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Male Sexual Orientation Among Religious Men: A Discriminant Function Analysis

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Male Sexual Orientation Among Religious Men:
A Discriminant Function Analysis

by
James L. Born

Presented to the Faculty of
George Fox University
in partial fulfillment
of the requirements for the degree of
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in Clinical Psychology

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Male Sexual Orientation Among Religious Men:

A Discriminant Function Analysis

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Date: 12/29/98

DEDICATION

To
all men
in search
of their fathers
both
terrestrial and celestial

ACKNOWLEDGEMENTS

The Parable of Two Flower Vases

Well, let us suppose that there are two flower vases made of fine china. Both are intricately carved and of comparable value, elegance, and beauty. Then a wind blows and one of them falls from its stand, and is broken into pieces. An expert from a distant land is called.

Painstakingly, step by step, the expert glues the pieces back together. . Soon the broken vase is intact again, can hold water without leaking, is unblemished to all who see it. Yet this vase is now different from the other one. The lines along which it had broken, a subtle reminder of yesterday, will always remain discernible to an experienced eye. However, it will have a certain wisdom since it knows something that the vase that has never been broken does not: it knows what it is to break and what it is to come together (Akhtar, 1992, p. 375).

The act of falling and breaking, like crisis, is an opportunity for transformation.

Besides the Lord, the maker of heaven and earth, who has allowed me to explore an aspect of his special creation, the real mover and shaker behind this effort, who has made the sometimes seemingly impossible possible, has been my loving, patient, and determined wife, Linda. She has stood firm and focused on the goal when I became distracted. She has shown by word and deed the truest sense of unconditional love. She has maintained a sense of humor and a unique creativity during difficult moments of this irritation. Our children, Elizabeth, Rosanna, and Christopher, have been gifts of inspiration and joy. What a privilege to share in the energy and excitement of their discoveries. They have witnessed that steady plodding eventually brings one across the finish line.

I thank my extended family both mine and Linda's for their faithfulness, inspiration, love, and prayers. I especially appreciate David and Wes. I thank our church family, the Church of Tollhouse, for coming along side and standing with us. I thank Raymond Brock for his example and direction. I thank Leila for encouraging me to go for it. I thank John Stephens for his magic numbers and spirituality. I thank my committee for being there for me. I especially thank

my Dean and Committee Chairman, Dr. Rodger Bufford, for his genius and willingness to see me through this elongated process.

I am grateful for the leaders of men of various sexual orientation groups who opened their hearts, minds, and groups to my research efforts. Last but not least, I am grateful for each participant who shared his time and story through the research assessments with me.

Male Sexual Orientation Among Religious Men:

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James L. Born

George Fox University

ABSTRACT

The ecological changes of human society especially in Western civilization via scientific, industrial, and technological revolutions have altered the foundations of what "masculinity" means in the 1990's. This study was designed to discriminate and predict three masculine sexual orientation groups based upon father-son relations, gender, religious spirituality, psychological maltreatment/abuse, and shame.

Data were obtained from 92 male volunteer participants (gay=32, heterosexual=32, x-gay=28) who identify as Christians or who affiliate with a Christian organization. Instruments used were the Boyhood Gender Conformity Scale (BGCS), the Father Forgiveness Perception Scale (FFPS), the Home Environment Questionnaire (HEQ) (i.e., Child Abuse Trauma Scale), Internalized Shame Scale (ISS), the

Klein Sexual Orientation Grid (KSOG), the Parental Acceptance-Rejection Questionnaire (PARQ), the Personal Information Questionnaire (PIQ), the Religious Identification and Commitment Scale (RICS), and the Sexual Trauma Scale (STS). The KSOG, PIQ, and group affiliation provided three criterion variables. Total scores on the BGCS, HEQ, ISS, PARQ, and RICS provided five predictor variables. The PIQ provided demographic information for descriptive analysis, group profiles, and group homogeneity. The PIQ and two experimental scales (FFPS & STS) added alternative predictors.

Two discriminant functions were generated. The first function, Wilks' Lambda = .39, Chi Square (10) = 67.43, $p < .001$, accounted for 61% of the variance of group membership. The second function, Wilks' Lambda = .68, Chi Square (4) = 28.01, $p < .001$ accounted for 39% of the variance of group membership. The BGCS, ISS, and HEQ were related to the first function. The RICS and PARQ were related to the second function. The BGCS exerted the strongest influence of the first discriminant function, $r = .87$. The RICS exerted the strongest influence on the second discriminant function, $r = .80$. The first function discriminated between heterosexual subjects and the other two groups.

The second function discriminated between the gay and x-gay subjects. Overall the two discriminant functions correctly classified the participants 77% of the time versus about 35% chance classification. Sixty-nine percent ($n=22$) of the gay participants, 84% ($n=27$) of the heterosexual participants, and 79% ($n=22$) of the x-gay participants were correctly classified. The findings indicate that boyhood masculine gender nonconformity is a strong indicator of adult homosexuality (gay & x-gay) and that high Christian religious commitment and identity is a strong indicator of the x-gay homosexual population.

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CHAPTER ONE

Introduction

Cat's in the Cradle

A child arrived just the other day
He came to the world in the usual way
But there were planes to catch and bills to pay
He learned to walk while I was away
And he was talkin' fore we knew it and as he grew
He said, "I'm gonna be like you, Dad,
You know I'm gonna be like you."
"When ya comin home, Dad?" "I don't know when
But we'll get together then, yeah,
We're gonna have a good time then."
I've long since retired, and my son moved away
I called him up just the other day
Said, "I'd like to see you if you don't mind."
He said, "I'd love to, Dad, if I could find the
time
But the new job's a hassle and the kids got the
flu
But it's been sure nice talking to you, Dad,

It's been sure nice talking to you."

And as I hung up the phone it occurred to me

He'd grown up just like me

My boy was just like me. (excerpt from song entitled Cat's in the Cradle by Harry Chapin and Randy Chapin cited in Cole, 1982).

Masculinity, "having qualities appropriate to a man" (Woolf, 1977), is multifaceted as it unfolds developmentally for each male person within the context of his ecological universe--an adaptation and interaction of nature and nurture. Like human life from conception, it is a developmental unity of biology and learning across the life span of the individual. A development that unfolds in relationships with others, particularly with fathers. As more males are disconnected from early paternal nurture, masculinity becomes more veiled and elusive to appropriate and accommodate within their growing sense of self.

While each male's experience of his masculine journey may be unique, there are male gender transitions (Newman & Newman, 1990) common to a majority of men. O'Neil and Egan (1992) believe that men experience as many as 30 gender role transitions over the life span and redefine their thoughts and

feelings about masculinity and femininity. O'Neil and Egan indicate that more investigation is needed of the differential effects of these gender role transitions for men of color, sexual orientation, and other special groups. What happens to those men who may skip or not complete a transition? Are there particular characteristics of development which mark and determine various expressions of masculinity; which identify and differentiate distinct groups of men? In addition to biological factors, may there be etiological factors from early childhood which predispose men to various types of masculinity? What role does a person's capacity to choose play in the outcome and efficacy of his masculinity?

Brewin, Andrews, and Gotlib (1993) state: "Early childhood experiences have frequently been implicated as causal factors in the development of adult psychopathology..." (p. 82). They credit such theorists as: Freud with introducing the theme of early adverse interactions with the external world in the development of adult psychopathology and dysfunction; Ferenczi with describing the pathogenic early experiences of physical or sexual abuse; Beck with connecting the origin of negative schemata with early

parent-child interactions; and Bowlby with linking early experiences of attachment to caregivers with subsequent emotional and behavioral functioning. There tends to be agreement among many theorists that adverse early childhood experiences such as poor parenting and abuse may create "psychological vulnerability, in the form of negative self-perceptions or self-schemas [excessive self-blame or self-criticisms] and increase the risk of psychopathology in adulthood" (Brewin, Andrews & Gotlib, 1993, p. 82). Within American culture and society, parental quality (warmth/care vs control/protection) and childhood abuse (physical, sexual, emotional) have become contemporary issues and concerns for the well-being of future generations.

During the past one to two centuries, parenting was largely synonymous with the maternal-child relationship. Beginning in the 1960s, studies of the effects of father absence and paternal deprivation upon sons began an increasing movement towards scientific investigation of the paternal-child relationship (Biller & Solomon, 1986). Biller (1968; 1971; 1974) has written extensively on paternal deprivation and child maltreatment in single parent and two parent families. He says "The quality of the father-son

relationship is a more important influence on the boy's masculine development than the amount of time the father spends at home" (Biller & Solomon, 1986, p. 90).

According to a longitudinal study of 370 men in 1978 who were randomly selected from an original study group of 510 men in the mid-1960s, Osherson (1986) contends that "men's early and on-going relationships with their fathers shape the intimacy and work dilemmas men coming of age today face" (p. 4). He states, "Boys grow into manhood with a wounded father within, a conflicted inner sense of masculinity rooted in men's experience of their father as rejecting, incompetent, or absent" (Osherson, 1986, p. 3). How does a man with a so-called inner wounded father cope or differ from the man without this experience? How do men judge their childhood fathers? Nicolosi (1993) suggests that the "healing of the father-wound appears to be less the result of the father's own substantial change than of the son's growth in understanding and acceptance of his father's limitations" (p. 143). These kinds of questions and scientific findings point to an increasing concern, especially among men, about the loss of father, both mythological and earthly, within the family as well as within society.

The loss of father in the 20th century began as men left their land to work in factories which separated them physically and emotionally from their families (Bly cited in Erkel, 1990). In the wake of this paternal loss has followed a crisis in masculinity, interpersonal coping, and societal adaptation. This is evident from the deterioration of the traditional two-parent family (i.e., a family with husband, wife and children), the escalation of violent crime, the increase in childhood abuse, the quest of men for authentic masculinity, the emotional catharsis of women for gender equality, the political demonstration of gay homosexuals for social acceptance, and the degeneration of moral and spiritual life. The masculine crisis, resulting from a sense of fatherlessness and negative childhood experiences, makes future adult male generations more vulnerable and more at risk for developing psychological, behavioral, and spiritual dysfunctions.

Statement of the Problem

Our society's mythological and earthly fatherlessness and paternal deprivation has limited our way of being (spiritual vs material), our way of

knowing (limited view of reality), and our way of doing (dilemma vs moral doing) (See Appendix A). This paternal neglect may be at the root of the masculine crisis which has disrupted personal masculine development, interpersonal relations, and society. Since many males (sons) do not come out of puberty and adolescence affirmed as persons, they have not achieved their own gender identity/role and have not mastered the skills to relate in an intimate and positive manner with members of their own or the opposite sex (Lee, 1991; Moore & Gillette, 1990; Osherson, 1987; Payne, 1985). Furthermore, unaffirmed fathers, whether present or absent in the family, often leave their sons with a sense of grief and shame and a deficiency in meaning and in being about manhood (Osherson, 1992; Keen, 1991). Positive early childhood experiences, especially with one's father, are critical to the male adult's psychological and spiritual well-being.

The revival of the critical role of fatherhood beyond merely material provision into the notion of the paternal contribution to the overall bringing up of children raises the question about what has been lost and needs to be regained. Claims have been proffered that the estrangement of father from the home reduces

security and freedom and thwarts healthy childhood development and transition into mature adulthood. Besides the significant paternal antecedent events to adult lives, current personal judgment of father's precursory behaviors may prove as significant as the actual events or more so to one's overall sense of self and personal well-being.

Theoretical, clinical, and empirical studies concerning perceived father-son relations have been conducted among male children and adults (Biller & Solomon, 1986; Nicolosi, 1991; Rohner, 1986). These investigations have mainly examined gender role identity, sexual orientation, and other behavioral symptomatology. A primary focus has been sexuality issues such as homosexuality (Nicolosi, 1991). Among these studies, there has been no retrospective study conducted which compares various homosexual and heterosexual men's perceptions of their childhood paternal relations, home environment, sexual traumas, and gender conformity or their adulthood sense of shame and spirituality/religious identification and commitment. This study compared certain adult male groups of sexual orientation with the goal of correctly classifying each subject into his group using selected

variables. The research question asked: What factors discriminate various male sexual orientation groups (i.e., heterosexual, gay homosexual, non-gay or ex-gay homosexual) from each other besides their sexual orientation? The answer to this question focused on each subject's perceptions of selected childhood and adulthood variables. These variables measured both childhood perceptions of relationship with father, memories of home, experiences of sexual trauma, and gender conformity, and adulthood perceptions of shame identity and spirituality in terms of religious identification and commitment.

Purpose of the Study

This retrospective study of adult males proposed to identify selected predictor variables which would discriminate heterosexual males, gay homosexual males, and nongay homosexual males from one another as groups of men. These variables involved childhood father-son relations, childhood gender conformity, childhood sexual trauma, childhood home environment, adulthood sense of shame, and adulthood sense of spirituality via religious identification and commitment. The investigation of these masculine perceptions of

childhood and adulthood was designed to yield information unique to each masculine journey as identified by sexual orientation group. There was a belief that as different themes, patterns, and pathways of masculine development and paternal relationships unfolded that men would be able to be classified in groups that would match their sexual orientation. Information from this study was anticipated to be helpful in the knowledge and understanding of masculine developmental pathways by sexual orientation, in the assessment and treatment of male mental health clients, and in the provision for greater insight into contemporary manhood issues and male experience for mental health professionals, clients, and others.

Literature Review

The essence of manhood is not our sensitivity. It is not the wildman within. It is not our call to commitment. It is not even the offer of healing that may help to make men out of wounded boys. All these things may play their part in helping us become men, but the essence is the supreme gift of receiving and then understanding our own history as a man. Without this knowledge, neither men nor women will be able to recognize and appreciate masculinity in their fathers, sons, brothers, husbands, or male friends. Opening this treasure entails knowing how a man develops and then passes through the stages of his life. Each boy--whether he knows it or not--waits for elders of his tribe, clan, family, neighborhood, or church to fill in that missing part of what it means to be a man (Wilder, 1993, p. 9).

The goal of this literature review is to open the treasure of masculine development to focus on masculinity, father-son relationship, shame, sexuality, gender, and spirituality. This exploration

for treasure will use the masculine map of the passages and stages a man experiences during his life journey especially in terms of the father-son relationship. It is a relationship that appears to be wounded. In order to assess the effects of this woundedness for men traveling on different pathways of masculinity, the themes of shame, sexuality, gender, and spirituality will be developed.

Masculinity

What is masculinity? This question defines the quest of the current men's movement (Thompson, 1991). The trivialization or rejection of traditional answers to the question yields a societal crisis of masculinity. What occurrences of loss or change press men to clarify the appropriate substance of manhood? What has become of the cultural arbiters who determine authentic masculinity (e.g., fathers, adult males, secular and religious rites of passage, and the mores of society). There is a sense of "missing something." Beyond identifying the particulars of masculinity, men are in search of meaning. Meaning derived from relationship with self, others, God, and the environment which validate masculine maturity.

For the most part, the quest for an appropriate model of manhood has been disappointing, confusing, and moving in a vicious cycle (Peterson, 1994). For example, beginning in the '60s, men rejected the macho model in favor of being nurtured by the sensitivity of women in the '70s and '80s (Dalbey 1992). When this feminized or sensitive model was found wanting, it gave way to Robert Bly's (1990) wild man of the early '90s (Peterson, 1994). Now, the latest model is the Post-sensitive man, "a modern-day version of the '50s man but too young to remember the shortcomings of men in that decade" (Peterson, 1994).

Reconnection with God, who created man in His image (Genesis 1:26-27, NASB), is advocated by a growing number of Christian men as the answer to questions of masculinity (Dalbey, 1992; Peterson, 1994). They believe that "In the end only one type of man will be truly fulfilled--the Godly Man" (Peterson, 1994). This answer, however, is often trivialized or denigrated by American law and politics (Carter, 1994).

While an authentic model of masculinity may be a real issue, the real need is for men to have their maleness validated and affirmed. The father needs to be there for his son in order to mirror and affirm the

boy's maleness (Nicolosi, 1991). "The masculinity within is called forth and blessed by the masculinity without" (Payne, 1985, p. 13). "Once the boy identifies with maleness, he is open to models in other men" (Nicolosi, 1991, p. 29). This highlights not only the essential requisite of adequate early father-son relations but also the critical importance of healthy early childhood experiences to the personal well-being of every man. What has changed that places obstacles before male affirmation and validation?

The question of masculinity and the movement among men are said to be a response to the impact of industrialization and technology, global totalitarianism, the breakdown of the traditional family, the women's movement, the gay liberation movement, and Western culture's long denial of poetic and transcendent truth (Bly, 1990, 1991; Doyle, 1983; Erkel, 1990; Moore & Gillette, 1990; Naisbitt & Aburdene, 1990; Payne, 1985). These 20th century phenomena, for the most part, have eroded the patriarchal (i.e., father-rule) social order in which the male, especially the father, was seen as the dominant force in all male-female relations (Doyle,

1983) and displaced the traditional male passage to manhood (Keen, 1991).

One consequence of this 20th century social upheaval is that the notion of patriarchy, so-called male dominance, has been maligned as sexism (Doyle, 1983) which is "a belief that utilizes sex differences as the basis for discrimination in the granting of political, social, or economic rights" (Wolman, 1989, p. 313). Emulation of such positive male energy and initiative has been discouraged among men in Western culture for fear of appearing politically incorrect, a euphemism in this case for sexist. This advances the phenomenon of the disappearing father, the emotional and/or physical abandonment by father, which "wreaks psychological devastation on the children of both sexes" (Moore & Gillette, 1990, p. xv).

The disparagement of masculinity is evident, also, in the largely ignored or discredited traditional male passage, a ritual, where the son followed the pattern of his father and other male mentors and which marked the passage of boyhood to manhood. The loss of rites of passage cripples a man's sense of masculinity (Moore & Gillette, 1990). In its place, by default, has arisen the fatherless invention of adolescence which

allows for rebellion, play, and experimentation (Keen, 1991). Thus, an increasing number of boys raise themselves, without the adequate benefit of being brought up under adult male influence. Payne (1981, 1984, 1985) calls this person--the "unaffirmed male."

Again, returning to the question, what is masculinity? Lewis (1987) contends that "no definition of masculinity/femininity for the human species can be defined independently of gender identity, sex role behavior, and sexual preference" (p. 223). The former two emerge in the early part of life while the latter, many believe, does not occur until puberty.

Not unlike Lewis, Maccoby (1987) relates three meanings of masculinity/femininity which in this discussion focuses on the masculine. The first meaning of a masculine person is one "who exemplifies those characteristics that have been shown to differentiate the sexes [i.e., sex differentiated characteristics]" (p. 227). The second meaning of a masculine person refers to his conformity to the societal expectations and prescriptions for his sex role in terms of how he may function as a man. Thus, as a child, he is trained to adopt or avoid behaviors according to the sanctions of his culture. What is appropriate behavior will vary

throughout the life-span. The third meaning of a masculine person refers to the attraction and selection between the sexes. The person learns the culturally specific signals and responses for this complementary process. Maccoby (1987) relates that "Probably the most essential ingredient in this definition of masculinity and femininity is that the person should not be, or seem to be, homosexual" (p. 229).

Payne (1981) relates that masculinity is "a quality, a posture, an approach to life that is complemented by femininity" (p. 115). Both qualities, masculinity and femininity, are expressed by men and women over the course of the life span. Payne cautions here in stating "But to be whole men and women, those qualities must find a harmony and a rhythm that is appropriate to their biological sex" (p. 115).

Payne (1981) describes the disharmony of masculinity and femininity in the person as having a "broken image." This metaphor refers to the creation of humankind in the image of God--male and female (Genesis 1:27 NASB). For example, the homosexual male with masculine deficits has embraced more the expressive or feminine quality that has a greater capacity to feel and to be drawn to meaning about life

in terms of significant relationships (Payne, 1981). On the otherhand, the heterosexual male with feminine deficits strives for power, is driven to perform and to do many things, but experiences great ambivalence in close intimate relationships without an adequate capacity to feel. Keen (1991) sums it up this way:

Whether we are gay or straight, hard or soft, wild or vulnerable, feelingful or thoughtful, are of a secondary concern. When men center their masculinity on their genitals, on making money, on accumulating power, or even on exploring "their feminine" side, they trivialize manhood. (p. 120)

Payne (1984) makes the assertion that masculinity can only be understood in terms of femininity and vice versa. They are opposite (i.e., polarities) and complementary qualities within every person. By whatever name these qualities are called or are understood to be, they "seek recognition, affirmation, and their proper balance" (p. 45) for emotional, psychological, and spiritual health.

These qualities (i.e., masculinity and femininity) have "utterly transcendent as well as psychological dimensions" (Payne, 1985, p. 12). In terms of masculinity, this quality is:

to be experienced, to be glimpsed and tasted as it is passed on from [terrestrial/earthly] father to son and from father to daughter...[and] to be celebrated as it descends to us, like darts of joy, through metaphor and symbol, ceremony and ritual...[of] the way of love--the way of divine revelation and incarnation [via the celestial/heavenly father] (Payne, 1985, p. 88).

Keen (1991) considers the masculine crisis as more of an ontological loss than a psychological one. What Keen seems to be implying is that men feel disconnected from themselves, others, and God. They are carrying a father wound, longing for the missing father, and wrestling with love (Osherson, 1986; 1992). Our society is experiencing a "spiritual disintegration" (Keen, 1991).

Fatherless Society

This "missing something" referred to above is what Mitscherlich (1963/1993) called "society without the father." He asked the question "What will a society that in this sense will be fatherless, that is, not controlled by a mythical father and his terrestrial representatives, look like?" (Mitscherlich, 1963/1993, p. 39). When the mythical father and/or earthly father

relations with a society are disturbed or extinguished, what takes their place? What authority is sufficient to integrate self and others? While answering these questions, society is in an adaptational crisis.

Bly (cited in Mitscherlich, 1963/1993), reiterating Mitscherlich, wrote "In the fatherless society, the children--particularly the sons--have holes in their psyche that fill with demons" (p. xvi). Mitscherlich (1963/1993) saw the deficit of father resulting in children growing up to be adults with no visible master nor father imago and exercising anonymous functions and being guided by anonymous functions. This kind of detachment produces deindividualized masses, faceless authority, and a "sibling society." Mitscherlich (1963/1993) wrote the following:

The individual who has not had the primary opportunity of forming secure object relationships, of coping reasonably well with his ambivalence in relation to one and the same partner, is bound to succumb to the emotional excesses described in Le Bon's [1895/1969] The Crowd as if they were constitutional characteristics and not the consequence of

society's blindness to the practices by which it itself produces them. (p. 278)

A literary classic entitled, "Lord of the Flies" by William Golding (1954), provides an example of a sibling society. A group of boys are plane wrecked on an island without adult supervision. Instead of Rousseau's "noble savage," they eventually lose their sense of civility and decency, law and order, and justice by turning to violence and even cannibalism.

Has the loss and/or devaluing of father and the authority and boundary-keeping which he symbolizes resulted in the transformation of the American culture into a "sibling society?" According to "The Index of Leading Cultural Indicators" (Bennett, 1993), an assessment of the moral, social, and behavioral condition of America, there has been substantial social regression over the last 30 years. Could these indicators of social decompensation be the symptoms of a sibling society? Bennett (1993) reports that:

Since 1960, population has increased 41 percent; the Gross Domestic Product has nearly tripled; and total social spending by all levels of government (measured in constant 1990 dollars) has risen from \$143.73 billion to \$787.0 billion--more than a

five-fold increase. Inflation-adjusted spending on welfare has increased 630 percent and inflation-adjusted spending on education has increased 225 percent. The United States has the strongest economy in the world, a healthy entrepreneurial spirit, a still-healthy work ethic, and a generous attitude--good signs all. But during the same 30-year period there have been a 560 percent increase in violent crime; more than a 400 percent increase in illegitimate births; a quadrupling in divorce rates; a tripling of the percentage of children living in single-parent homes; more than a 200 percent increase in the teenage suicide rate; and a drop of almost 80 points in S.A.T. scores. Modern-day social pathologies, at least great parts of them, have gotten worse. They seem impervious to government spending on their alleviation, even very large amounts of spending. (p. i)

Others are citing evidence similar to Bennett that indicates the dissolution of intact two-parent families, the increasing numbers of single-parent and step-parent families, and the lack of effective parenting are weakening the social fabric and

negatively impacting children emotionally and behaviorally in ways carried into adulthood (Etzioni, 1993; Ingrassia, 1993; Johnson, 1994; Whitehead, 1993; Will, 1993). There are disturbing topics discussed today about kids being robbed of their childhoods as a consequence of living scared in a violent society (Adler, 1994) and of parents having to do battle to protect their children from an overwhelming culture (Wylie, 1994). These discussions are pointing to the disappearance of father in the family and in society and the consequences of paternal deprivation (Gibbs, 1993; Biller & Solomon, 1986). Without father and authority, there is an absence of limits and protection which "expands the terror of infancy and makes it even more difficult to become an adult" (Shapiro, 1984).

The trivalization of traditional rites of passage, cultural arbiters and symbols of masculine heritage, historic religious faith, and conventional wisdom and custom of gender behavior and civility has taken its toll upon masculinity in America. This pervasive trifling attitude coupled with the interpersonal and familial disconnecting effects of industrialization and technologization have imperiled the healthy development of masculinity among males in American society.

Masculine Normality, Mental Health, and Maturity

Early childhood fatherlessness, paternal deprivation, and maltreatment negatively impact the normality, mental health, and maturity (healthy adult personality) or positive potential of the male adult in his personal masculine journey (Biller & Solomon, 1986; Masterson, 1985, Rohner, 1986). Based on the interpersonal emphasis of H. S. Sullivan's understanding of human development and personality (Phares, 1988), past and current interpersonal experiences provide personal meaning and influence the health of one's personality. Perceptions of self, which reflect interpersonal experiences with others, are therefore, firmly established in the early years of childhood. Considerations, however, of what constitutes masculine normality, mental health, and maturity are being debated within the American culture.

Whether a person's masculinity as identified by sexual orientation is considered normal or abnormal revolves around how normality is defined (Pattison, 1985). Pattison describes four perspectives of defining normality.

The first definition views normality as health (i.e., reasonable function; free of pain, discomfort,

and disability). "In this view homosexuality does not brand a person as abnormal unless the person experiences untoward symptoms as a result of homosexuality" (Pattison, 1985, p. 524).

The second definition views normality as a set of ideal behaviors, attitudes, and values. "In this view homosexuality is almost invariably defined as a gross abnormality of development and behavior" (Pattison, 1985, p. 524).

The third definition views normality as an average, a statistical concept of the middle range of behavior of most people observed. "In this view homosexuality would be viewed as abnormal in the general population but normal within a specific subculture or homosexual community" (Pattison, 1985, p. 524).

The fourth definition views normality as an adaptive process. In this view "homosexuality is normal or abnormal in terms of adaptation to one's homosexual orientation" (Pattison, 1985, p. 524).

Based upon these four views, homosexuality has typically been viewed as abnormal throughout history (Karlen, 1971). Homosexuality is an unhealthy practice which reduces the life span of the person (Cameron,

1993a). It is contrary to ideal function, practice, and values. It is statistically abnormal. Showing it is inborn, would not make it normal. That a person was born with a handicap does not make him or her normal in the general population.

Mental health tends to be measured by how well a person adjusts and conforms to community-accepted standards of human relations (Campbell, 1989). The criteria of mental health are as follows: "(1) realistic perception, (2) emotional balance, (3) social adjustment, (4) achievements commensurate with potentialities, and (5) self-esteem" (Wolman, 1989, p. 214).

A political and scientific debate exists as to whether homosexuals are mentally healthy. "For the first half of the twentieth century, homosexuality was scientifically categorized as psychopathic and sociopathic" (Cameron, 1993a, p. 32). Then, two compromised scientific studies by Kinsey (1948) and by Hooker (1957; 1958) were introduced into the debate which did much to foment the notion of homosexuality as either a normal variant of human behavior or as socially desirable (Cameron, 1993a).

The research abuses in Kinsey's studies distort the findings and misrepresent the prevalence of homosexuality (Cameron, 1993a; Reisman cited in Mattox, 1993). Contemporary studies estimate male homosexuality between one and three percent of the adult population (Schroff, 1994; Cameron & Cameron, 1998; Billy et al., 1993) and not ten percent as indicated by Kinsey (1948). The 1990 U. S. Census Bureau reported that the total number of gay male couples and lesbian couples was less than one fifth of one percent of all the couples in the nation (Cameron, 1993a).

The methodological weaknesses and sampling compromises of Hooker's study make suspect her conclusions that homosexuals were as mentally healthy as heterosexuals (Cameron, 1993a). Cameron (1993a) takes issue with Hooker's study for not recognizing that two of the three assessment instruments did discriminate between "so-called normal" homosexuals and heterosexuals. Cameron (1993a) claims that these two instruments used in Hooker's study detected the "difference between a normal sex drive kept in proper perspective [heterosexual] and an obsessive preoccupation [homosexual] that is irrepressible, that

must assert itself despite every reason to remain silent" (p. 37). Normal situations and relations devoid of sexual content were often converted into sexually charged occasions by the "normal" homosexuals (Cameron, 1993a). Generally speaking, the homosexuals' orientation colors their environment to the degree that it renders them hypersensitive to sexuality (Cameron, 1993a). This suggests that homosexuals may have problems with having realistic perceptions and adequate social adjustments.

According to Cameron (1993a), the gay homosexual lifestyle is less healthy than the heterosexual lifestyle. In a review of the literature, Cameron (1993b) reports that homosexuality induces reverse socialization (e.g., contact with or ingestion of feces), social disruption (e.g., disconnection between sexes, generations, and social classes), lowered health (e.g., over twice as apt to have had at least two sexually transmitted diseases), criminality (e.g., twice as likely to have been arrested for a non-sexual crime and about eight times more apt to have been arrested for a sexual crime), weaker human bonds (e.g., average less than a year of sexual fidelity within either their longest homosexual or heterosexual

relationship and the average length of time together averaged about three years for gay and lesbian couples vs ten years for married heterosexuals), and impermanency (e.g., median age of death for gays and lesbians is in the mid-40s while for married heterosexuals is in the 70s). Many homosexuals regret their gay lifestyle and would advise adolescent homosexuals to stop rather than continue (Cameron, 1993b). Cameron (1993b) contends that "Happiness and well-being are earned through social and sexual productivity, not sexual freedom" (n.p.).

Although homosexuals constitute only one to three percent of the total American population, they compose 20 to 40 percent of all child molesters (Cameron, 1993a). A homosexual is 10 to 20 times more likely to sexually abuse a child than a heterosexual (Cameron, 1993a). Between 15 to 40 percent of statutory rape (child molestation) involves homosexuality (Cameron, 1993c). Unlike the homosexual pedophile, the heterosexual pedophile does not have a national organization like the North American Man-Boy Love Association, a group of homosexual child molesters who seek to alter age-of-consent laws and participate in gay pride marches (Cameron, 1993a).

Between 22 to 37 percent of homosexuals indulge in painful or violent sex such as bondage and discipline (B/D), a partner is physically restrained and mildly tortured, or sadomasochism (S/M), a partner is tortured or hurt during sex (Cameron, 1993c). Survey research has shown gays to be four times more apt to engage in B/D and six times more apt to engage in S/M than heterosexuals (Cameron, 1993c).

Attempts have been made by psychologists (Allport, 1961; Jahoda, 1958; Maslow, 1954; Rogers, 1961) to list the characteristics of the mature person or healthy personality. From a psychological perspective, Carter (1985) synthesizes these characteristics into five basic dimensions: "1) having a realistic view of oneself and others; 2) accepting oneself and others; 3) living in the present but having long range goals; 4) having values; and 5) developing one's abilities and interests and coping with the task of living" (p. 498). From these five aspects of maturity, two higher dimensions emerge which are called actualization and congruence (Carter, 1985). Self-actualization is the striving for the achievement of one's human potential (Timpe, 1985a). Congruence refers to the "accurate matching of experience, awareness, and communication"

(Scandrette, 1985, p. 218). The mature person is one who has integrated these dimensions while the immature person is disorganized and conflicted which thwarts the integration leading to maturity (Carter, 1985).

This study of selected male sexual orientation groups approached masculine maturity (masculinity) or the masculine self through an investigation of its expressions in terms of shame and spirituality. Self is an overarching (umbrella) concept in which fits every inner and outer aspect whether good or bad about oneself. Shame and spirituality are two aspects of self which were chosen to study because of their historical and mythological connection with sexuality and of their research connection with self-esteem and personal well-being.

A masculinity that is "missing something" is one that is disconnected from self and others (man, woman, God). The meaning and health of masculine personality (masculinity) has an interpersonal context. "No man is an island, entire of itself" (John Donne, cited in Bartlett, 1968, p. 308). Positive interactions with significant adults are more likely to yield a healthy perspective of self than are negative interactions. This is especially true when the chief cultural arbiter

of authentic manhood, father, has a positive, warm, accepting, and competent relationship with his son.

Father-Son Relations

"A man is never a man until his father tells him he is a man." -Old Folk Saying

"Women make boys, but only men can make men"
(Robert Bly, cited in Nicolosi, 1993, p. 18).

The "father-wound" (i.e., alienation from father) is a metaphor used to recount the problem of manhood (Dalbey, 1992). Dalbey believes the problem begins with people having "forgotten the father" and with people having an unwillingness or inability to "confess the authentic past, that is, what God has already done in and among us" (pp. 1-2). This is evident in the men's movement's hunger for old men to recount the story, the tale in ancient mythologies.

Reviewing recent history, Dalbey (1992) observes that in the 60's men rejected the macho image of alienation and violence and sought a new focus in love and peace. He contends that men's new focus could only be called forth and nurtured by the sensitivity of women in the 70's and 80's. Men, however, discovered that their forgotten masculine root (i.e., father)

could not be tapped in or among women. Keen (1991) believes that "A man needs to define himself apart from his relationship to women before he can discover in a woman a unique person whom he can love as a beautiful and flawed individual" (p. 190).

Having rejected the macho model and having discovered that the feminine model does not work, men are in search of an appropriate model (Dalbey, 1992). Dalbey argues that when godly models are not sought, the void bursts forth with destructive ones such as "Rambo" confirming the evils of masculine strength. "A world divorced from God, the creator who makes man in his image, can only make man in the image of the destroyer" (Dalbey, 1992, p. 5). "There are only two states of being [neutrality is a myth]: submission to God and goodness or the refusal to submit to anything beyond one's own will--which refusal automatically enslaves one to the forces of evil" (Peck, 1983, p. 83). This pursuit of a model and state of being entails a search for meaning and direction or a pursuit of life-receiving and life-giving rather than death-dealing across the developmental life span.

Male Passages of the Life Cycle

All the world's a stage,
And all the men and women merely players.
They have their exits and their entrances,
And one man in his time plays many parts,
His acts being seven ages. --Shakespeare (Bullen,
1904/n.d. p. 622)

What are the progressive and sequential changes of the life cycle, particularly the male life cycle in terms of the roles of son and father and their dyadic relationship? The answer varies from theory to theory and person to person. The underlying theory of this discussion will be Erikson's (1950/1963) psychosocial view of human development and its derivatives as embellished by others (Andrews cited in Kovacs, 1992; Levinson, 1978; O'Neil & Egan 1992 with Newman & Newman, 1990; Wilder, 1993).

Psychosocial development refers to the person's psychological and/or social environment that play a contributory role in the development of the integrated human personality (Wolman, 1989). Erikson's (1950/1963) model of psychosocial development holds that psychosexual growth (Freud's theory) and psychosocial growth (societal and interpersonal

influences) take place together and provides an epigenetic conception of development in which the individual progresses through a hierarchy of eight stages across the life span. (See Table 1 Erikson's stages) Each stage is marked by its own unique central crisis or conflict that is present throughout life but comes to ascendancy at specific points in the life cycle as the result of interacting biological, psychological, and cultural forces.

Table 1

Overview of Erikson's Stages

Stage	Turning Point
1. Infancy	Trust/Mistrust
2. Toddlerhood	Autonomy/Shame
3. Early Childhood	Initiative/Guilt
4. Middle Childhood	Industry/Inferiority
5. Adolescence	Identity/Confusion
6. Young Adulthood	Intimacy/Isolation
7. Middle Adulthood	Generativity/Stagnation
8. Older Adulthood	Integrity/Despair

Each crisis is equivalent to a turning point in life, when we have the potential to move forward or regress. Omitting or distorting any stage of development produces a deficit in all the stages which follow. As each turning point is resolved, it contributes to "positive psychological health, prepares the individual for subsequent stages, and promotes effective involvement in an ever-widening social world" (Roe, 1985).

The resolution of the Erikson stages are influenced by interpersonal relations (Corey, 1986; Roe, 1985). The resolution of the first stage is based on the quality of the parent-child relationship. If parents provide for the basic physical and emotional needs, the infant develops a sense of trust. In the second stage, if parents do not overcontrol, the child learns self-control/self-reliance (autonomy) and a capacity to deal effectively with the world. In the third stage, if parents give children the freedom to choose personally meaningful activities, children tend to view themselves positively and take an active stance rather than a passive stance towards life. In the fourth stage, if parents and teachers provide opportunities for children to expand their

understanding of the world, to develop appropriate sex role identity, and to build a foundation of basic skills necessary for achievement, children acquire a sense of adequacy and industry to want to set and attain personal goals. In the fifth stage, if parents, teachers, and other adult influences listen and give adolescents the space and time to clarify their self-identity, life goals, and life's meaning, they achieve a sense of identity. In the sixth stage, if the young adult fuses his or her identity with another, intimacy (i.e., sharing and caring for another) may be achieved and not isolation. In the seventh stage, if the middle aged adult allows himself or herself to become a source of help for the next generation as he adjusts his dreams and realities, he or she may develop generativity (i.e., concern for society and its future) and not become self-absorbed with personal comforts. In the eighth stage, if the older adult can look back upon his or her achieved tasks of prior stages with satisfaction even though some abilities and strength may now be lost, he or she may manifest a sense of integrity and not despair.

Andrews (cited in Kovacs, 1992) suggests a revision of Erikson's psychosocial stages from eight to

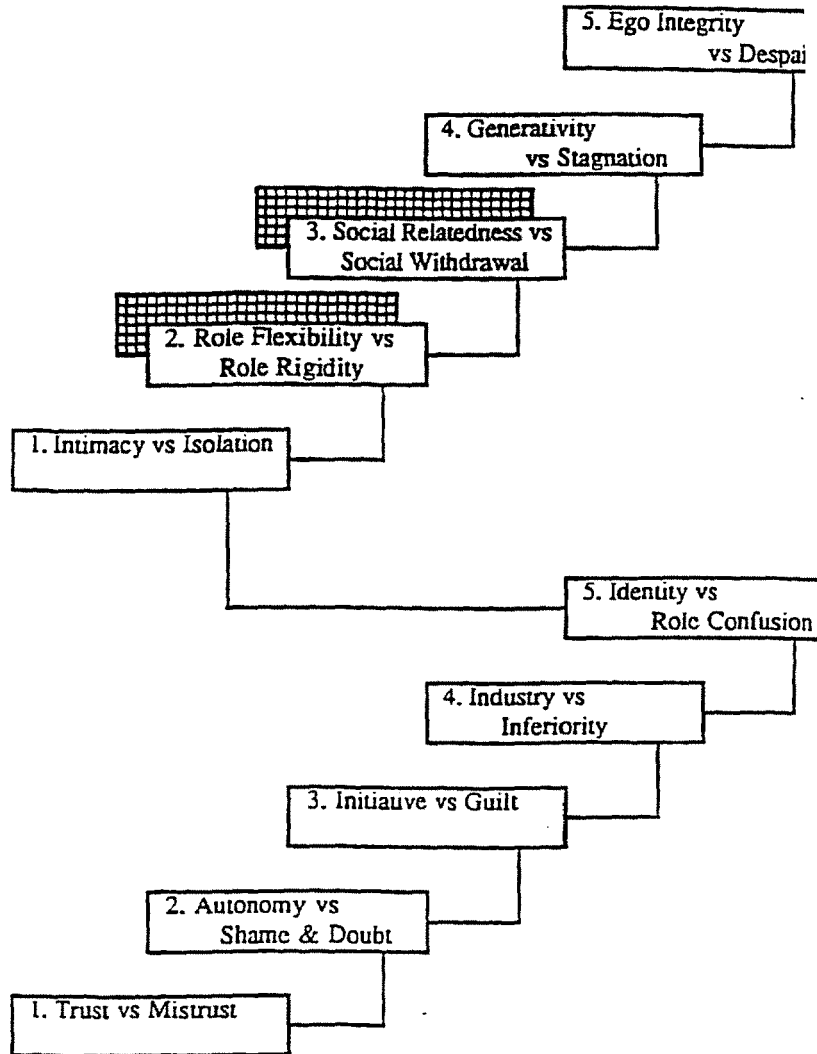


Figure 1: Andrews/Kovacs Psychosocial Stages

See Kovacs, A. L. (1992), p. 140.

ten to better conform to the challenges of our current culture (see Figure 1 with additional shaded stages). The two new adult stages, role flexibility vs role rigidity and social relatedness vs social withdrawal, correspond to cognitive development and social development in terms of work and family respectively.

