuse and parental maltreatment (Harry, 1989; Szymanski & Moffitt, 2012).

Sexual orientation-based parental maltreatment significantly impacts one’s mental health. Ryan, Huebner, Diaz, and Sanchez (2009) found that LGB young adults who reported higher levels of parental/caregiver rejection during adolescence as a result of sexual orientation were more likely to report higher levels of suicidal ideation and attempts, depression, illegal drug use, problems with substance abuse, and unprotected sexual activity, compared to LGB young adults who reported little or no levels of parental/caregiver rejection. Furthermore, this study found that gay and bisexual men reported more negative parental/caregiver reactions to their sexual orientation during adolescence, as well as more depression, suicidal ideation, and unprotected sexual activity, when compared to lesbian and bisexual women. These findings suggest that negative parental/caregiver reactions could be precursors to higher levels of risk revealed in studies of LGB young adults (Ryan et al, 2009; Szymanski & Moffitt, 2012).

Sexual orientation-based hate crime. Many LGB individuals in the United States have experienced hate crimes as a result of their sexual orientation. One study found that 20% of LGB individuals reported that they had been victims of sexual orientation-based hate crimes, such as sexual assault, physical assault, robbery, and vandalism (Herek, 2008). Furthermore, Herek (2008) found that gay men were significantly more likely than bisexual men, bisexual women, or lesbians, to experience a sexual orientation-based hate crime. These differences can be explained by traditional gender role socialization and social constructions of masculinity, as
(1) men are more likely than women to be victims of violent crimes in general, (2) heterosexual men are more likely to hold more negative attitudes toward men of a sexual minority than women of a sexual minority, and (3) sexual orientation-based hate crimes are most often committed by heterosexual men (Herek, 2008).

Like other forms of external heterosexism, sexual orientation-based hate crimes negatively impact one’s mental health. These hate crimes are related to higher levels of depression, daily stress, psychological distress, posttraumatic stress symptoms, and substance abuse (Descamps, Rothblum, Bradford, & Ryan, 2000; Otis & Skinner, 1996; Szymanski, 2005; Szymanski & Balsam, 2011). Additionally, LGB survivors of sexual orientation-based hate crimes experience greater post-traumatic stress, anger, anxiety, and depression compared to LGB nonvictims and LGB survivors of non-sexual orientation-based hate crimes (Herek et al., 1999).

**Anti-LGB policies, legislation, and movements.** With recent increased attention to LGB rights in politics and society, many anti-LGB organizations and groups have arose to counteract these changes. As a result, many researchers have begun examining the negative impact anti-LGB movements, policies, and legislation can have on LGB individuals (Szymanski & Moffitt, 2012). For instance, researchers have examined the negative impact of defense of marriage amendment initiatives aimed at restricting marriage to “one man and one woman,” finding significant negative consequences, such as increased exposure to heterosexism, which leads to psychological distress (Levitt et al., 2009; Rostosky, Riggle, Horne, & Miller, 2009). These negative consequences are not a result of preexisting conditions, but rather, are directly from the passage of the marriage amendments and the negative heterosexist messages associated with the movements (Rostosky et al., 2009; Szymanski & Moffitt, 2012).
Conceptualizing Internalized Heterosexism

The third aspect of heterosexism is internalized heterosexism (IH), defined as the internalization of negative attitudes, assumptions, and messages about homosexuality by LGB individuals that become incorporated into one's self-image (Gonsiorek, 1988; Sophie, 1987; Szymanski et al., 2008b). Nungesser (1983) noticed this phenomenon when analyzing the cognitive and behavioral patterns among individuals' responses to homosexuality. He believed that this negative pattern was a product of gender role conformity, which he called ego-dystonic homosexuality, defined as the "negative feelings toward the fact of one's own homoerotic arousal...accompanied by guilt, distress, and low self-esteem" (p.35). Nungesser (1983) believed that internalized heterosexism manifested itself in various attitudes and beliefs, specifically: (1) self; attitudes toward one's own homosexuality (e.g., negative reactions to one's own same-sex attractions and behaviors); (2) others; attitudes toward homosexuality in general and toward other gay individuals (e.g., focusing on negative traits of homosexuality, questioning the morality and value of homosexuality); and (3) disclosure; attitudes toward others knowing about one's homosexuality (e.g., negative reactions toward others' knowing, expectations of oppression).

Nungesser (1983) hypothesized that the most common age of onset of internalized heterosexism was adolescence, when the individual begins to notice homosexual attraction. However, long before LGB individuals even realize their homosexual or bisexual orientation, they begin to internalize heterosexist attitudes and beliefs that arise from society (Meyer, 1995). When LGB adolescents and young adults begin to recognize their same-sex attractions, they begin to question their presumed heterosexual identity. Often times, this leads to labeling themselves as "gay," "lesbian," or "bisexual." As this self-labeling occurs, many LGB
individuals begin to apply societal heterosexist attitudes and beliefs to themselves, resulting in psychosocial distress (Meyer, 1995). Although common, this process is not specific to those who self-label as "gay," "lesbian," or "bisexual." Heterosexist attitudes and behaviors, and the subsequent internalization of those messages, can be independent of personal identification with an assigned minority status, depending instead on societal perceptions (Diamond, 2000; Meyer, 2003; Operario & Fiske, 2001). In other words, if society perceives an individual as a sexual minority, they may respond with heterosexist behaviors, regardless of the individual's actual identity.

