Effect of Gay Affirmative Counseling Group on Internalized Homophobia of Gay Men

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The Asian Conference on Psychology & the Behavioral Sciences 2014
Official Conference Proceedings 2014
0401

Abstract
"Internalized Homophobia (IH)", as considerable amount of previous researches had proven, is correlated with many essential health factors and the key hindrance to the well-being of gay men. Nevertheless, empirical research on internalized homophobia reduction and counseling for gay men remains inadequate. This study aimed to examine the effectiveness of gay-affirmative counseling group on IH of Thai gay men. The pretest-posttest control group experimental design was employed. Participants were 32 Thai gay men (mean age = 26.84, *SD* = 4.96), recruited from a specific gay web board and community-based organization and randomly assigned into experimental group and control group. Both groups received 6 sessions of gay-affirmative counseling groups conducted by the first author. Instruments were the gay-affirmative counseling group and the IH questionnaire. Findings revealed that internalized homophobia scores of the gay men in the experimental group was significantly lower ($p < .01$) at posttest when compared to those at the pretest, and internalized homophobia scores of the gay men in the experimental group was significantly lower than those in the control group ($p < .05$) after the group counseling participation. The intervention and implication regarding counseling practice with gay men will be discussed.

Introduction

Living in our society is challenging and difficult for gay men, since societal, familial and institutional attitudes toward gay men tend to be negative (Decha-ananwong, 2012; Lebolt, 1999; Sirijaroonchai, 2012). Common for gay men, they were teased, bullied, discriminated and stigmatized (Herek, Gillis, & Cogan, 2009; Lebolt, 1999; Zea, Reisen, & Poppen, 1999) to the extent that they had adopted negative feelings and attitude toward themselves and their homosexuality or "Internalized Homophobia" which was defined as the constellation of negative attitudes that gay men possess toward homosexuality in general and toward homosexual features in themselves (Mayfield, 2001).

Internalized homophobia was correlated with many essential health factors for gay men, both psychological and behavioral, e.g. depression , less self-disclosure (Frost & Meyer, 2009; Herek, Cogan, Gillis, & Glunt, 1997), low self-esteem (Herek et al., 1997), wellness (Dew, Myers, & Wightman, 2005), sexual comfort, compulsive sexual behavior, unsafe sex (Ross, Rosser, & Neumaier, 2008). Furthermore, Rosser, Bockting, Ross, Miner and Coleman (2008) pointed out that internalized homophobia rather than degree of homosexuality significantly associated with major depression, dysthymia, likelihood of being in therapy, overall sexual health, psychosexual maturation, comfort with sexual orientation, outness, peer socialization and negative health outcome. As implied in this research, being a homosexual or gay man is not a cause of these health-related problems, instead the internalized homophobia is. Therefore, it is not an overstatement to conclude that internalized homophobia is a key hindrance to the well-being of gay men.

Reducing gay men's internalized homophobia is of utmost importance in term of psychological and counseling services for gay men and by doing so the mental and physical health of gay men could be elevated tremendously. Somehow, not all of the counseling and psychotherapy services were supportive of the positive view of clients' homosexuality or gay-friendly (Langdridge , 2007; Milton & Coyle, 1999). Some counselors held the attitude that being gay is a choice and can be converted (Lebolt, 1999; Milton & Coyle, 1999) which stigmatized rather than de-stigmatized the gay clients. According to Rosser et al. (2008), providers should promote sexual health and avoid interventions that reinforce internalized homophobia.

A counseling approach that was proposed to counteract the internalized homophobia and affirm positive gay identity was "Gay-affirmative Therapy" which was defined by Davies (1996) as the practice that affirms a lesbian, gay, or bisexual identity as an equally positive human experience and expression to heterosexual identity (Crisp & McCave, 2007).

Nevertheless, empirical research on IH reduction and counseling for gay men remains inadequate, especially in Thailand. There has never been any research or study that focuses on the counseling of any kind on gay clients in Thailand. The closest attempts up until now were the qualitative studies focused on different aspects of gay men's experiences, e.g. experience of receiving mental health services (Ojanen, 2010), coming out process (Chaivudhi, 2011), not disclosing sexual identity to the family (Sirijaroonchai, 2012) and self-acceptance (Decha-ananwong, 2012). This study is an attempt to answer the aforementioned concerns about gay men as an onset of the better evident-based psychological service of gay men through the examination of the gay-affirmative counseling group on Thai gay men.