Kovacs and Andrews picture these ten stages as divided into two sets of five and as a helix rising and twisting back upon itself. The earlier five stages are called the "era of preparation" and correspond to the period of time when the person is being nurtured and supervised by one's parents. The later five stages are called the "era of participation" and corresponds to the period of time after the person has separated from his or her family of origin. He or she participates in the society and is responsible for the continued growth of self. An adult individual who is at a psychosocial turning point will have difficulty resolving the crisis if there are unresolved conflicts in the preceding stage or stages. In addition, the adult person should look at the stage in the era of preparation underneath the one that is currently problematic as its corresponding childhood issues may be diminishing the person's adaptive capacities. Wilder (1993) calls this

process of preparation and participation as simply "a single, deep, and complex rhythm of variations on the same theme--how to receive and then give life" (p. 22)

Wilder (1993) suggests that a man's history has four parts which each man goes through or ends up wishing he had. Each stage builds upon the other. These four parts are as follows (Wilder, 1993, p. 14):

The Boy--knows his needs and feelings

The Man--becomes a part of history

The Father--gives life to others

The Grandfather--reaches beyond his own house

These four stages and their accompanying central tasks include six passages.

The first passage is birth. The first stage is becoming a boy which takes about 12 years. During this time, "every boy should have mastered expressing his needs and feelings and receiving what he asks for without shame" (p. 21). This first stage is divided into an unweaned phase and a weaned phase by a second passage that occurs in about the middle of childhood.

The second passage is weaning. Weaning is mostly used here in a metaphorical sense. It indicates the psychological autonomy-making of the boy. The literal sense of weaning, which is the cessation of nursing at

mother's breast, will ordinarily have been completed. This is "the boy's introduction to his father's world once he is old enough to take basic care of himself and separate from his mother" (p. 23). This passage in the psychodynamic dimension would be called the "oedipal conflict." Wilder (1993) believes that a "boy who has his father's involvement at weaning will not have an identity dominated by his mother" (p. 100). How much this plays in the boy's conformity to his masculine gender is an area of investigation.

The unweaned boy, primarily with his mother's help, completes Erikson's first two crises in preparation for his weaning which is a time when he separates from mom and achieves a basic level of independence. If he feels unconnected to mom, weaning will be sensed as more abandonment and rejection. If his bond to mom is based on fear, he will be unable to know his own needs and feelings clearly. If, however, his bond to mom is based on love, he will be more able to know his own needs and feelings due to a greater sense of security.

Most fathers motivated by an intrinsic need to give life will want to connect with their unweaned sons (Wilder, 1993). Fathers represent for the child a

wider world to explore and experience. The father serves as a model for the son to imitate and with whom to identify. As a result of being with father, a son grows beyond his fears of what he can do. This helps the son resolve the turning points in favor of trust, autonomy, and initiative.

The weaned boy prepares for his passage into manhood. According to Wilder (1993), he does this in three ways: (1) by practicing his identity through play and gaining an understanding of fairness; (2) by learning satisfaction through an understanding of his own feelings, a knowledge of how to meet his needs, and an ability to choose well between competing solutions; and, (3) by learning about grace through the experience of being given gifts freely, due only to his intrinsic value, without earning or performing for them.

In addition to being bonded to their sons, fathers may help their sons prepare for manhood by being their models, their teachers, and their grace givers. A son not well connected to his father does not trust other men and will seek control, power, and freedom (Wilder, 1993). "Fathers who train their sons out of fear push them to perform and achieve, rather than teaching them to explore, express themselves, and find satisfaction

in life" (Wilder, 1993, pp. 58-59). A father imparts wisdom by differentiating between pleasure and satisfaction. An unavailable father creates deficits which must be grieved at some time for a person to be able to learn to give. A man's connection with his father survives his father's death.

Wilder (1993) suggests that a boy is ready to become a man when he has learned entitlement (i.e., "to ask for and receive what he needs with joy and without guilt or shame" p. 66), to produce from himself, and to differentiate what satisfies from what does not. Trying to become men without first becoming boys results in consuming too much or too little, working too much or too little, and never being satisfied.

The third passage (i.e., initiation or rite of passage) is the identity shift from boyhood into manhood which is usually marked by puberty. Some suggest that it is a separation of the boy from the woman in form of his mother to unite him with the community of men (Dalbey, 1992; Keen, 1991; Bly, 1990). It may be or have been the validation of manhood. Its formal structures, however, are few or absent in American culture. This has left a void for informal structures to fill, e.g., male subcultures such as

gangs with their macho models (Raphael, 1988). By default, it seems that sports and sexual prowess have become male proving grounds (Raphael, 1988; Lester, 1973). Are these activities developing what Wilder (1993) would call "life-giving" qualities or "death-giving" qualities? The answer seems to be the latter, if not for American informal structures, at least for the formal structures across cultures (Gilmore, 1993). The common variable for these diverse cultural practices is to prevent "regression to boyhood" (Gilmore, 1993) which corresponds with Wilder's notion of a man's third life passage to his second stage of development.

The third passage brings the second stage-- becoming a man (Wilder, 1993). The task of this stage is to look out for others as one does for oneself. The purpose of this stage is to help boys become a part of history. Their stories begin to unfold as they accept responsibility for their own actions. For example, one aspect of their stories will concern their sexual preference. Their stories will influence and be influenced by the stories of others. Since everything a man does influences history, he needs to exercise care in the roles that he plays upon the world's stage.

In contrast to the death-giving images that are popularly portrayed of masculinity, Wilder (1993) depicts eight life-giving masculine roles that adult males may play before, during, or after fatherhood. As a brother, man pursues the common welfare or highest good of all men (brothers) and women (sisters). As a friend, man is loyal through whatever circumstances another person encounters. As a priest, man practices mercy, forgiveness, and reconciliation. As a lover, man celebrates life without fear, freely giving life and strength to others. As a warrior, man is a defender who carries the sword of truth. As a king, man makes justice and truth prevail. As a husband, man considers the needs of others as equal to his own as he fuses his identity with another person of the complementary sex. As servant, man understands and is prepared to serve the needs of others. These roles together with becoming a father are life-giving in the family, community, and society. Are not these positive mature roles the essence of true masculinity?

The fourth passage brings the third stage which is becoming a father. "To be a father is to give without receiving in return" (Wilder, 1993, p. 123). He passes on the gift of grace he received by his unselfish

giving. He becomes an example of who God is to his family. To experience satisfaction which comes from expressing what is best in oneself, a father needs to give life with personal commitment and expense over the duration of his life. Without this, life is diminished.

The level of bondedness between the father and his children will depend on the level of developmental issues or stages the father has resolved (Wilder, 1993). The solution is to seek satisfaction not justification. Through satisfaction fathers bring out the best in themselves and give without expecting to receive in return. Through justification fathers react against others by turning away and/or against. According to Erikson as understood by Wilder (1993) what the father gives the son may greatly determine the thoughts, feelings, and behavior of his son.

The fifth passage brings the fourth stage which is becoming an elder (e.g., grandfather, mentor). An elder is a man having "the readiness to treat others in his community as he has [unselfishly] treated his own family" (Wilder, 1993, p. 174). He is a father to his community and to the fatherless.

The sixth passage and final passage is death.

Wilder (1993) calls death the "final decontamination process from all that may have gone wrong in our lives. All that is life-receiving and life-giving lives on, everything that is death-dealing finally dies" (p. 31).

The passages and stages of the male journey describe a man's interpersonal experience from birth to death. One interpersonal experience builds upon another. Early childhood interactions, especially with parents, provide the basis for adult interpersonal relations and overall personal well-being. Man's meaning derives from his interpersonal relationships beginning with his mother and father. When his early experiences with his parents are unhealthy (e.g., rejection, abuse, overprotection, neglect), the person becomes psychologically vulnerable to emotional and behavioral dysfunction.

Trauma/Abuse/Maltreatment

"Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life" (Herman, 1992, p. 33). Herman (1992) enumerates the effects of traumatic events. They involve threats to life or bodily integrity, or a close personal encounter with

violence and death. They overwhelm a person's sense of control, connection, and meaning. They produce profound and lasting changes in physiological arousal, emotion, cognition, and memory. They effect the psychological structures of the self as well as the systems of attachment and meaning that link individual and community. A person's sense of trust, safety, and faith are violated. Sexual, physical, and psychological abuse/maltreatment are three identified categories of trauma which have been studied in some depth over the past couple of decades.

Child abuse and neglect are defined as the physical or mental injury [emotional/psychological], sexual abuse or exploitation, negligent treatment, or maltreatment or a child under the age of 18, or except in the case of sexual abuse, the age specified by the child protection law of the State, by a person (including any employee of a residential facility or any staff person providing out-of-home care) who is responsible for the child's welfare, under circumstances which indicate that the child's health or welfare is harmed or threatened thereby...." (Child Abuse Prevention & Treatment

Act cited in U.S. Department of Health & Human Services, 1989, p. 1).

The emphasis of this section is upon abuse and not neglect.

According to the U.S. Department of Health and Human Services (1989), there are four types of child abuse and neglect: physical abuse, child neglect, mental injury (emotional/psychological abuse), and sexual abuse. Each form of child maltreatment is briefly described (U.S. Department of Health & Human Services, 1989).

Physical abuse is characterized by inflicting physical injury by punching, beating, kicking, biting, burning, or otherwise harming a child. Although the injury is not an accident, the parent or caretaker may not have intended to hurt the child. The injury may have resulted from over-discipline or physical punishment that is inappropriate to the child's age. (p. 2)

Child neglect is characterized by failure to provide for the child's basic needs. Neglect can be physical, educational, or emotional. The latest national incidence study defines these three types of neglect as follows. Physical

neglect includes refusal of or delay in seeking health care, abandonment, expulsion from home or not allowing a runaway to return home, and inadequate supervision. Educational neglect includes permission of chronic truancy, failure to enroll a child of mandatory school age, and inattention to a special educational need.

Emotional neglect includes such actions as chronic or extreme spouse abuse in the child's presence, permission of drug or alcohol use by the child, and refusal of or failure to provide needed psychological care. It is very important to distinguish between willful neglect and a parent's or caretaker's failure to provide necessities of life because of poverty or cultural norms. (p. 2)

Mental injury (emotional/psychological abuse)

includes acts or omissions by the parents or other person responsible for the child's care that have caused, or could cause, serious behavioral, cognitive, emotional, or mental disorders. (p. 3)

Sexual abuse includes fondling a child's genitals, intercourse, incest, rape, sodomy, exhibitionism, and sexual exploitation. To be considered child abuse these acts have to be committed by a person

responsible for the care of a child (for example, a parent, a babysitter, or a day care provider). If a stranger commits these acts, it would be considered sexual assault and handled solely by the police and criminal courts. (p. 3)

A 1986 national incidence report of child abuse and neglect cases were numbered over a million (1986 National Incident Study cited in U.S. Department of Health & Human Services, 1989). A majority (63%) of cases involved neglect and less than half (43%) involved abuse. The annual incidence rate per 1,000 children were as follows: physical abuse--5.7, emotional abuse--3.4, sexual abuse--2.5, physical neglect--9.1, educational neglect--4.6, and emotional neglect--3.5. These incidence rates are considered conservative as cases of child abuse and neglect are underreported.

The prevalence of childhood sexual abuse among males is uncertain due to the complexities and differences of reporting as well as to the belief that it is under reported. Finkelhor (1984) reported a prevalence rate of 2% to 9%. Mic Hunter (1990b) cited a review of prevalence studies which gave a range from 2.5% to 17.3%. In a 1984 Canadian report,

approximately one-third of the males surveyed reported some form of sexual abuse.

Abuse of children may be physical, sexual, and/or emotional. Vachss (1994) believes that "When it comes to damage, there is no real difference between physical, sexual, and emotional damage. All that distinguishes one from the other is the abuser's choice of weapons" (p. 5). The common damage is the altered perceptions of self and others through a filter of distortion.

Spiritual abuse may be added to the above triad of child abuse. This occurs when the child is led to believe that "following rules will result in a relationship with God" (Arterburn & Felton, 1991, p. 230). Arterburn and Felton (1991) contend that the "less these rules are rooted in the Bible, the more likely they will block the child's faith and rob the child of identity" (p. 230-231). A false belief system, based on the conditional love of God and the need to meet those conditions of sacrifice to gain significance and security, creates a toxic faith/religion "that allows the religion, not the relationship with God, to control a person's life" (p. 31). One's faith becomes toxic when individuals use

"God or religion for profit, power, pleasure, and/or prestige" (p. 28). Pure faith is process oriented based in an unconditional love relationship (becoming) and not in fear and in a performance relationship (doing).

Many researchers have begun to propose that the construct of psychological maltreatment be used to describe and to connect the underlying destructive elements of childhood abuse and neglect (Hart & Brassard, 1987, Sanders & Becker-Laussen, 1995). Newberger (cited in Sanders & Becker-Laussen, 1995) reports that it is not the acts of sexual abuse that traumatize but their meaning to the child. Traumas may have different results for children depending upon how they are interpreted and other cognitive, temperamental, and personality factors which interact with one's interpretation.

As society is coming to terms with fatherlessness and the subsequent abuses of children within the family, children are coping with the situation of paternal deprivation (see Biller & Solomon, 1986). A father who is physically or emotionally absent, neglectful, and/or abusive, deprives his children of a

healthy male role model and a safe, secure healthy environment.

How well the child (son) copes with the demands, constraints, and opportunities of this stress provoking situation depends on his vulnerabilities (liabilities) and coping resources (assets) (Sarason & Sarason, 1987). The son's characteristics of personality development, temperament, and social relationships (support) can be assets and/or liabilities.

Vulnerability increases the likelihood of a maladaptive response to stress (Sarason & Sarason, 1987). Social support, the belief that one is loved and valued and that others are available who can be relied on to provide help or understanding if it is necessary, may reduce vulnerability and the possibility of maladaptive behavior (Sarason & Sarason, 1987). For example, unloved children are more vulnerable and generally at greater risk of developing behavior disorders than those who are loved (Rohner, 1986; Werner & Smith, 1982).

Sometimes, the child's coping involves stress that reaches traumatic levels (see Friedrich, 1990; Herman, 1992). Family violence, neglect, incest, exposure to pornography and group orgies of masturbation can

traumatize the male child (Payne, 1981; Reisman, 1990). For example, Urquiza & Capra (1990) discovered that boys who have been sexually abused during childhood may have problems later in life with depression and somatic disturbances; self-esteem and self-concept; interpersonal relationships; sexuality (i.e., sexual identity and preference); and addictive behaviors.

In an article entitled "A Review of the Long-term Effects of Child Sexual Abuse," the authors (Beitchman & Zucker, et.al., 1992) cited Finkelhor as reporting in 1979 that "males who had been victimized prior to age 13 by an older adult person were four times more likely than the nonabused controls to be currently homosexually active" (p. 111). The authors also cited Rogers and Terry in a 1984 report which stated that "male sex abuse victims showed confusion of sexual identity, inappropriate attempts to reassert their masculinity, and recapitulation of the abuse experience" (p. 111).

In Olson's MMPI profile comparison study (1990) of the long-term psychological effects of male victims of childhood sexual abuse who were in psychotherapy with other men in therapy, the victims' MMPI profiles were significantly higher, in descending order, on scales 5,

4, 8, 7, and 6. His findings for the victims suggested they did not identify with traditional sex roles, passivity, or a behavior suppressor. They tended to have an intense level of conflict and social maladjustment (e.g., antisocial and/or criminal behavior, compulsions, and addictions); mental confusion, bizarre thinking, and thought disorder; dread (state of anxiety); and higher sensitivity or suspiciousness of others.

A boy's victimization, whether by a relative (e.g., father, step-father, uncle) or nonrelative, may result in negative emotional, behavioral, psychological, and spiritual sequelae. When the offender is father, the violation of the victim (incest) severs the interpersonal bond with the father/father figure leaving a spiritual wound, shame, and identity confusion (Bradshaw, 1990).

Parental Acceptance-Rejection Theory (PAR)

Parental Acceptance-Rejection Theory (PAR) is primarily interested in the warmth (i.e., acceptance-rejection) dimension's parenting effects on the behavioral and personality dispositions of children and the personality functioning of adults (Rohner, 1986). Also, PAR theory recognizes the importance of other

dimensions of parenting such as the control (i.e., permissiveness-strictness) dimension in affecting social-emotional outcomes (Rohner & Pettingill, 1985). Factor analytic studies indicate that warmth and control are independent of one another and are consistently the most important factors of parents' behavior toward children irrespective of the study's point of view, i.e., parent report, direct observation of parent-child interaction, adult retrospective report, and child report (Rohner, 1986). PAR theory asks "To what extent do the effects of rejection in childhood extend into adulthood" (Rohner, 1986, p. 15).

PAR has been conceptualized as the warmth dimension of parenting (Rohner, 1990). One end of the warmth dimension is marked by parental acceptance and the other end is marked by parental rejection. Accepting parents show their warmth, affection, and love toward children physically and/or verbally. Physical affection may be shown by hugging, fondling, caressing, kissing, smiling, and other such indications of interpersonal warmth and support. Verbal affection may be shown by saying nice things to or about the child, praising him, or complimenting him. The

parental demonstration of these behaviors are viewed as likely to induce a child to feel accepted and loved.

Rejecting parents are "those who dislike, disapprove of, or resent their children" (Rohner, 1990, p. 1). They tend to demonstrate little warmth, affection, or love toward their children.

Rohner (1990) contends that "rejection is manifested around the world in two principal ways, namely, in the form of parental hostility and aggression on the one hand, and in the form of parental indifference and neglect on the other" (pp. 1-2).

Hostility and indifference are internal psychological feelings (Rohner, 1986). Hostility refers to feelings of anger, resentment, and enmity toward the child. Indifference refers to a lack of concern or interest in the child. Aggression and neglect are largely behavioral manifestations of their respective internal states.

Hostile parents are more likely to be aggressive, either physically or verbally (Rohner, 1990). Physical aggression may include, for example, hitting, biting, kicking, scratching, shoving, and pinching. Verbal aggression may include, for example, sarcasm, belittling, cursing, scapegoating, and denigrating.

Indifferent parents are more likely "to neglect their children--to be physically or psychologically remote from them or inaccessible to them, to ignore their children's bids for attention, help, or comfort, and to be unresponsive to the child's physical and emotional needs" (Rohner, 1990, p. 2). In this same framework of neglect, Rohner (1986) adds the possible motivation for a seemingly indifferent or distant relationship of a parent to child as the result of displaced anger. Because the child reminds the parent of someone else, such as a spouse that walked out, the parent tends to behave indifferently toward the child.

Both forms of parental rejection, rejection as hostility/aggression and as indifference/neglect, suggest impaired parental bonding and attachment (Rohner, 1990). These rejecting behaviors are likely to induce a child to feel unloved and rejected.

Rejection may include a sense of "undifferentiated rejection" (Rohner, 1986, 1990). This perception occurs when individuals sense themselves being unloved by parents without clearly observable indications that their parents are either overtly hostile/aggressive toward them, or actively indifferent/neglecting.

Parental rejection may have its strongest impact during childhood (Rohner, 1986). Rohner arbitrarily construes childhood as a period from two years of age to twelve years of age. This study divides the life span into a childhood part and an adulthood part as well. Following Wilder (1993), childhood ends and adulthood commences at about 12 years of age. Adolescence, which begins generally about the onset of puberty, is viewed as a social construction of Western industrialization, as separate from boyhood, and as the earliest phase of adulthood.

Rohner (1986) is basically saying that children do not have the social, emotional, and cognitive factors to cope as do adults. They tend to be in the process of developing a "sense of self and nonself" within a relatively egocentric world wherein they have difficulty seeing the world as adults perceive it. He is also differentiating between what he calls "instrumental coping" and "affective coping."

Rohner (1986) suggests that the evidence indicates that parental rejection does not seem to significantly impair instrumental coping which involves the task competence, occupational performance, achievement, and creative aspects of one's life. The same claims,

however, cannot be made for affective coping which involves one's sense of positive mental health.

Rohner's (1986) affective coping theory postulates three social-cognitive factors that help children be less affected by the negative messages of rejecting parents. The first is the development of a differentiated sense of self. Within this notion although not apparently emphasized, the development of self would include appropriate interpersonal boundaries. For the boy, a sense of self using Wilder's (1993) masculine formation schema would entail practicing identity, developing satisfaction, and learning grace.

The second social-cognitive factor is the development of self-determination--the sense of having personal control over important life events (Maccoby, 1980 cited in Rohner, 1986). This concerns a person's sense of personal efficacy (i.e., locus of control) (Lefcourt, 1983). Smith (1973) contends that self-determined children are more likely than others to eventually achieve self-actualization (Maslow, 1954). This refers as well to one's spiritual direction, development and well-being. Within Wilder's (1993) schema, this could be likened to what a boy needs to

complete before becoming a man (i.e., entitlement, personal production; differentiation of what satisfies and does not satisfy).

The third social-cognitive factor is the development of what Rohner calls depersonalizing. This term is the opposite of "personalizing" which "refers to the act of reflexively or automatically and egocentrically relating life events to oneself, of interpreting events primarily in terms of oneself, usually in a negative sense" (Rohner, 1986, p. 135). Depersonalizing, the ability of interpersonal perspective taking or of being able to see things as others see them (Selman; Flavell cited in Rohner, 1986), implies a healthy capacity to process interpersonal breakages which have the potential for production of toxic shame. It also corresponds to Wilder's schema of learning a sense of fairness in the treatment of self and others as a foundation in the formation of becoming a man. The presence of these three social-cognitive factors helps to maintain positive mental health. Parental rejection, however, tends to impair their development as well as their functioning.

Rohner (1986) is indicating that parental rejection seems to wound the psychological well-being of the child who will then carry his wound into adulthood and perhaps throughout life. The damage to the developing self of childhood affects his sense of identity and well-being. This author suggests those aspects include one's sexuality, gender, shame, and spirituality.

Parental Behavior and Family Structure

The single parent family is the simplest family structure and is typically headed by a mother. In 1991 one-parent households in the United States comprised the following percentages by ethnic group for one-parent households, for one-parent households headed by mothers, and for one-parent households head by fathers respectively: white one-parent households (23.1%; 19.3%; 3.8%); black one-parent households (62.5%; 58.0%; 4.5%); and hispanic one-parent households (33.1%; 28.7%; 4.4%) (Hoffman, 1992). Rohner (1986) claims that the single parent household is "at greatest risk for rejection, especially if the mother [father] is socially isolated with one or more children (p. 58).

The two-parent families or nuclear family in which the father lives with his wife and children is the most

common household structure in the United States (Rohner, 1986). In 1991 two-parent households in the United States comprised the following percentages of the total ethnic household structures: white two-parent households (76.9%), black two-parent households (37.4%), and hispanic two-parent households (66.9%) (Hoffman, 1992). The voluntary presence of the father in the home is a universal predictor of greater acceptance towards children (Rohner, 1975).

The three generational "stem" family in which a nuclear family lives with one set of grandparents tends to be associated with the greatest parental acceptance (Rohner, 1975). This seems to be a result of the grandparents serving as alternative caretakers in relieving the parent of continuous interaction with the children.

Mother-grandmother household structures in the United States are nearly as good as nuclear family structures (Kellam et al cited in Rohner, 1986). They concluded that social isolation is a more significant risk factor in maternal behavior than paternal absence. This is confirmed by child abuse literature which suggests that one of the significant risks associated with child maltreatment is the isolated parent's sense

of loneliness and alienation from the community and other possible supportive resources (Rohner, 1986).

Other factors about family structure which may have bearing upon parental behavior toward the acceptance and autonomy (control) of children concern the issue of loss of a spouse through death or divorce, marriage of another spouse, and the possible blended family. The household may be a nuclear family but consist of step-children and biological children with a spouse who may or may not be related to any of the children within the home.

Evidence indicates that the dissolution of intact two-parent families, the increasing numbers of single-parent and stepparent families, and the lack of effective parenting weaken the social fabric and adversely affect the children emotionally and behaviorally into adulthood (Whitehead, 1993; Etzioni, 1993; Will, 1993). Whitehead (1993) reports that the stability of the intact family structure of two biological parents has changed dramatically since World War II. In the postwar generation 80 percent of the children grew up in a family with two biological parents who were married to each other; children born today, if current trends continue, can expect less than

a 50 per cent chance that they will live continuously with their mother and father throughout childhood. As the family structure has changed, childhood poverty, teen suicide, juvenile crime and violence have risen dramatically while school performance has continued to decline. Whitehead cites an overwhelming amount of evidence about the negative impact of divorce and out-of-wedlock childbirth (types of single parent families) upon the lives of American children as follows: lesser sense of well-being; six times as likely to be poor and to stay poor longer; two or three times more likely to have emotional and behavioral problems; more likely to drop out of school, to get pregnant as teenagers, to abuse drugs, and to be in trouble with the law; and higher risk for physical and/or sexual abuse. In addition, Whitehead remarks that this has occurred "despite a decrease in the number of children per family, an increase in the educational level of parents, and historically high levels of public spending" (p. 48).

Parental Behavior and Family Process

Stevenson (1991), an advocate of shifting research from family structure to family process, wants to have greater focus on the assessment of the qualitative

aspects of the father-child relationship such as perceived closeness. "The quality of the father-son relationship is a more important influence on the boy's masculine development than the amount of time the father spends at home" (Biller & Solomon, 1986, p. 90). While family structure (father presence) and family process (father closeness/relationship quality) are both important to the masculine development and well-being of a son, the son's acceptance and/or forgiveness of his father regardless of his father's limitations and advantages may be most essential.

In a review of holocultural (world-wide comparative study of entire societies or cultures as revealed by ethnography) studies, Rohner (1975) reports that the more important fathers are as caretakers and the more available they are in the home, the more children are likely to be accepted. He qualifies this by suggesting that fathers are effective caretakers only to the degree that they are willing caretakers. When father is unwillingly confined at home as a result of unemployment or illness, the family may be vulnerable to abuse.

Wallerstein (cited by Whitehead, 1993), a pioneer in the long-term effects of divorce, reports that the

father-child bond is severely, often irreparably, damaged in disrupted families. This bond is more severely damaged the earlier the age of the child when the disruption occurs.

Sebold (1976), who describes the domination of mothers as "momism," implies that this phenomenon reflects the ineffectiveness and/or absence of fathers who have been removed from the home by their own lack of initiative creating a psychological absence or by employment demands or divorce. Sebold suggests that boys who are susceptible to momism tend to have a sense of insecurity and passivity. As a result children grow up looking for mom and dad surrogates for protection and for assurance of their self-worth.

According to Herzog (cited in Lamb, 1976), father absence creates a "father hunger," a search for a father. Neubauer (1989) believes that in the absence of a parent the real relational processes "may succumb to idealization, fantasies, and wish fulfillments that may continue over years" (p. 64). Herzog contends that the father's absence leaves the son unprotected from an environment of unmodulated feelings of aggressive impulses and fantasies as well as fear of reengulfment

by his mother. This hunger for father creates a sense of shame (Osherson, 1992).

Shame

A sense of shame is a lovely sign in a man.

Whoever has a sense of shame will not sin so quickly; but whoever shows no sense of shame in his visage, his father surely never stood on Mount Sinai. (Talmud, Nedarim, fol 20a, cited in Schneider, 1977/1992, p. 109)

Apparent agreement reigns between science, philosophy, and Christian theology about shame being the universal mark of humanity which distinguishes man from animals (Schneider, 1977/1992). Only man has the capacity to blush as the result of shame. Shame covers and protects the spirit and individual from unwarranted intrusion. A person's sense of shame leads him to seek out a mask to protect his vulnerability.

People wearing "the mask of shame" reflect a diversity of defensive attitudes and behaviors in order to hide their shame (Wurmser, cited in Turek, 1994). Shame's preference to be hidden makes its detection and definition more elusive. "Rooted in a broad range of feelings of being flawed and a loser, of masochistic

excitement, and most centrally, of unlovability, shame appears in many guises, varying from haughty aloofness to submissiveness, spiteful contempt to timidity, and particularly in chronic feelings of estrangement" (Wurmser, cited in Turek, 1994, p. 17). These feelings and guises are manifestations of a person's experience of shame. Shame, however, is not entirely negative but has a positive function. Whether shame functions as an asset or detriment for the person depends largely on interpersonal experiences especially in the early developmental years. For the male child, the quality of early father interpersonal relations are very important in the functioning of healthy shame.

Definitions

What is shame? Our society thinks primarily of shame in terms of disgrace: "a break...in the self's relationship with itself and/or others" (Schneider, 1977/1992, p. 22). Shame, however, is also a positive restraining influence in terms of discretion that reflects and sustains the right order of things or our personal and social ordering of the world (Schneider, 1977/1992). Shame as disgrace involves being ashamed, an affect, after an act. Its intrapersonal and interpersonal dynamics shape a person's sense of self

and personal identity. Shame as discretion involves a positive quality (i.e., a positive sense of shame) of a volitional and dispositional nature that maintains appropriate interpersonal boundaries before an act. A sense of shame functions to warn against untimely or premature exposure.

To ignore or belittle the "element of reticence...always present and appropriate in relationships, including one's relation to oneself....is to be shameless" (Schneider, 1977/1992, p. 38). When shame, which is relational, is ignored, greater negativity ensues such as disgust and contempt. As long as a person maintains some positive feelings about oneself, one can be ashamed of oneself. But if one feels only rejection, contempt and disgust will arise. In contempt, the object-self or other is simply rejected: in shame one still seeks a relationship with the object one is alienated from but still loves and cares for (Schneider, 1977/1992).

Shameless behavior (disrespect of social conventions and/or freedom from inhibitions) is granted at certain times and places (e.g., holidays, disasters, rituals, parties, sporting events). Beyond these sanctioned occasions and sporadic indiscretions,

shamelessness in terms of volition and disposition suggests "that the lack of a proper sense of shame is a moral deficiency and that the possession of a sense of shame is a moral obligation" (Schneider, 1977/1992, p. 19). Discretion-shame sustains the personal and social ordering of the world. Disgrace-shame opens the person's awareness to being less than whole.

Shame remains an elusive concept to define (Potter-Efron & Potter-Efron, 1989). Bradshaw (1988) saw the problem of definition related to its preverbal origins. Part of the problem of definition is due to the experiential closeness of guilt and shame (Timpe, 1985b). "While guilt is a painful feeling of regret and responsibility for one's actions, shame is a painful feeling about oneself as a person" (Fossom & Mason, 1986, p. 5). Piers and Singer (1971) identified guilt as a disparity between the ego and the superego (i.e., the violation of a principle one holds) and shame as a failure to live up to one's ideal self. Whitaker (foreword of Fossom & Mason, 1986) contended:

Guilt is the inner experience of breaking the moral code....Shame is the inner experience of being looked down upon by the social group....The essential difference is that shame, like pride, is

related to the fantasy of oneself rather than to one's actual behavior. (p. vii).

Wurmser (cited in Turek, 1994) emphasizes "that guilt is an affect reflecting the expansion of power and the infringement on the rights of others, while shame is an affect accompanying the exposure to failure" (p. 17).

According to "affect theory" (Tomkins 1987), shame and guilt share the same innate affect. Although the total complex of affect, source, and response may feel different in shame and guilt, the affective component is identical in both. This difference of emotional experience and its meaning for the individual becomes the approach to more clearly define shame. As Kaufman (1989) explained, psychology is "inevitably bound up in self-reference" (p. 272).

The Experience of Shame

Nonverbal cross-cultural communication research of the signals people send each other with their faces and bodies suggests shame probably is a universal experience (Eckman, 1980; Izard, 1971; Tomkins, 1963). The concept of shame and attempts to describe its universal experience are as old as man's history.

The Bible remembers a time when we were naked and not ashamed (Genesis 2:25, NASB). It also remembers

how we became aware of our nakedness and our attempt to hide it (Genesis 3:10).

Schneider (1977/1992) describes the shame (disgrace) experience of being ashamed as an ambivalent phenomenon that is painful, unexpected, and disorienting. This disruption occurs as a result of the person's reversal of attention upon objects before him to an acute awareness of himself being there which arouses shame. Schneider views shame as an act of self-attention as the undivided self becomes the doubled self. "In contrast to all other affects, shame is an experience of the self by the self" (Tomkins cited in Schneider, 1977/1992, p. 25).

"Shame and blushing are meant to conceal, to cover that which is vulnerable to a perceived threat" (Schneider, 1977/1992, p. 30). In the face of danger, there are basically three responses: shame/concealment-immobility (freeze) response of the vagal or parasympathetic system and the anxiety/fear-flight and anger/rage responses of the sympathetic-adrenal system (Schneider, 1977/1992).

From the affect theory perspective of Nathanson (1992), a vocabulary of emotion is rendered to provide greater conceptual clarity of the shame experience.

Affect describes the biology of emotion (i.e., "When...an affect has been triggered,...some defineable stimulus has activated a mechanism, which then releases a known pattern of biological events [which have been].... genetically transmitted [and stored in the primitive brain]" (p. 49). Feeling implies "that a person has some level of awareness that an affect has been triggered" (p. 50). Emotion is defined "as the combination of an affect with our retrieved memories of previous experiences of that affect" (Basch cited on p. 246) (i.e., the affect is placed within a "script or story" p. 50). Mood is defined as "a persistent state of emotion" (p. 51) in which a person can remain stuck indefinitely (i.e., an affect acts to magnify the scenes or scripts with which it is linked).

Of what does the shame experience consist?

Nathanson (1992) suggests that shame like any other emotion "consists of a four-part experience initiated by some stimulus, which then triggers an affect, after which we recall previous experiences of this affect, and then, finally, react to the stimulus in some manner by that affective history" (p. 307).

First, a triggering event for shame impedes whatever positive affect had just been in progress

(Nathanson, 1992). Nathanson relates, furthermore, that a learned triggering event for shame can be activated while a person is already in a negative affect which can worsen his negative experience.

Second, the innately scripted action of the affect manifests physiological evidence of the impediment of positive affect (Nathanson, 1992). Nathanson describes this programmed mechanism as an experience "that pulls our eyes away from whatever had been the object of our attention, dilates blood vessels in the face to make us blush, causes our neck and shoulders to slump, and brings about a momentary lapse in our ability to think" (p. 308).

Third, the cognitive phase of shame commences as feeling begins to blend into emotion (Nathanson, 1992). Nathanson indicates that in this brief moment, the group of shame-related scripts (i.e., groups of collected memories) are reviewed. The power of these scripts with the painful moment determine the "duration and intensity of our embarrassment" (p. 308).

Fourth, the response to the "felt quality of...scripts" (Nathanson, 1992, p. 308). Nathanson suggests that most response patterns may be grouped into two major types--patterns of acceptance or

defense. He believes that acceptance spurs personal growth while defense yields justification and preservation.

When does a person begin to experience shame? The answer depends upon one's theoretical view and interpretation of self. Hamilton (1988) identified among object relations theorists two differing positions. One which is connected with Fairbairn, Isaacs, and Klein suggested that "people relate to objects from birth or even in intrauterine life" (pp. 35-36). Hamilton relates that the other more popular position, linked with Mahler, holds that an autistic phase (i.e., sleeplike state) precedes the capacity for relationships. The emerging self in the separation-individuation depends on the biological development of being able to walk away from mother (Nathanson, 1992). Regardless of which position is held, the psychoanalytical infant does not become an individual until the oedipal phase of development (Nathanson, 1992).

The affect theory school identified with Tomkins holds that the newborn is a separate being from the moment of birth (perhaps from conception) who has the innate affective capacity (i.e., affective resonance)

to relate to the caregiver through the external display modality of the affect system (Nathanson, 1992). This means that the self of the person exists from the beginning and may continue to grow and evolve throughout life.

Shame Experience Continuum

The self is open to a lifetime of change. It may develop in either a negative or positive direction. Movement along the shame continuum will depend upon the development of self identity. Shame, an emotion, can be ordinary and constructive (healthy) or excessive and toxic (unhealthy) (Bradshaw, 1988; Potter-Efron & Potter-Efron, 1989). When one experiences shame in the former as a transitory affect, a healthy identity is formed (Harper & Hoopes, 1990). Over time, however, toxic shame involves the formation of a negative personal identity which may evolve into a shame-prone identity (Harper & Hoopes, 1990).

When shame is fused with many aspects of identity, Kaufman (1989) referred to the individual as possessing a shame-based identity (e.g., shame-prone identity). Fossum and Mason (1986) described the shame-bound identity within a family system. Cook (1988) referred to this identity as internalized shame (i.e., a

personality trait). Regardless of the way a shamed identity is conceptualized, it can be described as a chronic internal state of "being and feeling bad." It is existing without a valid sense of belonging, worthiness, and competence (Wagner, 1975). This state of being evolves from an excessive amount of shaming experiences during critical stages of identity development (Harper & Hoopes, 1990). This would also include developmental issues of sexuality and gender.

On the positive side of the shame continuum, the healthy sense of shame contributes wholesome experiences to personality development. Constructive shame precipitates adaptive behavior (Piers & Singer, 1971); maintains appropriate boundaries between self and other (Fossum & Mason, 1986; Lichtenstein, cited in Kinston, 1987); develops mutuality (community) and protects intimacy (privacy) (Schneider, 1977/1992); and influences the development of consciousness and identity (Kaufman, 1989). Unlike the shame-prone identity, the healthy identity is able to feel guilt which motivates changing behavior; to appropriately self-disclose; to experience a wide range of affect in which emotions are integrated with intellect; to experience shame as an emotion rather than as an

internalized identity; and to have a positive sense of self (Harper & Hooper, 1990).

Development of Shame

Using Tomkin's affect theory as explained and embellished by Nathanson (1992) and Kaufman (1985, 1989), the development of shame will be explained. Other theories where appropriate will be introduced into the overall synthesis of shame development.

First, Tomkin's theory of affect postulated that affect was the "primary innate biological motivating mechanism" (1987, p. 137). He identified nine innate affects, one of which was shame, theorizing that each originated in facial expression. He argued that the nine affects were innate, since they could be identified in the facial expressions of infants prior to social learning.