When describing this process, Thoits (1985) stated that "role-taking abilities enable individuals to view themselves from the imagined perspective of others" (p. 222). In other words, identity-making processes are not always dependent on the actual reaction of others. An individual is able to anticipate and respond in advance to others' reaction regarding an envisioned course of action. For instance, if a gay man considers violating social norms (e.g. engaging in a same-sex romantic relationship), he does not necessarily depend on the presence and reactions of others to assess the meaning of his actions. Instead, he can do so vicariously or imaginatively by applying societal heterosexist attitudes and beliefs to himself. Likewise, Link (1987) describes a similar process among individuals who had been labeled as mentally ill, noting that negative societal attitudes that "once seemed to be an innocuous array of beliefs...now become applicable personally and [are] no longer innocuous" (p. 97). Thus, despite the common emergence during the coming out process in adolescence and young adulthood, internalized heterosexism remains a threat to psychological wellbeing throughout one's entire life due to the strength of early socialization and constant exposure to heterosexism in society (Meyer, 1995; Nungesser, 1983).
Building upon this historical framework, researchers further conceptualize IH and understand its impact on the lives of LGB individuals by utilizing two comprehensive theoretical approaches: feminist theory and minority stress theory (Szymanski et al., 2008a). These two theories argue that environmental factors (e.g., prejudice, oppression) are responsible for creating IH, as well as the resulting psychosocial problems.

**Feminist theory.** According to a key principle of feminist theory, the individual is considered *political*, meaning that personal difficulties are connected to the political, social, cultural, and economic climate in which people live and many of the problems an individual with little power experiences are simply reactions to the oppressive nature of those systems (Enns, 2004; Szymanski et al., 2008a; Worell & Remer, 2003). When applying this principle to heterosexism, feminist theory suggests that heterosexism is likely to contribute to psychosocial problems among LGB individuals directly as a result of heterosexist experiences of rejection, invisibility, prejudice, discrimination, violence, and harassment (Szymanski et al., 2008a). Thus, as a result of heterosexism, LGB individuals will internalize these negative messages to varying degrees, which leads to psychological distress (Szymanski, 2005a).

Furthermore, the principles of feminist theory emphasize the importance of understanding multiple socially constructed identities and the ways in which specific sources of oppression related to those identities (e.g. heterosexism, classism, racism) interact and influence one's psychosocial wellbeing (Szymanski, 2005a, 2005b, Szymanski et al., 2008a). Four feminist approaches have been proposed to conceptualize the impact of multiple oppressions on psychosocial health, including: (1) primary oppression perspective, (2) additive perspective, (3) interactionist perspective, and (4) intersectionality perspective (Moradi & Subich, 2003; Szymanski et al., 2008a).
According to the primary oppression perspective, one form of oppression (e.g. internalized heterosexism) experienced by a person with multiple identities (e.g. Asian American gay man) will be the most important source of oppression and, thus, directly affects psychosocial health. This perspective places less emphasis on the role of other sources of oppression (e.g. racism). Conversely, the additive perspective suggests that each form of oppression (e.g. internalized heterosexism and racism) experienced by a person with more than one minority identity is equally as important, and thus combine and have an additive negative impact on mental health. The third approach, an interactionist perspective, states that there are multiplicative effects on multiple forms of oppression on psychosocial health. According to this perspective, one form of oppression (e.g. internalized heterosexism) may interact with and intensity another form of oppression (e.g. internalized racism), leading to poorer mental health.

Finally, the intersectionality perspective states that separate forms of oppression (e.g. internalized heterosexism and racism) and their various points of combination can negatively affect psychosocial health. Thus, each group’s unique position (e.g. Asian American gay man) within a social organization may be greater or different than the sum of its parts (e.g. race and sexual orientation). In other words, various dimensions of oppression (e.g. internalized heterosexism and racism) intersect to locate each group (e.g. Asian American gay men) within a construct of social organization (Collins, 1998). Each group’s unique position within this construct defines its unique experiences of oppression. That is, when an Asian American gay man internalizes messages about his group, it may be a result of a fusion of internalized heterosexism and racism, not necessarily a result of his ethnic minority or sexual minority specifically. For example, if an Asian American gay man faces employment discrimination, he
may attribute the event to the fact that he is an *Asian American gay man*, not that he is *Asian American* or a *gay man*.

**Minority stress theory.** Similar to feminist theory, minority stress theory states that individuals from stigmatized social groups experience negative life events and stress as a result of their minority status (Meyer, 1995, 2003; Szymanski et al., 2008a). Minority stress is described as being chronic, unique, and socially based; a type of stress that is additive to general stressors experienced by all individuals (Meyer, 2003). Likewise, minority stress arises from relatively stable underlying social institutions, structures, and processes that are outside the individual, as opposed to general stressors which result from genetic, biological, or personal characteristics or from individual events or conditions (Meyer, 2003; Szymanski et al., 2008a).