Purpose of the study and hypotheses

This study examined the effect of the gay-affirmative counseling group on the

internalized homophobia of Thai gay men. The hypotheses of this study were 1) the internalized homophobia of the gay men in the experimental group is significantly lower at posttest when compared to those at the pretest, and 2) the internalized homophobia of the gay men in the experimental group was significantly lower than those in the control group after the group counseling participation.

Method

The pretest-posttest control group experimental design was employed in this study. The dependent and independent t-test were used to analyze the decrease of internalized homophobia in the experimental group. The participants were randomly assigned into experimental group and control group. To prevent the effect of confounding variables, the pretest internalized homophobia score of the experimental and control group were tested. Independent t-test showed that there were no significant difference between the groups (p = .668) as shown in Table 3. The experimental group consecutively received 6 sessions of gay-affirmative counseling group which were developed and conducted by the researcher. The control group received no treatment due to participants' inconvenience, the compensation as a mental health guideline for gay men was given to the participants.

Participants

The purposive sample was 32 Thai gay men recruited via gate keepers from a specific gay web board and community-based organization. Sample's mean age was 26.84 (*SD* = 4.96), and ranged between 19-40 years. The majority of the participants had the bachelor's degree (78.12%). All the participants were Thai and currently lived in Bangkok. The sample was 43.75% company's employee, 15.62% government officer, 15.62% university student, 12.50% self-employed, and 12.50% unemployed. 53.12% of the sample had never come out to parents, 9.38% came out to one or both of the parents less than a years ago, 6.25% between 1-2 years, 3.12 between 2-5 years and 28.13% more than 5 years.

Measurement

The internalized homophobia scale used in this research was developed and based on the *Nungesser Homosexual Attitude Inventory Revised* (Shidlo, 1994), the *Internalized Homophobia Scale* (Wagner et al., 1994), and the *Internalized Homonegativity Inventory for Gay Men (*Mayfield, 2001), the 3 measures that have good reliability, validity support and ability to detect low and moderate levels of internalized homophobia in gay men (Szymanski, Kashubeck-West, & Meyer, 2008). The quality of each measure is as follows.

The *Nungesser Homosexual Attitude Inventory Revised* (NHAI-R) was adjusted from the Nungesser Homosexual Attitude Inventory (Nungesser, 1983) by Shidlo (1994). NHAI-R was used to assess internalized homophobia in gay men, consisted of 36 items which can be divided into 3 subscales: attitudes toward one's own homosexuality (self), attitudes toward homosexuality in general and toward other gay people (other), and reaction toward others' knowing about one's homosexuality (disclosure). Each item is rated on a 5-point Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The internal consistency reliability of the full scale was between .90 and .92 (Dube, 2000; Gold, Marx, & Lexington, 2007; Szymanski et al., 2008) and for each subscale was .88, .67, and .93 respectively (Dube, 2000). The concurrent validity of NHAI-R was supported by positive correlations with HIV-related homonegativity (r = .68) and psychological distress (r = .43) and a negative

correlation with self-esteem (r = -.56)

The *Internalized Homophobia Scale* (IHS) was developed by Wagner et al., 1994). It consisted of 20 items, which 9 items were borrowed from the original NHAI (Nungesser, 1983) and 11 items were developed by the HIV Center for Clinical and Behavioral Studies at New York State Psychiatric Institute. Each item is rated on a 5-point Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The internal consistency reliability of the scale was between .87 and .92 (Harris, Cook, & Kashubeck-West, 2008; Szymanski et al., 2008). The test-retest reliability was .62 (Wagner, 1998). The concurrent validity of NHAI-R was supported by positive correlations with Demoralization (r = .49), psychological distress (r = .37), and Depression (r = .36) (Wagner, Brondodlo, & Rabkin, 1996)