Nathanson (1992) explained that "... newborn infants show all the facial and bodily manifestations of shame" (p. 196). According to Nathanson (1992), "Shame produces a sudden loss of muscle tone in the neck and upper body; increases skin temperature on the face, frequently resulting in a blush; and causes a brief period of incoordination and apparent disorganization. No matter what behavior is in

progress when shame is triggered, it will be momentarily disrupted. Shame interrupts, halts, takes over, inconveniences, trips up, makes incompetent anything that had previously been interesting or enjoyable" (p. 209).

From birth, shame functions as an innate affect, a physiological mechanism, an inborn script, an auxiliary mechanism, or an attenuator system which limits the expression of positive affects, interest-excitement and enjoyment-joy, (Nathanson, 1992). Shame or the "shame-humiliation" (Tomkins, 1963) affect program is considered a painful mechanism as it operates to pull the person away from whatever might interest him/her and make him/her content. The degree of pain is in direct proportion to the degree of positive affect it limits (Nathanson, 1992). For shame to be triggered, the infant must be experiencing either of the positive affects; the conditions for the positive affect must remain operating; and some impediment for the continuation of the positive affect must be encountered (Nathanson, 1992).

The child's growing self-concept is linked with the affect of shame and the emotion of pride (Nathanson, 1992). Nathanson (1992) stated that

"...pride is attached to the acquisition of each moiety of normal growth and development and shame is attached to any failures along the way" (p. 160).

Pride or healthy pride involves three functional phases: (1) a purposeful, goal-directed, intentional activity while under the influence of the affect interest-excitement (i.e., interest to power the activity); (2) this activity meets with success; and (3) this achievement triggers the affect of enjoyment-joy (i.e., enjoyment to reward the activity) (Nathanson, 1992, p. 83). This kind of healthy pride observed in infants at 3-4 months of age has been called "competence pleasure" (Broucek, 1979). This competence becomes integrated in our self-image or personal identity (Nathanson, 1992). This part of our identity associated with excitement and joy in pride causes us to want to affiliate and socialize with others. Shame, the polar opposite of pride, causes us to isolate, hide, and alienate ourselves.

How pride and shame help define ourselves in relation to others becomes evident from observations of children who are 18 to 24 months of age (Amsterdam and Levitt, 1980; Broucek, 1982; Nathanson, 1992). Their responses to looking at their mirrored reflections of

themselves changes as their self-awareness triggers a shameful affect that heralds a sense that others can see them, too. This painful self-awareness enables the person to have a true self-consciousness that will influence the further development of the very public emotion of pride.

Parents and family may either maximize the child's display of joy by resonating with it which amplifies the experience or minimize it by feeling embarrassed and stifling its expression (Nathanson, 1992). Thus, the healthier the family, the more likely the child will anticipate a positive response to joy and the more likely the child will develop a healthy sense of self. However, when a child has grown to maturity in an atmosphere of incompetence and failure or has come to believe that his/her true self is defective, he/she has formed a personal identity based more on shame than on pride (Nathanson, 1992).

Stern (1985) reported that the "Sense of self is not a cognitive construct. It is an experiential integration" (p. 71). During the first two months after birth, the infant demonstrates an emerging sense of self while the child and his/her caregivers are regulating his/her physiological needs that had

previously been handled by the intrauterine environment.

From three to six months, the child develops a "core self," becoming more certain of his/her separate physicalness, affective experiences, agency, and history from his/her mother (Stern, 1985, p. 27). Then, over several months, "a sense of subjective self" emerges that discovers one may relate to those outside on the basis of shared feelings and experiences (Stern, 1985, p.27). At about 15 months of age, the child begins to develop a "verbal self" (Stern, 1985, p. 28). The ability to use words allows the child to associate objects with symbols and to interact with his/her caregiver on the basis of these shared symbols. At about three years of age, a "narrative self" comes forth with an ability to talk about himself/herself (Stern, cited in Nathanson, 1992, p. 209). Nathanson (1992) regards the development of the narrative self as a marked increase in a person's conscious control over the nature of the self.

Kaufman (1985; 1989) theorizes that shame is the experiential ground from which identity and consciousness emerge during early childhood. He contends that shame experienced in appropriate doses is

beneficial for psychological development. It provides opportunities to self-correct behavior and to ask important personal identity questions. Too much shame, however, may lead to pathological adaptations.

Kaufman (1985; 1989) describes the development of shame as occurring within the context of significant interpersonal relationships. Initially shame is bound to the expression of affects, drives, and developmental needs with significant others such as parents. As an affect, the person experiences the temporary severing of an interpersonal bond or emotional attachment with another person. Whether deliberately or inadvertently induced by the parent, the child may experience shame as abandonment or aggression.

Shame becomes bound to the child's identity when parental shaming (e.g., anger, hostility) consistently follows the expression of drives, developmental needs, and other affects. As a part of the child's internal psychological processes, shame will be automatically experienced by the child whenever in the presence of another similar to the parental figure.

Shame may become internalized through identification with the parent or peer. The child internalizes the parent's affects, attitudes, and

behavioral treatment given to the child. With the internalization of shame, shame is no longer merely an affect but becomes the core of one's personality. The person becomes predisposed to experience shame.

Masculine Shame and Father

"Being man enough" is a normal struggle for every male (Pittman, 1993). Inherent in that effort is a need to feel adequate and worthy among the company of men. When that effort beginning in early childhood is not affirmed particularly by one's father, a negative sense of shame is experienced (Pittman, 1993; Erikson, 1950/1963).

A physical abnormality, a speech defect, a learning disability, short stature, delayed puberty, and other concerns can present great obstacles in obtaining the reassurance and acceptance needed from one's father (Pittman, 1993). Parental denial, worry, and overprotection sets up a behavior pattern of shame where the son shields his defects and shortcomings from others (Pittman, 1993).

A lack of masculine validation by father opens a father-wound (Dalby, 1992). Dalby (1992) asserts "It's crippling sense of rejection, alienation, and

shame mocks godly manhood and leaves men-even godly men-trembling" (p. x).

When a man is driven by shame, somewhere in his male chorus is a shaming voice (Pittman, 1993). Often the shaming voice is his father's voice (Pittman, 1993). Needing a choral director led by a man who loves him and wants him to feel good, a son "may have to declare himself illegitimate and find himself a new father, i.e., a mentor in masculinity" (Pittman, 1993, p. 210).

Shame and Spirituality

Bonhoeffer (1955) stated "...man is ashamed of the loss of unity with God and with other men" (p. 20). Living in concealment and withdrawal, man uses a covering or mask to keep away shame and to cope with the memory of disunion with God and with man. Beneath his mask, man longs for the restoration of the lost unity. "Whenever this longing forces its way towards fulfilment, in the partnership of sex when two human beings become one flesh (Genesis 2:24), and in religion, when a human being seeks for his union with God, whenever, that is to say, the covering is broken through, then, more than ever, shame creates for itself the very deepest secrecy" (Bonhoeffer, 1955, p. 21).

At those moments, shame is transcended and a higher shamelessness of personal well-being and acceptance is experienced and enjoyed (Schneider, 1977/1992).

The sign and confirmation of shame in man is his dialectic of concealment and exposure in relation to "other". Shame is not overcome by solitary, self-sufficiency and realization which is a rejection of others and the inescapable Other--God (Schneider, 1977/1992). Shame is only overcome in the shaming through the forgiveness of sin in confession before God (the inescapable Other) and men which restores fellowship with God and men (Bonhoeffer, 1955). An overpowering grace through relationship permits a person to move beyond alienation. Shame protects the mutuality between self and other. Without an appropriate sense of shame, a person is open to that which is demonic and destructive (Schneider, 1977/1992) and is relationally immature.

An inadequate relationship with one's father may open a person to having an inappropriate sense of shame. This will hinder the person as a child or as an adult in mutuality of relationships with others and the inescapable Other (God).

Shame and Sexuality

Shame protects the meanings of human relations such as sexual ones from profanation and degradation (Schneider, 1977/1992). When facts of life are divorced from human dimensions and values through a process of uncovering and demythologizing, the end product is cynicism and a violation of the individual. Schneider (1977/1992, p. 61) states "Grounded in love, shame opposes lust--impersonal sex....Shame inhibits the sexual impulse until the self as a whole responds to the other person in his or her wholeness." Shame as self-restraint is a sign of self-respect in the sexual sphere.

When boys have been molested by adults, the violation and betrayal of their personal boundaries magnifies their negative sense of shame. Hunter (1990) considers shame the most powerful and damaging emotional effect of sexual abuse. Having been degraded by more powerful males, they end up feeling unworthy of male respect (Pittman, 1993). When it is kept secret, it has a devastating effect on a man's sense of wholeness and security (Pittman, 1993). They may experience confusion of sexual identity (Everstine & Everstine, 1989). When the shame trauma is aimed at

"gender/erotic parts of oneself, the trauma will be converted into gender/erotic character structure" (Stoller, 1987, p. 305). Their shame becomes a part of their identity. A broken sexual self results.

Sexuality

Male sexuality, together with its complementary female sexuality, create the human sexuality composite. This understanding of human sexuality as being male and female has spiritual or Biblical foundation (Genesis 1:27 NASB).

Human sexuality or sexual behavior as described by Money (1977) is "dimorphic" and "sequential." Dimorphic means characterized by two forms (Wolman, 1989) or combining qualities of two kinds of individuals into one (Woolf, 1977). Sequential means the genetically determined order of development of structure and functions (Campbell, 1989). From an evolutionary perspective, Money (1977) describes dimorphic human sexuality (i.e., man & woman; male & female; masculine & feminine) from inception onward as a simultaneous process of differentiation and development. This "principle of differentiation and development" in the dimorphism of sexual behavior is

affected by both prenatal and postnatal factors (Money, 1977). Ehrhardt (1985) explains that a particular behavioral outcome is determined by the relative greater influence of either social-environmental or constitutional factors.

One of the more important influences upon behavioral outcome involves the person's parents. The parental influence upon a child commences at conception. The paternal sharing of genetic information at that moment in time may be his only contribution. In addition to genetics, with the exception of surrogate motherhood, the maternal contribution will continue at least through the normal forty weeks of intrauterine prenatal growth and delivery of the infant. Influences beyond conception for the father and delivery for the mother will depend upon their individual and couple choices, barring circumstances beyond their control (e.g., death, imprisonment, etc.). Once a decision is made to be responsible for the care and welfare of raising the newborn infant, parental (whether biological or step parents) postnatal influences begin operating. Paternal postnatal influences depend upon the

availability of the father and the quality of the fathering (Biller & Solomon, 1986).

Prenatal Sexuality

Prenatal sexuality involves primarily the process of biological differentiation and growth as a sexual entity which is normally male or female. This intrauterine developmental process follows phases of sexuality called chromosomal sex, gonadal sex, physiological sex, and morphological sex.

Chromosomal sex. The chromosomal sex of the person or biological sexual identity of being either male or female is fixed at the moment of conception (Rice, 1989). The egg of the female is fertilized either with an X-carrying sperm or with a Y-carrying sperm. As a result, the embryo normally consists of either a pair of XX sex-determining chromosomes for the genetic female or a pair of XY sex-determining chromosomes for the genetic male. The presence or absence of a Y chromosome determines the organization of gender differentiation according to a particular pattern (Rice, 1989). Some individuals, however, are conceived with abnormal chromosomal arrangements that complicate the process of sexual differentiation (Jones, 1985).

Chromosomal errors at conception among male embryos involves sperms which carry additional chromosomes that fertilize the egg (Rice, 1989). A YY sperm creates a male with an XYY chromosomal sex (see (Rubin, Reinisch, & Haskett, 1981; Unger, 1979). An XY sperm creates a male with an XXY chromosomal sex called "Klinefelter's syndrome" which results in a feminine appearance, small penis, small testicles incapable of producing sperm, low sexual drive, decreased body hair, prominent breasts, and a tendency toward mental impairment (Money, 1968). (For a more recent review of Klinefelter syndrome in children and adolescents see Mandoki et al., 1991).

Gonadal sex. Rice (1989) indicates that both male and female embryos have identical gonads that can develop into either testes or ovaries during the first six weeks of fetal development. Money (1977) explains

"The differentiation of the embryonic gonads [i.e., sex glands: males=testes; females=ovaries] is normally governed by the sex chromosomes, but only if the genetic code written into the chromosomes is permitted to express itself normally without interference or disruption at the

critical period from an environment liable to produce distortion" (p. 58).

The "critical period principle" indicates that there is only a limited period during which a fertilized egg's genetically coded program may be altered (Money, 1977). The presence of a Y chromosome, sufficient testosterone, and H-Y antigen develops the gonads into testes (Rice, 1989). Their absence develops the gonads into ovaries.

Physiological sex. The male and female gonads (i.e., sex glands) produce hormones that stimulate sexual development (Rice, 1989). The ovaries in the female secrete a group of feminizing hormones called estrogens. The testes in the male secrete a group of masculinizing hormones called androgens, the most important of which is testosterone. This hormone is responsible for the masculinization of the fetal brain which the hypothalamus registers and uses to regulate physiological functions. Also, it is necessary for the prenatal development of male sex organs and for the postnatal development and preservation of secondary male sexual characteristics beginning at puberty.

Estrogens and androgens are found in both females and males because they are produced by the gonads and

the adrenal glands of both sexes (Rice, 1989). The ratio of these hormones determines the development of male or female characteristics. As Rice (1989) states, "An imbalance in the usual hormonal secretions in a growing child can produce deviations in primary and secondary sexual characteristics and affect the development of expected male or female physical traits" (p. 56). For example, an excess of estrogens in males may decrease erectile ability, lower sexual drive, and enlarge breasts (McCary & McCary, 1982).

Morphological sex. The morphological differentiation of a male follows the differentiation of the gonads and the gonadal ability to release hormonal substances (Money, 1977). These substances differentiate the Mullerian and Wolffian ducts from which develop the internal sexual structures. The Mullerian ducts regress and disappear while the Wolffian ducts develop into the epididymis, vas deferens, seminal vesicles, and ejaculatory ducts. Without the male hormonal substances, the Mullerian ducts develop into the uterus, fallopian tubes, and inner third of the vagina while the Wolffian ducts shrink and almost disappear (Wilson, George, and Griffin, 1981).

Following the development of the internal sex structures, the differentiation of the external genitals proceeds using the same rudimentary genital tissue for either female or male genitalia (Money, 1977). This differentiation begins at about the sixth week and is completed by the twelfth week (Rice, 1989). Sexual genital differentiation and development is dependent upon the amount of androgen present. Little androgen results in female genitalia while the presence of sufficient androgen produces male genitalia.

Excessive androgen action in the genital female or inadequate androgen production or action in the genital male results in "pseudohermaphroditism," a mixture of male and female structures in the reproductive system (Rice, 1989). For example, the male hermaphrodite will have testes but will have feminized and incompletely developed genital ducts and/or external genitalia.

Prenatal male sexuality is more fragile than female sexuality. Specific hormonal patterns must occur at critical periods in order for there to be normal development. Since the basis of prenatal sexuality is female, the male with prenatal sexuality complications will likely have some female characteristics.

Postnatal Sexuality

Postnatal male sexuality begins with the delivery of the infant. The phases of male sexual development include sex assignment, puberty, and male climacteric (Rice, 1989). Not only do these phases influence the general development of the individual experiencing them, but the father-son relationship as well.

Sex assignment. There is a saying that "anatomy is destiny." At the time of birth, genital examination is generally the basis for sex assignment (Rice, 1989). From that moment, the child is considered a boy or girl. The parents will normally rear the infant according to his or her assigned sex status.

Even if the sex assignment is in error due to sexual ambiguities (e.g., sex chromosomes, gonads, or morphology), the person's gender identification will usually follow the given sex assignment and its corresponding gender rearing (Money & Erhardt, 1972). Sex assignment eventually becomes the child's basic organizer of gender-role attitudes that develop (Rice, 1989). The boy, who recognizes that he is a male, will attempt to structure his own experience according to his accepted gender and to exhibit appropriate sex roles (Rice, 1989).

Puberty. Puberty is the developmental period in which the reproductive organs reach maturity and the person begins to exhibit secondary sex characteristics (Rice, 1989). The changes of puberty are triggered by a hormone, gonadotropin-releasing hormone (GnRH), secreted by the hypothalamus that controls the production and release of follicle-stimulating hormone (FSH) and lutenizing hormone (LH) from the pituitary (Rice, 1989). FSH stimulates the maturation of sperm in the testes. LH stimulates the secretion of testosterone by the testes.

Human growth hormone (HGH) from the pituitary regulates body growth and initiates a growth spurt which is an early sign of the onset of puberty (Rice, 1989). Early sexual maturation produces sex hormone secretions that inhibit HGH production, and thus shorten adults (Rice, 1989).

The development of primary and secondary sexual characteristics in boys is a gradual process that normally extends from about the age of nine or ten to about seventeen or eighteen years old (Rice, 1989). Secondary changes include: appearance of body hair, change in voice, and development of mature male contours (Rice, 1989). Primary changes include: growth

of penis, testes, scrotum, prostate, and seminal vesicles and the first ejaculation of semen (Rice, 1989).

Due to larger size for their age, greater strength, and better coordination, early maturing boys enjoy athletic, social, and leadership advantages over late maturing boys (Rice, 1989). Because of their delayed growth and development, late maturing boys may experience feelings of inferiority, inadequacy, rejection, dependency, and shame; this may result in withdrawal (Rice, 1989). The effects of these disadvantages may remain into adulthood (Rice, 1989). Maturation may delay decisions about marriage and vocation (Rice, 1989).

Male climacteric. Male climacteric refers to the male "change of life" (Rice, 1989). This does not involve any severe, radical change since the production of testosterone remains constant until about 60 years of age, after which it gradually declines (Vermeulen, Rubens, & Verdonck, 1972). Decline in sexual drive and erectile ability follow (Rice, 1989). Viable sperm are found in about half of the men between 80 and 90 years of age (Talbert, 1977).

The reactions to this male phase of aging tend to be primarily psychological (Rice, 1989). Levinson (1978) observed that middle age can be a restless period involving personality changes. Men may compensate through extramarital affairs, develop impotence, and/or exhibit bizarre behavior such as irresponsibility and excessive drinking. These kinds of behaviors affect marriages, families, and father-son relationships.

Sexual Orientation/Sexual Preference

As a concept, sexual orientation began to replace sexual preference during the 1980's (Burr, 1993). Sexual preference became categorized (or stigmatized) as a moral and political term (Money, 1987a). In today's parlance, it would be considered politically incorrect. The power of its usage engenders fear among some people because it implies voluntary choice, that a person chooses or prefers to be a homosexual instead of a heterosexual or bisexual, and vice versa (Money, 1987a). Thus, if one's sexuality is a choice, a threatening scenario is imagined, for example, of a homosexual person being legally forced, under threat of punishment, to choose to be heterosexual (Money, 1987a). Whether or not the term "sexual preference"

holds even a modicum of veracity seems to be largely shunned in the mainstream debate. Evidently it is more important to disregard this kind of consideration to avoid potential hostility and to create a more tolerant environment. The term sexual orientation has been adopted to provide such a setting.

Research on sexual orientation (s.o.) has yielded a great variation in its conceptual and operational definitions (Shively, Jones, DeCecco, 1983). These wide ranging differences have been interpreted as being "symptomatic of an underlying conceptual confusion" (Shively, Jones, DeCecco, 1983, p. 127). The confusion tends to revolve around the issues of nature versus nurture, biology versus psychology, identity or attraction versus behavior, illness or sign of moral weakness versus an alternative phenotype without moral or pathological implications, and essentialism versus social constructionism (Cass, 1979; Houtt, 1983/1984; Richardson, 1983/1984; Van Wyk & Geist, 1984; Harry, 1984/1985; Ruse, 1984/1985; Seaborg, 1984/1985; Sprague, 1984/1985; McConaghy, 1987; Money, 1987b; Bailey & Pillard, 1991; Byne & Parsons, 1993). The conceptual debate is attempting to answer the following questions: What criteria are used to define s.o.? Is

s.o. fixed or changeable? What thing, if any, causes s.o.?

According to Wayson (1985, p. 64), "Sexual orientation refers specifically to the biological sex of partners with whom one has sex or to whom one is sexually attracted." Harry (1984/1985, p. 111) defines s.o. "as the erotic feelings or attraction experienced by the individual." Money (1987a, p. 385) believes that "falling in love" is the defining criterion of homosexual, heterosexual, and bisexual status (or orientation). Burr (1993) asserts that s.o. implies biology of deeply rooted nature of sexual desire and love which is neither chosen nor changeable. Byne and Parsons (1993, p. 229, cite Friedman, RC) use s.o. "to signify a cognitive identification and subjective emotional sense of oneself on a continuum of homosexual/bisexual/heterosexual identity." Byne and Parsons' (1993, p. 229) definition "allows for a spectrum of thoughts, feelings, and even for a discrepancy between one's actions and one's thoughts and fantasies." It also allows for the malleability of sexual orientation. Klein, Sepekoff, and Wolf (1985) view s.o. as a process within a dynamic and

multivariate framework which changes overtime. It cannot be reduced to a bipolar or tripolar process.

Campbell (1989) reduces s.o. into a tripolar process or into three categories. This follows Kinsey's (1948) primary human sexual behavioral classification system. Campbell (1989, p. 673) defines s.o. as "The preferred adult sexual behavior of a person; specifically, heterosexuality, homosexuality, or bisexuality." Heterosexuality concerns the "Sexuality (in all its manifestations, normal and morbid) directed to the opposite sex" (Campbell, 1989, p. 323). Homosexuality is "characterized by erotic attraction to others of the same sex; feelings of love, emotional attachment, or sexual attraction to persons of one's own gender and/or sexual behavior with a person of the same sex" (Campbell, 1989, p. 328). Bisexuality describes "persons who, for a significant time after the period of adolescence, consciously feel, think and alternately react psychically, erotically, and/or orgasmically to members both of the same and of the opposite sex" (Campbell, 1989, p. 98).

Unlike Campbell (1989), Harry (1984/1985) asserts the necessity of differentiating between a person's s.o. and how it is labeled, either by the person or by

others. Self or other applied labels to one's s.o. may not be consistent with the s.o.. Harry (1984/1985) believes that use of a single criterion such as behavior for defining s.o. may often result in misclassification of many persons when the behavior is incongruent with sexual desires. Curiosity, money, pressure to conform, and availability are all factors for having sex in addition to erotic attraction. These circumstantial factors can lead to situational homosexuality, e.g., prisoners, male prostitutes, or situational heterosexuality, e.g., homosexual in a heterosexual marriage (Harry, 1985). While behavior may not accurately classify s.o., neither does sexual fantasy determine a man's s.o. (Nicolosi, 1993).

What is driving the current debate? Answers to this question derive from the historical development of research on human sexuality or more specifically sexual orientation in Western civilization. Byne and Parsons (1993) relate that "Western research aimed at describing the origins of sexual orientation has largely ignored the development of heterosexual orientation, assuming it to be a normal developmental end point" (p. 229). Homosexual orientation development, traditionally viewed as a deviation from

that norm, has been the emphasis (Bynes & Parsons, 1993). The evolving characterization of homosexuality and other expressions of sexuality within Western culture as well as across other cultures has taken the spotlight (Trumbach, 1989).

Homosexuality. According to Western culture, homosexuality or same-sex sex, as defined or categorized above, is based on genital sexuality and other criteria such as falling in love (i.e., homophilic), being attracted to the same sex (i.e., homogenic), or the formation of a homosexual identity (Cass, 1979; Paul, 1985; Money, 1987a; Isay, 1989). As a behavior, it existed in early recorded Biblical stories (Genesis 19), ancient Middle Eastern religious rites, and in ancient Greek and Roman societies within selected boundaries (Karlen, 1971). As a word, homosexuality was not coined until the nineteenth century (Halperin, cited in Burr, 1993). As an entity, the idea of a homosexual is recent in our culture existing only about 120 years and is alien to most societies in which homosexuality is common (Altman, 1982; Ford & Beach, 1951). In the Western social-cultural evolution of homosexuality, it is/has been considered sin, sickness, and/or status

(or diversity) (Bell, Weinberg, Hammersmith, 1981; Money, 1987a). Prior to the nineteenth century, homosexuality was usually considered a sinful act or crime (Paul, 1985). As science began to study human sexuality, the focus changed from the act to the actor (Paul, 1985). The emphasis became a medical condition (deviation) or sickness of homosexuality, a form of mental illness (Paul, 1985; Burr, 1993). It was considered pathological by all three great pioneers of psychiatry-Freud, Jung, and Adler (Nicolosi, 1991). According to the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association, for the first half of the twentieth century, homosexuality was "scientifically categorized as psychopathic and sociopathic" (Cameron, 1993a, p. 32). Then, another shift towards an acceptance of homosexuality as a status culminated in 1973 with the American Psychiatric Association removing homosexuality as a disease from its official DSM. Some argue that the change was based on science (Burr, 1993). Others argue for a more political than scientific reason for the change (Nicolosi, 1991). Homosexual acts as sin derive from the Judeo-Christian tradition (Ruether, 1976; Bahnsen, 1978; Scroggs, 1983; Lovelace, 1984; Stafford, 1987).

Perspectives within this tradition, however, are not monolithic. Wilson (1988, p. 42-3) citing Scroggs (1983) summarized in a type of continuum from most conservative to most liberal four Biblical positions opposing and two Biblical positions not opposing homosexuality. Those (e.g., Bailey, 1955; Perry, 1972; Scanzoni & Mollenkott, 1978) interpreting the Bible as not opposing homosexuality believe that the Bible first of all does not refer to constitutional/innate or true homosexuality but to homosexual acts by nonhomosexuals (i.e., constitutional heterosexuals) who perversely abandon their natural sexual relations for something unnatural. Their underlying premises assume that a person is only culpable for something he chooses and that some are homosexual as a result of immutable biological factors. It is their presupposition as stated by John J. McNeill (cited in Stafford, 1987): "Only a sadistic God would create hundreds of thousands of humans to be inherently homosexual and then deny them the right to sexual intimacy" (p. 28). Since many deem homosexuality biological without choice, how can it be sinful? Second, they believe that the Bible does not deal with homosexuality in general. Their perspective interprets the Bible as for loving

committed sexual relationships and against casual sex whatever the sexual activity involved.

Somewhere in the debate between sin and/or illness are arguments against homosexuality quite apart from Biblical injunctions or science (Cameron, 1993a). Great world literature, such as the Greek classics, depict the ancient norms of virtue in men or women based on "their willingness to be productive and unselfish, as opposed to self-centered and destructive" (Cameron, 1993b). Because of their preoccupation with genital pleasure and non-productivity and their opting out of the social contract of the mutual responsibility of one for all for reasons other than illness or disability, homosexuals have been seen as "inimical to the well-being and even the survival of the community," and as "wrongheaded," "worthless," and "immoral." (Cameron, 1993b).

Homosexuality as illness derives from the scientific efforts of the early twentieth century (Wilson, 1979). Two distinct theoretical positions emerged--biological and environmental (Gadpaille, cited in Wilson, 1979). The biological position, based on the initial works of Krafft-Ebing and Havelock Ellis, believed that homosexuality had a constitutional, or

hereditary, cause. The environmental (psychosocial) position, based on the initial works of Freud, believed that the family constellation of a close binding intimate mother and a detached, indifferent, or hostile father made paternal identification unpalatable for the son who becomes a homosexual.

Homosexuality as status derives from the modern gay rights movement (Kaye, 1974) and from theoretical efforts of definition (i.e., essentialism, social constructionism, and interactionism) (Cass, 1983/1984; Hart, 1984). The gay rights movement commencing with the "Stonewall Rebellion" of June, 1969 replaced its social agenda for "obtaining legal and social acceptance" for one demanding "full equality with heterosexuals on a social and cultural basis as well as the promulgation of homosexuality as an alternative and possibly preferable life style to heterosexuality" (Kaye, 1974, pp. 99-100). One effort of this redirection of social agenda has been a debate over how to define the determinants of homosexual orientation (De Cecco, 1984).

Essentialism says homosexuality is either an innate factor in one's life (i.e., "I am born this way") or another etiological factor that is fixed in

early childhood and is immutable (Richardson, 1983/84; Hart, 1984; Paul, 1985). This supports the idea of "an individual's sexuality being a primary organizing principle of personality and lifestyle, bypassing the social/historical context" (Paul, 1985, p. 22).

In contrast, social constructionism says homosexuality is socially constructed and maintained, is potentially open to change, and is identifiable as an identity at any stage of the life cycle (Richardson & Hart, 1981). The likelihood of a homosexual identification occurring would depend on the social and personal significance it would have for the person (Richardson, 1983/84).

Interactionism says homosexuality is the interaction of nature and nurture at critical developmental periods which may persist immutably (Money, 1987b; Byne & Parsons, 1993). Advocates for biologic determinants as well as those for psychosocial determinants acknowledge one another's factors for potential influences upon a person's eventual sexual status (Byne & Parsons, 1993). Money (1987a) concludes that sexual orientation is "dependent not only on prenatal hormonalization, but also on postnatal socialization effects" (p. 384).

Money (1987a) characterizes not only prenatal but postnatal determinants of sexual orientation as biological. Money (1987a) asserts "The postnatal determinants that enter the brain through the senses by way of social communication and learning also are biological, for there is a biology of learning and remembering" (p. 398).

Byne and Parsons (1993) concur with the notion that postnatal determinants of sexual orientation are biologic because experience can alter the physiology and structure of the brain. Likening sexual orientation to other aspects of one's personality which "must be represented in the brain in some relatively enduring manner," Byne and Parsons (1993) continue to explain their position as follows:

The interesting question, however, is not "Is sexual orientation in the brain?" but "How is it represented, and when and how does it get there?" Is it determined or appreciably influenced by genetic or hormonal factors, chemical or physical aspects of the intrauterine or postnatal environment, varied experiences in an individual's life that occur in a social and cultural matrix, or a combination of any or all of these factors?

Furthermore, if there is a biologic predisposition toward one or another sexual orientation per se, or is it at the level of some constellation of personality traits or drive states that influence the manner in which an individual and his or her environment interact as sexual orientation emerges developmentally? (p. 229)

In critiquing biologic and psychosocial explanations of sexual orientation, Byne and Parsons (1993) have discovered three questionable assumptions. The first assumes that "homosexuals are intermediate between heterosexual men and heterosexual women along various continua or dimensions of sexual differentiation" (p. 229). Citing the work of Money and Erhardt and Boswell respectively, Byne and Parsons (1993) call into question this assumption by some extant cultures which view adolescent homosexual behavior "essential to the attainment of strength and virility" and by some ancient cultures "whose history, art, literature, and myths were filled with the homosexual exploits of archetypally masculine heroes, including Hercules and Julius Caesar" (p. 229).

Van den Aardweg (1986) questions this assumption of the normativeness of the so-called "third sex" or

"intersex." He views this notion as unable to deal with the variety of sexual behaviors and deviations (e.g., homosexual pedophilia, heterosexual pedophilia, zoophilia, necrophilia, etc.). He questions whether all of these are normal variants of nature. Rather, he views them and homosexuality in particular as a "function disturbance in a basically normal individual" (p. 8).

Cameron (1993a) goes further than Van den Aardweg by viewing homosexuality as a functional disturbance in a basically "abnormal" and mentally unhealthy individual. The homosexual, in comparison with a heterosexual, is viewed as having less realistic perceptions, more disturbed social relations, and a less healthy life style.

The second questionable assumption asserts that "homosexuality is a unitary construct that is culturally transcendent" (Byne & Parsons, 1993, p. 229). Cross-cultural studies, however, provide evidence of a diversity of homosexual patterns, origins, subjective states, and manifest behaviors (Herdt cited in Byne & Parsons, 1993). Money and Ehrhardt (cited in Byne & Parsons, 1993) reported that "the pattern of essentially exclusive male

homosexuality familiar to us has been exceedingly rare or unknown in cultures that required or expected all males to engage in homosexual activity" (p. 229).

The third questionable assumption is that "homosexuality results from some defect in either constitution or socialization" (p. 229). This notion that homosexual behavior necessarily arises within a pathologic context is argued against by extant cultures which have required homosexual behavior of all males (Ford & Beach, 1951). This argument loses its strength when a distinction is made between preferential homosexuality and other forms of homosexual behavior in both cross-species and cross-cultural evidence (Gadpaille, 1980). Also, a culture-specific normative practice does not automatically indicate a pathology free behavior and environment. For example, a people group may like to shrink human heads. Although a normative cultural practice, it is generally considered a pathologic behavior by other people groups.

The primary issue behind the explanations of sexual orientation determinants is a conflict of beliefs and values. There is a spiritual question as to whether standards of meaning are relative and/or absolute. Then, once this is resolved, it becomes an

argument of whose relative or absolute standard and whose interpretation.

Biological Determinants of Sexual Orientation

Based on scientific studies of subhuman primates and different human hermaphroditic syndromes, human sexual orientation is not under the direct governance of chromosomes and genes, is influenced by prenatal brain hormonalization, and is strongly dependent on postnatal socialization (Money, 1987b). According to Money (1986) and Wilson (1988), the Adam/Eve principle is nature's rudimentary principle for the prenatal differentiation of one's sex and not one's sexuality (i.e., sexual orientation). After conception and before the sex organs develop, each fetus is stamped with sex chromosomes and possesses the embryonic beginnings of both types of sex organ (Money, 1986). Nonhormonalization of the fetal brain develops the early, sexually bipotential stage to be feminine like Eve (Money, 1986). To be masculine like Adam, the fetal brain must be hormonalized with testosterone or one of its derivative metabolites. The Adam/Eve principle suggests that "male children might be more predisposed to homosexuality than female children just because males have to add something while females are

already headed toward becoming Eve" (Wilson, 1988, p. 70).

In a review of recent studies (e.g., Bailey & Pillard, 1991; King & McDonald, 1992; LeVay, 1991; Meyer-Bahlburg, 1984) which postulate biologic factors as the primary basis for sexual orientation, Byne and Parsons (1993) describe their four principle lines of reasoning in attempts to delineate biologic factors contributing to sexual orientation. First, there is an assumption of marked similarities between human and subhuman mammals in the "anatomical structures of the genitals as well as of sex-behavior-related brain regions and in the role of sex hormones in the differentiation and development of these structures" (Meyer-Bahlburg, 1984). Byne & Parsons (1993), noting relevant research, reported that even among rodents there are "marked differences in hypothalamic anatomy and in the localization of functions" (p. 235). In addition, Byne & Parsons (1993) question the application of the human concept of sexual orientation to animals and the application of animal reproductive postures and behaviors as models of sexual orientation in humans.

The second assumption of biologic contribution suggests that "the most reliable predictor of adult sexual orientation, childhood gender nonconformity, appears so early in development that it must be inborn" (Byne & Parsons, 1993, p. 236). This conclusion is unwarranted for the following reasons (Byne & Parsons, 1993): (a) Boys and girls are differentially socialized from the moment of birth (Green, 1987); (b) Gender identity is established by the age of three largely in response to social factors (sex assignment and rearing) (Erhardt & Meyer-Bahlburg, 1981); and (c) Gender constancy is acquired later and seems to influence whether a child models its behavior after males or females (Fagot, Bilinboch, & Hagan, 1986; Green, 1987).

The third assumption suggests that sexual orientation is innate because of its resistance to change (Byne & Parsons, 1993). This assumes sexual orientation is not open to change--a much disputed conclusion. Using the analogy of how the bullfinch bird can learn its native call only during a restricted period of brain development, Byne and Parsons (1993) suggest that "the stage for future sexual orientation may be set by experiences during early development,

perhaps the first 4 years of life," (p. 236) during the time of much brain development.

The fourth assumption suggests that the inadequacies of present psychological explanations result in turning to biology by default (Byne & Parsons, 1993). Citing Van Den Aardweg (1984), Byne and Parsons (1993) reported, however, that "many, perhaps a majority, of homosexual men [both in clinical and non-clinical populations, see Friedman, 1988; Bell et al, 1981] report family constellations similar to those suggested by Bieber et al [1962] to be causally associated with the development of homosexuality (e.g., overly involved, anxiously overcontrolling mothers, poor father-son relationships)" (p. 236).

Byne and Parsons (1993) presented a final argument used in favor of biologic causation based on politics. Some advocates (Bailey & Pillard, 1991) of biologic causation see this as political good news which will require society "to reexamine its expectations of those who cannot conform" (Bell et al, 1981, p. 219).

Byne and Parsons (1993) wrote concerning this argument:

one might question if an innate inability to conform is a humane criterion by which society should decide which of its nonconformists will be

granted tolerance. Surely, tolerance granted on such a basis would fall short of genuine social acceptance. Furthermore, history suggests that it is unrealistic to expect any protections to be conferred on the basis of alleged biologic causality. For example, the undisputed innateness of skin color does not appear to have a mitigating influence on racism. (p. 236)

Byne and Parsons (1993) concluded that "there is no evidence at present to substantiate a biologic theory, just as there is no compelling evidence to support any singular psychosocial explanation" (p. 228). Sexual orientation is more likely a combination of nature and nurture factors.

Psychosocial Determinants of Sexual Orientation

The psychosocial determinants of sexual orientation are based on interpersonal relations especially parent-child relations. The psychodynamic and social learning perspectives address how the parent-child relationship, particularly the father-son relationship, determines sexual orientation. Both theories use the term "identification" in their explanations of interpersonal relations. Their definitions, however, are distinct.

The psychodynamic perspective understands identification to be a largely unconscious process of recognizing external reality (Campbell, 1989). This occurs "when a person incorporates within himself a mental picture of an object and then thinks, feels, and acts as he conceives the object to think, feel, and act," (Campbell, 1989, p.350). The social learning perspective understands identification and imitation to be essentially the same learning process (Bandura, 1969). This process for the person involves the reproduction and adoption of responses, patterns of behavior, symbolic representations of the model, or similar meaning systems (Bandura, 1969). Each theory will present an explanation of how sexual orientation develops within interpersonal relationships.

Freud (1905) initiated the focus upon disordered parent-child relations as a potential cause of homosexuality. Early psychoanalytic studies of homosexuality placed major emphasis on the influence of a possessive, intense and overdominating mother (Freud, 1910, 1922). Presumably of less etiological significance, the father was viewed as absent or emotionally distant (Freud, 1910, 1922).

A change from Freud's assessment of disordered parent-child relations occurred in the 1960's with a shift of emphasis on the mother's influence to an emphasis on the "triangular" or "triadic" system which "describes the theory that mother, father, and son together bring about homosexual development" (Nicolosi, 1991, p. 78). There are subtle variations of this basic triangular pattern (see Nicolosi (1991, pp. 78-80). Bieber et al (1962) in a large empirical study statistically established the triangular system in the development of homosexuality. In summarizing other research in favor of the triangular system, Marmor (1980) concluded that the common denominator was "a poor relationship with a father figure which results in a failure to form a satisfactory masculine identification, and a close but ambivalent relationship with a mother figure" (pp. 10-11).