Minority stress is often conceptualized as being comprised of external and internal stress processes (Bos et al., 2004; Meyer, 1995; 2003; Szymanski et al., 2008a). External minority stressors include experiences of anti-LGB discrimination, violence, and harassment, whereas internal minority stressors include IH, emotional inhibition, and self-concealment (Meyer, 1995, 2003; Szymanski et al., 2008a). External minority stressors are those that do not depend on an individual’s perception, but instead, can be seen as independent of personal identification with an assigned minority status (Diamond, 2000; Meyer, 2003; Operario & Fiske, 2001). For instance, a woman can have a romantic relationship with another woman but not personally identity as a lesbian (Laumann, Gagnon, Michael, & Michaels, 1994; Meyer, 2003). However, if society perceives her as a lesbian, the woman may suffer from stressors associated with heterosexist beliefs and attitudes toward LBG people. On the other hand, internal minority stressors are more subjective and are related to self-identity as lesbian, gay, or bisexual (Meyer, 2003). These identities vary in the personal and social meaning that are attached to them and in the subjective
stressed they involve. Minority identity is linked to numerous stress processes; some LGB
individuals may hide their identity for fear of harm (concealment), may be cautious when
interacting with others (expectations of rejection), and/or internalize stigma (internalized
heterosexism).

Research has shown that minority stress negatively affects coping styles and strategies,
which can lead to psychological problems and disorders, such as mood, anxiety, and substance
use disorders (Meyer, 2003). For instance, individuals with high IH may be more likely to
engage in avoiding coping strategies, such as inhibiting same-sex behavior, restricting exposure
to or awareness of information regarding LGB persons and culture, passing or pretending to be
heterosexual, and living a double life with a secret sexual minority identity (Cass, 1979). Thus,
IH is likely to impact one’s personal coping resources, leading to ineffective and avoidance
coping strategies, less social support, and less satisfaction with current social support, which in
turn leads to poorer mental health (Cass, 1979; Szymanski et al., 2008a).

**Internalized Heterosexism and Psychological Distress**

When analyzing the consequences of IH, research has consistently shown that IH is
significantly related to poorer mental health (Szymanski & Moffitt, 2012). In a review of the
research on IH, Szymanski and colleagues (2008b) found that IH is related to more conflict
concerning sexual orientation, psychological distress, loneliness, suicidal ideation, less social
support, greater use of avoidant coping styles, less relationship quality, increased perpetration
and increased receipt of domestic violence, body dissatisfaction, sexual risk-taking, substance
use, demoralization, guilt, depression, and lower self-esteem. When considering the negative
impact IH has on social support and self-esteem, key components of the IH-distress link, as well
as the pervasiveness of low self-esteem and depression in particular (Szymanski & Carr, 2008;
Szymanski & Kashubeck-West, 2008; Szymanski & Moffitt, 2012), these two negative psychological outcomes will be examined further.

**Internalized heterosexism and self-esteem.** According to the *looking glass self theory*, self-esteem develops as individuals interact with others, serving as a reflection of the assessment from others (Cooley, 1956; Szymanski et al., 2008a). This theory suggests that LGB individuals who are aware that they are viewed in a negative manner will incorporate those negative beliefs and attitudes (i.e. IH) into their self-concept, lowering their self-esteem as a result (Crocker & Major, 1989; Szymanski et al., 2008a). Furthermore, among sexual minority men in particular, research has consistently shown that IH is significantly correlated with fewer overall social support systems, less gay and lesbian social support, and less satisfaction with social support, which can lead to social isolation (Linde, 2002; Nungesser, 1983; Shidlo, 1994). Social isolation denies an individual approval from others, which is important in fostering one’s self-esteem (Linde, 2002).

Many researchers have examined these findings, further analyzing the interaction between self-esteem and IH. For instance, four studies found significant negative correlations between IH and self-esteem among sexual minority women (Burns, 1995; Burris, 1996; Peterson & Gerrity, 2006; Szymanski & Chung, 2001), and eight studies found significant negative correlations between IH and self-esteem among sexual minority men (Alexander, 1986; Allen & Oleson, 1999; Frederick, 1995; Herek, Cogan, Gillis, & Glunt, 1998; Lima, Lo Presto, Sherman, & Sobelman, 1993; Linde, 2002; Rowen & Malcolm, 2002; Shidlo, 1994). Thus, these studies suggest that those who experience greater IH also tend to have lower self-esteem among both men and women who identify as a sexual minority.
Internalized heterosexism and depression. In addition to self-esteem, numerous studies have examined the relationship between IH and depression and psychological distress, finding significant positive correlations between IH and depression and psychological distress (for a review, see Szymanski et al., 2008b). According to the social-cognitive framework, when heterosexist beliefs and attitudes are internalized, these beliefs lead to negative mood states that often result in difficulties managing negative affect (Gonsiorek, 1988; Johnson, Carrico, Chesney, & Morin, 2008). Furthermore, IH is associated with less secure interpersonal attachments (Sherry, 2007), which can result in social isolation and problems in acquiring social support. As a result, with less social support, individuals may experience more difficulty trying to personally manage the resulting negative affect of their negative mood states, which can often lead to depression (Johnson et al., 2008). The relationship between IH and depression has been examined by numerous researchers. Two studies have found significant positive correlations between IH and depression among sexual minority females (Frock, 1999; Szymanski, Chung, & Balsam, 2001), and five studies have found significant positive correlations between IH and depression among sexual minority males (Alexander, 1986; Herek et al., 1998; Shidlo, 1994; Wagner, Brondolo, & Rabkin, 1996; Zuckerman, 1998).