The *Internalized Homonegativity Inventory* (IHNI) was developed by Mayfield (2001) to assess internalized homophobia in gay men. It consisted of 26 items with 3 subscales: personal homonegativity, gay affirmation, and morality of homosexuality. Each item is rated on a 6-point Likert-type scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). The internal consistency reliability of the full scale was .91, and for each subscale was .89, .82, and .70 respectively (Mayfield, 2001). The IHNI has good convergent validity with the original NHAI (r = .85) and the concurrent validity of IHNI was supported by a negative correlation with gay identity development (r = -.68)

The internalized homophobia scale was developed and translated from English into Thai by the researcher based on the items from the aforementioned 3 internalized homophobia scales and the comments from the developers as being shown in Table 1 to assess negative feelings and attitudes of gay men toward one's own homosexuality and homosexuality in general. It consisted of 32 items. Each item is rated on a 5-point Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The quality of the internalized homophobia scale was tested the quality with 100 Thai gay men with mean age of 22.21 (SD = 4.65), and ranged between 15-40 years. The items with good item discrimination (t > 2.0) and corrected item-total correlation (r > .20) were selected. The internal consistency reliability of the scale was .94.

Gay-affirmative counseling group

Clark (1987) outlined the core of the gay-affirmative counseling as the therapy that helps gay lesbian and bisexual (LGB) clients to become aware of how oppression has affected them; desensitizing the shame and guilt surrounding homosexual thoughts, behaviors, and feelings. Davies (1996) also suggest that the therapist should explicitly show respect for the client's sexual orientation, personal integrity, lifestyle, attitudes, and beliefs (Pachankis & Goldfried, 2004). Clark further elaborated that the gay-affirmative therapy should consist of discussing the way LGB clients have been oppressed because of their homosexuality, helping the clients let go of any shame and guilt they feel, and allow them to show anger at the effects homophobia and heterosexism has had on them. In order to provide gay-affirmative therapy, counselors should be free of heterosexist bias and homophobic prejudice (Ritter & Terndrup, 2002) and develop the knowledge and understanding of issues specific to gay men (Harrison, 2000; Pachankis & Goldfried, 2004).

Sikorski (2011) concluded that the gay affirmative therapy in group setting can offer many benefits that individual sessions cannot, and can be especially successful for working with LGB clients. The group setting offers the opportunities for gay men to socialize and gain a sense of community, which lessen a sense of isolation and allow the social identification. Therefore, the gay-affirmative group can be a safe place for

gay men to utilize the therapy to cope with vital issues in their lives, e.g. coming out, learn to accept themselves, and gain a positive view of their homosexuality.
The gay-affirmative counseling group used in this study consists of 6 consecutive sessions within 2 days, with various elements. The group was developed and tried out with two pilot groups. Session: 1) Self-introduction: forming a group norm and explore participant's attitudes toward homosexual terms, 2) Personal homosexual origin: explore participant's experience of making sense of his homosexuality and become , 3) Oppressed and stigmatized self: how participant perceives of different situation and deal with it, 4) Balancing the coming out: how one related the view of one's homosexuality with previous coming out experience, 5) Meaning in life: finding meaning as a gay man living in a heterosexist society, 6) Future's direction: how to deal and combat with a risk of oppression and homophobia in the future.

Result

Hypothesis 1: the internalized homophobia of the gay men in the experimental group is significantly lower at posttest when compared to those at the pretest. The first hypothesis was supported by the t-test as shown in Table 2. The pretest mean score of internalized homophobia of experimental group was 61.31 (*SD* = 18.00), whereas the posttest mean score of internalized homophobia was 51.43 (*SD* = 15.76). For the experimental group, the dependent t-test showed that the posttest internalized homophobia score was significantly lower than the pretest internalized homophobia score of the experimental group ($p = .002$). On the other hand, for the control group, the dependent t-test showed no significance between the posttest internalized homophobia score and the pretest internalized homophobia ($p = .301$).

Hypothesis 2: the internalized homophobia of the gay men in the experimental group was significantly lower than those in the control group after the group counseling participation. The second hypothesis was supported by the t-test as shown in Table 3. The posttest mean score of internalized homophobia of experimental group was 51.43 (*SD* = 15.76), whereas the posttest mean score of internalized homophobia of control group was 66.62 (*SD* = 17.79). The independent t-test showed that the posttest internalized homophobia score of the experimental group was significantly lower than the posttest internalized homophobia score of the control group ($p = .016$).