The recent work of Moberly (1983), which contends that in the homosexual condition the most significant underlying relationship is with the same-sex parent, marks a shift to the father-son relationship as the more significant factor in the development of homosexuality (Nicolosi, 1991). The homosexual condition is defined as "same-sex ambivalence" which

"exists prior to, and independently of, any sexual activity" (Moberly, 1983, p. 20). This homosexual condition is a "deficit in the child's ability to relate to the parent of the same sex which is carried over to members of the same sex in general" (Moberly, 1991, p. 5). Moberly (1991) writes:

Needs for love from, dependency on, and identification with, the parent of the same sex are met through the child's attachment to the parent. If, however, the attachment is disrupted, the needs that are normally met through the medium of such an attachment remain unmet. Not merely is there a disruption of attachment, but, further a defensive detachment. This resistance to the restoration of attachment . . . is what marks the abiding defect in the person's actual relational capacity, that long outlasts the initial occasion of trauma. However, the repression of the normal need for attachment has to contend, like every repression, with the corresponding drive towards the undoing of repression--in this case, the drive towards the restoration of attachment. It is here suggested that it is precisely this reparative urge that is involved in the homosexual impulse,

that is, that this impulse is essentially motivated by the need to make good earlier deficits in the parent-child relationship. The persisting need for love from the same sex stems from, and is to be correlated with, the earlier unmet need for love from the parent of the same sex, or rather, the inability to receive such love, whether or not it was offered. This defensive detachment and its corresponding drive for renewed attachment imply that the homosexual condition is one of same-sex ambivalence. (pp. 5-6)

Defensive detachment (a child's self-protective maneuver against emotional hurt) originated with British psychoanalyst John Bowlby and was adapted to homosexuality by psychologist Elizabeth Moberly (Nicolosi, 1993). Nicolosi (1993) describes defensive detachment as "a blocking process that prevents male bonding and identification" (p. 218; 219). In childhood, it is a "protection against. . . hurt from males" (p. 219). In adulthood, it is a "barrier to honest intimacy and mutuality with men" (p. 219). "The homosexual is torn between two competing drives: the natural need to satisfy his affectional needs with men,

and his defensive detachment, which perpetrates fear and anger in male relationships" (p. 219).

Homosexuality can be described as a reparative urge to have unmet same-sex needs fulfilled (Nicolosi, 1991; 1993). These needs by God's design are normally to be met within the parent-child relationship, a non-sexual relationship. Moberly (cited in Nicolosi, 1991) describes what occurs in the father-son relationship when it is hurtful and results in defensive detachment as follows:

Just when he was developing his sense of masculinity and was especially receptive to the father's influence, the prehomosexual boy experienced a hurt or disappointment in his relationship with father. To protect himself against future hurt, the boy developed a defensive posture characterized by emotional distancing. Not only does he fail to identify with father, but because of this hurt, he rejects father and the masculinity he represents. Trauma is central to this drama. In order for the boy to turn away from so powerful and attractive a figure as his father, there must have been some painful traumatic experience. Trauma creates fear, which

is the basis of alienation. When we are imprisoned by fear, we remain alienated from others and our own authentic natures. This alienation is the essence of homosexuality. (p. 105).

Defensive detachment on one side and hostility and distrust on the other side form same-sex ambivalence (Nicolosi, 1991; Moberly, 1983). Nicolosi states that:

same-sex ambivalent feelings of love and hostility function as lifelong blocks against full male identification....Although the homosexual may erotize relationships with men, defensive detachment blocks his ability to fully identify with maleness....Although he may love other men, he is also hostile and distrusting of them....Defensive detachment...prevents the homosexual from internalizing the missing masculinity that would allow him to grow in heterosexual identity. (pp. 105-106)

Fulfillment of homosexual needs creates the capacity for heterosexual response (Moberly, 1983).

Moberly (1983) defines heterosexuality as "the ability to relate to both sexes, not just to the opposite sex, as a psychologically complete member of

one's own sex" (p. 22). The fulfillment of same-sex needs (i.e., gender identity and psychological needs) within the parent-child relationship is the basis of a heteropsychologic personality structure and the resultant heterosexuality which is the goal of human development (Moberly, 1983). To block the fulfillment of these needs checks the mature development of heterosexuality and confirms the person in a pre-heterosexual position (i.e., latent heterosexual) (Moberly, 1983).

If heterosexuality is understood as same-sex psychological completeness, homosexuality is same-sex psychological incompleteness (Moberly, 1983). Based on a homosexual spectrum, the degree of this deficit or incompleteness will vary from person to person (Moberly, 1983). When the person's process of same-sex identification through attachment has been checked, it yields a "problem of gender identity" (Moberly, 1983, p. 14). Nicolosi (1991) terms this internal, private sense of incompleteness or inadequacy about one's maleness as "gender-identity deficit" (p. 95).

The bisexual will be a person with a less marked gender-identity deficit (Moberly, 1983). Moberly (1983) describes true bisexuality as having "a greater

degree of fulfilment of same-sex attachment needs, prior to defensive detachment, than in most homosexuals" (p. 12). Moberly (1983) differentiates the homosexual from the bisexual by the homosexual's emotional preference (i.e., chief emotional needs) for the same sex. For this reason, Moberly (1983) does not automatically equate a married homosexual with being a bisexual. Nicolosi (1993) views the bisexual as "someone who has not resolved his homosexuality" (p. 36).

At the other extreme of the spectrum from bisexuality, the person known as a transsexual will have an extremely marked same-sex deficit (i.e., gender-identity deficit) (Moberly, 1983). With this person the same-sex detachment blocked the identification process at a very early age leading to "disidentification: not just an absence of identification, but a reaction against identification" (Moberly, 1983, p. 12). Due to the severe same-sex deficit, the transsexual experiences a gender dislocation in which the defensive detachment is expressed in a demand for gender reassignment (Moberly, 1983). This marks the difference in degree of same-sex deficit between the homosexual and the transsexual.

Somewhere between the bisexual and the transexual on the gender-deficit dimension are the homosexual and the pedophile homosexual. The distinguishing factor between the two is the former's interest in and admiration of manliness and the latter's interest in and admiration of boyishness (Van den Aardweg, 1986).

The homosexuals, who have an attraction for adult men, in this investigation are identified by two groups: gay and non-gay or x-gay. A definition of the non-gay homosexual male will distinguish the differences between these two homosexual groups. The non-gay homosexual male as defined by Nicolosi (1991) is a man who experiences a split between his value system and his sexual orientation; who is fundamentally identified with the heterosexual pattern of life; who feels his personal progress to be deeply encumbered by his same-sex attractions; and who chooses and seeks from the fullness of his own identity not to embrace but to transcend the homosexual predicament. Like the gay homosexual, the non-gay homosexual admits his homosexual attraction. But, unlike the gay homosexual, he chooses not to act upon that sexual attraction. Citing Bell and Weinberg (1978), Isay (1989) believes that "severe conflict over sexual identity and a wish

to be heterosexual are not representative of the general gay population; they are symptomatic of more disturbed gay men" (pp. 9-10). Thus, the question becomes one of personal well-being. Are there real significant differences between these two groups, other than their sexual behavior?

Isay (1989) prefaces his findings about gay homosexual development from his observations and clinical work with gay patients by relating his "conviction that homosexuality is a nonpathological variant of human sexuality" (p. 15). He interprets the sequence of events leading up to and through the so-called Oedipal stage as the male homosexual children's adoption of certain attributes of their mother in order to attract, first, the father's interest or attention and later, someone like the father. He sees these identifications with mother as following the child's manifestation of sexual orientation and erotic attachment to the father and not preceding them. Unlike their heterosexual peers, their primary love object becomes their fathers and not their mothers.

Isay (1989) reports that unlike heterosexual men who come for treatment a majority of the gay men report "that their fathers were distant during their childhood

and that they lacked any attachment to them" (p. 32). Because of this early erotic attraction to their fathers, the child develops defensive distortions or distancing from their fathers. Also, Isay believes that their fathers often become detached from them due to a perceived "difference" in them compared to their heterosexual peers. This "difference" which gay homosexual males recall in childhood compared to peers is what Isay interprets as "homoerotic" feelings towards one's father.

Isay (1989) suggests that a homosexual's anxiety towards men or his constraint in sexual responsiveness may reflect "disguised, repressed, or denied erotic feelings for his father" (p. 46). According to Isay, acceptance of these feelings reduces the anxiety and conflict which allows gay homosexuals to improve their self-esteem, ". . . to better able enjoy a panoply of sexual fantasies, and to make less conflicted decisions about the type of sexual activity they wish to engage in and when" (p. 46).

Isay (1989) reports that most adult gay men recall their homoerotic attraction began somewhere from the ages of eight to thirteen or fourteen. With those whom Isay has counseled, however, they report an onset date

of about four years of age. This development of sexual identity continues in adolescence.

The gay homosexual consolidates their sexual identity during adolescence through "homoerotic fantasy, masturbation with homoerotic imagery, sexual attraction to other boys, and sexual experiences" (Isay, 1989, p. 48). According to Isay, this process normally leads to what is called "coming out" to oneself or labeling oneself as "gay." Isay (1989) writes, "Although consolidation of sexuality begins with the recognition of homoerotic fantasies and of sexual attraction to other boys in early adolescence, it is the sexual experiences themselves in middle or late adolescence that usually lead to self-acknowledgement" (p. 56). This combined with "coming out to others" especially other gays and being socially involved with other gays is "a necessary aspect of the integration of one's sexual orientation" (Isay, 1989, p. 62). Isay seems to be saying that gays need the social interaction of their gay subculture to integrate and maintain their sexual orientation.

Isay's interpretation of the distancing differs from that of Moberly and Nicolosi about what occurs between the gay homosexual child and his father. While

Isay describes the distancing as a need to defend against homoerotic feelings towards or homoerotic attachment to father, Moberly and Nicolosi describe the distancing as a protection against future relational hurt and a detachment against rejection by father. Because of this defensive detachment, Moberly and Nicolosi would say that the child fails to disidentify with the feminine in order to identify with the masculine. The child rejects father and the masculinity he represents. The difference of focus between these two positions seems on the one hand (Isay) to emphasize a sexual attraction to sexual behavior and sexual intimacy and on the other hand (Moberly & Nicolosi) to emphasize a gender bonding and closeness to gender behavior to gender nurturing intimacy. The initial distance between father and son is interpreted as homoerotic (sexual) versus emotional.

The social learning approach to the development of sexual orientation or the acquisition of sexual preference uses the concepts of observational learning, social reinforcement, and cognitive set, i.e., filtering or what may be called self or gender schema (Wilson, 1988). A more detailed analysis of the principles of this approach will follow in the section

entitled Masculine Gender Role Identity Acquisition. For now, a brief outline of what occurs in sexual preference acquisition will be given.

Sexual preference (orientation) begins with observational learning of a model (anything that conveys information) which may be a person (parents, peers, and others), a film, television, a demonstration, a picture, or instructions (Herquenhahn, 1988). Observational learning may or may not involve imitation. This will depend on whether the information that is processed cognitively from the observation may be acted upon in a manner that is advantageous.

Sexual behaviors that are positively reinforced by a person's social environment will increase in frequency (Wilson, 1988). This positive or pleasurable reinforcement can be of three basic kinds: "vicarious--seeing others receive pleasure sexually; social--having others approve of your sexual behavior toward them; or personal--experiencing pleasure from your own sexual activity (Wilson, 1988, p. 66). Wilson (1988) states: "Social reinforcement suggests that people will learn the sexual behaviors and thus the sexual orientation which they find positively reinforced" (p. 66).

Over time the accumulated experience of sexual behaviors creates a filter or cognitive set that interprets stimuli from the environment (Wilson, 1988). Sexual experiences that strengthen this developing filter will determine the sexual preference. Finally, the cognitive set takes on an identity which only accepts information meeting its sexual preference.

According to Glasser's (1984) Control Theory, individuals function as control systems. As a control system, a person acts upon his world and himself to attempt to get the picture that he wants. "When what we do gets us something that satisfies a need, we store the picture of what satisfied us in a place in our heads. . . . a personal picture album" (p. 20). Glasser believes that we have at least one picture for every need. The pictures represent the specific life a person wants to live. Their power is total. Glasser believes that the pictures to some extent explain why homosexuals and others do not satisfy their sexual urges in the usual heterosexual ways and why they find it nearly impossible to change their sexual behavior. For the person to engage in nonreproductive homosexual practices that conflict with the basic urge to reproduce indicates the extent of the power of these

pictures (Glasser, 1984). In order to satisfy these pictures, a person may choose behaviors that endanger himself or others. Keeping this in mind, Glasser reminds those persons who believe they have unchangeable pictures that they must learn to live with those pictures within the rules of society. To change a picture means a person must replace it with one that is reasonably satisfying. The change comes through the doing component over which a person has control. To change one's doing changes the thinking, feeling, and physiological components.

Nicolosi (1993) believes that "the homosexual condition is not so much a problem of sexual orientation as one of relational immaturity" (p. 30). "Homosexual behavior is evidence of the reparative drive to satisfy three unfulfilled emotional needs, needs never met in the relationship with father-- affection, attention, and approval" (Nicolosi, 1993, p. 27). When these emotional needs are not met, they may become sexualized and sexually acted out in same sex experiences in a reparative effort to become whole.

Gender

Masculine gender identity is the inner conviction that one is male and not female, ambivalent, or neutral (Campbell, 1989). Masculine gender role is the outward appearance or image that one gives, through behavior and manner, that one is a male (Campbell, 1989). The emphasis of this section is upon how boys acquire masculine identities, traits, and behaviors. This gender transition creates the gender pathway which will shape future developmental issues and directions in the achievement of an enduring sense of self and by what means the growth of self occurs (Chodorow cited in Cosse, 1992). As adults, men's gender role salience will tend to vary with age, interpersonal relationships, and the variety of themes of their gender role journey. What may be clear gender distinctions between men and women?

Masculine Gender Role Identity Acquisition

How does a boy acquire a masculine gender role identity? What role does the father play in his son's masculine development? How does the quality of fathering affect a young boy's masculinity? These specific questions and related concerns will be

addressed in the following review of four developmental theories which attempt to explain the underlying factors related to the acquisition of gender roles.

The perspectives discussed include: (a) psychoanalytic/identification (negative and positive), (b) social learning, (c) cognitive-developmental (Brooks-Gunn & Matthews, 1979) and (d) information processing (schema) (Roopnarain & Mounts, 1987).

Mussen (1969) asserts that a comprehensive theory of sex typing needs components of the cognitive-developmental model, the identification model, and the social-learning model. Perhaps with the development of the information-processing/schema theory of gender, a comprehensive theory of sex-typing needs to include it as well.

Psychoanalytic/Identification Perspective.

Identification is "literally the process of making (or considering to be) the same' (Campbell, 1989, p. 350). In gender role acquisition this means that the son takes the father's (same sex) personality, attitudes, and behavior for his own (Brooks-Gunn & Matthews, 1979). Brooks-Gunn & Matthews (1979) describe this completed process as the acquiring of an internal parent that regulates and motivates one's behavior.

The father's role in his son's gender role development is an important determinate of his son's masculine development (Freud, cited in Biller, 1974). Freud believed that both males and females had bisexual characteristics as well as predispositions for different behavior patterns deriving from anatomical and other biological differences (Biller, 1974). The paternal relationship and male biological attributes and propensities interact in Freud's psychoanalytic theory of masculine gender role identity (MGRI) acquisition.

The psychoanalytic perspective uses the psychosexual stage theory of development to explain the acquisition of MGRI (Hargreaves & Colley, 1986; Richmond-Abbott, 1983; Lidz, 1983). Movement through these stages results from libido, an energy from all of the life instincts, especially sexual energy, and an inherent part of physical maturation. Libidinal energy shifts its investment to one particular area of the body, an erogenous zone such as the mouth, the anus, or the genital organs, that becomes sensitive to erotic stimulation (Hargreaves & Colley, 1986; Liebert & Spiegler, 1978). Between birth and maturation, the individual moves through the following order of

psychosexual stages: oral, anal, phallic, latency, and genital (Lidz, 1983). The initial three stages of development, the oral, anal, and phallic, comprise the pregenital period during the first five years of life.

During the oral and anal stages or pre-Oedipal period of development, the father does not typically play the major parenting role (Burlingham, cited in Biller, 1974). As the infant's initial care provider of his basic needs for nourishment, comfort, warmth, and protection, the mother is perceived by the infant as his primary love object (Brook-Gunn & Matthews, 1979). The nature of this close bonded and dependent mother-son relationship with its inevitable separations results in his development of a fear of losing her (Brooks-Gunn & Matthews, 1979; Carter, 1987). In an attempt to ensure his mother's continued love, he begins a process of anaclitic identification in which he adopts her attitudes, traits, and behaviors (Brooks-Gunn & Matthews, 1979).

During the phallic stage or Oedipal period when the son is about three to five years of age and becomes aware of the similarities and differences of his genitals in comparison to his mother and father, he makes a shift from identification with his mother

(anaclitic identification) to his father (defensive identification or identification with the aggressor) (Brooks-Gunn & Matthews, 1979). This identification change process results from the resolution of the Oedipus complex. The Oedipus complex derives from libidinal energy being centralized in the son's genital area which leads to incestuous feelings for his mother and antagonistic feelings for his father. As a result of his sexual overtones towards his mother, he fears his father will punish him. His anxiety about possible paternal retaliation, termed castration anxiety, motivates him to properly resolve the Oedipal conflict by replacing his sexual longings for his mother with more acceptable forms of affection and by developing a strong identification with his father (Biller, 1974; Brooks-Gunn & Matthews, 1979; Hargreaves & Colley, 1986; Lidz, 1983; Liebert & Spiegler, 1978; Richmond-Abbott, 1983). The son's paternal identification allows for his development of a normal personality and normal MGRI (Brooks-Gunn & Matthews, 1979).

Sears (1965) modified Freud's theory of identification by adding love (i.e., warmth/affection) and learning. Identification was not regarded as a negative, fear-provoking process but as a positive,

supportive process. The child's growing capacity to categorize people according to their gender and to recognize a similarity between the self and the same-sex parent were viewed as predisposing the child to select the same-sex parent as the identification figure. The primary foundations for the son's identification with his father and away from his mother derived from love and the desire to be like the love object rather than from fear and the desire to escape retaliation (Sears, Rau, and Alpert, 1965). Sears' theory recognized the warmth dimensions (Rohner, 1986) of parenting effects on children.

Feminist psychoanalytic theory holds that men follow a different developmental gender pathway than women from infancy to maturity (Dederick & Miller, 1992). Both genders begin with attachment and dependency but the paths separate with autonomy and the son's identification with the father. Unlike female identity formation which takes place through attachment within a context of an ongoing relationship with the mother, male identity formation requires a process of separation from the mother in order to define themselves as masculine (Chodorow cited in Cosse, 1992). This foundational gender transition difference

becomes a factor throughout one's gender pathway. The gender themes of intimacy for males and separation for females may be threatening to their gender identity (Chodorow cited in Cosse, 1992). Unlike the girl's developmental gender pathway which follows a system of caring built on interpersonal relationships (attachment), the boy's developmental gender pathway follows autonomy and independence and a sense of justice and rights (separation) (Dederick & Miller, 1992). At some point in adulthood, the male incorporates care of others and self into his gender pathway (Gilligan cited in Dederick & Miller, 1992).

Franz and White (1985) adapt Erikson's psychosocial theory to a two-path model based on individuation and attachment to reflect both male and female developmental gender pathways. The masculine track is identified as the "individuation pathway." The feminine track is named the "attachment pathway." The former tends to emphasize "self-constancy" and the latter "object constancy."

Social Learning Perspective. The social learning perspective does not predicate MGRI acquisition on a psychosexual stage theory. Social learning replaces internal explanations with direct and observational

learning principles used in interactions with others for the acquisition of MGRI. These principles are: (a) reinforcement, (b) observation, and (c) imitation (Brooks-Gunn & Matthews, 1979).

Gender role patterning is based on cultural sex-typing factors (Brooks-Gunn & Matthews, 1979). Many social agents (i.e., family, peers, mass media, school and church) shape the child's behavior through a system of rewards and punishments (Brooks-Gunn & Matthews, 1979; Franklin, 1984). Parents are conceivably the most powerful of these socialization agents. Research indicates that parents tend to reinforce behavior which is regarded culturally appropriate for one's gender (Hargreaves & Colley, 1986). Thus, the father would tend to reinforce performances of masculine sex-typed behavior in his son's MGRI development.

Bandura (cited in Herquenhahn, 1988) indicates that the information gained by the child through observing reinforcement contingencies can come from either one's direct experience with reinforcement or by vicariously observing the consequences of a model's behavior. The latter is a second way a person can acquire his MGRI through observation and imitation of a model (Brooks-Gunn & Matthews, 1979; Carter, 1987).

Initially the son imitates the mother's behavior. He, however, eventually begins to imitate the father's behavior because he views the father's power and control of valued resources as a way to obtain rewards (Biller & Solomon, 1986; Carter, 1987).

Mischel and Bandura have stressed the function of mental activity as a mediating force in observational learning (Carter, 1987). This expands the original social learning perspective to include internal stimuli along with the external stimuli in the development of MGRI. Future behaviors become guided by the expectations regarding the consequences of one's actions.

Liebert and Spiegler (1987) feature three stages in the observational learning of gender role behavior. The stages include: (a) exposure to modeling cues, (b) acquisition of modeling cues, and (c) acceptance and employment of modeling cues.

Adapting this three stage model process to the father-son relationship and the son's acquisition of MGRI, the son must be exposed to a male model such as his father. A critical issue at this stage involves adequate exposure to the model.

In the next stage, acquisition of modeling cues, the son must attend to the paternal/masculine model and must store memories of the model's behaviors and attitudes (Liebert & Spiegler, 1987). He must be able to evoke memories of the model at appropriate times (Carter, 1987).

In the final stage of observational learning of gender role behavior, the observer (son) accepts the behavior of the model (father), is able to employ the internal representation of the model, and has the physical and mental capacity to replicate these behaviors and attitudes (Carter, 1987; Liebert & Spiegler, 1987). Repetition of the paternal model's behavior will be motivated according to the expected reinforcement (Carter, 1987).

Bandura (cited in Herquenhahn, 1988) asserts that human behavior is largely self-regulated. The person learns from direct and vicarious experience appropriate performance standards (e.g., gender role behaviors) which become the basis of self-evaluation. These standards can develop from one's direct experience with reinforcement by placing a high value on behaviors that have been effective in bringing praise from the relevant individuals in one's life, such as one's

parents. Also, a person can develop these standards by observing how others have been reinforced for their behaviors. When individuals meet or exceed their behavioral standards, it is evaluated as positive. When they fall short, it is considered negative. Thus, while giving some consideration to the social boundaries of a society, one's gender role behavioral repertoire may influence the negative or positive feelings (i.e., self-esteem, sense of well-being) of one's life.

Cognitive Developmental Perspective. While social learning stresses learning principles, the cognitive developmental theory stresses gender constancy (i.e., the stability of one's sex designation across time) (Brooks-Gunn & Mathews, 1979; Stockard & Johnson, 1980). According to Kohlberg's theory, MGRI would be acquired by passing through various stages of development derived from Piaget's theory of cognitive development in children (Brooks-Gunn & Matthews, 1979; Stockard & Johnson, 1980). These stages describe intellectual development and focus on the requisite mental abilities for the acquisition of gender role behaviors. (Richmond-Abbott, 1983).

During the first stage, the son learns to differentiate the behavior of males and females. This is based on observation of environmental cues such as seen in the division of labor in which men work on cars while women clean houses or in genital differences between the genders (Richmond-Abbott, 1983).

In the second stage, the son starts to identify himself as either male or female. Positive value is given to his gender. He tends to seek toys which identify his gender (Richmond-Abbott, 1983).

Between the ages of two and seven, the son gradually develops an understanding that his gender is permanent. This discernment of gender constancy parallels the attainment of other conservation abilities (Carter, 1987). It also serves as an organizing category or schema for future gender role behaviors and attitudes (Weitz, 1977).

Information processing perspective. Roopnarine and Mounts (1987) conclude that the emphasis upon the role of cognition in the acquisition of sex-typed behaviors has evolved in the direction and growth of information processing models (i.e., self-schema & gender-schema). They assert that the schema theories highlight the child's internal conception of sex typing

rather than the sex-typed behaviors. Schema, a cognitive concept, is defined as (Huston cited in Roopnarine and Mounts, 1987):

a set of expectations or a network of associations that guide and organize an individual's perceptions. A schema functions as an anticipatory structure that leads the individual to search for certain information or to be ready to receive information consistent with the schema. (p. 18)

According to self-schema theory, the child evaluates perceptual information as appropriate or inappropriate for his or her gender (Martin & Halverson cited in Roopnarine & Mounts, 1987). In this process, the child develops schemas of sex stereotypic behaviors which provide an understanding of gender relevant and irrelevant activities. Gender constancy is not considered necessary for early sex typing.

Like self-schema theory, gender-schema theory (Bem, 1981) postulates that schemas of gender develop and function to classify behaviors and other information. Because sex typing is so salient in society, it forms the basis for most decisions regarding social functions (Roopnarine & Mounts, 1987).

Gender schemas, therefore, reflect society's sex typing emphasis of placing masculinity and femininity for practical and functional reasons at opposite ends of a single dimension (Roopnarine & Mounts, 1987).

The development of gender schemas begins with passive associations and evolves into an active process of assimilation of social information from the environment (Roopnarin & Mounts, 1987). While incorporating and organizing information about social roles from the culture, the child develops sex-typed gender schemas. These schemas, then, serve as guides for the individual to adjust his or her behavior to meet society's expectations and definitions of sex appropriate behavior.

In Bem's (1981) gender-schema theory, unlike self-schema theory, "there is variability in the susceptibility to and importance of gender schemas among individuals" (Roopnarin & Mounts, 1987, p. 19). Martin and Halverson (1987) differentiate the so-called variability as either "sex-typed or gender schematic" or "androgynous or gender aschematic." Gender schematics are those persons who attribute one type of trait to themselves (masculine or feminine). Gender aschematics are people with both masculine and feminine

characteristics (Bem cited in Martin & Halverson, 1987). Markus (cited in Martin & Halverson, 1987), who disagrees with Bem, describes an androgynous person as someone who has incorporated into his/her self-image schemas of both masculinity and femininity. Regardless of the androgynous description, Roopnarain & Mounts (1987) relate that more androgynous persons are considered more tolerant than those persons who are highly sex typed. The individual level of gender-schema development, therefore, is viewed as guiding social functioning and the degree of engagement in sex-typing behavior.

Gender Role Identity Development and Father-Son Relations

Research indicates that there are a complexity of factors involved in gender-role (i.e., sex-role) development (Biller & Solomon, 1986). The quality of father-son interactions do not occur in isolation. The caliber of other relationships within the family system (i.e., primarily family of origin), as well as various biological and sociocultural factors, all contribute to the father's and son's influences on each other (Biller & Solomon, 1986). The following discussion will begin with a review of the sex role (gender role)

developmental concepts: sex role orientation, sex role preference, and sex role adoption.

Sex role orientation (masculinity-femininity of self-concept) is related to the son's self evaluation and perception of himself as a male (i.e., male self concept) and discrimination between specific sex-role models of mother and father (Biller, 1974; Biller and Solomon, 1986). Kagan (cited in Biller, 1974) stressed that the son's perception of similarity to the same sex parent helped motivate the imitation as well as reinforce his conception of himself as a male. Biller (1974) purports that:

Paternal nurturance facilitates the development of a masculine orientation, but the father's (or another older male's) availability seems the key condition. The mother may be relatively more nurturant than the father, but only if a masculine father is particularly frustrating or rejecting would consistent paternal availability be a detrimental factor. In such a situation, the boy might defensively align himself with his mother against his father and see himself as unlike his father (p. 15).

Sex role preference (masculinity-femininity of interests and attitudes) is related to the son's evaluation of certain environmental activities and opportunities and discrimination between more general, socially defined symbols and representations of sex role (Biller, 1974; Biller & Solomon, 1986). He learns to value certain toys, activities, and interests based on interactions with his family, peers, and the mass media (Biller, 1974; Biller & Solomon, 1986). Although a son may know the sex role norms, he may prefer to engage in feminine sex-typed activities (Biller, 1974; Biller & Solomon, 1986).

Sex role adoption (masculinity-femininity of social and environmental interaction) refers to the way he is perceived by others beginning with infancy and continuing through the developmental stages to adulthood (Biller, 1974; Biller & Solomon, 1986). The formation of masculine gender role identity, especially in the preschool years, is often related to imitation of the father with other possible influences from siblings and peers (Biller & Solomon, 1986). The young boy's masculinity is positively related to the degree to which his father is available (i.e., presence), and behaves in a masculine manner (i.e., competence) in his

interaction (i.e., nurturance and limit setting) with the family (Biller & Solomon, 1986). The imitation of the father will have highest incentive value for adoption when the father is nurturant, not when he is abusive, punitive, frustrating and rejecting (Biller & Solomon, 1986).

Masculine Gender Nonconformity and Change

Masculine gender nonconformity is the absence of significant masculine traits and behaviors among boys (Billingham & Hockenberry, 1987). Some boys seem to be confused about their gender or exhibit gender nonconformity in their behavior which seems to be linked with adult homosexuality (Bell et al., 1981; Bieber et al., 1962; Billingham & Hockenberry, 1987; Green, 1974; Harry, 1982; Saghir & Robbins, 1973). These boys tend to be unathletic, to avoid typical boys' games, physical fights, and group competition, to enjoy girls' activities, to dress up like girls, and to fear physical injury.

Hockenberry and Billingham (1987) indicate that "it may be the absence of masculine traits rather than the presence of feminine traits that is the stronger and most influential variable for a future homosexual orientation in adulthood" (p. 485). For this reason,

Hockenberry and Billingham (1987) hold to using the term "masculine gender conformity/nonconformity as more accurately characterizing homosexuals' reported childhood behaviors and identities as opposed to more common descriptive terms as cross-sexed behavior, childhood effeminacy, or feminine gender identity" (pp. 485-486).

Among adult males the notion of masculine gender nonconformity has less to do with gender identity and sexual orientation and more to do with personality qualities. Research tends to indicate that "later [adult] life offers more flexibility, either to conform to gender stereotypes or not" (Belsky, 1992, p. 168). In the first half of adulthood the personality differences between the sexes are heightened because of the transition to parenthood. The rearing of children seems to follow a biological division of labor set up along sex-role lines even in dual career couple marriages. The man tends to provide for the physical needs of the family while the woman tends to provide for the emotional, nurturing needs of the family which include raising children. These heightened personality differences between the sexes change with the "empty nest" stage of family. Women tend to reclaim more

masculine (i.e., instrumental, assertive) personality qualities which were restrained during child rearing. Men tend to relax from aggressive provision-making and engage the more nurturant, feminine side of their personalities. Men do not become more androgynous as they remain male-identified but become more passive to the degree of lessening sexual and aggressive behavioral interests (Brok, 1992).

Belsky (1992) relates an important gender distinction between personality qualities and basic predispositions, values, expectations, and ways of reacting to the world. The former may have freer expression in the second half of adult life while the latter may remain more consistent throughout one's youth and old age. Thus, the non-traditional in a non-traditional/flexible environment or in a preparental or postparental era of life would possibly experience earlier stable psychological health. In addition, age and marital/family status or transitions of adulthood are important demographic variables or themes in the consideration of gender issues which present openings for change.

At each gender transition (see O'Neil & Egan, 1992), biology and environment provide an opportunity

to modify one's gender behavior. In this process of possible gender modification and change some degree of freewill and choice comes into play. Perhaps, our existential decisions ultimately determine the direction of our journeys.

Gender Role Distinctions/Gender Behavioral Differences

There was a time back in the 1970's when it was considered taboo to talk of inborn differences in the behavior of men and women (Gorman, 1992). Gorman remembers that the problem was called "sexism" and the remedy was abolishment of sexism to make way for an equitable and androgynous world. A world referred to as the "unisex myth" (Keen, 1991). In the interim period, however, biology has increased the scientific evidence for innate sexual differences (Gorman, 1992; Shapiro, 1990).

Citing the work of Gilbert (1987) and Kaplan (1979) and steering away from innate differences, Mintz and O'Neil (1990) argue that gender behavioral differences are the result of differential gender role socialization of men and women. They relate that men are socialized to be emotionally inhibited, assertive, powerful, independent, and to equate sexuality with intimacy. On the other hand, women are socialized to

be emotional, nurturant, and to direct their achievement through affiliation with others, particularly men.

The sexual dimorphism of male and female described in the creation mythology (Genesis 1:27 NASB) underlies the biological and psychosocial/cultural foundations of distinctive gender role behaviors. Maccoby and Jacklin (1974) found, in a review of gender differences, consistent experimental support for traditional sex-stereotypes. For example, males scored higher in levels of aggressiveness, dominance, self-confidence, and activity level while females scored higher on verbal ability, compliance, nurturance, and empathy. Johnson (1991) found, in a review of biologically oriented gender research, "fundamental physiological and neural differences that are present at birth and predispose us toward certain behaviors dependent on gender" (p. 293). Gorman (1992) reports that "scientists are discovering that gender differences have as much to do with the biology of the brain as with the way we are raised" (p. 42). In a gender role development investigation of the origins of individual differences in masculine and feminine personality attributes in twin pairs (aged 8-15), genetic

influences accounted for 20-48% of the variance while environmental influences accounted for 52-80% (Mitchell, Baker, & Jacklin, 1989). Others, however, find little or no research evidence for the notion that biology is the cause of either sex roles or sex-typed behaviors or characteristics (Doyle, 1985; Fausto-Sterling, 1985; Pleck, 1981).

Based on child development research, Rekers (1991) asserts that there are distinctions in male and female sex roles. Rekers views these distinctions as either absolute ones based on biological and moral/spiritual realities or relative ones based on cultural realities. Absolute sex-role distinctions are defined by the individual's unique biology and anatomy and by the unique moral responsibilities set forth in Judeo-Christian Scripture (i.e., universal self-evident truths). Relative sex-role distinctions are culturally defined and categorized in three ways. First, some cultural sex-role assignments are based upon biological sex differences. Second, some are simply arbitrary but legitimate and useful in childrearing and in the development and reinforcement of sexual identity. Third, some are arbitrary but harmful without biological or moral basis and need to be abolished.

(See Money, 1987b, for another perspective of gender distinctions).

Keen (1991) believes that the true differences between sexes are biological and ontological. He sees socially constructed differences as not true differences. He shares that "When gender becomes a problem to be solved rather than a mystery to be revered, science and technology can be counted on to produce a solution that will encourage human beings to become more like machines, computers, and robots" (p. 218). He believes that "When we penetrate to the deepest level of one's experience of gender, we inevitably come to a point where the language of sexuality and spirituality mingle" (p. 219).

Peck (1988) believes that both sexuality and spirituality are a search for wholeness/completion. He suggests that their wave lengths are so close together "one often arouses the other." He claims that Christian conversion often precedes sexual awakening.

Our gender underlies who we are and what we do. It informs our sense of self, our sexuality, and our spirituality. It may connect with a sense of shame. Coming to terms with our gender role identity in childhood is an important developmental milestone in

becoming a mature adult. Gender transitions occur throughout life and we have to some degree the power to influence the nature and direction of our gender behavior by the choices we make.

Spirituality

What is spirituality? The spirit of man searches for meaning and purpose in life. Benner (1989) believes that at the core of spirituality is "something that pulls us out of and beyond ourselves" (i.e., self transcendence) (p. 20). From a more psychological perspective, Benner (1989) defines spirituality "as our response to a deep and mysterious human yearning for self-transcendence and surrender, a yearning to find our place" (p. 21). It follows, therefore, that as or when we experience self-transcendent surrender, we find our place.

Secondary components of spirituality involve the "quest for integration of our being and for the discovery of our true self" (Benner, 1989, p. 21). Benner (1989) asserts that for integration and true self to emerge there must be a reference point outside ourselves. Which reference point do we use? Benner (1989) regards the most complete integration of

personality to be found only when our spirit is grounded in God's spirit and not self or some other.

Because we have all been created spiritual beings (Genesis 1:27; 2:7 NASB), there is a restlessness until we find our place through self-transcendent surrender. To experience this, the person answers the inner yearning "by turning not simply outside of self to others, but beyond self and others to some higher Being" (Benner, 1989, p. 21). More specifically, Benner (1989) defines spirituality as "the human response to God's gracious call to a relationship with himself" (p. 20).

Kinds of Spirituality

Benner (1989) describes three kinds of spirituality: natural spirituality, religious spirituality, and Christian spirituality (pp. 22-23). Natural spirituality, the ground of all religious spirituality, is the quest for self-transcendence and surrender which is a fundamental part of being a human being made in the image of God. Religious spirituality involves a relationship with the Power or Being which serves as the focus of self-transcendence and meaning for life. Christian spirituality, a subset of religious spiritualities, is a state of deep

relationship with God made possible through faith in Jesus Christ and the life of the indwelling presence of the Holy Spirit.

Structure and Direction

Benner holds a view that the person is a unity, in which the psychological and spiritual aspects of personality function together (Benner, 1988).

Structure refers to the person's psychological aspects, the basic structure of one's created nature, the individual as made in the image of God. Direction refers to the spiritual aspects of the person's personality. Structure and direction are defining properties of human personality (Benner, 1988).

In Christian theology all creation is oriented toward God, but the direction of that orientation is one of either rebellion or submissive service (Benner, 1988). This means the person either remains under the curse of human sin or under the blessing and progressive work of divine redemption (Benner, 1988).

The structures of the spiritual life or spirituality are psychological (Benner, 1988). The psychological mechanisms have a direction which derives from the spiritual basis of psychic life (Benner, 1988). The more consistently all aspects of

personality are directed in the same way, the more thoroughly integrated the person (Benner, 1988).

Psychological growth (structural development) may have to precede spiritual growth (direction) (Benner, 1988). This can be seen in Maslow's hierarchy of needs with the lower level ones taking precedence over the higher level ones until consistently satisfied (Benner, 1988). A person's capacity to respond spiritually is limited by psychological conflicts, problems, and degree of maturity (Benner, 1988).

Frankl (1963), in writing about his concentration camp experiences, describes a possible exception to Maslow's theory. In terrible conditions of psychic and physical distress, Frankl (1963) wrote that "everything can be taken from a man but one thing: the last of the human freedoms--to choose one's attitude in any set of circumstances, to choose one's own way" (p. 104). For example, the Biblical crucifixion stories of Jesus Christ, who forgave his executioners, and the two thieves, one who accepted Jesus' offer of paradise and the other who rejected the offer illustrates the human freedom to choose one's attitude in any situation. Frankl wrote about our spiritual freedom to choose our direction.

Direction of life relates to free will and the issues of good and evil (Buber, 1953; Fromm, 1964; Peck, 1983; Sanford, 1981). Peck (1983) defines evil as "that force, residing either inside or outside of human beings, that seeks to kill life or liveliness" (p. 43). The good or goodness is the opposite "which promotes life and liveliness" (Peck, 1983, p. 43). Although a person has freedom to choose, he cannot choose freedom (Peck, 1983, p.83). Peck (1983) asserts "There are only two states of being: submission to God and goodness or the refusal to submit to anything beyond one's own will--which refusal automatically enslaves one to the forces of evil" (p. 83). We either belong to God or the devil (Peck, 1983).

Bufford (1988) uses the Biblical metaphor of two kingdoms to explain the spiritual direction each person makes. We either belong to the kingdom of God or the kingdom of the god of this world (satan). Since the fall of man after creation, all are born into the kingdom of darkness. The only escape from darkness is to be "born again" into the kingdom of light (John 3:1-21 NASB).

We cannot "not choose" a direction. The Biblical story of Joshua's challenge, "Choose this day whom you

will serve" (Joshua 24:15 NASB), illustrates the responsibility given each human being. A decision not to choose God was judged as rebellion. To refuse the choice is a decision.

Religious Identity and Religious Commitment

How do religious identity and religious commitment help explain spirituality? First, religious identity (RI) is the perceived priority of one's allegiance to one's religious beliefs. Religious commitment (RC) is the behavioral response of devotion and/or loyalty to one's religious beliefs. In combination, RI and RC reflect a person's capacity for religious spirituality.

Religious spirituality (RS) describes both direction and structure. The structure indicates sufficient psychological development for a person to engage in meaning and purpose with a power and being (God) beyond the boundaries of self. Direction indicates the path of choice towards good or evil.

The spiritual dimension or spirituality is an integrating force within the unity of the whole personality of the individual (Ellison, 1983). It is affected by physical health, thoughts, feelings, and relationships. Spiritual health requires psychological health as well. Ellison suggests socialization

experiences shape both personality and spiritual well-being. When parenting and life experiences promote trust, the person's capacity for hope and faith increase which promotes religious spirituality.