Present Study

The purpose of the present study is two-fold: (1) determine the impact of IH on self-esteem, and (2) determine the impact of IH on depression. Given past research findings, I hypothesized that there would be a negative correlation between IH and self-esteem, and a positive correlation between IH and depression. In other words, I hypothesized that higher IH would be related to lower self-esteem and higher depression.
Method

Participants

Data from 56 participants were analyzed for this study. Initially containing 72 participants, individuals were removed from the sample size due to identifying their sexual identity as female or other (n = 4), identifying their sexual orientation as straight, bisexual, or other (n = 8), or failing to complete the survey (n = 4). All of the participants in the final sample identified as male (n = 56; 100%) and gay (n = 56; 100%), and most were young adults between the ages of 18 and 29 (n = 39; 70.9%), with the remaining participants ranging from 32 to 67 years of age (n = 17; 29.1%). The majority of participants were Caucasian/European-American/White (n = 48; 85.7%), with the remaining identifying as Black (n = 3; 5.4%), Hispanic/Latino (n = 2; 3.6%), Multiracial (n = 2; 3.6%), and Caribbean American (n = 1; 1.8%). Participants primarily identified their religious affiliation as Agnostic (n = 16; 28.6%), followed by Protestant Christian (n = 13; 23.2%), Atheist (n = 10; 17.9%), Jewish (n = 1; 1.8%), Roman Catholic (n = 1; 1.8%), and Other (n = 15; 26.8%), such as Spiritual (n = 4), Pagan (n = 1), and Deist (n = 1).

Materials

Demographics. Participants were asked to respond to 5 demographic questions regarding sexual identity, sexual orientation, racial/ethnic background, religious affiliation, and age.

Internalized heterosexism. Internalized heterosexism was assessed using the 36-item Nungesser Homosexuality Attitudes Inventory-Revised (NHAIR; Shidlo, 1994), the most popular and widely used scale for gay male participants. Nungesser (1983) conceptualized that IH consisted of attitudes toward one’s own homosexuality (self), attitudes toward homosexuality in general and toward other gay individuals (others), and reaction toward others’ knowing about
one's homosexuality (disclosure). The original scale consists of 34 items that assess these three dimensions. Sample items include: "I am proud to be a part of the gay community," "Homosexuality is not as satisfying as heterosexuality," and "Homosexuality is a sexual perversion." Each item is rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), with higher scores indicating more IH.

Shildo (1994) later revised the original NHAI by removing items that confounded IH with other variables, adding more extreme items to improve content validity (e.g. suicidal items), and rephrased oddly worded items. Alpha coefficient of .90 was reported for items on this revised 36-item scale. Validity of scores on the NHAI-R was supported by correlating it with different psychosocial variables, such as social support, psychological distress, and self-esteem (Shidlo, 1994).

**Self-esteem.** Self-esteem was measured with the widely used Rosenberg (1965) Self-Esteem scale (RSE), which consists of 10 statements related to self-acceptance and self-worth. All items are answered using a 4-point Likert scale, ranging from 1 (strongly disagree) to 4 (strongly agree), with higher scores indicating higher self-esteem. Some examples of items include: "I take a positive attitude toward myself" and "I wish I could have more respect for myself." The reported reliability coefficient of reproducibility was .93, and scalability was .73 for scores on the RSE. Validity of RSE scores was supported by correlating the RSE with measures of anxiety, depression, and peer group reputation (Rosenberg, 1965).

**Depression.** Depression was assessed using the Burns Depression Scale (BDS; Burns, 1999), which is a 15-item scale that measures the participant's response to common symptoms of depression, such as hopelessness, inferiority, guilt, and sadness. All items are rated on a 4-point Likert scale, ranging from 1 (not at all) to 4 (a lot), with higher scores indicating more severe
levels of depression. Some sample items include: “Have you lost interest in your career, hobbies, family, or friends?” and “Does the future look bleak or hopeless?” When correlated with the Beck Depression Inventory, the reliability of the BDS was .91, at the .85 level ($p \leq .001$; Hargrave & Sells, 1997).

**Procedure**

Approval for the study was obtained by the Ball State University Institutional Review Board. Self-identified gay men were recruited via email and social media (Appendix A), and given a link to participate in the study if they wished to do so. All participants accessed the survey online using the Qualtrics testing system. Before beginning the survey, participants were required to read an informed consent document (Appendix B), acknowledge that they understood the information, and agree to participate in the study. After providing consent, participants completed a demographic survey, the NAHI-R, RSE, and BDS (Appendix C).