Figure 1 summarized the findings which are 1) the IH of the gay men in the experimental group was significantly lower ($p < .01$) at posttest when compared to those at the pretest, and 2) the IH of the gay men in the experimental group was significantly lower than those in the control group ($p < .05$) after the group counseling participation.

Discussion

This study investigated the effect of the gay-affirmative therapy by assessment of internalized homophobia in Thai gay men and the revealed that the gay-affirmative counseling group could reduce the internalized homophobia of gay men. These findings was consistent with previous studies that showed the positive experience of the clients after joining the gay-affirmative counseling (Lebolt, 1999; Nel, Rich, & Joubert, 2007; Pixton, 2003).

As Clark (1987) outlined, helping gay clients to explore how oppression and homophobia has affected them is the start of the therapeutic process that can expand clients' awareness of internalized homophobia. As Lebolt (1999) reported that one of the qualities of the gay-affirmative therapy that LGB clients viewed as helpful was

that the therapist increased the client's awareness of, both internal and external, homophobia and heterosexism. The participants could explore their attitudes and receive the positive feedback from both the counselor and the group. This could normalize and affirm their gender identity.

In gay-affirmative therapy, the counselor's task was to be the affirmative agent that instilled the sense of affirmation in the group. To achieve that, there are two major approaches to the therapeutic process. The first approach was to encourage gay men to develop gay-affirmative values and attitude toward their homosexuality (Hereks & Garnets, 2007; Hicks, 2000; Kirby, 2008) along with the second approach which was to neutralize, normalize and de-pathologize participants' negative attitudes toward their homosexuality (Mayfield, 2001).

One factor that showed counselor's competency in working with gay participants was the comfortability with participants' sexuality (Lebolt, 2001). Not only the appearance, but also the comfortability and ability to respond and help on participants' diverse issues (Crisp & McCave; Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991; Tasker & McCann, 1999), from maintaining the masculine look, concern about other's view of their sexuality, social and romantic relationship, coming out planning and so on. This assured participants that the counselor was free of heterosexist bias and homophobic prejudice (Ritter & Terndrup, 2002) and had the knowledge and understanding of issues specific to gay men (Harrison, 2000; Pachankis & Goldfried, 2004).

When the participants gained a sense of safety in the group, they disclosed and exchanged more of their personal experiences about homosexuality and sexual milestones which, again, were affirmed. This help to desensitize the shame and guilt surrounding homosexual thoughts, behaviors, and feelings. As participants took turn in exploring and exchanging their experiences, they could realize the diversity within gay society which can help them accept their uniqueness and idiosyncrasy (Lebolt, 1999)

Though diversity played some roles within the group, the universality of participants was also of importance. Likeness, not difference, can connect and relate people to one another. Due to isolation and risk, gay men were exposed to in the past, there had not been many opportunities for them to connect and identify with gay community. The gay-affirmative group offered them the opportunities, helped them related to gay people and confirmed their gay identity (Decha-ananwong, 2012; Nel et al., 2007).

Since more than half of the participants in this study did not disclose their homosexuality to their parents, it can be indicated that most of them had a negative view of their homosexuality. According to a qualitative study of Sirijaroonchai (2012), the key informants who had never disclosed their homosexuality to their parents view their homosexuality as negative. This highlighted the importance of the coming out issue in the gay-affirmative counseling process and its relation to gay men's view of themselves.

Limitation

Due to difficulty of gaining the participants, the age range of the participants was wide (19-40), so that enough number of participants could be reached, which can be difficult to the address the effect that age might have on the result. Somehow, the mix of age had benefited the participants in this study by letting the participants share their experiences, they could all learn from one another's story. This resulted in the participants whose stories benefited others gained self-esteem (Kirby, 2008; Lebolt, 1999) while other participants could also learn from the experiences being shared and

received social support from the group (Dietz, & Dettlaff, 1997).