Spiritual Development and Christian Spirituality

Spiritual development or spiritual life has been likened to a journey or pilgrimage with a beginning, a middle, and an ending. Attempts have been made to understand the stages and process of this journey (Assagioli, 1976; Benner, 1988; Fowler, 1981; Groeschel, 1983; Helminiak, 1987). Most understandings of spiritual development postulate its interrelatedness to human growth and development. The self-responsible person has a spiritual direction to determine and nurture.

Helminiak (1987) recounts that "Traditional theology teaches that there are three stages in the spiritual life: the purgative, wherein one moves away from sin; the illuminative, where one grows in virtue; and the unitive, wherein one attains abiding union with God" (p. ix). Benner (1988) writes that in the Protestant reformation "Calvin reordered and redefined the three classic Catholic stages of spiritual growth as justification, sanctification, and glorification"

(pp. 126-127). Schaeffer (1971) captures the essence of historical Christian teaching on spiritual development and life in his statement: "To believe him (God), not just when I accept Christ as Savior, but every moment, one moment at a time: this is the Christian life, and this is true spirituality" (p. 89). It means to love God, to be alive to him, to be in communion with him, and to love men, to be alive to men as men, to be in communication on a true personal level with men, in this present moment of history (Schaeffer, 1971, p. 17). True spirituality has both vertical and horizontal relationships (Matthew 22:37-40). Christian spirituality as formerly defined (Benner, 1988) claims exclusive "true spirituality."

Spiritually Based Conversion

Christian conversion in terms of "true spirituality" may awaken sexuality (Peck, 1988). Pattison and Pattison (1980) describe eleven men who overcame homosexuality through spiritually based conversion. Spiritually based programs use the power of one's freewill to make existential decisions that change the meaning of life. Outreach groups such as Exodus International, Love in Action, and New Creation Ministries provide spiritual and psychological therapy

for gays wanting to actualize their latent heterosexuality and for any individual wanting to maximize their Biblical sexuality.

Spirituality and Father

The heart of spirituality is an intimate relationship with God which yields freedom, authenticity, and power (Cosby, 1986). Jesus spoke of being one with his heavenly Father, of abiding in the Father and the Father abiding in him, and promised us the same (John 17:21 NASB). Jesus taught us that God is his Father and wills to be ours also as we are drawn into the very same relationship of obedience and trust that Jesus showed in Gethsemane (Smail, 1980).

Smail (1980) believes that the Father has been largely forgotten in the contemporary Church in the same manner the Spirit was forgotten twenty to thirty years ago. As a part of the collapse of all structures of authority, earthly fatherhood also has been abdicated (Smail, 1980). When fathers and children are out of relationship, the society is cursed (Malachi 4:6 NASB). A return to "Our Father" by those who follow Jesus Christ heals the hearts of fathers and children.

Smail (1980) has the following assumption: "If our attitude to our parents conditions our attitude to God,

it is at least as true that when our attitude to God is purified, redefined and enlivened into new immediacy--as happens when he is known as Abba--that will have even more far reaching effects on our attitude to our earthly parents and our children" (p. 32). For this reason, it is believed among religious families, especially Christian ones, the likelihood of healthy relationships between fathers and children will be greater than in nonreligious families.

Spirituality consists primarily of existential choices about the direction of a person's life. Beliefs, thoughts, attitudes, and decisions determine the journey as well as the destination. Biblical wisdom instructs us "for as he thinks within himself, so he is" (Proverb 23:7 NAS).

Summary

Masculinity is multifaceted as it unfolds developmentally for each person within the context of his ecological universe--an adaptation and interaction of nature and nurture. In the preceeding discussion of this literature review, each section has discussed various selected aspects of masculinity with a view towards how this may be different and/or similar for

males of various sexual orientations. It has shown that within the crucible of the family system and specifically the paternal relationship that the son's sense of self is largely developed especially in the early years of childhood. The son carries these primary images of manhood via father throughout his life. Each aspect of the person or self discussed in this study, such as sexuality, gender, shame, spirituality, and paternal relations, adds a dimension of understanding to the male experience and journey. Each adult person has freedom to choose how the situations of past experiences and relationships will affect their current thinking, feelings, and behaviors.

Hypothesis

The present study is designed to identify retrospective reports of father-son relations, boyhood gender conformity/nonconformity, and childhood abuse, as well as current sense of shame and of spirituality or religious identity/commitment which discriminate gay homosexual men, nongay/x-gay homosexual men, and heterosexual men from one another. The overall hypothesis was that the identified five predictor variables in combination would be able to significantly

discriminate among the three criterion groups by correctly identifying their membership in their respective sexual orientation groups such that: (1) heterosexual males would be discriminated from gay and nongay/x-gay males, and (2) gay males would be discriminated from nongay/x-gay males. In addition, the heterosexual male group would differ from the homosexual groups on the following characteristics: less childhood masculine gender nonconformity, less internalized shame, less paternal rejection, less spiritual or religious alienation, and less childhood psychological maltreatment and abuse such as sexual trauma.

CHAPTER TWO

Method

This retrospective study of masculinity intended to determine which selected variables would discriminate and predict membership of certain male sexual orientation groups. This chapter focuses upon the methods used to collect and statistically analyze the data needed to test the discriminant function of those selected predictors. It is divided into eight sections: (a) Design, (b) Subjects, (c) Method of Selection, (d) Rationale for Sample Composition, (e) Data Collection Procedure, (f) Variables, (g) Instruments, and (h) Statistical Design.

Design

A multi-group posttest-only research design (Campbell & Stanley, 1963) was used in this retrospective study. Participants from three different sexual orientations (i.e., nongay/x-gay homosexual, gay homosexual, & heterosexual) who affiliate with Christian organizations completed questionnaires that

measure selected aspects of masculine experience in childhood and adulthood. The first expectation was that participants' scores would be able to be used to discriminate the participants into their correct sexual orientation groups. The second expectation was that participants from sexual orientations that differ from the heterosexual orientation would be associated with less favorable outcomes.

Subjects

Over 500 research questionnaires were distributed to volunteer participants via organizations which had agreed to participate in this research study. Return mail or pick up locations were used to gather 92 participant questionnaires. The 92 volunteer participants made a convenience, volunteer sample of three sexual orientation groups which respectively included a group of 32 heterosexual males, a group of 32 gay homosexual males, and a group of 28 non-gay homosexual males. After deleting cases that had missing data, the final samples consisted of 78 male volunteers at least 18 years of age and older identified by sexual orientation from within the United States and Canada. By sexual orientation and mean age

(MA), there were 28 gays (MA=38.06), 25 x-gays (MA=40.39), and 25 heterosexuals (MA=44.72). The percentage of ethnic groups for all subjects were as follows: African American 4.4%, American Indian 2.2%, Asian/Pacific Islander 1.1%, Caucasian 80.4%, Hispanic 8.7%, and Other 2.2%, with an overall mean age of 41.12. The original study had planned on a fourth sexual orientation group to consist of gay pedophiles. After much time and expense as well as failure to collect any significant numbers of participants, this researcher abandoned consideration of this fourth group. Several participants, who identified themselves as having been or being homosexual and who admitted to having touched same sex children, were added to either the gay or nongay homosexual groups according to their questionnaire information.

Method of Selection

Participants were recruited from diverse male organizations with religious affiliations and with sexual orientation criteria. The heterosexual men were drawn from mostly evangelical Christian churches. The gay homosexual men were drawn mostly from a gay homosexual Christian denomination and from a gay homosexual Christian alliance. The x-gay homosexual

men were drawn from parachurch Christian ministries that work with gay homosexual men who are wanting to leave their gay lifestyle.

Most participants volunteered through a designated volunteer assistant within the participating organization. The assistant informed the potential participant about the opportunity to participate in a research study by giving him a questionnaire packet with an introductory letter including informed consent (See Appendix C). Participants located geographically beyond the designated packet pick-up locations were given self-addressed, stamped mailers to return their information.

Rationale for Sample Composition

Many x-gay homosexuals are affiliated in some manner with Christian ministries. All participants, x-gay, gay, and heterosexual, therefore, were selected from Christian settings in order to match spiritual backgrounds to some degree. This resulted in a kind of modified quota sampling in that participants were recruited from settings representing the sexual orientation groups being investigated.

The research of sexual behavior tends to be a sensitive topic which makes for possible recruitment problems (Martin & Dean, 1993). This difficulty recruiting participants and the additional time and expense would not permit sufficient numbers to perform a stratified random sample which would have strengthened the study's generalizability. For these reasons, obtaining a sufficient sample size became too difficult.

According to Courtney (1983), the multiple regression rule of thumb is 14 subjects for the first predictor variable and 10 for the second and subsequent variables. Similar reasoning applies to discriminant analysis which is a variant of multiple regression. With an adequate number of participants, the minimum number needed for five predictor variables was 54 members per group or 162 total group members. This study's participant number falls short of Courtney's rule. With about 30 members per group, this study, however, approximates the "central limit theorem" (Gravetter & Wallnau, 1988, p. 156) which asserts that when the number equals or exceeds 30, the distribution of sample means will closely approximate a normal

distribution regardless of the shape of the original population.

Variables

Criterion Variables

The criterion variable in this study was male sexual identity; participants included heterosexual adult males (HETERO), gay homosexual adult males (GAY), and x-gay homosexual adult males (XGAY). The identification of participants into groups was determined by their institutional association as well as by their rating on the Klein Sexual Orientation Grid (KSOG; Klein, 1980) and by the Kinsey Heterosexual-Homosexual Rating Scale (KHHS; Kinsey, 1948) contained within the Personal Information Questionnaire (PIQ).

Predictor Variables

Five predictor variables were examined regarding their function to discriminate among the three levels of the criterion variable (GAY, HETERO and XGAY). Each of the predictor variables was selected because of its potential ability to predict and classify a participant's group membership. Classification was predicted by the discriminant function which used a weighted combination of the five predictor variables,

each of which has been shown in the research literature to be of considerable interest in the field of men's studies: Father-Son Acceptance-Rejection; Masculine Gender Nonconformity, Spirituality/Religious Identity/Commitment; Childhood Abuse/Childhood Home Environment and Shame. Listed below are the predictor variables included in the study with a description, rationale for inclusion, and means for measurement presented for each.

Boyhood Gender Conformity Scale Total (BGCSTOT).

As mentioned in the literature review, masculine gender nonconformity refers to the absence of significant masculine traits and behaviors among some boys (Billingham & Hockenberry, 1987). Research suggests that some boys are confused about their gender or exhibit gender nonconformity in their behavior which seems linked with adult homosexuality (Bell, et al., 1981; Bieber et al., 1962; Billingham & Hockenberry, 1987; Green, 1974; Harry, 1982; Saghir & Robbins, 1973). Since sexuality and gender have become issues of debate within society and among men, this variable concerning boyhood gender conformity has been selected for investigation. Using an adult's retrospective perception of his boyhood, this variable (BGCSTOT) was

measured by the total score on the Boyhood Gender Conformity Scale (BGCS).

Home Environment Questionnaire Total (HEQTOT).

As discussed in the literature, the construct of psychological maltreatment (PM) underlies the destructive elements of numerous forms of abuse and neglect (Sanders & Becker-Laussen, 1995). It mediates the negative effects of specific forms of child abuse and neglect (i.e., physical, sexual, & emotional abuse). This variable (HEQTOT) is a measure of the respondent's own evaluation of the degree of stress or PM he had experienced during childhood. It is an effort to understand the "meaning" the respondent gives to his childhood family functioning and to his childhood experiences whether traumatic or non-traumatic. The HEQTOT is the total score from the Home Environment Questionnaire which officially is called the Child Abuse and Trauma Scale (Sanders & Becker-Laussen, 1995). This score gives a quantitative index of the frequency and extent of various types of negative experiences in childhood and adolescence.

Parental Acceptance-Rejection Questionnaire Total (PAROTOT). This variable refers to the sense of paternal acceptance or rejection a man perceived during

his childhood. The literature indicates that a man's relationship with his father during childhood has a critical influence upon his adulthood well-being. Due to the current emphasis and uncertainty within the culture about a father's influence particularly upon a son, the PARQTOT variable was selected. Using an adult male's retrospective perception of his childhood relationship with his father, this variable was measured by the total score of the Parental Acceptance-Rejection Questionnaire (PARQTOT, Rohner, 1976).

Shame (SHAME). The shame variable (SHAME) corresponds to the extent to which individuals have internalized shame feelings primarily from childhood. According to the literature, shame is a negative identity that involves a sense of feeling flawed and disgraced, a painful feeling about oneself as a person, and/or a feeling of being a mistake. The development of a sense of shame about oneself has been described as occurring within the context of significant interpersonal relationships (Kaufman, 1985; 1989). When a person grows up in an atmosphere of perceived incompetence, failure, and rejection, he may come to believe that his true self is defective and form a personal identity based on shame (Nathanson, 1992).

Since a focus of this study is upon the father-son relationship during childhood, an assessment of one's adult sense of shame was selected as an independent variable. Shame was measured by the total score on the Internalized Shame Scale (ISS) (Cook, 1993).

Spirituality: Religious Identification and Commitment Scale Total (RICSTOT). Spirituality involves the human response to an individual's search for meaning and purpose beyond one's self. Because spirituality has been emphasized in the men's movement, it is selected as a variable for examination. Benner (1989) described three kinds of spirituality: natural, religious, and Christian. In this study, spirituality is based on the importance of religion in one's life. This importance is measured by one's religious identification and commitment. Based on a survey by Sacks (1974), a Religious Identification and Commitment Survey (RICS) was developed for this measurement. The total score on the RICS (RICSTOT) was used to measure this variable.

Table 2 contains a list of the five predictors from the original hypothesis, the other measures used as alternative predictors, and the criterion variables included in the present study.

Table 2

Predictor and Criterion Variables

Predictor (Independent) Variables:

BGCSTOT	- Boyhood Gender Conformity Scale Total
HEQTOT	- Home Environment Questionnaire Total
PARQTOT	- Parental Acceptance-Rejection Questionnaire Total
RICSTOT	- Religious Identification-Commitment Scale Total
SHAME	- Internalized Shame Scale Total

Other Measures as Alternative Predictor Variables:

BIBVIEW	- Biblical View of Gay Sex from Personal Information Questionnaire Question #9
FFPS	- Father Forgiveness Perception Scale Question #5
STSTOT	- Sexual Trauma Scale Total

Criterion (Dependent) Variables:

Sexual Orientation	- Klein Sexual Orientation
(GAY - Gay homo-	(KSOG); Personal Information
sexual adult male;	Questionnaire (PIQ) Question
HETERO - hetero-	#18 Kinsey Heterosexual-
sexual adult male;	Homosexual Rating Scale
XGAY - X-gay	(KHHS); and Institutional
homosexual male)	affiliation.

Instruments

The instruments used in this study are presented in the order given in Table 2. This order begins with predictors proposed in the hypothesis, then follows with alternative predictors, and ends with the criterion variables.

Boyhood Gender Conformity Scale (BGCS)

The BGCS, a summated rating scale used to measure gender orientation, was developed for males, ages 18 and older by Hockenberry and Billingham (1987). It consists of 20 statements regarding activities, feelings, or experiences remembered from childhood.

Half of the items mention stereotypical masculine behaviors and self-perceptions, and the other items mention behaviors and self-perceptions that are not typical for boys. For each item, the respondent is to indicate the frequency with which the statement was true of him. Seven response options are provided, ranging from "never or almost never true" to "always or almost always true."

The BGCS items were adapted from Part A of the Feminine Gender Identity scale (Freund, Nagler, Langevin, Zajac & Steiner, 1974) and from Whitam's (1977) indicators of homosexuality. Discriminant analysis was used to identify subsets of items that would effectively classify homosexuals and heterosexuals. Two subsets of items were identified: a 13-item subset with discriminant loadings greater than .30 and a 5-item subset with discriminant loadings greater than .40.

Test-retest reliability was computed based on a 2-week interval between successive testings. For the 13-item subset, the coefficient of stability was .89; for the 5-item subset, the coefficient of stability was .92.

Each of the 20 items on the BGCS differentiated between heterosexual and homosexual males. The 13-item and 5-item subsets were both able to classify successfully over 87% of a sample of 54 heterosexual and homosexual males.

The 13-item and 5-item subsets of the BGCS were both significantly correlated with the Feminine Gender Scale and Whitam's indicators of homosexuality. The correlations with the former measure were $-.63$ for the 13 items and $-.67$ for the 5 items. The correlations with the latter measure were $-.57$ for the 13 items and $-.62$ for the 5-items.

Hockenberry and Billingham (1987) concluded that the five-item function (playing with boys, preferring boys' games, imagining self as sports figure, reading adventure and sports stories, considered a "sissy") was the most potent and parsimonious discriminator among adult males for sexual orientation. More importantly for this study, the absence of masculine behaviors and traits appeared to be a more powerful predictor of later homosexual orientation than the presence of traditionally feminine or cross-sexed traits and behaviors.

Home Environment Questionnaire (HEQ)/Child Abuse and Trauma Scale

The HEQ is known officially as the Child Abuse and Trauma Scale (Sanders & Becker-Laussen, 1995). When the scale is administered, it is presented to the respondent as the HEQ. It was designed to measure the construct of psychological maltreatment which is used to refer to the underlying destructive elements that connect all forms of abuse and neglect. It is a 38-item, paper-and-pencil, self-report measure which yields a quantitative index of the frequency and extent of various types of negative experiences in childhood and adolescence. The HEQ was created as a research measure to be used in testing hypotheses about childhood maltreatment outcomes.

According to Sanders and Becker-Laussen (1995), problems in measuring maltreatment in childhood are that of social desirability and that of exaggeration. Of the two, the primary problem is social desirability. Since admitting to an abusive childhood is not socially desirable, underreporting is generally expected. Some participants, however, might exaggerate childhood problems, either because of a complaining response style or a depressive outlook. The HEQ attempts to

manage these problems by wording each item in a purposefully mild fashion; by reversing several questions to avoid response sets; and, by rewording and repeating a few questions.

The HEQ scale contains questions related to the individual's childhood or adolescent experiences of sexual mistreatment, physical mistreatment and punishment, psychological mistreatment, physical or emotional neglect, and negative home environment (e.g., parental substance abuse or fighting). Its goal was the measurement of the person's present, subjective perception of the degree of stress or trauma present in his childhood, based on the concept that "the meaning a child makes of experiences influences how the experience affects the child" (Newberger & DeVos, 1988, p. 505).

Parental Acceptance-Rejection Questionnaire (PARQ)--
Adult Version

The Adult PARQ is a retrospective, self-report version of the Child PARQ which may be usable cross-culturally as well as within the United States (Rohner, 1990). It is a 60 item questionnaire designed to elicit adults' assessments of their childhood experiences, particularly from seven years of age to

twelve years of age, in terms of perceived parental warmth (i.e., acceptance-rejection). Rohner reports that the construction of the PARQ in 1971 was based on a rational-theoretical basis (Goldberg cited in Rohner, 1990), several theoretically pertinent factors, and the Parent-Child Relations Questionnaire (Roe & Siegelman cited in Rohner, 1990). The PARQ is based on cross-cultural evidence of parental behavior on the warmth dimension in terms of acceptance and rejection.

The PARQ scales were constructed to measure the four principal ways parental acceptance and parental rejection are manifested throughout the world, namely as warmth/affection or as aggression/hostility, neglect/indifference, and undifferentiated rejection as perceived by the child, observer, or adult. One PARQ scale (warmth/Affection) contains 20 items, two scales (aggression/hostility, and neglect/indifference) each contain 15 items, and the fourth scale (rejection [undifferentiated]) contains 10 items. (See "Parental Acceptance-Rejection Theory" in Chapter 1 for definitions and descriptions of these four principal manifestations of parental acceptance and rejection).

The validity and reliability study for the Adult PARQ was conducted in 1973 with 147 (i.e., 65 males, 70

females, & 12 no sex indicated) undergraduate students ranging in age from 18 to 43 years (approximate mean age of 23) from a major university and community college in the Washington D.C. metropolitan area (Rohner, 1990). The PARQ reliability coefficients (alphas, $p < .001$) for the adult version range from .86 to .95, with a median reliability of .905. The concurrent validity of the PARQ scales based upon external validation (criterion) scales for the adult scales are as follows: warmth/affection (.90); aggression/hostility (.43); neglect/indifference (.86); and rejection (undifferentiated) (.81). Rohner (1990) explains that the moderate relationship of aggression/hostility scale to the external validation (criterion) scale of physical punishment as a result of two factors: (1) physical punishment from the outset was viewed as only an approximately satisfactory criterion for aggression/hostility, and (2) the physical punishment scale was used for the lack of a validated alternative scale. For more detailed evidence of the PARQ scales concurrent, convergent, discriminant, and construct validity, see Rohner (1990, pp. 22-32).

Religious Identification and Commitment Scale (RICS)

The RICS is a rating scale developed by the author to assess the spirituality of this study's participants. The format of the RICS was based on the Religious Identification Survey (RIS) (Sachs, 1974). The RIS was modified with additional and changed questions in a different Likert scale arrangement.

The RICS involves a two-part assessment: the religious identification (RI) part and the religious commitment (RC) Part. In combination both parts yield a composite spirituality score.

The RI is comprised of 15 incomplete personal identification type statements which are to be completed. Upon completion, the 15 items are to be ranked in descending order according to which statements are most important in identifying oneself. Religious identification importance must be among the first five rankings for inclusion in the RICS composite score.

The RC is comprised of nine questions of religious significance regarding devotion, loyalty, influence, interest, and beliefs. Questions are designed to measure the strength of one's religious commitment using a likert-type scale of five answers per question.

The RICS composite score ranges from 50 to 0. There are ten questions with five points possible per question. Higher scores represent a higher identification and commitment to spirituality.

In this study only the RC nine questions of religious significance were scored for analysis. The directions for completing the RI were evidently too easily misunderstood or missed which resulted in many incomplete answers. For this reason, the one RI question was not included in the discriminate function analysis but was used as a comparison measure of the importance of religion to the identification of self between groups. With the use of nine questions, the possible composite score ranges were from 45 to 0 instead of from 50 to 0.

For this study, a reliability analysis of the RICS was conducted on nine of the ten items which were used involving 91 cases. The analysis resulted in a coefficient alpha = .8958.

Internalized Shame Scale (SHAME)

The SHAME has been designed to provide a measure of the extent to which respondents have internalized shame feelings (i.e., a trait). The items on the scale have not been derived from a predetermined theory of

shame but by the phenomenology of the feelings and emotions that were widely agreed to in the shame literature.

Cook (1993) has been developing the SHAME since 1984. It originally contained 48 items selected from an original pool of about 90 items. The present SHAME version which has been in use since 1989 consists of 24 negatively worded "shame items" and six positively worded "self-esteem" items. It is called the fifth version and (hopefully) final version. The fifth version contains 18 of the original 48 pilot scale items, four items that were new on the second version, and two items that were new on the third version. It contains four less shame items and one less self-esteem item than the fourth version.

The SHAME "shame score" is derived only from the 24 "shame items." The six "self-esteem" items may be scored separately and used as an indication of positive self-esteem. The inclusion of the self-esteem items is primarily to lessen the tendency for a response set to develop when all items are worded in the same direction.

The SHAME research indicates high alpha reliability coefficients which mean the scale items have a very high internal consistency. Cook (1993) reported alpha reliability coefficients of .95 and .96 for non-clinical and clinical samples respectively. Rybak (1991) reported a reliability coefficient of .97 for a mixed clinical and non-clinical sample of 159 subjects. McFarland (cited in Cook, 1993) reported a reliability coefficient of .94 for the 173 college students in his sample.

The reliability of the six self-esteem items was .90 and .87 respectively for the non-clinical and clinical groups (Cook, 1993). The mean item-total correlation was .73 for the non-clinical group and .67 for the clinical group.

The test-retest correlation for the shame items was .84 and for the self-esteem items, .69 after an interval of seven weeks (Cook, 1993). The above results indicate that the ISS is a highly reliable measure of internalized shame.

Cook (1993) reports that initial research indicates the SHAME is a valid measure of the extent to which shame has become intensified and internalized into one's sense of self. Convergent validity studies

have been conducted with the SHAME and measures of self-esteem, depression, anxiety, and anger. Shame has been shown to contribute a share of the variance in each of these measures. This helps to differentiate from a variety of psychopathological conditions the part played by internalized shame. Divergent validity studies indicate that the SHAME can be differentiated from measured sexual guilt.

Research studies using the SHAME, in addition to those mentioned above, have been conducted with such groups or measures as childhood sexual abuse, post-traumatic stress disorder, addictions, eating disorders, social desirability, and family of origin. Cook (1993) believes "Hidden beneath the range of symptoms, behaviors, emotional distress, and cognitive dysfunction for many, if not most, therapy clients is internalized shame, most typically a product of childhood experiences" (p. 45).

Biblical View of Gay Sex (BIBVIEW)

The alternative predictor variable, BIBVIEW, was taken from Question #9 of the Personal Information Questionnaire (PIQ). This question asks the participant to identify which statement best represents

his view of what the Bible says about a man who engages in consensual gay homosexual sex.

The PIQ was used to collect demographic data and other background information related to the father-son relationship. Age, ethnicity, education, and income were used to help assess how well the groups matched each other. Other information was used to create a comparative profile of men of different sexual orientations and to develop alternative predictor variables.

Father Forgiveness Perception Scale (FFPS)

The FFPS, an experimental scale, was designed by the author to measure an adult's retrospective perception of his relationship with his father whether living or dead. The FFPS is based on literature review of current men's movement's emphasis upon the father-son relationship of one's childhood as well as of one's adulthood.

The FFPS is a 15-item self-report rating scale measuring whether the person has forgiven his father of those things his father may have done or failed to do which he may have experienced as hurtful or painful. Each item is rated on a 7-point Likert scale from "Disagree Strongly" to "Agree Strongly." The composite

score of father forgiveness perception ranges from 105 to 15. The higher the composite score the greater the perceived father forgiveness.

For this study, a reliability analysis of the FFPS was conducted on 15 items involving 80 cases. The analysis resulted in a reliability coefficient of $\alpha = .8860$.

Sexual Trauma Scale (STS)

The STS, an experimental scale, was developed by the author for the participants in this study to measure the severity of their perceived childhood sexual trauma. The STS is based on the maltreatment scales of Briere and Runtz (1988) and the sex abuse survey of Carnes (1991).

The STS is a 14-item self-report rating scale measuring adult perceived severity of childhood covert and overt sexual trauma. Each item is rated on a 5-point Likert scale from "never happened" to "happened with severe negative effects." The composite score of sexual trauma severity ranges from 70 to 0. The higher the composite score the greater the perceived childhood sexual trauma.

For this study, a reliability analysis of the STS was conducted on 14 items involving 90 cases. The analysis resulted in a coefficient alpha = .8793.

Klein Sexual Orientation Grid (KSOG)

The KSOG (Klein, 1980) is viewed as a useful tool in differentiating persons with respect to sexual orientation by taking into consideration the meaningful dimension of time and the many related variables both sexual and non-sexual. The KSOG, an extension of the Kinsey Heterosexual-Homosexual Scale, was developed to measure a person's sexual orientation as a dynamic multivariable process. In the KSOG, sexual orientation is a multivariable concept comprised of three major variables and their descriptors as follows: 1. sexual self (i.e., attraction, fantasy, & behavior). 2. related composition (i.e., emotional preference, social preference, & definition of lifestyle = heterosexual or homosexual). 3. self-identification (i.e., sexual self-definition or labeling).

The KSOG consists of 21 questions or ratings. Each subject answers each question, using a seven-point Likert-type linear scale with seven dimensions of sexual orientation (i.e., sexual attraction, sexual behavior, sexual fantasy, emotional preference, social

preference, self-identification, and heterosexual/homosexual lifestyle) and past, present, and ideal as columns, creating 21 response cells. Each rating is made using the numbers 1 through 7 which correspond to the choice on the heterosexual-homosexual continuum. For each area or dimension of sexual orientation, three ratings are chosen: one for the respondent's past, one for the present (defined as the preceding year), and one based on the individual's ideal choice.

The reliability estimates of the KSOG were reported as generally excellent although no Cronbach alpha coefficients were given (Klein, Sepekoff, & Wolf, 1985). Item-to-item correlations were also reported as generally high except for the "present social preference" and "past social preference." A person's social preference was suggested to be somewhat different from other aspects of one's sexual orientation as a way of accounting for this exception.

Analysis indicated that the KSOG items were really measuring different dimensions of sexual orientation and not simply the same dimension. Simultaneous multiple comparisons indicated a significant difference between the present scale and the past scale, but none

between the ideal and present scale. On the KSOG bisexuals and homosexuals had significantly higher scores on homosexuality in the present than in past histories, whereas heterosexuals remained constant. In comparing the present and ideal profiles, bisexuals and heterosexuals showed significant increases in homosexuality as an ideal. In contrast, homosexuals decreased in homosexuality from the present to the ideal. In comparing the past and ideal profiles, heterosexuals, bisexuals, and homosexuals exhibited significant increases in homosexuality.

Kinsey Heterosexual-Homosexual Rating Scale (KHHRS)

The KHHRS (Kinsey, Pomeroy, & Martin, 1948) was an early attempt by Kinsey to classify the continuity of the gradations between those who were exclusively heterosexual and exclusively homosexual. The classification was a seven-point scale, with 0 and 6 as the extreme points, and with 3 as the mid-point. The rating scale took into account a person's overt sexual experiences and a person's psychosexual reactions. The KHHRS was used in this study as an alternative measure to help assess a participant's sexual orientation.

Institutional Affiliation

A participant's affiliation with an institution was used to help classify his sexual orientation and behavior. Homosexual participants were recruited from institutions that promoted gay lifestyles and from institutions that promoted nongay or x-gay lifestyles. A male homosexual would be classified as gay or x-gay according to his institutional affiliation.

Data Collection Procedure

Upon recruitment of a male participant, a questionnaire packet of assessment materials was distributed to him by the researcher or his designated representative. The materials, compiled by the researcher, consisted of nine items: (a) a letter from the researcher describing the nature and goals of the study, assuring the participant of his anonymity and of the confidentiality of his responses, and seeking his informed consent to participate (Appendix C); (b) the Personal Information Questionnaire (PIQ, Appendix J); (c) the Klein Sexual Orientation Grid (KSOG, Appendix H); (d) the Boyhood Gender Conformity Scale (BGCS, Appendix D); (e) the Child Abuse and Trauma Scale also known as the Home Environment Questionnaire

(HEQ, Appendix F); (f) the Internalized Shame Scale (SHAME, Appendix G); (g) the Parental Acceptance-Rejection Questionnaire (PARQ, Appendix I); (h) the Religious Identity and Conformity Scale (RICS, Appendix K); (i) the Sexual Trauma Scale (STS, Appendix L), and (j) the Father Forgiveness Perception Scale (FFPS, Appendix E). The questionnaires took approximately 90 to 120 minutes to complete. Participants were offered the option of receiving the results of this study.

Statistical Design

The purpose, as previously stated, was to determine whether a selected set of five predictor variables (see Table 2) could successfully predict and classify the group membership (see Table 2) classified by sexual orientation. The statistical technique most appropriate for this type of research is multiple discriminant function analysis (Kachigan, 1991). Multiple discriminant function analysis is the technique used because it is a statistical technique that will analyze three or more criterion variables. The data was analyzed using the Statistical Package for

Social Sciences Professional Statistics 6.1 (SPSS/PS 6.1) described by Norusis (1994).

Descriptive statistics were calculated for the sample noting the average age of participants, marital status, education level, income level, religious affiliation, religious belief, view of Biblical scripture, Biblical view of homosexuality, paternal absence, parental drug and alcohol use, parental separation/divorce/death, personal drug and alcohol use, psychotherapy experience, sexual attraction to children, and current sexual behavior. Other statistics given to provide a concise overview of the data included the calculated means and standard deviations of the five predictor variables.

Using the SPSS/PS 6.1 Discriminant procedure of direct entry of predictor variables, the data for the criterion groups yielded two discriminant functions. The first of these functions discriminated the members of one of the groups from the members of the other two groups. The second discriminant function then discriminated among the remaining two groups.

The variables were evaluated according to the default settings of TOLERANCE (0.001), FIN (0.05), and FOUT (1.0). Using these default settings, the

statistics yielded the following: "the eigenvalue and Wilk's lambda for each function, the standardized discriminant-function coefficients, the pooled within-groups correlations between the discriminant scores and the predictor variables, and the group centroids" (Norusis, 1992, p. 42).

Other statistical analyses of interest to the author were conducted. Using the SPSS/PS 6.1 discriminant procedures of either step-wise entry or direct entry of additional and/or experimental predictor variables, the data for three criterion groups yielded alternative discriminant functions. In addition, discriminant procedures were used to determine which items on certain assessment measures held the most influence in the discriminant functions. Other relationships between selected variables and the subject groups were examined with a series of one-way analysis of variance (ANOVA) tests ($p < .05$).

Demographic information as to group means was compared by subject groups for closeness of match. Their similarities and differences were noted in a manner as to profile the various subject groups.

Summary

In this chapter the methods used in designing this study, in selecting subjects, in describing variables and instruments of measurement, in collecting data, and in statistically analyzing the data for accomplishing this study's research purpose were outlined and discussed. The research sample included 92 volunteer males over the age of 18 who have associations with organizations which tend to have religious affiliations and which tend to serve men of particular sexual orientations in the United States and Canada.

The hypothesized predictor variables were five variables divided into three retrospective variables of childhood father-son relations, childhood psychological maltreatment, and boyhood gender conformity, and two self-report variables of adulthood shame and adulthood spirituality/religious identification and commitment. The religious identity and commitment criterion variable was measured by an author designed assessment, the Religious Identification and Commitment Scale, which was based on the Religious Identity Scale (Sachs, 1974). The remaining four criterion variables were father-son relations as measured by the Parent

Acceptance-Rejection Questionnaire (Rohner, 1990), boyhood gender conformity as measured by the Boyhood Gender Conformity Scale (Hockenberry & Billingham, 1987), shame as measured by the Internalized Shame Scale (Cook, 1993), childhood psychological maltreatment as measured by the Home Environment Questionnaire/Childhood Abuse and Trauma Scale (Sanders & Becker-Laussen, 1995). The criterion variable was sexual orientation using the categories of heterosexual males, gay homosexual males, and x-gay homosexual males. Sexual identity was identified and measured by the participant's group association, the scores on the Klein Sexual Orientation Grid (Klein, 1980), and the Kinsey Heterosexual-Homosexual Rating Scale.

The SPSS/PS 6.1 discriminate procedure, utilizing both direct entry and stepwise models, used the collected data to yield various discriminant functions to classify and to predict men into sexual orientation groups. The original predictor variables yielded two discriminant functions. Other experimental predictors yielded alternative discriminant functions.

An analysis of variance (ANOVA) was used to assess the relationship between selected variables and subject groups. A 24-item questionnaire (PIQ) was designed to

help measure the criterion variables and to provide descriptive information concerning the sample. The information was designed to assist in the comparison of group similarities and differences.

CHAPTER THREE

Results

This chapter presents results from the statistical analyses. Sections present their respective results as follows: demographic, correlation matrix, analysis of variance, main discriminant analysis, and subsidiary discriminant analyses.

Demographic Results

Demographic statistics of interest and their relationship to the dependent variables are presented in this section.

Group characteristics were examined for closeness of match. The subject groups were fairly similar in terms of ethnicity (Q-2) with an approximate percentage of 80% Caucasian with other ethnicities represented approximately the same with the exception that the x-gay group had no American Indian/Alaskan Native but unlike the other two groups did have an Asian/Pacific Islander. In education (Q-4) the heterosexual group had 75% with some college up to MA degree, the gay

group had 91% with some college up to PhD degree, and the x-gay group had 82% with some college up to MA degree.

Table 3 presents means, standard deviations, and minimum to maximum range of scores for age by sexual orientation group. An ANOVA of age means revealed no statistical difference ($F(2,90) = 2.77, p > .05$) at the .05 level of significance (.0678).

Table 3

Means, Standard Deviations, and Range of Scores for Age by Gays (n=32), Heterosexuals (n=32), and X-gays (n=28).

Group	Mean	SD	Range
Gay	38.06	11.99	18-62
Heterosexual	44.71	11.73	25-73
X-gay	40.39	10.21	26-74

According to ANOVA, the income levels (Q-5) by categorical means were significantly different ($F(2, 90) = 3.18, p < .05$) at the .05 level of significance (.0462). The modal income for each participant group was as follows: Gay = < \$10,000 or 29%, Heterosexual = \$60,000 or 25%, and X-gay = \$10,000 - \$19,999 or 21.4%. About half of the gay participants and x-gay participants had incomes over \$30,000. Half of the heterosexual participants had incomes over \$40,000.

Table 4 presents the percentages of marital status (Q-3) categories among the designated sexual orientation groups.

Table 4

Percentages of Marital Status Categories among Gay
Homosexuals, Heterosexuals, and X-gay Homosexuals

Categories	Sexual Orientation Groups		
	Gay	Heterosexual	X-gay
Single	51.6%	6.3%	53.6%
Married	3.2%	78.1%	32.1%
Divorced	6.5%	3.1%	0.0%
Remarried	0.0%	6.3%	7.1%
Separated	3.2%	3.1%	3.6%
Widowed	0.0%	0.0%	3.6%
Significant Other	35.5%	3.1%	0.0%

Table 5 presents information about the participant's current sexual behavior (Q-21) by sexual orientation group as an alternative to marital status.

Table 5

Current Sexual Behavior of Participants by Sexual Orientation Group

Sexual Behavior	Sexual Orientation Group		
	Gay	Heterosexual	X-gay
Celibacy	12.5%	9.4%	53.6%
Marriage	0.0%	81.3%	35.7%
Long-Term Commitment	37.5%	3.1%	0.0%
Non-celibate Single	34.4%	0.0%	7.1%
Other	3.6%	6.3%	3.6%

Several religiously oriented demographic questions were designed for comparison of the participant groups. The religious affiliation item (Q-6) revealed that a majority of the subjects were Protestant (gay=43.8%; heterosexual=67.7%; x-gay=77.8%), Catholic (gay=12.5%; heterosexual=0%; x-gay=11.1%), Other

(gay=21.9%; heterosexual=29%; x-gay=11.1%), and None (gay=21.9%; heterosexual=3.2%; x-gay=0%) making up the balance. In religious experience (Q-7), the heterosexual (96.9%) and x-gay (92.9) groups were nearly identical in their endorsement of answer #3 (Received Christ & attempt to follow his moral & ethical teachings) as compared to the gay group (46.9%). In answer to "Which statement best describes the Bible?" (Q-8), the heterosexual (100%) and x-gay (92.9%) group were most similar in their selection of answer #4 (Word of God) as compared to the gay group (25.8%). The question about a "Biblical view of gay sex" (Q-9), the heterosexual (100%) and the x-gay (92.9%) groups almost unanimously chose answer #1 (Sinning) as compared to the gay group (16.1%).

The final religious items were two questions (Q-23 & Q-24) which were embedded in the PIQ from the RICS. Question 23 used a rating scale to identify the importance of selected items. Question 24 was a ranking scale to determine which selected items were most important in identifying oneself. On Q-23, religion was rated as strongly important by 35.5% of the gay homosexuals, by 86.7% of the heterosexuals, and by 76.9% of the x-gay homosexuals. On Q-24, religion

was ranked as most important in identifying oneself by 52 participants from all groups as compared to those who identified occupation (6), sexual orientation (5), marital status (4), educational status (3), nationality (3), race (3), income (2), and place of residence (1) as most important. By sexual orientation group, the percentage religion was ranked as most important in identifying oneself was as follows: gay homosexuals = 9 of 28 or 32%, heterosexuals = 24 of 29 or 83%, and x-gay homosexuals = 21 of 22 or 95%.