**Results**

Correlation coefficients were computed among IH, self-esteem, and depression. Using the Bonferroni approach to control for Type I error across the three correlations, a $p$ value of less than .003 (.01/3) was required for significance. The results of the correlational analyses show that all of the correlations were statistically significant (table 1). Higher scores of IH were significantly associated with lower scores of self-esteem, $r(54) = -.71$, $p < .001$. Higher scores of IH were also significantly associated with higher scores of depression, $r(54) = .69$, $p < .001$. Further, higher reports of depressive symptoms were significantly associated with lower self-esteem, $r(54) = -.86$, $p < .001$. 
Table 1

Correlations among Internalized Heterosexism, Self-Esteem, and Depression

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<tr>
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<th>Depression</th>
<th>Self-Esteem</th>
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<tr>
<td>Self-Esteem</td>
<td>-.863*</td>
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<td>IH</td>
<td>.693*</td>
<td>-.707*</td>
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Note. *p < .001 (2-tailed).

Discussion

Implications

The hypothesis that IH would be negatively correlated with self-esteem and the hypothesis that IH would be positively correlated with depression were both supported. Consistent with past research findings, the results of the study suggest that if an individual has higher rates of IH, they are more likely to experience lower self-esteem and higher depression. When considering IH and self-esteem, it is likely that the heterosexist messages the gay men have received from society became internalized and incorporated into their self-concept (Crocker & Major, 1989; Szymanski et al., 2008a), leading to social isolation and low self-esteem (Vaux, 1988; Linde, 2002). Likewise, when considering IH and depression, it is likely that the heterosexist beliefs and attitudes that were internalized lead to negative mood states, difficulties in managing negative affect, insecure interpersonal attachments, social isolation, and eventually, depressive symptoms (Gonsiorek, 1988; Johnson et al., 2008; Sherry, 2007).

These findings are important for all individuals in society, but are particularly valuable for service providers and professionals in the mental health field, such as clinical mental health counselors, counseling and clinical psychologists, and clinical social workers. Counseling psychologists in particular are valuable sources of assistance for gay men struggling with IH, due to their employment in a variety of settings, such as schools, universities, businesses, hospitals,
and community settings (Szymanski et al., 2008a). Furthermore, counseling psychology emphasizes the role that environmental factors play in forming the wellbeing of individuals in society (Goodman et al., 2004). Thus, to combat IH and its negative consequences, counseling psychologists can utilize feminist and multicultural psychotherapies in order to promote social justice on the micro (i.e. individual) level, and are called to engage in social justice work on the meso (organizations and communities) and macro levels (policies, ideologies, and social structures).

**Micro level.** At the micro level, it is imperative that clinicians deconstruct heterosexism and liberate clients from internalized oppression. This work involves identifying and examining the sociocultural sources of one's problems and leading the client to shift her or his focus from the individual to the oppressive forces of heterosexism (Kashubeck-West, Szymanski, & Meyer, 2008; Szymanski, 2005c; Szymanski & Chung, 2003). By utilizing feminist approaches in therapy, counseling psychologists should (1) facilitate awareness of IH, (2) attend to the sociocultural context and explore the negative impact of heterosexism on the lives and presenting problems of clients, (3) challenge IH, (4) teach clients skills for confronting oppression, and (5) explore the multiple identities of LGB clients (Szymanski, 2005c). For example, if a counseling psychologist is seeing a young gay man with low self-esteem who identifies as Mormon, the counselor might help the client by examining how his religious beliefs and upbringing (i.e. being taught that homosexuality is morally wrong and is a sin) may be negatively impacting his self-acceptance (Kashubeck-West et al., 2008). Additionally, if a counseling psychologist is seeing a gay male client that is struggling with depression, the counselor may include minority stress or heterosexist experiences in her or his conceptualization of the client.
Meso level. In addition to micro level work, there is also a need for mental health professionals to promote social justice and combat IH and heterosexism on the meso level. Often times, this manifests itself through the blending of micro and meso levels when therapists work with IH clients (micro level) that reflect more organizational- and community-level work (meso level; Kashubeck-West et al., 2008). One method for doing this is for counselors to encourage clients to engage in meso-level work, such as joining campus, organization, or local community LGB political/social groups. Moreover, clients can be encouraged to support LGB-inclusive organizations and businesses, both providing a means of giving back to the LGB community and providing further opportunities to work on reducing IH (Kashubeck-West et al., 2008). In addition to client work, therapists can also directly contribute at the meso level. For example, counseling psychology faculty and staff can bring attention to workplace practices and policies that discriminate against LGB individuals. Additionally, they can work to reduce IH in the community by running a variety of therapy or support groups. For instance, coming-out groups or groups for specific populations (e.g. gay substance abusers; LGB people of color) can positively impact both individual clients and the greater community (Kashubeck-West et al., 2008).