All the participants in this study were purposively recruited from a specific gay web board and community-based organization and all of them were currently live in Bangkok, so they might not be representatives of Thai gay men population. In the future, there should be more avenues to gain and recruit gay participants.

Counseling Implication

This study confirmed that gay-affirmative therapy is beneficial for gay men's mental health and well-being and also the gay-affirmative counseling group can significantly reduce the internalized homophobia of gay men. Therefore, the gay- affirmative approach as discussed can be applied to the counseling work for gay clients' benefit. The neutral and affirmative stance of a counselor is vital to the therapeutic relationship in gay-affirmative therapy (Ritter & Terndrup, 2002). In order to enhance and deepen a counseling process, the counselor need to interrogate his/her own attitudes and reaction toward gay clients' issues, so that the aforementioned gay-affirmative aspects could be properly applied to the process. Importantly, neutralization and normalization of homophobia perspective of gay clients is crucial throughout the process of gay-affirmative therapy.

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Table 1 Items of the internalized homophobia scale and its source(s)

No.	Item	Source(s)
1	Whenever I think a lot about being gay, I feel depressed.	NHAI-R ,IHS, IHNI
2	I am glad to be gay.	NHAI-R,IHS
3	Whenever I think about being gay, I feel critical about myself	NHAI-R
4	When I am sexually attracted to another gay man, I feel uncomfortable.	NHAI-R
5	I am proud to be a part of the gay community.	NHAI-R
6	I wish I were heterosexual.	NHAI-R,IHS
7	I have been in counseling because I wanted to stop having sexual feelings for other man.	NHAI-R
8	There have been times when I've felt so rotten about being gay that I wanted to be dead.	NHAI-R
9	Marriage between gay people should be legalized.	NHAI-R
10	Homosexuality is a natural expression of sexuality in humans.	NHAI-R,IHS
11	Homosexuality is a sexual perversion.	NHAI-R
12	Life as a homosexual is not as fulfilling as life as a heterosexual.	NHAI-R ,IHS, IHNI
13	I wouldn't mind if my boss knew that I am gay.	NHAI-R
14	When I am sexually attracted to another gay man, I do not mind if someone else knows how I feel.	NHAI-R
15	I would not mind if my neighbors knew that I am gay.	NHAI-R
16	It is important for me to conceal the fact that I am gay from most people.	NHAI-R
17	If men knew of my homosexuality, I am afraid they would begin to avoid me.	NHAI-R
18	If it were made public that I am gay, I would be extremely unhappy.	NHAI-R
19	I would not give up being gay even if I could.	IHS
20	Homosexuality is deviant.	IHS
21	If I were heterosexual, I would probably be happier.	IHS
22	I have no regrets about being gay.	IHS
23	I believe being gay is an important part of me.	IHNI
24	I believe it is OK for men to be attracted to other men in an emotional way, but it's not OK for them to have sex with each other.	IHNI
25	I feel ashamed of my homosexuality.	IHNI
26	I see my homosexuality as a gift.	IHNI
27	When people around me talk about homosexuality, I got nervous.	IHNI
28	I believe it is morally wrong for men to be attracted to each other.	IHNI
29	I believe it is unfair that I am attracted to men instead of women.	IHNI
30	I am disturbed when people can tell I'm gay.	IHNI
31	I am comfortable with my homosexuality.	First Author's
32	Being gay does not make me feel inferior.	First Author's

Table 2 Dependent t-test of the internalized homophobia scores

		Pretest				Posttest					
	n	*M*	*SD*	*Min*	*Max*	*M*	*SD*	*Min*	*Max*	*t*	*p*
Experimental group	16	61.31	18.00	39	108	51.43	15.76	34	83	3.849**	.002
Control group	16	64.06	17.89	41	112	66.62	17.79	47	114	1.071	.301

** $p < .01$

Table 3 Independent t-test of the internalized homophobia scores

	Experimental group				Control group					
	M	*SD*	*Min*	*Max*	*M*	*SD*	*Min*	*Max*	*t*	*p*
Pretest	61.31	18.00	39	108	64.06	17.89	41	112	-.433	.668
Posttest	51.43	15.76	34	83	66.62	17.79	47	114	-2.55*	.016

* $p < .05$

Figure 1 Summarization of the result