The father questions looked at father absence, death and divorce, and drug/alcohol issues (including mother and self). Father absence (Q-10) for a year or more was endorsed by the participants as follows: gay (28.1%), heterosexual (31.3%), and x-gay (14.8%). The average amount of father absence in years time for each group was 9.55 years for gays, 6.10 years for heterosexuals, and 3.4 years for x-gays. Death of parents before age of 18 (Q-14) for each group (another type of father absence) included for the gay group (5 fathers & 1 mother), for the heterosexual group (1 father & 1 mother), and for the x-gay group (3 fathers & 2 mothers). Parents having been divorced or permanently separated (Q-13) was endorsed by 34.4% of

the gay homosexuals, 25% of the heterosexuals, and 14.8% of the x-gay homosexuals.

Table 6 presents information about alcohol and/or drug abuse by father (Q-11) and/or by mother (Q-12) during the participant's childhood (birth to 18 years of age) according to sexual orientation group.

Table 6

Paternal and Maternal Abuse of Alcohol and/or Drugs
during the Years before Participant was 18 Years Old

Participants	Paternal			
	Abuse of Alcohol and/or Drugs			
	True	Somewhat True	False	Don't Know
Gay	12.5%	9.4%	62.5%	15.6%
Heterosexual	34.4%	0.0%	62.5%	3.1%
X-gay	39.3%	17.9%	42.9%	0.0%

Participants	Maternal			
	Abuse of Alcohol and/or Drugs			
	True	Somewhat True	False	Don't Know

Gay	12.5%	12.5%	75.0%	0.0%
Heterosexual	12.5%	6.3%	78.1%	3.1%
X-gay	7.1%	10.7%	78.6%	3.6%

Table 7 presents personal alcohol use (Q-15) and personal drug use (Q-16) for each participant group.

Table 7

Relationship with Alcohol and Drug Use by Each Sexual Orientation Participant Group

Relationship	Alcohol Use		
	Gay	Heterosexual	X-gay
Alcoholic	0.0%	0.0%	0.0%
Heavy Drinker	3.1%	0.0%	0.0%
Social Drinker	75.0%	18.8%	32.1%
In Recovery	6.3%	15.6%	0.0%
Nondrinker	15.6%	65.6%	64.3%
No Response	0.0%	0.0%	3.6%

Relationship	Drug Use		
	Gay	Heterosexual	X-gay
Addict	0.0%	0.0%	0.0%
Heavy User	0.0%	0.0%	0.0%
Social User	18.8%	0.0%	0.0%
In Recovery	6.3%	18.8%	0.0%
Nonuser	75.0%	81.3%	92.9%
No Response	0.0%	0.0%	7.1%

Time in psychotherapy and counseling for each group is as follows: gay homosexuals (none=34.4%, more than 2 years=18.8%), heterosexuals (none=46.9%, more than 2 years=15.6%), x-gay homosexuals (none=3.6%, more than 2 years=50%). Percentage of participants with less than one year (more than three or six months) to more than two years counseling by group are as follows: gay = 44%, heterosexual = 41%, x-gay = 82%. Participants in counseling for less than three months are as follows: gay = 21.9%, heterosexual = 12.5%, x-gay = 10.7%.

On the PIQ, the Kinsey Heterosexual-Homosexual Rating Scale (KHRS) item (Q-18) was added as an interest and alternative measure for discriminating sexual orientation. Including value 3 (equally heterosexual and homosexual) which accounted for 6.3% of the total group, the gay group identified itself 100% within the homosexual side of the KHRS (59.4% exclusively homosexual). The heterosexual group identified itself 100% within the heterosexual side of the KHRS (96.8% exclusively heterosexual). The x-gay group identified itself 61.5% within the homosexual side (3.8% exclusively homosexual, 53.8% predominantly homosexual--combination of ratings #4 & #5, & 3.8% equally homosexual and heterosexual) and 38.5% within the heterosexual side (11.5% exclusively heterosexual & 26.9% predominantly heterosexual--combination of ratings #1 & #2).

Another interest item (Q-22) was used to determine if conviction of a criminal offense was more frequent among any of the groups. This question was motivated in part by Cameron's (1993a) review of homosexual research. Cameron explains, for example, that estimates of male homosexuality range between 1 to 3 percent but proportionally account (offenders included

lesbians) for a high percentage (20% to 30%) of all molestations of children. In this study, research data (excluding missing cases) indicates that those with the largest percentage of "no criminal convictions" were first the gay participants (87.5%), second the x-gay participants (79.16%), and last the heterosexual participants (70%). This sampling did not support the notion of homosexuals having more criminal convictions. This sampling, however, did provide the following data for participants who admitted having sexually touched (molested) children as follows: gay participants (2, male children; 1, female child--one male participant touched both male and female), heterosexual participants (none), and x-gay participants (7, male children). As a percentage of the group participants who sexually touched children (with or without attraction), this accounted for 6.3% of the gay participants, 0% of the heterosexual subjects, and 25% of the x-gay participants.

The sexual touching with attraction to children and sexual touching without attraction to children questions (Q-19 & Q-20) on the PIQ were designed to be used as a tool to help discriminate between homosexual and heterosexual pedophile participants. Lacking

sufficient participants, these questions lost their original usefulness. For the record, admissions of sexual touching of children without sexual attraction (WOSA) and of sexual touching of children with sexual attraction (WSA) were as follows: gay participants (WOSA=female children 1; WSA=male children 2), heterosexual participants (WOSA=0; WSA=0), x-gay participants (WOSA=male children 3, WSA=male children 3, Both WOSA & WSA=male children 1). Thus, according to this study's criteria by client self-report, the gay group contains two homosexual pedophiles (6.3% of the gay participants), the heterosexual groups contains none, and the x-gay group contains four homosexual pedophiles (14.3% of the x-gay participants).

Correlation Coefficient Results

Table 8 presents a correlation matrix of selected variables used in the discriminant analyses. When variables are highly correlated (.90 and above) which is known as multicollinearity, they contain redundant information and are not needed in the analysis (Tabachnick & Fidell, 1989). Although there were no correlations above .90, a couple of variables had a bivariate correlation of over .70 which made it

questionable for inclusion in the same analysis
(Tabachnick & Fidell, 1989).

Table 8

Summary of Correlation Coefficients Among Selected
Variables Used in the Discriminant Analyses

	BGCSTOT	BGCSQ-18	BIBVIEW	FFPSTOT
BGCSTOT		-.6359**	-.2426*	.2545*
BGCSQ-18	-.6359**		.2400*	-.2204*
BIBVIEW	-.2426*	.2400*		.0073
FFPSTOT	.2545*	-.2204*	.0073	
HEQTOT	-.3375**	.3640**	.0893	-.6070**
KSOGPAST	-.5642**	.4910**	.4593**	-.2236*
KSOGPRESNT	-.4427**	.3714**	.7263**	-.1501
KSOGIDEAL	-.2826**	.2842**	.8049**	.0741
PARQTOT	-.2197*	.2675*	.0085	-.7045**
RICSTOT	-.1602	.1250	.5219**	-.1007
SHAME	-.2645*	.2917**	-.0952	-.4878**
SHAME SELFESTE	.2845**	-.1558	.1209	.5194**
STSTOT	-.2855**	.2502*	.0463	-.3455**

Note: * = $p < .05$; ** = $p < .01$

	HEQTOT	KSOGPAST	PRESENT	IDEAL
BGCSTOT	-.3375**	-.5642**	-.4427**	-.2826**
BGCSQ-18	.3640**	.4910**	.3714**	.2842**
BIBVIEW	.0893	.4593**	.7263**	.8049**
FFPSTOT	-.6070**	-.2236*	-.1501	.0741
HEQTOT		.1939	.1439	.0210
KSOGPAST	.1939		.7704**	.5013**
KSOGPPRESENT	.1439	.7704**		.7912**
KSOGIDEAL	.0210	.5013**	.7912**	
PARQTOT	.7488**	.1489	.1352	-.0200
RICSTOT	.0127	.3323**	.4807**	.4807**
SHAME	.5110**	.1316	.1661	-.1610
SHAME SELFESTE	-.3324**	-.0560	-.0066	.2470*
STSTOT	.5193**	.1337	-.0292	-.0752

Note: * = $p < .05$; ** = $p < .01$

	PARQTOT	RICSTOT	SHAME	SELF ESTE
BGCSTOT	-.2463*	-.1602	-.2645*	.2845**
BGCSQ-18	.2675*	.1250	.2917**	-.1558
BIBVIEW	.0085	.5219**	-.0952	.1209
FFPSTOT	-.7045**	-.1007	-.4878**	.5194**
HEQTOT	.7488**	.0127	.5110**	-.3324**
KSOGPAST	.1489	.3323**	.1316	-.0560
KSOGPRESNT	.1352	.4807**	.1661	-.0066
KSOGIDEAL	-.0200	.5138**	-.1610	.2470*
PARQTOT		.0753	.6036**	-.4431**
RICSTOT	.0753		.0584	-.0853
SHAME	.6036**	.0584		-.7218**
SHAME SELFESTE	-.4431**	-.0853	-.7218**	
STSTOT	.2651*	.0294	.1566	-.1170

Note: * = $p < .05$; ** = $p < .01$

	STSTOT
BGCSTOT	-.2855**
BGCSTOT Q-18	.2502*
BIBVIEW	.0463
FFPSTOT	-.3455**
HEQTOT	.5193**
KSOGPAST	.1337
KSOGPRESNT	-.0292
KSOGIDEAL	-.0752
PARQTOT	.2651*
RICSTOT	.0294
SHAME	.1566
SHAME SELFESTE	-.1170
STSTOT	

Note: * = $p < .05$; ** = $p < .01$

Boyhood gender conformity (BGCSTOT) correlation coefficients indicate negative correlational relationships with being considered a "sissy" (BGCS Q-18, $-.6359$ $p < .01$), home environment (HEQTOT, $-.3375$ $p < .01$), sexual trauma (STSTOT, $-.2855$ $p < .01$),

paternal acceptance-rejection (PARQTOT, $-.2463$ $p < .05$), and internalized shame (SHAME, $-.2645$ $p < .05$). On the other hand, positive correlational relationships for boyhood gender conformity were with self esteem (SELF ESTE, $.2855$ $p < .01$) and father forgiveness (FFPS, $.2545$ $p < .05$).

Spirituality/religious identity and commitment (RICSTOT) had significant correlational coefficients with other predictor variables. RICSTOT was positively correlated with biblical view of gay sex (BIBVIEW, $.5219$ $p < .01$) and with KSOG (PAST, $.3323$ $p < .01$; PRESENT, $.4807$ $p < .01$; IDEAL, $.5138$ $p < .01$).

Biblical view of gay sex (BIBVIEW) was positively correlated with spirituality (RICSTOT - See above), with being considered a "sissy" (BGCSQ-18, $.2400$, $p < .05$), and with KSOG (PAST, $.4593$ $p < .01$; PRESENT, $.7263$ $p < .01$; IDEAL, $.8049$ $p < .01$). It was negatively correlated with boyhood gender conformity (BGCSTOT, $-.2426$ $p < .05$).

The PARQTOT produced significant positive correlation coefficients with HEQTOT ($.7488$ $p < .01$), with SHAME ($.6036$ $p < .01$), with BGCSQ18 ($.2675$ $p < .05$), and with STSTOT ($.2651$ $p < .05$). PARQTOT's significant negative correlation coefficients were with

FFPSTOT ($-.7045$ $p < .01$), with SELFESTE ($-.4431$ $p < .01$), and with BGCSTOT ($-.2463$ $p < .05$).

Besides correlating with PARQTOT (See above), both SHAME and HEQTOT produced significant positive correlations with one another ($.5110$ $p < .01$). In addition, like PARQTOT, both SHAME and HEQTOT tended to correlate in a similar manner with the same variables. For example, SHAME and HEQTOT correlated with others respectively as follows: BGCSQ-18 ($.2917$ $p < .01$; $.3640$ $p < .01$); BGCSTOT ($-.2645$ $p < .05$; $-.3375$ $p < .01$); FFPSTOT ($-.4878$ $p < .01$; $-.6070$ $p < .01$); SELFESTE ($-.7218$ $p < .01$; $-.3324$ $p < .01$); and STSTOT ($.1566$ $p > .05$), $.5193$ $p < .01$),

PARQTOT (paternal acceptance/rejection) and HEQTOT (home environment) variables have a bivariate correlation over .70. They may have some redundant information. The elimination of one of them from the analysis may have been warranted.

Results of Analysis of Variance Tests for Independent Variables

In addition to the overall hypothesis that the psychosocial variables in combination would correctly classify group membership better than chance, it was

hypothesized that for each dependent variable (sexual orientation group), the scores from the heterosexual group would be significantly different from the scores from the participants of the other two groups. The means and standard deviations of the independent variables for each of the dependent variables are presented in Table 9.

The relationship between selected variables and the participant groups was examined with a series of one-way analysis of variance (ANOVA) tests. Results of the ANOVA tests showed significant mean differences among participant groups on BGCSTOT, $F(2, 90) = 30.04$, $p < .0001$; RICS, $F(2, 90) = 23.56$, $p < .0001$; KSOGPAST, $F(2, 87) = 114.81$, $p = .0001$; KSOGPRESENT, $F(2, 87) = 258.49$, $p < .0001$; KSOGIDEAL, $F(2, 86) = 147.95$, $p < .0001$; and BIBVIEW, $F(2, 90) = 90.35$, $p < .0001$. While not significant at .0001 level, SHAME, $F(2, 84) = 3.39$, was significant at .05 level. PARQTOT, HEQTOT, and STS were not statistically significant. See Table 9 for respective means and standard deviations for PARQTOT, HEQTOT, and STS.

Table 9

Mean Scores and Standard Deviations for Selected
Variables by Participant Group

Variables	Participant Group					
	Gay		Heterosexual		X-gay	
	M	SD	M	SD	M	SD
AGE	38.06	11.99	44.72	11.73	40.39	10.21
ALIENAT	13.34	8.68	9.68	7.47	15.61	8.05
BGCSTOT	63.29	19.04	90.31	10.68	57.50	22.14
BIBVIEW	3.25	1.21	1.00	.00	1.10	.42
HEQTOT	51.91	29.39	45.16	23.72	52.79	22.06
INCOME	3.39	2.01	4.56	1.98	3.64	1.80
INFERIOR	27.06	12.21	25.32	12.62	32.89	10.43
KSOGPAST	37.06	9.72	10.79	3.06	33.68	7.05
KSOGPRESENT	41.55	4.72	9.97	2.76	23.32	7.70
KSOGIDEAL	35.93	10.86	9.55	2.52	11.00	1.78
PARQTOT	140.90	43.32	132.77	40.26	150.16	35.01

Note: $n = 32, 32, 28$ for Gay, Heterosexual, and X-gay respectively.

Variables	Participants					
	<u>Gay</u>		<u>Heterosexual</u>		<u>X-gay</u>	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
RICSTOT	26.65	9.53	15.97	5.82	16.25	4.30
SHAME	40.41	20.18	35.00	19.06	48.48	17.73
STSTOT	21.84	9.21	19.25	8.51	23.82	10.22
WARMTH	51.47	15.50	48.63	16.45	58.56	12.96

Note: $n = 32, 32, 28$ for Gay, Heterosexual and X-gay respectively.

One category of PARQ called "Warmth," however, was statistically significant (.0531) at a .05 significance level. The ANOVA results showed WARMTH, $F(2, 84) = 3.04, p > .05 (.0531)$. This suggests that the father-son relationship in childhood of the x-gay group may have tended to have had less manifestation of acceptance and warmth compared to the gay group and particularly the heterosexual group.

To help give additional perspective to the mean scores, standard deviations, and range of scores of the

PARQ scale and subscales, this study's results were compared with the Validity-Study Version (VSV) results of the PARQ. Refer to Table 10. The VSV for Adult PARQ involved undergraduate students ranging in age from 18 to 43 years with approximate mean age of 23 years who were recruited from a major university and from a community college in the Washington, D.C. metropolitan area.

The VSV study was a retrospective view of how one's mother treated the person rather than one's father as in this current study. With this in mind as well as the differences in mean age and population characteristics, the VSV scores were in comparison higher in all categories except warmth. The VSV participants reported more warmth as well as more aggression, neglect, and rejection by their mothers. The current study reported less warmth as well as less aggression, neglect, and rejection by their fathers. The PARQTOT for each group were as follows: VSV=159, Gay=141, Heterosexual=133, and X-gay=150.

Table 10

Comparison of Mean Scores, Standard Deviations, and Range of Scores of Current Study Adult PARO Subscales with Validity-Study Version (VSV) Adult PARO Subscales.

Participants	Warmth - Participants' Responses			
	Mean	S.D.	High	Low

VSV	32.98	12.34	76	20
Gay	51.47	15.50		
Heterosexual	48.63	16.45		
X-gay	58.56	12.96		

Participants	Aggression - Participants' Responses			
	Mean	S.D.	High	Low

VSV	46.69	10.57	60	15
Gay	31.33	13.18		
Heterosexual	31.57	10.74		
X-gay	31.00	11.15		

Participants	Neglect - Participants' Responses			
	Mean	S.D.	High	Low

VSV	49.66	8.34	60	18
Gay	35.67	10.47		
Heterosexual	32.93	10.79		
X-gay	38.48	8.68		

Participants	Rejection - Participants' Responses			
	Mean	S.D.	High	Low

VSV	29.81	6.71	40	10
Gay	22.31	8.14		
Heterosexual	19.97	7.08		
X-ray	21.92	7.06		

SHAME

Although SHAME was not strong as a discriminating variable, an ANOVA revealed that the group mean SHAME scores were significantly different $F(2, 84) = 3.39, p < .05 (.0385)$.

INFERIOR (inferiority) and ALIENAT (alienation), subcategories of SHAME, were examined with ANOVA as well. The ANOVA results showed INFERIOR, $F(2, 84) = 3.09, p \leq .05 (.0506)$ and ALIENAT, $F(2, 84) = 3.55, p < .05 (.0332)$. Both the gay and x-gay participants reported a greater sense of inferiority and alienation than the heterosexual participants.

According to Cook (1991), shame scores on the ISS at or near 50 for the individual indicate relatively frequent experiences of internalized shame and for the sample as an average score indicate a likely clinical sample. The mean scores for the participant groups rounded to the nearest whole number were as follows: gay=40, heterosexual=35, x-gay=49. The x-gay group mean, thus, approaches the clinical sample mean and suggests that its participants frequently experience internalized shame.

The norm groups for shame scores (Cook, 1991) (See Table 11 for partial listing), reveals that the x-gay subjects' shame mean score exceeds the mean for the male alcoholic group by two but is within four of the female alcoholic group and within two of the depressed (male & female) group means. The heterosexual participants exceed the means of the non-clinical male norm sample by five and the non-clinical female norm sample by two. The gay participants' shame mean scores are approximately half-way between the non-clinical and clinical samples. These findings support this researcher's contention that the heterosexual group's shame mean score would have a better outcome than the other two sexual orientation groups.

Table 11

Norms for Shame Scorers by Norm Groups:1-Non-clinical Males, 2-Non-clinical Females,3-Male Alcoholics, 4-Female Alcoholics, and 5-Depressed (male & female).

	1	2	3	4	5
Number	382	748	142	177	168
Mean	30	33	47	53	51
SD	15	16	17	19	21
Mean Age	25	24	33	35	41
Age Range	17-63	17-62	18-74	18-78	19-79

Alienation, a subscale of the ISS, yielded statistical significance at the .05 level.

Inferiority, another subscale of the ISS, approached statistical significance at the .05 level. According to the ISS interpretive guidelines (Cook, 1991), the results of these subscales indicate that all subject groups are below the moderately high level. This is not true for the inferiority subscale. The x-gay group

with a mean score of 33 is within the moderately high range from 30-38.

Self-esteem is a separate scale contained in the ISS. Its score is not included in the shame score. As already mentioned, its primary purpose is to correct for the response set. While Cook (1991) does not recommend the scale as an independent measure of self-esteem, he suggests that scores of 18 or higher would indicate positive self-esteem and scores below 18 would be weak or negative self-esteem. Both the heterosexual group ($M=17.68$) and gay group ($M=17.47$) approach mean scores of 18 with the heterosexual group having a very slight edge. Again, the x-gay group has the lowest score ($M=15.07$). In general, all groups, especially the x-gay group, are suggesting a somewhat below average level of self-esteem.

Home Environment Questionnaire

In an effort to derive some notion about the HEQ scores, a comparison of mean scale and subscale scores from this research was compared with the initial research of Sanders and Becker-Lausen (1995). Refer to Table 12.

Table 12

Child Abuse Trauma Scale or Home Environment Questionnaire (HEQ) Mean Scores and Subscales Mean Scores (i.e., Neglect/Negative Home Atmosphere=NEG; Sexual Abuse=SA; Punishment=PUN) by Participant Groups: male sexual orientation study - gay (n=32), heterosexual (n=32), x-gay (n=28); clinical psychiatric adolescent study (CPA) (n=47); college study 1 (CS1) females (n=560), males (n=337); college study 2 (CS2), females (n=210), males (n=89); and Multiple Personality Disorder study (MPD) adults (n=17).

Participants	Mean Scores			
	HEQ	NEG	SA	PUN

Heterosexuals	1.19	1.44	.19	1.56
X-gay Homosexuals	1.39	1.85	.48	1.52
Gay Homosexuals	1.37	1.65	.52	1.71
CP Adolescents	1.40			
CS1 Females/Males	.75	.85	.08	1.20
CS2 Females/Males	.73	.80	.11	1.16
MPD Adults	2.70			

This study has higher mean scores on all scales compared with the other studies except on the HEQ scale (i.e., CATS) with the clinical psychiatric adolescent study (CPA) and the multiple personality disorder study (MPD). The HEQ scale and subscale means of this research sample are approximately half-way between the CS1 and CS2 studies and the MPD study. In fact, they are relatively in the same score range as the clinical psychiatric adolescent group. The mean scores of the current male sexual orientation study suggest possible psychological maltreatment issues during childhood.

Sexual Trauma Scale

The Sexual Trauma Scale total score (STSTOT) did not show any significant statistical influence in discriminating the various male sexual orientation groups. In addition results of the AVOVA tests showed no significant mean differences among the participant groups for STSTOT, $F(2, 91) = 1.83, p > .05 (.1662)$.

The STS was designed to measure the severity of one's perceived sexual trauma. The higher the score the more perceived sexual trauma. As a group, the x-gay homosexuals had highest perception of sexual trauma followed by gay homosexuals and then by the

heterosexuals. (See Table 13) Those not reporting any childhood sexual trauma were heterosexual (31%), gay (19%), and x-gay (11%). Those reporting exposure to pornography in childhood were heterosexual (69%), gay (63%), and x-gay (72%). Some of those with exposure to pornography reported that it happened with no perceived negative affect for 36% of the heterosexuals, 55% of the gays, and 13% of the x-gays. Those reporting childhood sexual touching of animals were heterosexual (16%), gay (22%), and x-gay (21%).

Table 13

Means, Medians, Modes, and Range of Scores for
Perception of Sexual Trauma by Sexual Orientation
Group: Gay (n=32); Heterosexual (n=32), X-gay (n=28).

Subjects	Mean	Median	Mode	Range
Gay	19.68	17-18	15	14-46
Heterosexual	17.37	15	14	14-54
X-gay	22.42	19-20	16	14-50

What is interesting to note about the given responses is the number of responses which indicate self-reported childhood sexual abuse. (See Table 14)

Table 14

Child Sexual Abuse Self-Report Incidents of
Participants

Offenders	Participants		
	Gay	Heterosexual	X-gay
Adult Female Only	5.0%	40.0%	0.0%
Adult Male Only	65.0%	30.0%	73.0%
Adult Male & Female	25.0%	10.0%	27.0%
Adults Unspecified	5.0%	20.0%	0.0%

Note: $n = 20$, 10 , and 15 for Gay, Heterosexual, and X-gay respectively.

The number of participants whose responses indicated they experienced overt childhood sexual abuse are as follows: heterosexuals $n=10$, gay homosexuals $n=20$, and x-gay homosexuals $n=15$. This means that in terms

of the standard definition of childhood sexual abuse 63% of the gays, 31% of the heterosexuals, and 54% of the x-gays reported they had been overtly sexually abused by adults. These percentages appear high when compared to selected male childhood sexual abuse prevalence studies which together provided an estimated range of between 2.5% to 17.3% (Hunter, 1991b). While the reporting of these kinds of sexual behavior happenings are high, they may not always be seen as having negative affects. For example, when those happenings perceived as not having negative affects are excluded, the adjusted percentages become gay (38%) and x-gay (50%). Those who reported overt sexual abuse rather than activity tended to give responses which reflected perceptions of greater negative affect from their experiences. (See Table 15)

Table 15

Perceived Severity of Childhood Sexual Abuse:
gay (n=20), heterosexual (n=10), x-gay (n=15).

Participants	Mean	Median	Mode	Range
Gay Homosexuals	26.05	24-26	15,19,24,26	15-46
Heterosexuals	28.05	26	25,27	17-54
X-gay Homosexuals	30.40	28	20,39	16-50

Discriminant Analysis Results of Main Hypothesis

The overall hypothesis stated that participants from three sexual orientation backgrounds (gay homosexual, x-gay homosexual, and heterosexual) could be differentiated based on five psychosocial variables. This overall hypothesis was tested using a discriminant function analysis specifying BGCSTOT, SHAME, RICSTOT, PARQTOT, and HEQTOT as independent (predictor) variables and participant groups (gay homosexual, $n = 28$; heterosexual, $n = 24$; and x-gay homosexual, $n = 25$) as the dependent (criterion) variables. Prior probabilities for classification based on sample

proportions were used. All independent variables were entered simultaneously. Two discriminant functions were generated. The first function discriminated between heterosexual participants and the other two groups; it accounted for 60.52% of the variance of group membership (Wilks' Lambda = .39, Chi Square (10) = 67.43, $p < .001$). The second function discriminated between the gay homosexual participants and nongay/x-gay homosexual participants; it accounted for 39.48% of the variance of group membership (Wilks' Lambda = .677, Chi Square (4) = 28.01 $p < .001$).

The pooled within-groups correlations revealed that BGCSTOT, SHAME, and HEQTOT were related to the first discriminant function and RICSTOT and PARQTOT were related to the second function. BGCSTOT exerted the strongest influence on the first discriminant function, $r = .87$, and RICSTOT had the strongest relationship with the second function, $r = .80$. Refer to Table 16 for a summary of pooled within-group correlations.

Table 16

Summary of Correlations between BGCSTOT, SHAME, HEQTOT, RICSTOT, and PARQTOT and Canonical Discriminant Functions for Gay Subjects (n=28), Heterosexual Subjects (n=24), and X-gay Subjects (n=25).

Predictors	Function 1	Function 2
	Heterosexual/Other	Gay vs Non-gay/X-gay
BGCSTOT	.88	.31
SHAME	-.21	-.16
HEQTOT	-.13	-.03
RICSTOT	-.43	.80
PARQTOT	-.08	-.21

Refer to Table 17 for a summary of canonical discriminant functions evaluated at group means.

Table 17

Summary of Canonical Discriminant Functions Evaluated at Group Means for BGCSTOT, SHAME, HEQTOT, RICSTOT, and PAROTOT among Gay Subjects (n=28), Heterosexual Subjects (n=24), and X-gay Subjects (n=25).

Subject Group	Function 1	Function 2
Gay Subjects	-.57	.77
Heterosexual Subjects	1.24	.01
X-Gay Subjects	-.55	-.87

Overall the two discriminant functions correctly classified the subjects 77% of the time. Sixty-nine percent ($n = 22$) of the gay participants, 84% ($n = 27$) of the heterosexual participants, and 79% ($n = 22$) of the x-gay participants were correctly classified.

Subsidiary Analyses

Additional analyses were conducted both for more in depth examination of certain hypothesis predictor variables and for more exploratory examination of

certain alternative predictor variables. Because the BGCSTOT (boyhood gender conformity) proved an important predictor of sexual orientation, further analyses were conducted to examine the predictive value of individual BGCS items. These analyses were an item analysis and a trait analysis. Likewise, further analyses were conducted with RICSTOT (spirituality/religious identity) items. Finally, discriminant functions of alternative predictor variables such as biblical view, sexual trauma, father forgiveness, self-esteem, inferiority, and alienation were examined and analyzed.

BGCS Item Analysis

A step-wise discriminant analysis of the twenty items of the BGCS was used to determine which questions were the strongest discriminating influences. Two discriminant functions were generated with only the first function having statistical significance. The first function discriminated between heterosexual subjects and the gay and x-gay homosexual participants; it accounted for 98.76% of the variance of group membership (Wilks' Lambda = .57, Chi Square (4) = 47.44, $p < .001$). Overall this discriminant function was able to correctly classify 87.1% of the

heterosexual subjects, 38.7% of the gay subjects, and 59.3% of the x-gay subjects.

The pooled within-groups correlations revealed that all items in Q1-Q20 were related to the first function except for Q15 and Q19. Only items Q17 and Q18 remained in the analysis after step 2. The two strongest influences in function one were Q17 ($r = .79$) "As a child I looked to men and male peers to model my behavior and attitudes after" and Q18 ($r = -.75$) "As a child I was considered a sissy by the other boys." Refer to Table 18 for a summary of pooled with-in group correlations for Q17 and Q18.

The second function, Wilks' Lambda = .99, Chi Square (1) = .778, $p > .10$ (.3778), was not significant. The second function was unable to significantly discriminate between the gay and x-gay subjects. Since function one accounted for nearly 99% of the variance, Q15 and Q19 of function two were not significant influences.

Table 18

Summary of Correlations between BGCS Q17 and Q18, and Canonical Discriminant Functions for Gay Subjects, (n=31), Heterosexual Subjects (n=31), and X-gay Subjects, (n=26).

Predictors	Function 1	Function 2
Q17	.79	.61
Q18	-.75	.66

The heterosexual male group tended to endorse Q17 but was unlikely to endorse Q18. The gay homosexual group and x-gay group tended to endorse Q18 but was unlikely to endorse Q17. Refer to Table 19 for a summary of canonical discriminant functions evaluated at group means.

Table 19

Summary of Canonical Discriminant Functions Evaluated at Group Means for BGCS Q1-Q20 among Gay Subjects (n=31), Heterosexual Subjects (n=31), and X-gay Subjects (n=26).

Subject Group	Function 1	Function 2
Gay Subjects	-.48	-.12
Heterosexual Subjects	1.14	.02
X-gay Subjects	-.75	.11

BGCS Trait Analysis

An additional step-wise discriminant analysis of the BGCS was conducted to determine which set of questions the masculine traits (odd numbered items total score) or the feminine traits (even numbered items total score) had the most discriminating influence. Only the first of two discriminant functions was statistically significant. The first function, Wilks' Lambda = .5999, Chi Square (4) = 45.21, $p < .001$, accounted for 98.78% of the variance

of group membership. The second function, Wilks' Lambda = .9920, Chi Square (1), $p > .10$ (.3995), accounted for 1.22% of the variance of group membership. Overall the two discriminant functions correctly classified the participants 62% of the time. Thirty-eight percent ($n=12$) of the gay subjects, 88% of the heterosexual subjects ($n=28$), and 61% of the x-gay subjects ($n=17$) were correctly classified.

Table 20 presents a summary of pooled with-in group correlations between discriminating variables of masculine and feminine traits and canonical discriminant functions.

Table 20

Summary of Correlations between Feminine Traits and Masculine Traits and Canonical Discriminant Functions for Gay Subjects ($n=32$), Heterosexual Subjects ($n=32$), and X-gay Subjects ($n=28$).

Predictors	Function 1	Function 2
Feminine Traits	.87	.09
Masculine Traits	-.84	.54

Table 21 presents a summary of canonical discriminant functions evaluated at group means for feminine and masculine traits.

Table 21

Summary of Canonical Discriminant Functions Evaluated at Group Means for Feminine Traits and Masculine Traits among Gay Subjects (n=32), Heterosexual Subjects (n=32), and X-gay Subjects (n=28).

Subject Group	Function 1	Function 2
Gay Subjects	.45	.11
Heterosexual Subjects	-1.08	-.02
X-gay Subjects	.72	-.11

The pooled with-in groups analysis revealed the strongest influence in the first function was the denial of feminine traits by the heterosexual subjects followed by their endorsement of masculine traits. This was enough to discriminate the heterosexual subjects from the gay and x-gay subjects. The x-gay subjects tended to endorse feminine traits more and

masculine traits less than the gay subjects. Neither function, however, was able to significantly discriminate between gay subjects and x-gay subjects.

RICS Analysis

A step-wise discriminant analysis of the RICS was used to determine which questions had the strongest discriminating influence. Two discriminant functions were generated with only the first having significance. The first function, Wilks' Lambda = .5489, Chi Square (4) = 52.479, $p < .001$ accounted for 99.21% of the variance of group membership. The second function, Wilks' Lambda = .9935, Chi Square (1) = .566, $p > .10$ (.566) accounted for less than one per cent of the variance of group membership. The first function was able to discriminate gay homosexual participants from heterosexual and x-gay participants. The second function was not able to discriminate heterosexual and x-gay participants. Overall this discriminant function was able to correctly classify 75% of the gay participants, 78.1% of the heterosexual participants, but only 7.1% of the x-gay participants.

Table 22 presents a summary of pooled within groups correlations between Religious Identity Items (RICS1-RICS9) and canonical discriminant functions.

Table 22

Summary of Correlations between Religious Identity Items (RICS1-RICS9) and Canonical Discriminant Functions for Gay Subjects (n=31), Heterosexual Subjects (n=32), and X-gay Subjects (n=28).

Predictors	Function 1	Function 2
<hr/>		
RICS6	.87	-.49
RICS2	.62	.12
RICS9	.61	.09
RICS1	.49	.01
RICS4	.42	.12
RICS3	.42	.07
RICS5	.42	.00
RICS7	.31	-.13
RICS8	.65	.76

Table 23 presents a summary of canonical discriminant functions evaluated at group means for Religious Identity Items (RICS1-RICS9).

Table 23

Summary of Canonical Discriminant Functions Evaluated at Group Means for RICS1-RICS9 among Gay Subjects, n=31, Heterosexual Subjects, n=32, and X-gay Subjects, n=28.

Subject Group	Function 1	Function 2
Gay Subjects	1.23	.00
Heterosexual Subjects	-.60	-.09
X-gay Subjects	-.68	.10

The pooled within-groups correlations revealed the strongest influence in function one was RICS6 ($r = .87$) "How often do you attend religious worship services?" For function two, the strongest influence was RICS8 ($r = .76$) "How strong an influence on your behavior are religious teachings about ethics and morals?". Function two, however, was not statistically significant.

The gay homosexual group mean score for RICS6 was 3.13 compared to the heterosexual subjects, $M=1.5$, and to the x-gay subjects, $M=1.07$. The gay subjects had a

bimodal grouping with 14 grouped around a score of two and 12 grouped around a score of five. The scoring of both the heterosexual and x-gay subjects skewed toward the lower scoring end of one and two. The modal score for the heterosexual subjects and for the x-gay subjects was one, with respective frequencies of 18 and of 16. The lower the score the more frequent the attendance at religious worship services. Among all groups, the x-gay group scored the most frequent attendance at religious worship services, followed by the heterosexual group, and last by the gay group.

Discriminant Functions with Biblical View

Once again the overall hypothesis was tested using a discriminant functional analysis (step-wise) specifying the three male sexual orientation groups (gay homosexual participants, $n=27$; heterosexual participants, $n=24$; x-gay homosexual participants, $n=25$) as dependent variables but adding to the original set of independent variables, BIBVIEW (Biblical view of gay sex), Question nine from the PIQ. Prior probabilities for classification, based on sample proportions, were used. All independent variables were entered in a step-wise manner. Two discriminant functions were generated. The first function, Wilks'

Lambda = .21, Chi Square (6)=111.79, $p<.001$, accounted for 80% of the variance of group membership. The second function, Wilks' Lambda=.65, Chi Square (2)=30.54, $p<.001$, accounted for 20% of the variance of group membership. The first function discriminated between gay homosexual males and the other two groups. The second function discriminated between heterosexual males and x-gay homosexual males. Overall the two discriminant functions correctly classified the participants 83% of the time. Seventy-eight percent ($n=25$) of the gay participants, 94% ($n=29$) of the heterosexual participants, and 75% ($n=19$) of the x-gay participants were correctly classified.

Table 24 presents a summary of pooled within-groups correlations between the original five predictors and the addition of predictor, Biblical view of gay sex (BIBVIEW).

Table 24

Summary of Correlations between BIBVIEW, RICSTOT, BGCSTOT, HEQTOT, SHAME, and PARQTOT and Canonical Discriminant Function for Gay Subjects (n=27), Heterosexual Subjects (n=24), X-gay Subjects (n=25).

Predictors	Function 1	Function 2
BIBVIEW	.88	.23
RICSTOT	.45	.12
BGCSTOT	-.29	.97
HEQTOT	.15	-.36
SHAME	-.01	-.23
PARQTOT	.05	-.16

Table 25 presents a summary of canonical discriminant functions evaluated at group means for the original five predictors and an additional predictor for Biblical view of gay sex.

Table 25

Summary of Canonical Discriminant Functions Evaluated at Group Means for BIBVIEW, RICSTOT, BGCSTOT, HEQTOT, SHAME, and PAROTOT among Gay Homosexuals (n=27), Heterosexuals (n=24), and X-gay Homosexuals (n=25).

Participant Group	Function 1	Function 2
Gay Homosexuals	1.88	.17
Heterosexuals	-1.36	.80
X-gay Homosexuals	-.73	-.95

The pooled within-groups correlations revealed that BIBVIEW and RICSTOT were related to the first discriminant function and BGCSTOT, HEQTOT, SHAME, and PARQTOT were related to the second function. BIBVIEW exerted the strongest influence on the first discriminant function, $r=.88$. BGCSTOT exerted the strongest influence on the second discriminant function, $r=.97$.

Discriminant Function with FFPS Items

A step-wise discriminant analysis of the FFPS was used to determine which questions had the strongest discriminating influence. Four questions (FFPS5, FFPS6, FFPS11, & FFPS14) remained in the analysis after step 4. Two discriminant functions were generated. The first function, Wilks' Lambda = .5238, Chi Square (8) = 47.53, $p < .001$ accounted for 68.3% of the variance of group membership. The second function, Wilks' Lambda = .8021, Chi Square (3) = 16.21 $p < .01$ (.0010) accounted for 31.7% of the variance of group membership. Overall these two discriminant functions were able to correctly classify the participants 56% of the time. Fifty-nine percent of the gay participants, 55% of the heterosexual participants, and 52% of the x-gay participants were correctly classified.

Table 26 presents a summary of pooled with-in groups correlations between Father Forgiveness Perception Scale Items (FFPS1-FFPS15).

Table 26

Summary of Correlations between FFPS1-FFPS15 and
Canonical Discriminant Functions for Gays (n=32),
Heterosexuals (n=31), and X-gays (n=27).

Predictors	Function 1	Function 2
FFPS5	-.48	.34
FFPS11	.45	.33
FFPS3	.29	.29
FFPS9	-.15	.01
FFPS14	.01	.94
FFPS6	.51	.52
FFPS1	.18	.47
FFPS4	.03	.35
FFPS10	.25	.34
FFPS12	.02	.33
FFPS2	.18	.33
FFPS13	.11	.32
FFPS7	.06	.21
FFPS15	-.13	.21
FFPS8	.12	.16

Table 27 presents a summary of canonical discriminant functions evaluated at group means for the Father Forgiveness Perception Scale items.