Macro level. Finally, at the macro level, counseling psychologists can work to change social policies and structures that contribute to the incidence of IH in individual clients (Kashubeck-West et al., 2008). This work involves fighting to change institutions and laws that discriminate against LGB individuals and promoting positive views of LGB people, such as illustrating the many ways in which LGB individuals contribute to society. For instance, counseling psychologists can educate the policy makers and public about the detrimental effects prohibiting marriage for same-sex couples can have on LGB families. Furthermore, counseling
psychologists can publicize the empirical research that demonstrates that children raised in same-sex households are as psychologically and developmentally healthy as children raised in heterosexual households. Counseling psychologists can also work with local school systems to ensure that LGB youth in schools are protected from harassment from both students and faculty (Kashubeck-West et al., 2008).

Limitations

The primary limitation of the current study is an issue of generalizability. First, this study had a relatively small sample size. For this reason, the findings from this study alone cannot be generalized to the broader gay male community. Second, this study utilized a convenience sample that is not reflective of the greater gay male community. For instance, the majority of the participants were young, White, educated males. Thus, it is possible the results of the study are simply representative of the small, specific sample, making it impossible to know if the results are valid enough to be applied to the greater gay male population.

Future Research

In future research, larger and more diverse samples should be utilized to assess more relationships between IH, self-esteem, and depression. Further, as feminist theory and minority stress theory demonstrate, multiple minority identifies can play a role in how IH is experienced and manifested (Enns, 2004; Meyer, 1995, 2003; Szymanski et al., 2008a; Worell & Remer, 2003). Thus, future studies should investigate the ways in which multiple minority statues impact IH, such as analyzing the impact of cultural influences in the experience of IH among ethnic and racial minorities. Further, Szymanski and others (2008b) suggest that future research use more longitudinal methods to determine the consequences of IH over the life span, examine
moderators in the links between IH and psychological distress, and explore the effectiveness of therapeutic interventions aimed at reducing IH.
References


Hello!

My name is Tully Roll and I am an undergraduate student in the Psychological Science department at Ball State. I am conducting a study to examine the impact of internalized heterosexism on psychological distress among gay men. Findings from this study will help inform mental health professionals, as well as researchers and educators in the social sciences.

**To be eligible to participate in this study, you must be 18 years of age and identify as a gay male.**

The survey will measure internalized heterosexism, self-esteem, and depression. Participation will take approximately 15-20 minutes. Your responses will remain completely anonymous. No identifying information will be asked of you.

The only anticipated risk from participating in this study is the possibility of minimal discomfort while responding to the items. You may skip these questions and withdraw from the study at any time without penalty.

Participation in the study will allow you to reflect on the ways in which heterosexism has impacted your thoughts, attitudes, and beliefs about homosexuality. This process can be personally informative and bring important issues related to sexual orientation to the forefront of your attention.

Please ensure that you have read the description of this project and, to the best of your knowledge, you meet the inclusion criteria for participation in this study. For further information about your rights as a research subject, you may contact the following: Office of Research Integrity, Ball State University, Muncie, IN 47306, 765.285.5052, or at irb@bsu.edu.

This study has been approved by the Institutional Review Board (IRBNet Protocol Number: 587134-1).

I appreciate your time and consideration!

Thank you!!

**Principal Investigator:**
Tully Roll, Undergraduate Student
Psychological Science
Ball State University
Muncie, IN 47306
Telephone: 812.613.0215
Email: twroll@bsu.edu

**Faculty Supervisor:**
Dr. Kyle Kittleson, Psy.D.
Counseling Center
Ball State University
Muncie, IN 47306
Telephone: 765.285.1736
Email: kskittleson@bsu.edu
Appendix B

Informed Consent

Examining the Impact of Internalized Heterosexism on Psychological Distress Among Gay Men

Study Purpose and Rationale:
The purpose of this study is to examine the impact of internalized heterosexism on depression and self-esteem among gay men. Findings from this study will help inform researchers and educators in the social sciences and mental health professionals.

Inclusion/Exclusion Criteria:
To be eligible to participate in this study, you must: (1) be at least 18 years of age, and (2) identify as a gay male.

Participation Procedures and Duration:
For this study, you will be asked to complete a series of questions that will measure your level of internalized heterosexism, depression, and self-esteem. The amount of time needed to complete the survey can vary, but it is estimated that most people will need approximately 15-20 minutes to read and respond to all of the survey items.

Data Confidentiality/Anonymity:
Your responses to the survey will be completely anonymous and stored in a secure, password-protected file that will not be accessible to the public. You will not be asked to submit any identifying information about yourself.

Benefits and Risks to the Individual:
Completing this survey provides you an opportunity to reflect on the ways in which heterosexism has impacted your thoughts, attitudes, and beliefs about homosexuality. This process can be personally informative and bring important issues related to your sexual orientation to the forefront of your attention.

For some individuals, reflecting on past and current painful experiences and thoughts related to internalized heterosexism may be somewhat distressful. In the unlikely event that you experience distress while completing the survey, counseling services are available to you through the Counseling Center at Ball State University (765.285.1376). You will be responsible for the costs of any care that is provided [note: Ball State Students may have some or all of these services provided to them at no cost].