Table 27

Summary of Canonical Discriminant Functions Evaluated at Group Means for Father Forgiveness Perception Scale Items (FFPS1-FFPS15) among Gay Participants (n=32), Heterosexual Participants (n=31), and X-gay Participants (n=27).

Participant Groups	Function 1	Function 2
Gay Homosexuals	.71	-.39
Heterosexuals	.11	.71
X-gay Homosexual	-1.04	-.26

The pooled with-in groups correlations revealed the strongest influence in function one was FFPS5 ($r = -.48$) "I have forgiven my father of those things he may have done or not done which I may have experienced as hurtful or painful." The next strongest influence in function one was FFPS11 ($r = .4506$) "I accept my

father's attention or inattention to spiritual and/or religious instruction for myself as his personal decision looking after my well-being."

For function two, the strongest influence was FFPS14 ($r = .9386$) "I believe adults have no right to justify their bad behavior by blaming it on their parents." The next strongest influence for function two was FFPS6 ($r = .5182$) "What my father did as a parent that was inappropriate (unsuitable/not fitting) has little effect on my life today."

Discriminant Functions of Shame, ISS Components, Home Environment, Parenting, Sexual Trauma, and Father Forgiveness.

A direct method discriminant analysis was used to attempt to classify the three male sexual orientation groups (gay homosexual participants, $n=29$; heterosexual participants, $n=21$; x-gay homosexual participants, $n=23$) with a set of eight independent variables. Three variables had shown little influence in previous discriminant analyses (i.e., SHAME=shame, HEQTOT=home environment, PARQTOT=paternal parenting). The other five variables included three components from the ISS, Internalized Shame Scale, (i.e., SELFESTE=self-esteem, INFERIOR=inferiority, and ALIENAT=alienation), sexual

trauma (STSTOT), and father forgiveness (FFPS5). Two functions were generated with only the first function statistically significant.

The first function, Wilks' Lambda = .64, Chi Square (14) = 29.62, $p < .05$ (.0086), accounted for 64% of the variance of group membership. The second function, Wilks' Lambda = .847, Chi Square (6), $p > .05$ (.0852) accounted for 36% of the variance of group membership but was not significant. The first function discriminated between x-gay participants and the other two groups (gay and heterosexual participants). The second function lacking sufficient statistical significance was unable to discriminate between heterosexual and gay participants. Overall the two discriminant functions correctly classified the participants 53.26% of the time. Fifty-nine percent ($n=19$) of the gay participants, 44% ($n=14$) of the heterosexual participants, and 57% of the x-gay participants were correctly classified.

Table 28 presents a summary of pooled within-group correlations between father forgiveness, self-esteem, inferiority, sexual trauma, alienation, shame, home environment, and paternal parenting.

Table 28

Summary of Correlations between FFPS5, SELFESTE,
INFERIOR, STSTOT, ALIENAT, SHAME, HEQTOT, and PARQTOT
and Canonical Discriminant Functions for Gay
Participants (n=29), Heterosexual Participants (n=21),
X-gay Participants (n=23).

Predictors	Function 1	Function 2
FFPS5	.55	-.51
SELFESTE	-.33	-.21
INFERIOR	.30	.26
STSTOT	.38	.63
ALIENAT	.15	.59
SHAME	.25	.41
HEQTOT	.03	.34
PARQTOT	.20	.24

Table 29 presents a summary of canonical discriminant functions evaluated at group means for father forgiveness, self-esteem, inferiority, sexual trauma, alienation, shame, home environment, and paternal parenting.

Table 29

Summary of Canonical Discriminant Functions Evaluated at Group Means for FFPS5, SELFESTE, INFERIOR, STSTOT, ALIENAT, SHAME, HEOTOT, and PAROTOT among Gay Participants (n=29), Heterosexual Participants (n=21), and X-gay Participants (n=23).

Participants	Function 1	Function 2
<hr/>		
Gay Homosexuals	-.46	.38
Heterosexuals	-.24	-.63
X-gay Homosexuals	.80	.10

The pooled within-groups correlations revealed that FFPS5, SELFESTE, and INFERIOR were related to the first function. FFPS5 is statement #5 on the FFPS which reads "I have forgiven my father of those things

he may have done or not done which I may have experienced as hurtful or painful." FFPS5 exerted the strongest influence on the first discriminant function, $r=.55$. STSTOT and ALIENAT had the strongest relationships with the second function in their respective order $r=.63$ and $r=.59$.

Summary

Demographic results depicted similarities and differences among the three criterion variables or participant groups (gays, heterosexuals, and x-gays). These participant groups were fairly similar in ethnicity (80% Caucasian), education, and age. Income levels were significantly different ($p < .05$) with half of the heterosexuals' income over \$40,000 and with half of the gay and x-gay homosexuals' income over \$30,000. Marital status differed as follows: living with significant other (more gays, 36%), married (more heterosexuals, 78%), and single (more x-gays, 54%). Sexual behaviors differed by group according to highest percentage as follows: celibacy (x-gay, 54%), non-celibacy single (gay, 34%), marriage (heterosexual, 81%), and long term committed relationship (gay, 38%).

Spirituality and religious interest and priority tended to be highest among heterosexuals, followed by x-gays, and then by gays. Religious affiliation was predominantly protestant (gay=44%, heterosexual=68%, x-gay=78%). Among gay participants, however, there were 22% who claimed no religious affiliation. A majority of all participants endorsed their religious experience as receiving Jesus Christ as Lord and Savior and attempting to follow Christ's moral and ethical teachings (gay=47%, heterosexual=97%, x-gay=93%). A description of the Bible had differing answers with the most frequent one ". . . all parts are the word of God" given by the heterosexuals (100%) and the x-gays (93%). This answer was followed by the next most frequent answer ". . . some parts are the word of God and other parts the word of man" given by the gays (38%). Based upon one's Biblical view, one hundred percent of the heterosexuals, 93% of the x-gays, and 16% of the gays interpreted gay sex as sinning.

The gays tended to endorse greater overall father loss, followed by the heterosexuals, and then the x-gays. An exception was paternal alcohol and drug abuse which more x-gays endorsed (57%), followed by heterosexuals (34%), and then gays (22%--note: 16%

shared they did not know). While the absence of father was endorsed by about one third of the gays and heterosexuals and by about one sixth of the x-gays, the average absence in years was nearly 10 years for the gays, 6 years for the heterosexuals, and 3 years for the x-gays. The permanent separation or divorce of parents involved gays (35%), heterosexuals (25%) and x-gays (15%).

Several questions dealt with current and past personal issues. Current nonuse of alcohol was endorsed the most by heterosexuals (66%), followed by x-gays (64%), and then gays (16%). Current nonuse of drugs was endorsed the most by x-gays (93%), followed by heterosexuals (81%), and then gays (75%). More than two years in counseling was endorsed the most by x-gays (50%), then by gays (19%), and then heterosexuals (16%). Least criminal convictions were endorsed the most by gays (88%), followed by x-gays (79%), and then heterosexuals (70%). Sexual touching of children (with or without sexual attraction) was admitted by x-gays (25%), gays (6%), and heterosexuals (0%).

The correlation matrix results indicated that predictors PARQTOT (father-son relations/paternal acceptance-rejection) and HEQTOT (childhood

psychological maltreatment) have a bivariate correlation over .70. This correlation is less than .90 and above which is known as multicollinearity. This, however, high positive correlation may have resulted in some redundancy which would weaken their ability to predict.

The analysis of variance tests of independent variables results indicated that among all participants the heterosexuals had less childhood masculine gender nonconformity, less internalized shame, less paternal rejection, less spiritual or religious alienation, and less childhood psychological maltreatment and abuse such as sexual trauma.

The original five predictor variables in combination were able to significantly discriminate among the criterion groups by correctly classifying their membership into their respective sexual orientation groups better than if by chance. Overall the two discriminant functions correctly classified the participants 77% of the time. By group, participants were classified correctly as follows: gay (69%), heterosexual (84%), and x-gay (79%).

Additional analyses were conducted for a greater understanding of certain original hypothesis predictors

as well as alternative predictors. Original predictors included especially BGCS (boyhood gender conformity) and RICS (religious identity & commitment).

Alternative predictors included BIBVIEW (Biblical view of gay sex) and FFPS (father forgiveness perception).

A BGCS item analysis revealed that the strongest discriminating influences were Q17 (masculine models) and Q18 (being a sissy). Heterosexual tended to endorse Q17 while gays and x-gays tended to endorse Q18.

A BGCS trait analysis used as predictors feminine traits and masculine traits. These predictors revealed that heterosexuals tended to endorse masculine traits while gays and x-gays tended to endorse feminine traits rather than masculine traits.

A RICS item analysis demonstrated that RICS6 "religious worship service attendance" was the strongest discriminator. Among all groups, the x-gay group scored the most frequent attendance at religious worship services, followed by the heterosexual group, and last by the gay group.

BIBVIEW was added to the original set of predictors. BIBVIEW was the strongest influence in the first function which discriminated between gay

homosexuals and the other participants. BGCSTOT was the strongest influence in the second function which discriminated between heterosexuals and x-gays. Overall the two discriminant functions correctly classified the participants 83% of the time. By group, participants were classified correctly as follows: gay (78%), heterosexual (94%), and x-gay (75%).

FFPS5 was used as a predictor after it was found to have the strongest discriminating influence of all the FFPS questions. FFPS5 had the strongest influence when used with seven other predictors (shame, childhood psychological maltreatment, father-son relations, self-esteem, shame, inferiority, and alienation) which yielded one statistically significant discriminant function. The FFPS5 item reads "I have forgiven my father of those things he may have done or not done which I may have experienced as hurtful or painful." The participants were able to be correctly classified overall 53% of the time and by group as follows: gay (59%), heterosexual (44%), and x-gay (57%).

CHAPTER 4

Discussion

This chapter first discusses methodological issues that may mediate the interpretation of findings from this study. Findings are then summarized and considered in relation to previous research and theory. Explanations for the findings and implications of this study are discussed. Suggestions for future research are considered. Finally, conclusions are drawn concerning this study.

Methodological Issues

Four methodological issues must be considered in reference to the findings in this study. The four issues are sample representativeness, sample generalizability, measurement choice, and design of the study.

Sample Representativeness

Sampling method and sample size are two factors which limit generalization. Insufficient time, excessive expense, sensitive nature of the study, and

difficulty of obtaining participants resulted in sampling methods more prone to error and/or bias and a modest sample size. A convenience sample was used comprised of those volunteer participants who were willing to take time to complete a lengthy research questionnaire which asked for sensitive personal information. Since only about 20% of those initially contacted completed the study materials, representativeness cannot be assumed. However, Gravetter and Wallnau (1988) note that according to the "law of large numbers," "the larger the sample size, the more probable it is that the sample mean will be close to the population mean" (p. 152). An adequate or larger sample size, therefore, has more authority and stronger justification for conclusions which may be drawn from the sample data about its respective population.

According to the multiple regression rule of thumb (Courtney, 1983), an adequate sample size or number of subjects for each dependent variable in this study was (is) 54 subjects or 14 subjects for the first variable and, thereafter, 10 subjects per additional variable. The present sample exceeds this minimum. In addition, the "central limit theorem" of 30

subjects per group asserts that when the number of subjects equals or exceeds 30, the distribution of sample means will closely approximate a normal distribution regardless of the shape of the original population (Gravetter & Wallnau, 1988, p.156).

Special effort was made to select participants from a population with the potential to match on certain characteristics other than their sexual orientation. Because x-gay homosexuals tended to affiliate with Christian religious communities, recruitment of all participants making up all three groups (dependent variables) focused on populations from Christian related organizations. By recruiting from a similar religious faith (Christian) and from similar religious organizations in basic Christian beliefs and practices (conservative to moderate evangelical Protestant and Catholic), there was an assumption that the participants would be similar in basic values and spiritual understandings.

Sample Generalizability

Sample representativeness raises the question of sample generalizability or external validity. To what degree can the results of this study be generalized to other populations of interest? The questionnaire

return rate for the gay homosexual population (GHP) was over 30%, for the heterosexual population (HP) was approximately 20%, and for the x-gay homosexual (XGP) population was approximately 10%. The low return rate brings into play the issue of whether the respondents are typical of the people who have been targeted for the study.

Of the three sexual orientation groups, the response rate of the GHP was highest. This greater response may reflect this group's "coming out" process which involves the priority of establishing one's gay sexual identity (Isay, 1989). The HP was more preoccupied with other priorities which afforded little time to complete a lengthy questionnaire. The XGP was more inclined to privacy due to its perception of a prevailing attitude within both the heterosexual and gay homosexual communities that questions its position of being homosexual without acting it out or of working to change one's sexual preference. Whatever the reasons for the participant's responsiveness, the lack of response from the XGP required the collection of data from beyond California to several other states including the District of Columbia and a province in Canada.

Another possible sample limitation is that the sample is religious (evangelical Christian) in nature. This may limit generalizing to men who are not Christian, as Christians may differ from them in important ways.

Measurement Choice and Measurement Issues

The choice and number of measurements, including their length of time to complete, method of administration, participant understanding or misunderstanding of various questions, may have biased the sample results. In addition, there may be some question as to the justification for using nominal data (e.g., view of the Bible) with interval data in the alternative discriminant function analysis.

The self-administered measures used in this study may have promoted anonymity and encouraged frankness and honesty since the information being requested may have been threatening. An alternative would have been to use investigator-administered measures. This would have helped to clarify questions and to correctly interpret the questions. The presence of the investigator may have increased the overall response rate but may have reduced perceived anonymity and candidness.

Instead of sole reliance on self-administered measures, a more effective approach may have combined self-administered measures with the presence of an investigator to help participants with interpreting questions. The self-report measures used in this study may not have adequate sensitivity to differences between father and son relationships that may have been detected by other methodologies such as interviews, parent and peer ratings, and observation. This, however, would increase the expenses as well as create potential for interviewer bias by potentially influencing answers and participants giving socially desirable responses.

Including the personal information questionnaire (PIQ) nine objective instruments were used. Two of the instruments were added for future and/or interest research purposes dealing with sexual abuse trauma and father acceptance. This number of assessments and the length of time needed for completion may have discouraged the completion of the questionnaire packet by some participants and contributed to the low response rate.

Confusion about or misunderstanding of certain portions, questions, and/or words of some assessments

may have biased the results of this study. The identification portion of the RICS assessment was not used because of typing error resulting in a number of incomplete protocols. This was due primarily to the researcher's inadequate construction and instruction of this assessment portion.

Another issue with the RICS had to do with some participant's struggle with the RICS' usage of the word "religion" in terms of its definition. Since no definition was given, some participants demonstrated their dilemma or frustration with no clarified or expanded meaning of the word "religion" by writing side comments. These comments came primarily from both the x-gay and heterosexual groups. Their comments tended to discriminate between religion as a tradition and/or code of ethical/moral behavior versus religion as a faith or belief system demonstrated through a personal relationship with God through Jesus Christ. Others may have taken the word "religion" at face value in a more or less generic spiritual sense to answer the question. Others took a more narrow perspective evidently viewing "religion" as a term which perhaps carried too much undesirable baggage or perhaps offered too stilted an expression of their personal spiritual belief system.

The reaction to the usage of the word "religion" pointed back to Benner's (1988) discussion of three kinds of spirituality (i.e., natural, religious, and Christian; See Kinds of Spirituality). Natural is a very basic, general quest for self-transcendence. Religious is more focused on a relationship with a "higher" power. Christian is even more focused with claiming to know God through a personal relationship with Jesus Christ. Perhaps the word "religion" in some manner diminished some of the participants' spiritual perspectives.

The questionnaire portions dealing with sexual orientation, in particular the KSOG protocol, were a challenge especially for the males identified in the x-gay group. This challenge focused on how to identify one's current sexual orientation/preference. While admitting to past homosexual identification and practices, some marked present identification towards the heterosexual side of the scale while others continued to identify as homosexuals without acting out this identification. The variety of given answers marks the multilevels of change process within this population whose membership reflects individuals with thinking, emotions, values, and behavior who once

identified with gay homosexuality but who now have determined to discontinue gay behavior/lifestyles.

Finally, the question of using nominal data (BIBVIEW=view of the Bible) with interval data in a linear discriminant function analysis needs explanation. First, independent variable, BIBVIEW, taken from demographic item (Q-9) states "According to the Bible, when a man engages in homosexual or gay sex with another man by mutual voluntary consent, he is _____."

1. SINNING (ACTING AGAINST GOD'S PRINCIPLES
2. NOT SINNING BECAUSE GOD MADE HIM THAT WAY
3. NOT SINNING BECAUSE GOD APPROVES OF ALL LOVING
SEXUAL RELATIONSHIPS
4. BOTH 2 AND 3

In the judgment of the author, these options are ordinal. Second, while Norusis (1994) indicates a mixture of continuous and discrete variables is not optimal, he cites Gilbert (1968) and Moore (1973) as indicating "In the case of dichotomous variables, most evidence suggests that the linear discriminant function often performs reasonably well (p. 37)." Third, in reviewing the question the case may be made that items 2, 3, and 4 go together to represent a not sinning

variable (31% of total) versus item 1 representing a sinning variable (69% of total) making them nominal dichotomous items.

Study Design

In addition to sample and measurement limitations, the study design is a third methodological issue that may limit interpretation of findings. The study design is nonexperimental; therefore, cause and effect relationships cannot be established. By having only one measurement period, there is insufficient control in the design to allow for adequate comparison among groups.

Masculinity is an ongoing process in a male's life journey. Discerning the similarities and differences for males of various sexual orientation may require the use of longitudinal studies with large representative samples early in a male's life.

Summary of Methodological Issues

Methodological issues of concern have focused on the volunteer convenience sampling method, the small sample size, and the limit of volunteers to religious affiliated groups which raises questions of sample representativeness and generalizability. Other issues have focused on measurement choices in terms of the

number, length of time for completion of protocol, and possible confusion or misunderstanding of certain directions or words. Another concern was the study design which is nonexperimental or quasiexperimental at best which means cause and effect relationships cannot be established.

Findings and Implications of Study

In a review of the demographic information findings, a descriptive profile for each subject group was generated. All groups had similar ethnic composition. Compared with the heterosexual subjects and the x-gay subjects, the gay subjects tended to be the youngest, the most formally educated, the least wealthy, the least celibate, the least Protestant, the least committed to Christ, and to have the lowest view of the Bible, the least belief that gay behavior is sinning, lived without a father about as much as the heterosexual group but with the highest average number of years of father absence, the lowest alcohol/drug problems for father (n.b. 16% reported they did not know) but the highest for mother, the highest parent divorce rate, the highest father death rate before person was 18 years of age, the highest user rate of

alcohol and drugs, the middle use of counseling, the middle admission of sexually touching children, the least criminal convictions, the highest number of childhood sexual experiences with adults, and the lowest ranking of the importance of religion in one's life.

The heterosexual subjects tended to be the oldest, the least formally educated, the most wealthy, the most committed to a monogamous relationship, the most interdenominational, the most committed to Christ (slightly more than the x-gay subjects), and to have the highest view of the Bible, the most belief that gay behavior is sinning, lived without a father the most frequently but with a lower average number of years of father absence than the gay subjects, the second highest father and mother drug/alcohol problems, the second highest parental divorce rate, the lowest father death rate before 18 years of age, the highest in recovery and nondrinker of alcohol, the highest in recovery for drug use, the least user of counseling, no admission of sexually touching children, the highest criminal convictions, the lowest number of childhood sexual experiences with adults, and like the x-gay

group a similar highest ranking of the importance of religion in one's life.

The x-gay group intermediate in age, education, and wealth, the most celibate, the most Protestant, the second most committed to Christ, and to have the second highest view of the Bible, the second highest belief that gay behavior is sinning, lived without a father the least and with the lowest average number of years of father absence, the highest alcohol/drug problems for father but the lowest for mother (slightly less than heterosexual subjects' report for mothers), the least parental divorce, the second highest father death rate before person was 18 years of age, the second highest drinker of alcohol (i.e., social drinker), the highest nonuser of drugs, the highest use of counseling, the highest admission of sexually touching children, the next highest criminal convictions (slightly higher than gay subjects), the next highest number of childhood sexual experiences with adults, and the similar highest ranking of the importance of religion in one's life as reported by the heterosexual subjects.

The profile tended to describe the heterosexual and x-gay participants as more similar in beliefs and

values as well as current life style with the exception of marital status. In terms of childhood and the information requested, the differences and similarities among the three groups are mixed with each item of information needing to be evaluated and compared one by one.

Results of Discriminant Analysis

This study succeeded in classifying the three groups of male participants by their sexual orientation membership group on the basis of selected dependent measures in combination. The boyhood gender conformity (BGCS) variable of function one was most able to discriminate heterosexual males from homosexual males based primarily on the heterosexuals endorsement and the homosexuals nonendorsement of behaviors which conformed more to stereotypical boyhood gender (See Tables 16 & 17). The spiritual/religious identity (RICS) variable of function two was most able to discriminate gay from x-gay homosexuals (See Tables 16 & 17). The shame (SHAME) and home environment (HEQ) variables were related to function one but had little or no significance in influencing the discriminant function process of classification. The same was true of the paternal acceptance and rejection (PARQ)

variable which was related to function two. In terms of the overall hypothesis, two of the five predictor variables were able to significantly discriminate the subjects into their appropriate sexual orientation groups.

The discriminant function analysis of the BGCS determined that Q17 and Q18 accounted for nearly 99% of the variance in function one. Q17, which dealt with male modeling, had slightly more influence than Q18, which dealt with being a "sissy." The endorsement of Q18 and/or nonendorsement of Q17 lends some support to the notion of distancing from father and males. From one perspective which does not view homosexuality as constitutional, this distancing has been called "defensive detachment" which was adapted into homosexuality theory from British psychoanalyst John Bowlby by psychologist Elizabeth Moberly (Nicolosi, 1993). This notion is described as a blocking process that protects from hurt and that prevents male bonding and identification (Nicolosi, 1993). The other major perspective understands homosexuality to be constitutional which results in the identification with mother and a distancing from father and males due to homoerotic feelings and attraction (Isay, 1989). The

nonendorsement of Q17 sees oneself not modeling or identifying with other older males and the endorsement of Q18 sees others viewing oneself as a "sissy" or being an outsider, lacking masculine traits. Both perceptions whether looking inward or looking outward tends to see the self as without masculine traits. Nicolosi (1993) says that the homosexual erotizes what he feels disenfranchised from and that he continues to seek his initiation into manhood through other males.

Not only is the defensive distancing or detachment concept embedded in Q17 but also the argument about the role of the father or an adult male in a son or young boy's gender role development. Whatever the developmental theory for gender acquisition the involvement of the father or a male adult figure or model is considered essential to the young boy's healthy gender development. Isay (1989) argues that the longing for a lost attachment among homosexual males is usually for the father.

The above findings taken together with the findings from a discriminant analysis of the BGCS feminine (even) items versus the masculine (odd) items partially supports the position held by Billingham and Hockenberry (1987). They indicate that it is the

absence of masculine traits rather than the presence of feminine traits in boyhood as the stronger and most influential variable for a future homosexual orientation in adulthood. The present data show masculine and feminine traits contribute to the regression equation, but feminine traits entered first.

The RICS selected dependent variable was the most discriminating variable when classifying whether homosexuals were gay or x-gay. When the RICS underwent a discriminant analysis, RICS6 accounted for approximately 99% of the variance. RICS6 was able to correctly classify 75% of the gay subjects. When the demographic item a biblical view of homosexuality was added to the original five predictor variables, percent of "grouped" cases correctly classified improved from 77% to 83% with the correct classification of 78% gay subjects, of 94% heterosexual subjects, and of 75% x-gay subjects. The primary discriminating variables between gay subjects and x-gay subjects in this sample had to do with differing beliefs and values about how the Bible views homosexuality and homosexual behavior.

The RICS and BIBVIEW variables and their findings add strength to this researcher's argument in concluding a discussion about homosexuality as "sin,

sickness, or status" found in this study's literature review at the close of the section "homosexuality." This author concluded that "The primary issue behind the explanations of sexual orientation determinants is a conflict of beliefs and values. There is a spiritual question as to whether standards of meaning are relative and/or absolute. Then, once this is resolved, it becomes an argument of whose relative or absolute standard and whose interpretation" (p. 114).

Demographic information and the RICS scoring revealed that the x-gay and heterosexual participants were more similar beliefs and values than either of these groups were with the gay participants. Their religious commitment and identification was greater than that of the gay participants. In addition, their views on the Bible, Jesus Christ, and Biblical view of gay sex were more similar. The x-gay and heterosexual subjects tended to share a moral and theological consensus based on similar Biblical Judeo-Christian traditions.

There have been some who have suggested that a spiritual awakening creates a sexual awakening and in turn the possibility for healing (Peck, 1988, Pattison & Pattison, 1980). Spiritual wholeness leads to sexual

wholeness. Demographic statistics indicate that in the present sample 98% of heterosexual participants and 93% of x-gay participants reported they have received Jesus Christ and follow his moral and ethical teaching compared to 47% of the gay homosexuals. In addition, compared with the gay homosexuals, the x-gay homosexuals, and heterosexuals have a higher religious commitment and identity. The evidence of a high percentage of committed Christian converts among x-gay homosexuals is consistent with, and may lend support to the notion that spiritual awakening leads to sexual awakening. Perhaps this spiritual awakening is the catalyst of sexual awakening and psychosexual healing which Nicolosi and others have termed "heterosexual completeness."

The HEQ, STS, and Sexual Touching PIQ findings were without statistical significance as an influence in the discriminant analysis. The HEQ findings suggested possible psychological maltreatment based on comparison with other clinical studies. The STS findings suggested possible childhood sexual abuse for a majority of both the gay and x-gay homosexual participants. Sexual touching was reported on the PIQ by a number of homosexual gay and x-gay participants.

It appears many had been sexually abused in childhood. These findings lend support to a review of the long-term effects of child sexual abuse (Beitchman, Zucker, Hood, et al, 1992) which indicates childhood sexual abuse among males may influence sexual dysfunction, gender identity conflict, homosexuality, and an increased risk of becoming sex abuse perpetrators. In fact, Finkelhor (1979) reported that males who had been victimized before the age of 13 by an older person were four times more likely than nonabused controls to be currently homosexually active.

Based on an argument from silence, there is a sense within the writing of Isay (1989) on gay male development that childhood and adolescent sexual experiences with adult men are not viewed as being abusive. When information from case studies about childhood and adolescent sexual experiences with male adults were given, there was no mention of sexual abuse concerns. The absence of abuse considerations seems to imply that such experiences are tolerantly acceptable or perhaps characteristic of the gay person's sexual development as a part of the affirmation process of his sexual orientation. Or, on the other hand, this lack of consideration of sexual abuse may mean there is a

sense of denial or at best a minimization of the negative effects which numerous research studies (Beitchman & Zucker, et.al., 1992; Olson, 1990; Uriqiza & Capra, 1990) bear out as statistically significant. This attitude of minimization seemed most evident in the STS ratings of the gay participants.

On the STS, the gay homosexuals gave the most self-report incidents of sexual experiences as children with adults (gay=20 incidents or 63%; heterosexual=10 incidents or 31%; and x-gay=15 incidents or 54%) but with ratings that imply possible minimization or denial of abuse or subsequent negative effects. This implication is suggested because seven of the 20 gay homosexuals who reported sexual experiences with adults as children and thereby meeting legal definition of sexual abuse gave severity ratings of under 20 (severity rating range 14-70) compared to one each for the heterosexuals and x-gay homosexuals.

The Home Environment Questionnaire (HEQ) (i.e., Child Abuse Trauma Scale) correlates highly with PARQ, SHAME, BGCSQ18, and STS. This indicates that a person who scored high on child abuse trauma also tended to have had concerns with his paternal relationship as a child, to have been sexually mistreated as a child, and

to have perceived others as seeing himself as a "sissy" as a child. In addition, he will tend to have shame considerations to manage as an adult.

HEQ results from prior studies were used as a reference for comparison to determine the nature of the current study's mean scores. The mean scores for the subject groups on the Home Environment Questionnaire (HEQ) (i.e., Child Abuse and Trauma Scale) were about twice as high as the mean scores from the two college studies used in the scale's development. The gay and x-gay subjects' mean scores on the HEQ were nearly the same as the clinical psychiatric adolescent study but about half that of the adult multiple personality disorder study. These comparisons imply that the current study's mean scores indicate possible psychological maltreatment in childhood. The HEQ results, however, in this study were without statistical significance in regard to discriminant analysis and analysis of variance in distinguishing the three participant groups.

The literature indicated that the father's relationship to his son is highly regarded as significant to a young boy's healthy personal development (i.e., biological, psychological/emotional,

sexual, social, spiritual). Past research and anecdotal evidence has shown long term negative effects from indifferent, inadequate, abusive, and rejecting parenting by father (Biller 1971, 1974; Biller & Solomon, 1986; Dalbey, 1992; Lamb, 1976; Lynn, 1974, Mitscherlich, 1963/1993; Osherson, 1987, 1992; Radin, 1981; Rohner, 1975). The PARQ instrument using its total score to evaluate the childhood father-son relationship was unable to discriminant the participant groups by their sexual orientation.

The warmth subscale of the PARQ, which approached statistical significance at .05 significance level, suggested significant differences among the participant groups lending some support to past research evidence. When compared with the Validity-Study Version of the PARQ which dealt with the perception of the mother-child relationship, the current warmth subscale for each participant group showed a lack of warmth 26 points higher for the x-gay group, 18 points higher for the gay group, and 16 points higher for the heterosexual group. The lack of warmth in the childhood father-son relationship was most reported by the x-gay subjects followed by the gay subjects and then the heterosexual subjects. This suggests an x-gay

adult male's perception of having less acceptance in childhood by his father in comparison to the perceptions of gay and heterosexual adult subjects.

The correlations of the PARQ with other variables in this study seemed to support current research as well. For example, high scores on the PARQ tended to mean high scores on HEQTOT, INFERIOR, SHAME, and STSTOT, low scores on BGCS, SELFESTE, and FFPSTOT, the endorsement of BGCSQ18, and the nonendorsement of BGCSQ11. These correlations imply that the less warmth and acceptance in the relationship of father and son during childhood the more likely the adult son will perceive himself in childhood as having been psychologically maltreated, of having been sexually mistreated, of having less conformity to stereotypical masculine gender (boyhood) behaviors, of having others see himself as a "sissy," and view himself as alienated from male peers (boys). On the other hand, this same adult more describes himself as an adult as having a lower sense of self-esteem, having less forgiveness and acceptance of his father, and having a sense of inferiority and shame. The preceding description tends to fit best the homosexual male whether gay or x-gay compared to the heterosexual male in this study.

Shame as measured by SHAME, was hypothesized to contribute significant influence to the discriminant function process of classifying males into their sexual orientation groups. Shame did not meet this research expectation. The ANOVA, however, indicated that shame mean scores between subject groups were significantly different at the .05 level of statistical significance.

While SHAME failed to have sufficient discriminating power, SHAME showed significant differences between groups of participants particularly the heterosexual and x-gay groups. Both the gay and x-gay groups within this study compared to Cook's (1991) norms showed clinical, approaching clinical, or approximately halfway between nonclinical and clinical mean scores. All the participant groups in this study were showing some weakness in self-esteem.

What meanings, if any, can be give to these SHAME findings? First, the findings suggest that the gay and x-gay homosexual participants, especially the x-gay, have had relatively frequent experiences of internalized shame. Second, these shaming experiences, which may have been excessive, likely occurred during critical stages of identity development for sexuality and gender. Possible shaming experiences could have

involved issues of childhood sexual abuse and interpersonal issues with primary caregivers, particularly father.

Finally, Schneider (1977/1992) described shame in three ways: as "disgrace" after the act, as "discretion" before the act, and as "disregard" when the relational element of reticence is ignored (i.e., shamelessness). Shame scores in the present sample could reflect (1) disgrace shame which may have evolved into a pervasive sense of being ashamed but which opens the person's awareness to being less than whole; (2) discretion shame which involves a volitional and dispositional nature that maintains appropriate personal and social ordering and boundaries of the world; (3) shamelessness which involves a disregard of social conventions, a freedom from inhibitions, and a moral deficiency. According to Schneider (1977/1992), ". . . the possession of a sense of shame is a moral obligation" (p. 19).

In terms of sexual orientation, the KSOG (PAST, PRESENT, IDEAL) was able to detect different patterns among the heterosexual and homosexual positions. The heterosexual subjects maintained and became slightly more heterosexual. The gay homosexuals described

themselves as more gay in the PRESENT than the PAST, but their IDEAL was less gay. The x-gay homosexuals became less gay from PAST to PRESENT and their IDEAL was even less gay. The x-gay IDEAL differed from the heterosexual IDEAL by slightly more than a point. The gay IDEAL differed from the heterosexual and x-gay IDEAL by 26 and 25 points respectively. The heterosexual participants tended to maintain their sexual orientation consistently overtime. The x-gay participants indicated a progressive movement from homosexuality to heterosexuality. Gay participants showed a shift toward becoming more gay in the present in tension with a less gay ideal. Given the low response rate (30%) among gays, it is possible this group is over represented by gays who have a wish or ideal to be less gay.

As hypothesized the heterosexual participants in comparison with the gay homosexual participants and x-gay homosexual participants reported scores which indicated less childhood masculine gender nonconformity, less internalized shame, less paternal rejection, less spiritual or religious alienation, and less childhood maltreatment and sexual trauma. The gay homosexual participants in comparison with the x-gay

participants reported scores which indicated less childhood masculine gender nonconformity, less internalized shame, less paternal rejection, more spiritual or religious alienation, less psychological maltreatment, and less sexual trauma (n.b. more reports of childhood sexual experience with adults than by heterosexuals or x-gay homosexuals). The x-gay participants scores were closest to the heterosexual participants only on religious identification and commitment.

Generally speaking the x-gay homosexuals tended to have scores which reflected a higher degree of disturbance. This is consistent with Isay's (1989) view that conflict about sexual identity and a wish to be heterosexual are more common among disturbed gay men than in the general gay population. Or might it be that disturbance is more common among gay men who experience conflict about sexual identity and wish to be heterosexual? This supports the former inclusion of the diagnostic position of the DSM III (1980) called "ego-dystonic homosexuality." The ego-dystonic homosexual complained and distressed about having weak or absent heterosexual arousal and about an unwanted pattern of homosexual arousal.

Suggestions for Future Research

The ideal research would be a long-term developmental study of randomly selected individuals and their families over the individuals' life-times.

Possible demographic additions or changes would focus on relationships not only with father but with other family members including mother, grandparents, siblings, and other significant relatives. For example, questions could ask about one's past, present, and ideal relationship (i.e., closeness) with one's parents (father and/or mother) and about issues of parental control during childhood. Other factors to consider include childhood relocations, parental work schedules/change of jobs, family's support network (e.g., frequency of grandparent visits or quality of grandparent relationship), family's community involvement (i.e., civic, religious, school), and any traumatic-like events with-in the family such as long term illnesses, crippling diseases, and birth defects.

Personal demographic changes could ask about past and current health concerns, developmental maturation (late bloomer=delayed maturation vs early bloomer=accelerated maturation), thoughts or attempts

to kill oneself, political participation, and use of free time. In addition, children and family responses need to be included in rating or ranking scales about personal values and priorities.

Future studies could compare and contrast male sexual orientation groups who practice atypical sexual behaviors. Possible groups could include transgenders, transsexuals, transvestites, pedophiles, or asexuals.

Heterosexual and homosexual orientation male subjects could be studied in terms of object relations and attachment theory. This could involve a retrospective view of parental relationship as well as a current view of human interaction and relationships.

Personality and temperament studies of male sexual orientation groups could be conducted. A series of objective and/or projective type assessments could be used to evaluate and attempt to predict who is in which sexual orientation group.

Summary of Findings

A composite profile of each sexual orientation group was generated from the demographic information. The profile differences and similarities among the three groups were mixed. The heterosexuals and x-gays,

however, tended to have more similar beliefs and values.

Compared with homosexuals, the heterosexuals' results indicated less childhood masculine gender nonconformity, less internalized shame, less paternal rejection, less spiritual or religious alienation, and less childhood psychological maltreatment and sexual trauma.

Discrimination of heterosexual and homosexual participants was based primarily on childhood masculine gender behavior conformity or nonconformity. The differentiation of gay from x-gay homosexuality was based upon differences in their beliefs and values.

Support was found for the concept of defensive distancing and/or defensive detachment. The absence of masculine traits in boyhood as a strong predictor of future homosexual orientation in adulthood was supported. Some findings undergird the notion that Christian spiritual conversion or transformation lends itself to the awakening of sexuality (Peck, 1988) and psychosexual healing. The x-gays' more disturbed results supported the view that conflict about sexual identity and a wish to be heterosexual are more common among disturbed gay men than the general gay population

(Isay, 1989). Research about the long-term effects of childhood sexual abuse was supported by the high prevalence of childhood sexual experiences with adults reported by the participants. A sense of minimization and/or denial by gay homosexuals about the negative effects of childhood sexual experiences with adults was somewhat given credence through the literature and the gay participants' severity ratings on the STS. Other types of abuse or maltreatment were implied by HEQ scores in comparison with other psychological maltreatment studies. The lack of warmth or acceptance in father-son relationships tended to focus more towards the homosexual participants. Shaming experiences tended to be more frequent for homosexual participants as well.

A Final Reflection

What is masculinity? Prominent authorities agree that masculinity involves gender identity (sex differentiated characteristics), sex role behavior (conformity to societal expectations and prescriptions), and sexual preference/sexual orientation (attraction and selection between the sexes). The consensus answer to this question thirty

years ago would have been relatively simple in terms of a stereotypical straight heterosexual gender identity, sex role behavior, and sexual preference. At this time, the answer is more conflicted and complex.

The answer reflects a growing paradigm shift in beliefs and values. A paradigm that views gender as "sexual continuism" (i.e., either male or female or both) in which persons can disregard their genitalia and choose to behave in any manner they want (Rothblatt, 1995). The answer seems to reflect a view of truth as relative, in constant change process, and depending on those who manage the filter of information. The person or system constructs own reality through own perspective which becomes a truth. A truth derived from substance (material/physical) and cut off from form (universal/spiritual) becomes unstable and meaningless. Freedom without the balance of principled structure and order eventually becomes chaotic and destructive.

Social policies and heuristic methods encourage a human sexuality paradigm shift of values. There is a search for a new sexual model of values that will be able to accommodate every possible shade of gender identity. New social attitudes speak of tolerance but

act intolerant of traditional male and female roles which are viewed as the institutionalization of early patriarchal cultures in modern law. In America, this traditional culture is rooted in Judeo-Christian thought, principle, and practice.

This study in microcosm reflects current Western civilization's questioning of traditional moral authority and struggling with defining and determining certain social ethical values and conduct. A struggle reflected within every cultural institution such as family, business, government, education, and religion. On the one hand, the gay participants represent one shade of the new sexual model of values which emphasizes unlimited sexual freedom based on individual subjective truth. On the other hand, the x-gay participants represent one shade of the traditional sexual model of values which emphasizes limited sexual freedom based on universal objective truth. If allowed to run its full course, this kind of new sexual order has the potential for disintegrating social order. A restoration of traditional sexual values has the potential for renewing and strengthening the social order. Is truth independent of human experience or is truth a human invention? The answer shapes the debate.

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APPENDICES

APPENDIX A

Epistemology/World-view

The truth is that I want it (i.e., the truth)
and the price I must pay is to ask the question
again and again and again. -Anonymous-
(cited in Peck, 1988).