Voluntary Participation:
Your participation in this study is completely voluntary and you are free to withdraw your permission at any time for any reason without penalty. You can also simply refuse to submit your responses at the end of the survey by not clicking on the “Submit Answers” button.
I HAVE HAD THE OPPORTUNITY TO READ THIS CONSENT FORM AND ASK QUESTIONS ABOUT THE RESEARCH PROJECT. I AM PREPARED TO PARTICIPATE IN THIS STUDY. I AM 18 YEARS OF AGE OR OLDER.

(Click on “>>” if you agree to participate in the survey.)
Appendix C

Survey

Q1 My racial/ethnic background is:

- African American (1)
- Black (2)
- Caribbean American (3)
- Caribbean (4)
- Middle-Eastern American (5)
- Middle Eastern (6)
- Asian/Pacific Islander-American (7)
- Asian/Pacific Islander (8)
- Caucasian/European-American/White (9)
- Hispanic/Latino(a)-American (10)
- Hispanic/Latino(a) (11)
- Native American (12)
- Biracial (13)
- Multiracial (14)
- Other (15)

Q2 My religious affiliation is:

- Atheist (1)
- Agnostic (2)
- Buddhist (3)
- Hindu (4)
- Jewish (5)
- Muslim (6)
- Protestant Christian (7)
- Roman Catholic (8)
- Other (9)

Q3 I identify my sex as:

- Female (1)
- Male (2)
- Other (3)

Q4 I identify my sexual orientation as:

- Gay (1)
- Bisexual (2)
- Straight (3)
- Other (4)

Q5 Age: ________________
Q6 Please answer the following questions to the best of your abilities.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Neither Agree nor Disagree (3)</th>
<th>Agree (4)</th>
<th>Strongly Agree (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>When I am in conversation with a gay man and he touches me, it does not make me feel uncomfortable. (1)</td>
<td>o</td>
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<tr>
<td>Whenever I think a lot about being gay, I feel depressed. (2)</td>
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<td>I am glad to be gay. (3)</td>
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<td></td>
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<tr>
<td>When I am sexually attracted to another gay man, I feel uncomfortable. (4)</td>
<td>o</td>
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<tr>
<td>I am proud to be part of the gay community. (5)</td>
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<tr>
<td>My homosexuality does not make me unhappy. (6)</td>
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<tr>
<td>Whenever I think a lot about being gay, I feel critical about myself. (7)</td>
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<tr>
<td>I wish I were heterosexual.</td>
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<tr>
<td>(8)</td>
<td>I have been in counseling because I wanted to stop having sexual feelings for other men. (9)</td>
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<tr>
<td></td>
<td>I have tried killing myself because I couldn't accept my homosexuality. (10)</td>
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<tr>
<td></td>
<td>There have been times when I've felt so rotten about being gay that I wanted to be dead. (11)</td>
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<tr>
<td></td>
<td>I have tried killing myself because it seemed that my life as a gay person was too miserable to bear. (12)</td>
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<tr>
<td></td>
<td>I find it important that I read gay books or newspapers. (13)</td>
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<td></td>
<td>It's important to me to feel part of the gay community. (14)</td>
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</tbody>
</table>
Q7 Please answer the following questions to the best of your abilities.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Neither Agree nor Disagree (3)</th>
<th>Agree (4)</th>
<th>Strongly Agree (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homosexuality is not as satisfying as heterosexuality. (1)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Homosexuality is a natural expression of sexuality in humans. (2)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Gay men do not dislike women any more than heterosexual men dislike women. (3)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Marriage between gay people should be legalized. (4)</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Gay men are overly promiscuous. (5)</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Most problems that gay persons have come from their status as an oppressed minority, not from their homosexuality per se. (6)</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Gay persons' lives are not as fulfilling as heterosexuals'</td>
<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
</tbody>
</table>
Children should be taught that being gay is a normal and healthy way for people to be. (8)

Homosexuality is a sexual perversion. (9)
Q8 Please answer the following questions to the best of your abilities.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Neither Agree nor Disagree (3)</th>
<th>Agree (4)</th>
<th>Strongly Agree (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I wouldn't mind if my boss knew that I was gay. (1)</td>
<td></td>
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<tr>
<td>When I tell my nongay friends about my homosexuality, I do not worry that they will try to remember things about me that would make me appear to fit the stereotype of a homosexual. (2)</td>
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<tr>
<td>When I am sexually attracted to another gay man, I do not mind if someone else knows how I feel. (3)</td>
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<tr>
<td>When women know of my homosexuality, I am afraid they will not relate to me as a man. (4)</td>
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<tr>
<td>I would not mind if my neighbors knew that I am gay. (5)</td>
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</tbody>
</table>
It is important for me to conceal the fact that I am gay from most people. (6)

If my straight friends knew of my homosexuality, I would be uncomfortable. (7)

If men knew of my homosexuality, I'm afraid they would begin to avoid me. (8)

If it were made public that I am gay, I would be extremely unhappy. (9)

If my peers knew of my homosexuality, I am afraid that many would not want to be friends with me. (10)

If others knew of my homosexuality, I wouldn't worry particularly that they would think of me as effeminate. (11)
When I think about coming out to peers, I am afraid they will pay more attention to my body movements and voice inflections. (12)
I am afraid that people will harass me if I come out more publicly. (13)
Q9 Please answer the following questions to the best of your abilities.

<table>
<thead>
<tr>
<th>Question</th>
<th>Not At All (1)</th>
<th>Somewhat (2)</th>
<th>Moderately (3)</th>
<th>A lot (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been feeling sad or down in the dumps? (1)</td>
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<tr>
<td>Does the future look bleak or hopeless? (2)</td>
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<tr>
<td>Do you feel hopeless or think of yourself as a loser? (3)</td>
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<tr>
<td>Do you feel inadequate or inferior to others? (4)</td>
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<tr>
<td>Do you get self-critical and blame yourself? (5)</td>
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<tr>
<td>Is it hard to make decisions? (6)</td>
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<tr>
<td>Have you been feeling angry or resentful? (7)</td>
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<tr>
<td>Have you lost interest in your career, hobbies, families, or friends? (8)</td>
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<tr>
<td>Do you feel overwhelmed and have to push yourself hard to do things? (9)</td>
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<tr>
<td>Do you think you're looking old or unattractive? (10)</td>
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<tr>
<td>Have you lost your appetite?</td>
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<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
<td>Question</td>
<td>Yes</td>
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<tr>
<td>Or, do you overeat compulsively? (11)</td>
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<td>Is it hard to get a good night's sleep? Are you tired and sleeping too much? (12)</td>
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<tr>
<td>Have you lost your interest in sex? (13)</td>
<td></td>
<td></td>
<td>Do you worry a lot about your health? (14)</td>
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<tr>
<td>Do you think life is not worth living or think you'd be better off dead? (15)</td>
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</tbody>
</table>
Q10 Please answer the following questions to the best of your abilities.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Agree (3)</th>
<th>Strongly Agree (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>On the whole, I am satisfied with myself. (1)</td>
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<tr>
<td>At times I think I am no good at all. (2)</td>
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<tr>
<td>I feel that I have a number of good qualities. (3)</td>
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<tr>
<td>I am able to do things as well as most other people. (4)</td>
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<td>I feel I do not have much to be proud of. (5)</td>
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<tr>
<td>I certainly feel useless at times. (6)</td>
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<tr>
<td>I feel that I am a person of worth, at least on equal plane with others. (7)</td>
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<tr>
<td>I wish I could have more respect for myself. (8)</td>
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<tr>
<td>All in all, I am inclined to feel that I am a failure. (9)</td>
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<tr>
<td>I take a positive attitude toward myself. (10)</td>
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</tbody>
</table>
The Institutional Review Board reviewed your protocol on April 2, 2014 and has determined the procedures you have proposed are appropriate for exemption under the federal regulations. As such, there will be no further review of your protocol, and you are cleared to proceed with the procedures outlined in your protocol. As an exempt study, there is no requirement for continuing review. Your protocol will remain on file with the IRB as a matter of record.

Exempt Categories:

<table>
<thead>
<tr>
<th>Category 1: Research conducted in established or commonly accepted educational settings, involving normal education practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>X</strong> Category 2: Research involving the use of educational test (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior</td>
</tr>
<tr>
<td>Category 3: Research involving the use of educational test (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under category 2, if: (i) the human subjects are elected or appointed officials or candidates for public office; or (ii) Federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.</td>
</tr>
<tr>
<td>Category 4: Research involving the collection of study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or</td>
</tr>
</tbody>
</table>

IRB protocol # 587134-1
Examining the Impact of Internalized Heterosexism on Psychological Distress Among Gay Men.
New Project
APPROVED
April 2, 2014
EXEMPT
if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

**Category 5:** Research and demonstration projects which are conducted by or subject to the approval of Department or agency heads, and which are designed to study, evaluate or otherwise examine: (i) public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in methods or levels of payment for benefits or services under these programs.

**Category 6:** Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed or (ii) if a food is consumed which contains a food ingredient at or below the level and for a use found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

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**Editorial Notes:**

1. **Approved- Exempt**

   While your project does not require continuing review, it is the responsibility of the P.I. (and, if applicable, faculty supervisor) to inform the IRB if the procedures presented in this protocol are to be modified or if problems related to human research participants arise in connection with this project. **Any procedural modifications must be evaluated by the IRB before being implemented, as some modifications may change the review status of this project.** Please contact (ORI Staff) if you are unsure whether your proposed modification requires review or have any questions. Proposed modifications should be addressed in writing and submitted electronically to the IRB (http://www.bsu.edu/irb) for review. Please reference the above IRB protocol number in any communication to the IRB regarding this project.

   **Reminder:** Even though your study is exempt from the relevant federal regulations of the Common Rule (45 CFR 46, subpart A), you and your research team are not exempt from ethical research practices and should therefore employ all protections for your participants and their data which are appropriate to your project.

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Bryan Byers, PhD/Chair  
Institutional Review Board

Christopher Mangelli, i.D, MS, MEd, CIP/Director  
Office of Research Integrity

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