And you shall know the truth, and the truth shall
make you free. -John 8:32-

New American Standard Bible (NASB)

Two roads diverged in a wood, and I-
I took the one less traveled by,
And that has made all the difference.

-Robert Frost (cited in Thompson, 1991, p. 273).

Truth is not limited to a particular discipline.
One's understanding of truth will be informed and/or
predicated upon one's personal core beliefs and values.
This core can be viewed as one's personal life "dogma"
or "world view." Regardless of the level of one's
awareness about his or her personal core life values
and meaning system, each person has one. It will
predispose and/or bias the person toward conformity to
consonant behaviors and attitudes in whatever dimension
of life. When a person encounters information that is
inconsistent with his or her schema of beliefs, he or
she may assimilate and/or accommodate, disparage, or

disregard it to reduce its cognitive dissonance and to maintain a relative state of cognitive equilibrium (adapted from Festinger, 1957, 1964; Piaget 1970). Thus, recognition of one's belief schema can sensitize the person to dissonance and motivate him or her to action to reduce it. This reduction must be qualified by an openness to objective evidence (truth) or the process becomes sociological and/or political. If not truth, a substitute means will serve to ameliorate or justify one's position.

Reality is experienced by human beings in both the physical and nonphysical worlds (Kelsey, 1972). Both of these worlds exert tremendous influence over the individual. History, culture, and contemporary primitive peoples remember the influence of the spiritual domain. A special group of leaders developed such as mystics, prophets, priests, and shamans to deal with the spiritual reality and mediate between it and the ordinary human person (Eliade, cited in Kelsey, 1972). Common spiritual themes among these multicultural leaders "reflect ways of dealing with a reality which is objective, although not physical (Kelsey, 1972, p. 43). "This view of reality has been called mythical" (Kelsey, 1972, p.43).

Myth, as adapted from Kelsey (1972), is the symbolic encounter of humankind with spiritual, nonphysical, nonmaterial reality. The stories and images of myth may be represented in color, drama, poetry, and other human art and literary forms. Kelsey (1972) asserts "The encounter itself may come in visions or phantasies, through poetic inspiration, in dreams, religious experiences or ecstasy, or through observation of meaningful coincidences in the physical and historical world" (p.44). The experience is repeated in the story of the myth. The meaning and value of the myth rises and falls with the possibility and openness of a person interacting with a real spiritual world (Kelsey, 1972).

Psychology, with a few exceptions (James, 1925; Jung, 1938/1943), until recently (Sperry, 1988) has restricted its reality to the physical world. It has tended to restrict itself to the prevailing materialist, reductionist, and mechanistic doctrines of mainstream science (Sperry, 1988). Sperry (1988) reports a new cognitive paradigm that "accepts mental and spiritual qualities as causal realities, but at the same time denies that they can exist separately in an unembodied state apart from the functioning brain" (p.

609). This mentalistic perspective is placed within a monistic framework (Natsoulas, 1987 & Sperry, 1980) which places the subjective mental forces (i.e., mind and spirit) "near the top of the brain's causal control hierarchy and gives them primacy in determining what a person is and does" (Sperry, 1988, p. 609).

Within the mental health professions, there is a growing interest, acknowledgment, and integration of the spiritual dimension (Chandler, Holden, & Kolander, 1992; Cornett, 1992; McManus, 1992; Peck, 1978). The addictions model of the 12-step program has been a leader in wholistic treatment which includes the spiritual (Alcoholics Anonymous [AA], 1952/1953; Bradshaw, 1988).

Research in other disciplines and professions, in some instances, has taken on a somewhat mystical quality producing implications for such philosophical issues as freedom versus determinism. In the areas of physics, meteorology, biology, and mathematics, some scientists are studying a group of phenomena named "chaos" (Gleick, 1987; Lorenz, May, Sparrow, Tritton, Wolf, cited in Sappington, 1991). Sappington (1991) reports that some individuals, himself not included, believe that "The case of free will might seem to be

strengthened by the chaos investigations in that the data suggest complex and unpredictable systems can arise from a combination of simpler deterministic variables" (p. 42). These systems seem to contain patterns which never quite repeat themselves (Sappington, 1991). This suggests a synthesis of freedom and determinism in which there is a functional relationship within unknown circumscribed boundaries.

These paradigm changing phenomena, as Bateson (1972/1987) would say, are attempts to "bridge...the ancient dichotomy between form and substance" (p. xxvi). Form is merely another way of saying universals, nonphysical, pattern and order, and ideas. Substance has to do with the material physical world, nature, data, and particulars. Historically, philosophy and religion have emphasized form while science has delved into substance.

Ross (1991) qualifies Bateson's history of science by relating that science as started by the ancient Greek observational astronomers was scientific theism. Later science and philosophy/religion diverged with the founding of philosophical theism by Plato and Aristotle and dogmatic theism by the Orthodox and Roman Catholic theologians.

From the time of Thomas Aquinas in the 13th century through the 18th century, the biological world was explained as an hierarchical, unchanging structure beginning with the Supreme and moving downward to man and so on, down to the infusoria (Bateson, 1972/1987). This taxonomy was turned upside down by Lamarck, who explained that starting with infusoria "...there were changes leading up to man" (Bateson, 1972/1987, p. 433). The Supreme or the question of the mind was something which for the most part has been successfully excluded by evolutionary science through most of the 20th century. Sperry's (1988) recent theory, "from above downward causation," seems to be an attempt to synthesize both the form and substance from a substance perspective. Aquinas' theory was an effort to synthesize the two areas into a totality of truth (Cairns, 1954/1981) primarily from a form perspective. Aquinas' work addressed what had been the Byzantine civilization's overemphasis on the universal (form/grace) to the detriment of the particular (substance/nature) (Schaeffer, 1972). Schaeffer (1972) asserts "In nature you have men, and natural cause and effect affecting the world; in grace you have the heavenly forces, and how these unseen forces can affect

the world" (p. 63). When the particulars are cut loose from the universal (e.g., God), nature begins to consume grace (Schaeffer, 1972). Without an infinite reference point, these finite particulars are meaningless (Jean-Paul Sartre, cited in Schaeffer, 1972).

"The meaning of anything is connected to its origin" (Ham & Taylor, 1988, p. 25). An impersonal origin results in meaninglessness. But, a personal origin yields meaningfulness. According to Judeo-Christian myth as recorded in Scripture, everything has a personal beginning through a personal-infinite someone (God) who was there (Schaeffer, 1972). This kind of beginning engenders meaning for living. By created purpose, the first human beings had a personal relationship with the Infinite Creator from whom they derived meaning.

The first humans were made in the image of God, male and female (Genesis 1:26-28, NASB). This means that in the created phylogenetic order the finite human species is an embodied, dioecious spiritual being, who is personal and accountable for his or her behavior. This system in its original functions created life after its own phylum either in a male or female status.

By created design, the reproduction of the human species prescribes the complementary joining of the male and female within the marriage relationship (Genesis 2:18-25, NASB). The mother and father are the nucleus of a new family within which a new generation of offspring will be raised to perpetuate society and culture. As a result, the fundamental determinants of human offspring are spiritual, psychosocial, and biological.

During a critical period of human history, humans freely chose to contaminate this system creating lethal conditions for themselves and a sense of woundedness and loss (Genesis 3, NASB). This alienated the person from himself/herself, others, and God. It set up the dilemma contrasting his/her nobility and his/her cruelty (i.e., morality) (Schaeffer, 1972). The echo of the Biblical story of this quandary is evidenced in our world's cultures almost identical perception of right and wrong and our capacity to either obey or disobey.

As a consequence of this primal wounding, the constitutional determinants of human offspring were corrupted. Humanity's innate behavior became prone to miss the standard of its former state. Now, the human

being intrinsically carries liabilities such as biological aberrations, personality dysfunctions (e.g., shame proneness), sexual preference and gender identity/role conflicts, parent-child relational difficulties, and the loss of spiritual well-being to name a few. The restoration of the former state (laws of nature; decent behavior; common sense) ultimately resides in a divine redemption (intervention).

There is a mythical/universal remedy to restore humankind's personal relationship with God, the Personal-Infinite. The Judeo-Christian Scripture reports of a deep mystery within the foundations of life about the reinstatement of humans to their intended created relationship and innate function. The enigma incorporates a special envoy who meets the "grace" criteria and becomes the catalyst for the transformation of mankind (John 3:16, NASB). The gift and key is a self-sacrificial love attitude and behavior. A personal belief and identification in the suffering, humility, and death of Christ allows a sharing in Christ's conquest of death and a new sense of life in the present and forever. Following the teachings of Christ in one's own strength fall short. When the Spirit of Christ lives in and through each

person, His teachings become innate behavior. This remedy brings authentic meaning and purpose to life.

The remedy paradigm described for human vertical relationships, God with person, serves as one for human horizontal relationships, person with person. When the interpersonal bridge is disconnected or disturbed with significant others, particularly one's mother and father, individuals experience a loss of personhood.

APPENDIX B

Definitions

Sexuality: Selected Definitions

(Rice, 1989, unless specified otherwise)

Bestiality. Sexual relations with an animal.

Bisexual. A person who is sexually attracted to both males and females.

Covert homosexual. A homosexual that keeps his or her choice of sexual object hidden.

Ego-dystonic homosexuality. Homosexuality that the individual cannot accept in himself or herself, therefore, he or she desires to become heterosexual.

Gay. Gay may describe a contemporary sociopolitical identity and life-style based upon one's homosexual orientation (Nicolosi, 1991) or may be used synonymously with the word homosexual without political connotation or without reservation only for description of those involved in a gay community or gay life style or self-identification as such (Isay, 1989).

Hermaphroditism. Condition in which the individual has the gonads of both sexes.

Heterosexual. Sexual attraction and relationships between both sexes.

Homosexual. A person whose primary sexual orientation is toward another of the same biological sex.

Homosexual pedophilia. Sexual interest in boys who do not yet manifest the marks of adult manhood (Gide, cited in van den Aardweg, 1986, p. 157).

Human sexuality. Sexual knowledge, roles, feelings, behavior, and values of human beings.

Incest. Sexual intercourse between persons who are related so closely biologically that they are forbidden by law to marry.

Non-gay homosexual male. The non-gay homosexual male is a man who experiences a split between his value system and his sexual orientation; who is fundamentally identified with the heterosexual pattern of life; who feels his personal progress to be deeply encumbered by his same-sex attractions; and who, from the fullness of his own identity, chooses and seeks not to embrace but to transcend the homosexual predicament (Nicolosi, 1991, pp. 3-6).

Overt homosexual. A person who has openly and publicly acknowledged his or her sexual orientation.

Paraphilia. Refers to a sexual deviation in which arousal comes from unusual or bizarre situations, objects, or partners; a person prefers this unusual pattern as a means of stimulation.

Pedophilia. A person's primary or exclusive method of achieving sexual excitement is by fantasizing or engaging in sexual activity with prepubertal children. Sexual molestation of children.

Pseudohermaphroditism. A condition in either a male or female who has incompletely developed organs of one's own sex and some characteristics of the opposite sex.

Situational homosexuality. A person's choice of sexual object depends on the circumstances or environment in which he or she lives.

Transgenderism. A belief and practice that people should be free to change, either temporarily or permanently, the sex type to which they were assigned since infancy. Two main types of persons in this category or "movement" are transsexuals and cross-dressers.

Transexualism. The condition in which people have the genitals of one gender, but the gender identity of another.

Transvestite. An individual who receives sexual stimulation and release from dressing in clothing of the opposite sex.

Masculine Gender Role Identity Definitions

The need for clear definitions in the study of sex and gender roles has been pointed out by certain researchers (Basow, 1986; Hill, 1982; Mintz & O'Neil, 1990). For example, the differences between the words sex and gender have become increasingly blurred to the point where they are now being used interchangeably (Phares, 1988). They will be used interchangeable in this discussion unless otherwise qualified.

Sex. Sex is "a biological term that defines people as male or female depending on their organs and genes" (Mintz & O'Neil, 1990). It is a biological entity rooted in anatomy and is therefore fairly constant (Stoller, 1968). It refers to an assigned status of one of the dichotomous categories of either male or female (Franklin, 1984). It is assigned to a person at his or her time of birth based on such biological aspects as chromosomal, hormonal, anatomical, and physiological structure.

Gender. Gender, a social concept, refers to an achieved status of being either masculine or feminine (Franklin, 1984). It "refers to concordances of sex (male/female) with various social ideals of masculinity and femininity" (Kaplan, 1979, p. 7). From a

psychological perspective, "gender issues can be discussed in terms of gender role and gender identity" (Brok, 1990, p. 173).

From a cultural perspective, gender, a symbolic category, "has strong moral overtones, and therefore is ascriptive and culturally relative [as well as] potentially changeful" (Gilmore, 1993, p. 169). Gilmore relates that "Discrete concepts of masculinity and femininity, based on secondary sex characteristics, exist in virtually all societies, but they are not always constructed and interfaced in the same way" (Gilmore, 1993, p. 169).

Gender role. Gender role includes "the social prescriptions or stereotypes associated with each sex, to which an individual may or may not conform" (Huyck, 1990, p. 124). It involves the following:

All those things that a person says or does to disclose himself or herself, as having the status of boy or man, girl or woman, respectively. It includes, but is not restricted to sexuality in the sense of eroticism. Gender role is appraised in relation to the following: general mannerisms, deportment and demeanor; spontaneous topics of talk in unprompted conversation and casual

comment; content of dreams, daydreams and fantasies; replies to oblique inquires and projective tests; evidence of erotic practices and finally, the person's own replies to direct inquiry. (Money, 1973, p. 398).

Mintz & O'Neil (1990) define gender roles (also referred to as societal gender roles) as "behaviors, expectations, and role sets defined by society as masculine or feminine which are embodied in the behavior of the individual man or woman and culturally regarded as appropriate to males or females" (O'Neil, 1981, p. 203). He regards these gender roles as adopted through a process of gender role socialization which may change with the demands of adulthood and aging (Moreland cited in O'Neil, 1981). O'Neil considers gender roles as "core dimensions of a person and, therefore, central to understanding human behavior" (p. 24).

Gender role socialization. Gender role socialization is "the process by which people in our culture are taught about societal gender roles" (Mintz & O'Neil, 1990). This socialization process includes how people acquire, internalize, and redefine values, attitudes, and behaviors associated with masculine and

feminine gender roles (O'Neil (1990)). Socialization has social, cultural and psychological components (Franklin, 1984). Besides a genetic endowment basis, socialization includes cultural norms and moral scripts (Gilmore, 1993).

Gender identity. Gender identity "denotes one's internal sense or perception of being male or female" (Rice, 1989). It "refers to an individual's view or belief that he or she belongs to a particular gender, supported by self-identification and the identification of others" (Franklin, 1984, p. 3). It is that part of identity concerned with masculinity and femininity (Stoller, 1965). It is the person's awareness, both conscious and unconscious, that one is masculine or feminine (Nicolosi, 1991). It involves the introspective part of gender role, such as the gender-linked qualities that one sees (or would like to see) as part of the self (Money, cited in Huyck, 1990).

By way of clarification, Money and Ehrhardt (1972) state that "gender role is the public expression of gender identity, and gender identity is the private experience of gender role" (p. 4). Campbell (1989) states that:

Both gender identity and gender role are established in accordance with the sex of assignment and rearing; they are clearly evident by 18 months of age and for the most part irreversible after 30 months of age. Ordinarily, both are the same, although transvestitism or cross-dressing is a notable exception. (p. 301)

Gender-identity deficit. Gender-identity deficit is "the internal, private sense of incompleteness or inadequacy about one's maleness [or femaleness], and this is not always evident in explicit effeminate traits [or hypermasculine traits, respectively]" (Nicolosi, 1991, p. 95). Unlike the definition above which deals with one's "core" gender-identity (i.e., the basic awareness that one is male or female), "there remains a private and subjective sense of simply not feeling fully male-identified [or female-identified]" (Nicolosi, 1991, p. 94). Nicolosi asserts that the gender-identity deficit syndrome of homosexuality fits a majority of his clinical homosexual population.

Money and Ehrhardt (1972) believe that homosexuality, transsexualism, and transvestism represent incongruities of gender identity and that paraphilias qualify as unconventional or bizarre

augmentations or distortions of gender identity. Money and Ehrhardt suggest that nature has more difficulty in differentiating the gender identity of the male than the female.

Gender nonconformity (masculine). Masculine gender nonconformity is the absence of significant masculine traits and behaviors among boys (Billingham & Hockenberry, 1987). Some boys seem to be confused about their gender or exhibit gender nonconformity in their behavior which seems to be linked with adult homosexuality (Bell et al., 1981; Bieber, et al., 1962; Billingham & Hockenberry, 1987; Green, 1974; Harry, 1982; Saghir & Robbins, 1973). These boys tend to be unathletic, to avoid typical boys' games, physical fights, and group competition, to enjoy girls' activities, to dress up like girls, and to fear physical injury.

Hockenberry and Billingham (1987) indicate that "it may be the absence of masculine traits rather than the presence of feminine traits that is the stronger and most influential variable for a future homosexual orientation in adulthood" (p. 485). For this reason, Hockenberry and Billingham (1987) hold to using the term "gender conformity/nonconformity as more

accurately characterizing homosexuals' reported childhood behaviors and identities as opposed to more common descriptive terms as cross-sexed behavior, childhood effeminacy, or feminine gender identity" (pp. 485-486).

Gender pathways. Gender pathways refers to how gender identity shapes future developmental issues and directions in the achievement of an enduring sense of self and by what means the growth of self occurs (Chodorow cited in Cosse, 1992). Men and women use different developmental pathways to acquire gender roles (Archer, 1984). Gilligan, Rogers, and Brown (1990) relate in terms of gender identity that "Male and female development may be characterized in terms of a particular way of arranging themes that pertain to the experience of one's body and relationships with others, and to living within a family and culture" (p. 315). Cosse (1992) concludes that "gender identity--the way one organizes one's sense of maleness or femaleness--influences and perhaps even directs the developmental pathways followed by males and females" (p. 7). He suggests that the criteria for achievement of an enduring sense of self as well as the means for

the occurrence of self-growth is different for males and females.

Gender constancy. Gender constancy refers to the establishment of gender identity at sometime around six years of age when particular cognitive features such as conservation have emerged (Kohlberg cited in Lewis 1987). Lewis reported that studies have shown that children younger than six years of age were unable to maintain gender consistency when an experimenter put a skirt and long hair on a male.

Gender role identity. Gender role identity refers to the "degree to which a person identifies with or displays societally defined masculine or feminine behavior" (Basow cited in Mintz & O'Neil, 1990). Basow asserts that this is often referred to in the literature as sex-role identity, sex-role orientation, or sex-typing. O'Neil and Egan (1992) assert that a primary task of early childhood and adolescence is the development of a gender role identity. They believe that "the integration of masculinity and femininity is central to solidifying a functional gender and human identity" (p. 309).

Gender role attitude. Gender role attitude is "a term that has been used to describe individuals' degree of endorsement or attitude toward societal gender roles" (Brannon, 1985; Spence & Helmreich cited in Mintz & O'Neil, 1990).

Gender role conflict. Gender role conflict is "a psychological state in which gender roles have negative consequences on the individual or on others....The ultimate outcome of this conflict is the restriction of the person's human potential or the restriction of someone else's potential....[It] occurs when rigid, sexist, or restrictive gender roles, learned during socialization, result in the personal restriction, devaluation, or violation of other or self" (O'Neil, 1990, p. 25). It is considered important because "men's gender roles have been associated with rape (Russell, 1984), family violence (Finn, 1986), and child sexual abuse (Finkelhor, 1984)" (Stillson, O'Neil, & Owen, 1991, p. 458).

Gender role strain. Gender role strain, an outcome of gender role conflict, "occurs when psychological or physical tension is experienced as a result of the expectations and norms of masculinity, femininity, and androgyny" (O'Neil, 1990, p. 25).

Gender role transition. Gender role transition, a period of change, is a process in which "the person demonstrates, reevaluates, or integrates new or old conceptions of masculinity and femininity" (O'Neil & Egan, 1992, p. 306). Gender role transitions "are events [i.e., achievement of desired outcome like completing a dissertation] and nonevents [i.e., nonachievement of a desired outcome like not conceiving a child) in a person's gender role development process stimulating changes in gender-role values and self assumptions (O'Neil, Fishman, & Kinsella-Shaw, 1987, p. 77). They "occur when there are demonstrations, reevaluations, and integrations of masculinity and femininity over the lifespan" (O'Neil & Fishman, 1986, p. 142). They "may occur from situational events (e.g., divorce or illness), from normal developmental processes (e.g., puberty or aging), and from increased awareness of how sexism negatively affects personal growth and development" (O'Neil et al, 1993, p. 2). They can be "either traumatic events or opportunities for transformation" (O'Neil & Egan, 1992, p. 307).

Gender role theme. A gender role theme, a context for gender role transitions, is defined "as a developmental and human issue involving the

demonstration, reevaluation, or integration of masculinity and femininity (O'Neil, 1990, p. 26).

O'Neil suggests that whatever theme a person is struggling depends on one's early socialization, gender role values, and coping style. Gender role themes for men may include (O'Neil, 1990): "success, achievement, and competence; control, power, and competition; strength, personal worth, and status; provider role, parenthood, and mentor; health, aging, and loss of power; and intimacy, sexuality, and emotionality" (p. 26).

Gender role journey. Gender role journey, a metaphor for exploration of gender role socialization experiences, is "the process of examining how our gender role socialization experiences have promoted our growth or how sexism has affected our lives negatively....[It] involves reevaluating how masculinity or femininity have affected us in the past and present" (O'Neil, 1990, p. 37).

Gender role salience. Gender role salience describes how important gender roles are in a person's life (Mintz & O'Neil, 1990).

APPENDIX C

Participant's Letter and Consent

Dear Participant:

I appreciate you taking this time from your busy schedules to help me with my research. I am investigating how men of different sexual orientations view their masculinity throughout their life. It is hoped that information learned from this research may help us better understand masculine personal beliefs, feelings, behaviors, and relationships.

Participation in this research project is voluntary and anonymous. By completing the attached questionnaires, you agree to participate and give your consent for James L. Born, the principal investigator, to collect psychological data from you. The principal investigator will follow the American Psychological Association Ethical Standards, including those for research with human subjects. You may choose to stop at any time during the course of answering these questions and decline further participation in this research.

Your part in this research is to fill out the following questionnaires. Please take your time and answer each question. Do not talk to anyone about your responses until you have completed and returned the questionnaires. All of your responses will be used

confidentially. To remain anonymous, do not write your name on any of the test materials.

Address any questions concerning this research to:
Jim Born c/o Dr. Rodger Bufford, Graduate School of
Clinical Psychology, George Fox College, 414 North
Meridian Street, Newberg, OR, 97132.

Thank you for your help!

Sincerely,

James L. Born, MA., MDiv.

APPENDIX D

Boyhood Gender Conformity Scale

BGCS

Directions: Below is a list of statements describing feelings or experiences that you may have had as a child. Read each statement carefully. Using the scale below, write the number to the left of the item that indicates the frequency with which you as a child felt or experienced what is described in the statement.

Scale: 0 = Never or almost never true
1 = Usually not true
2 = Sometimes but infrequently true
3 = Occasionally true
4 = Often true
5 = Usually true
6 = Always or almost always true

- ___ 1. As a child I felt like I was similar to or not very different from other boys my age.
- ___ 2. As a child I felt like a girl or a woman.
- ___ 3. As a child I imagined or wished I was a policeman or a soldier.
- ___ 4. As a child I put on womans' clothing, make-up, jewelry, etc.
- ___ 5. As a child I would imagine I was the male character (cowboy, detective, soldier, explorer) in the stories I read or watched on TV.
- ___ 6. As a child I would imagine I was the female character (girl being saved, etc.) in the stories I read or watched on TV.
- ___ 7. As a child I preferred boys' games and toys (soldiers, football, etc.).
- ___ 8. As a child I preferred girls' games and toys (dolls, cooking, sewing, etc.).
- ___ 9. As a child I liked to read adventure or sports stories.
- ___ 10. As a child I liked to read romantic stories.

Scale: 0 = Never or almost never true
1 = Usually not true
2 = Sometimes but infrequently true
3 = Occasionally true
4 = Often true
5 = Usually true
6 = Always or almost always true

- ___ 11. As a child I preferred to play with boys.
- ___ 12. As a child I preferred to play with girls.
- ___ 13. As a child I imagined or wished I was a well-known sports figure.
- ___ 14. As a child I imagined or wished I was a dancer or a model.
- ___ 15. As a child I preferred being around older men (father, uncles, grandfather, coach, etc.).
- ___ 16. As a child I preferred being around older women (mother, aunts, grandmother, female teachers, etc.).
- ___ 17. As a child I looked to men and male peers to model my behavior and attitudes after.
- ___ 18. As a child I was considered a "sissy" by the other boys.
- ___ 19. As a child I felt distant and alienated (withdrawn) from girls.
- ___ 20. As a child I felt distant and alienated (withdrawn) from boys.

APPENDIX E

Father Forgiveness Perception Scale

FFPS

Please answer each question using the scale below:

- 1 - Disagree Strongly
- 2 - Disagree Moderately
- 3 - Disagree Slightly
- 4 - Neither Disagree nor Agree
- 5 - Agree Slightly
- 6 - Agree Moderately
- 7 - Agree Strongly

_____ 1. Although my father's discipline may have been too severe, too lenient, or just right, I accept his discipline of me as his effort to develop my character, skills, and personal well-being.

_____ 2. When it came to providing for my necessities of life such as food, shelter, clothing, etc., my father did the best he could.

_____ 3. I am "OK" whether my father did not love me at all, loved me only at certain times, or loved me all the time.

_____ 4. I respect my father for who he is and not for what he has done, is now doing, or has not done.

_____ 5. I have forgiven my father of those things he may have done or not done which I may have experienced as hurtful or painful.

_____ 6. What my father did as a parent that was inappropriate (unsuitable/not fitting) has little effect on my life today.

_____ 7. I do not see my father as perfect who could do no wrong.

_____ 8. As a result of what I learned by my father's example, whether appropriate, inappropriate, or absent, I have been able to successfully cope with life's challenges.

_____ 9. My father's material possessions and monetary (financial) worth are neither important nor unimportant to me.

____ 10. What my father did right for me is more important than what he did wrong.

____ 11. I accept my father's attention or inattention to spiritual and/or religious instruction for myself as his personal decision looking after my well-being.

____ 12. I accept my father whether he performed competently or incompetently in his role as my father.

____ 13. I am satisfied with my life whether I am/was able to connect with my father or not.

____ 14. I believe adults have no right to justify their bad behavior by blaming it on their parents.

____ 15. My life has meaning as a man with or without a relationship with my father.

APPENDIX F

Home Environment Questionnaire

HEQ

This questionnaire seeks to determine the general atmosphere of your home when you were a child or teenager and how you felt you were treated by your parents or principle caretaker. (If you were not raised by one or both of your biological parents, please respond to the questions below in terms of the person or persons who had the primary responsibility for your upbringing as a child.) Where a question inquires about the behavior of both of your parents and your parents differed in their behavior, please respond in terms of the parent whose behavior was the more severe or worse.

In responding to these questions, simply circle the appropriate number according to the following definitions:

- 0 = never
- 1 = rarely
- 2 = sometimes
- 3 = very often
- 4 = always

To illustrate, here is a hypothetical (sample) question:

Did your parents criticize you
when you were young? 0 1 2 3 4

If you were rarely criticized, you should circle number 1.

Please answer all the questions.

1. Did your parents ridicule you? 0 1 2 3 4
2. Did you ever seek outside help or guidance because of problems in your home? 0 1 2 3 4
3. Did your parents verbally abuse each other? 0 1 2 3 4
4. Were you expected to follow a strict code of behavior in your home? 0 1 2 3 4

0 = never
 1 = rarely
 2 = sometimes
 3 = very often
 4 = always

5. When you were punished as a child or teenager, did you understand the reason you were punished? 0 1 2 3 4
6. When you didn't follow the rules of the house, how often were you severely punished? 0 1 2 3 4
7. As a child did you feel unwanted or emotionally neglected? 0 1 2 3 4
8. Did your parents insult you or call you names? 0 1 2 3 4
9. Before you were 14, did you engage in any sexual activity with an adult? 0 1 2 3 4
10. Were your parents unhappy with each other? 0 1 2 3 4
11. Were your parents unwilling to attend any of your school-related activities? 0 1 2 3 4
12. As a child were you punished in unusual ways (e.g., being locked in a closet for a long time or being tied up)? 0 1 2 3 4
13. Were there traumatic or upsetting sexual experiences when you were a child or teenager that you couldn't speak to adults about? 0 1 2 3 4
14. Did you ever think you wanted to leave your family and live with another family? 0 1 2 3 4
15. Did you ever witness the sexual mistreatment of another family member? 0 1 2 3 4
16. Did you ever think seriously about running away from home? 0 1 2 3 4

0 = never
 1 = rarely
 2 = sometimes
 3 = very often
 4 = always

- | | | | | | | |
|-----|---|---|---|---|---|---|
| 17. | Did you witness the physical mistreatment of another family member? | 0 | 1 | 2 | 3 | 4 |
| 18. | When you were punished as a child or teenager, did you feel the punishment was deserved? | 0 | 1 | 2 | 3 | 4 |
| 19. | As a child or teenager, did you feel disliked by either of your parents? | 0 | 1 | 2 | 3 | 4 |
| 20. | How often did your parents get really angry with you? | 0 | 1 | 2 | 3 | 4 |
| 21. | As a child did you feel that your home was charged with the possibility of unpredictable physical violence? | 0 | 1 | 2 | 3 | 4 |
| 22. | Did you feel comfortable bringing friends home to visit? | 0 | 1 | 2 | 3 | 4 |
| 23. | Did you feel safe living at home? | 0 | 1 | 2 | 3 | 4 |
| 24. | When you were punished as a child or teenager, did you feel "the punishment fit the crime"? | 0 | 1 | 2 | 3 | 4 |
| 25. | Did your parents ever verbally lash out at you when you did not expect it? | 0 | 1 | 2 | 3 | 4 |
| 26. | Did you have traumatic sexual experiences as a child or teenager? | 0 | 1 | 2 | 3 | 4 |
| 27. | Were you lonely as a child? | 0 | 1 | 2 | 3 | 4 |
| 28. | Did your parents yell at you? | 0 | 1 | 2 | 3 | 4 |
| 29. | When either of your parents were intoxicated, were you ever afraid of being sexually mistreated? | 0 | 1 | 2 | 3 | 4 |

0 = never
 1 = rarely
 2 = sometimes
 3 = very often
 4 = always

- | | | |
|-----|---|-----------|
| 30. | Did you ever wish for a friend to share your life? | 0 1 2 3 4 |
| 31. | How often were you left at home alone as a child? | 0 1 2 3 4 |
| 32. | Did your parents blame you for things you didn't do? | 0 1 2 3 4 |
| 33. | To what extent did either of your parents drink heavily or abuse drugs? | 0 1 2 3 4 |
| 34. | Did your parents ever hit or beat you when you did not expect it? | 0 1 2 3 4 |
| 35. | Did your relationship with your parents ever involve a sexual relationship? | 0 1 2 3 4 |
| 36. | As a child, did you have to take care of yourself before you were old enough? | 0 1 2 3 4 |
| 37. | Were you physically mistreated as a child or teenager? | 0 1 2 3 4 |
| 38. | Was your childhood stressful? | 0 1 2 3 4 |

APPENDIX G

Internalized Shame Scale

ISS

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DIRECTIONS: Below is a list of statements describing feelings or experiences that you may have from time to time or that are familiar to you because you have had these feelings and experiences for a long time. Most of these statements describe feelings and experiences that are generally painful or negative in some way. Some people will seldom or never have had many of these feelings. Everyone has had some of these feelings at some time, but if you find that these statements describe the way you feel a good deal of the time, it can be painful just reading them. Try to be as honest as you can in responding.

Read each statement carefully and circle the number to the left of the item that indicates the frequency with which you find yourself feeling or experiencing what is described in the statement. Use the scale below. **DO NOT OMIT ANY ITEM.**

SCALE

0	1	2	3	4
NEVER	SELDOM	SOMETIMES	OFTEN	ALMOST ALWAYS

SCALE

- 0 1 2 3 4 1. I feel like I am never quite good enough.
- 0 1 2 3 4 2. I feel somehow left out.
- 0 1 2 3 4 3. I think that people look down on me.
- 0 1 2 3 4 4. All in all, I am inclined to feel that I am a success.
- 0 1 2 3 4 5. I scold myself and put myself down.
- 0 1 2 3 4 6. I feel insecure about others opinions of me.
- 0 1 2 3 4 7. Compared to other people, I feel like I somehow never measure up.
- 0 1 2 3 4 8. I see myself as being very small and insignificant.
- 0 1 2 3 4 9. I feel I have much to be proud of.
- 0 1 2 3 4 10. I feel intensely inadequate and full of self doubt.
- 0 1 2 3 4 11. I feel as if I am somehow defective as a person, like there is something basically wrong with me.
- 0 1 2 3 4 12. When I compare myself to others I am just not as important.

SCALE

0	1	2	3	4
NEVER	SELDOM	SOMETIMES	OFTEN	ALMOST ALWAYS

SCALE

- 0 1 2 3 4 13. I have an overpowering dread that my faults will be revealed in front of others.
- 0 1 2 3 4 14. I feel I have a number of good qualities.
- 0 1 2 3 4 15. I see myself striving for perfection only to continually fall short.
- 0 1 2 3 4 16. I think others are able to see my defects.
- 0 1 2 3 4 17. I could beat myself over the head with a club when I make a mistake.
- 0 1 2 3 4 18. On the whole, I am satisfied with myself.
- 0 1 2 3 4 19. I would like to shrink away when I make a mistake.
- 0 1 2 3 4 20. I replay painful events over and over in my mind until I am overwhelmed.
- 0 1 2 3 4 21. I feel I am a person of worth at least on an equal plane with others.
- 0 1 2 3 4 22. At times I feel like I will break into a thousand pieces.
- 0 1 2 3 4 23. I feel as if I have lost control over my body functions and my feelings.
- 0 1 2 3 4 24. Sometimes I feel no bigger than a pea.
- 0 1 2 3 4 25. At times I feel so exposed that I wish the earth would open up and swallow me.
- 0 1 2 3 4 26. I have this painful gap within me that I have not been able to fill.
- 0 1 2 3 4 27. I feel empty and unfulfilled.
- 0 1 2 3 4 28. I take a positive attitude toward myself.
- 0 1 2 3 4 29. My loneliness is more like emptiness.
- 0 1 2 3 4 30. I feel like there is something missing.

APPENDIX H

Klein Sexual Orientation Grid

KSOG

Grid A variables include Sexual Attraction, Sexual Behavior, Sexual Fantasies, Emotional Preference, and Social Preference.

To complete Grid A follow instructions below for rating each variable with a rating number from Scale A.

Scale A:

- 1 = Other sex only
- 2 = Other sex mostly
- 3 = Other sex somewhat more
- 4 = Both sexes equally
- 5 = Same sex somewhat more
- 6 = Same sex mostly
- 7 = Same sex only

Grid A

<u>Variable</u>	<u>Past</u>	<u>Present</u>	<u>Ideal</u>
Sexual Attraction			
Sexual Behavior			
Sexual Fantasies			
Emotional Preference			
Social Preference			

Instructions

Sexual Attraction: Here you will be choosing three numbers from Scale A, one for each of three aspects of life: your past, your present, and your ideal. Beginning with your past, ask yourself where you fit on this scale and select the number that best describes you. Write this number in the corresponding box marked past on the line for Sexual Attraction on the grid. Now, looking at Scale A again, select a number that describes your present sexual attraction using one year as the time period you examine. For a number of people it is the same number; for others it is different. Write this number in the box marked present on the line for Sexual Attraction. Now ask yourself which number

you would choose to be if it were a matter of volition (will or choice). Remember there are no right or wrong numbers. When you finish writing this last number in the box marked ideal for Sexual Attraction you should have completed the three grid boxes for the variable Sexual Attraction.

Sexual Behavior: Here we look at actual behavior as opposed to sexual attraction. With whom do you have sex? Use Scale A to rate yourself. As with the previous scale, choose a number for past, present, and ideal sexual behavior, then enter the numbers on the grid, this time under the variable Sexual Behavior.

Sexual Fantasies: Sexual fantasies may occur during masturbation, while daydreaming, as a part of our real lives or purely in our imaginations. Fantasies provide insight. Rate yourself on the scale, then enter the number on the grid.

Emotional Preference: Our emotions directly influence the actual physical act of love. Ask yourself if you love and like only the opposite sex or if you are also emotionally close to the same sex. Find out where you fit on the scale; rate yourself as with the other scales. Enter the numbers on the grid.

Social Preference: Though closely allied to emotional preference, social preference is often different. You may love only women but spend most of your social life with men. Some people, of all orientations, only socialize with their own sex, while others socialize with the opposite gender exclusively (only). Where are you on the scale? Choose three numbers as you have on the other scales.

KSOG

Grid B variables of Self-Identification (how a person describes himself) and Heterosexual/Homosexual (Gay) Lifestyle use Scale B below.

To complete Grid B follow instructions below for rating each variable with a rating number from Scale B.

Scale B:

- 1 = Heterosexual only
- 2 = Heterosexual mostly
- 3 = Heterosexual somewhat
- 4 = Heterosexual/Gay equality
- 5 = Gay somewhat more
- 6 = Gay mostly
- 7 = Gay only

Grid B

<u>Variable</u>	<u>Past</u>	<u>Present</u>	<u>Ideal</u>
<u>Self-Identification</u>			
<u>Heterosexual/Homosexual Lifestyle</u>			

Instructions

Self-Identification: Your sexual self-definition is a strong variable since self-image strongly affects our thoughts and actions. In several cases, a person's present and past self-identifications (descriptions of sexual self) differs markedly from their ideal. Choose three numbers from Scale B above as you have done before using the other scale.

Heterosexual/Homosexual Lifestyle: Some heterosexuals only have sex with the opposite sex but prefer to spend the majority of their time with gay people. On the other hand, homosexual or bisexual persons may prefer to live exclusively in the gay world, the heterosexual world, or even to live in both worlds. Lifestyle is the seventh variable of sexual orientation. Where do you tend to spend time and with whom? Choose three numbers in Scale B as you have on the other scale and enter them on the grid.

APPENDIX I

Parental Acceptance-Rejection Questionnaire

ADULT PARQ

The following pages contain a number of statements describing the way different *fathers* act toward their children. Read each statement carefully and think how well it describes the way your *father* treated you while you were growing up. Especially think about the time when you were about 7-12 years old. Work quickly; give your first impression and move on to the next item. Do not dwell on any item.

Four lines are drawn after each sentence. If the statement is *basically* true about the way your *father* treated you then ask yourself, "Was it almost *always* true?" or, "Was it only *sometimes* true?" If you think your *father* almost always treated you that way, put an *X* on the line ALMOST ALWAYS TRUE, if the statement was sometimes true about the way your *father* treated you then mark SOMETIMES TRUE. If you feel the statement is *basically* untrue about the way your *father* treated you then ask yourself, "Is it *rarely* true?" or "Is it almost *never* true?" If it is rarely true about the way your *father* treated you put an *X* on the line RARELY TRUE; if you feel the statement is almost never true then mark ALMOST NEVER TRUE.

Remember, there is no right or wrong answer to any statement so be as frank as you can. Respond to each statement the way you feel your *father* really was rather than the way you might have liked him to be. For example, if in your memory your *father* almost always hugged you and kissed you when you were good you should mark the item as follows:

TRUE OF MY FATHER		NOT TRUE OF MY FATHER	
Almost Always True	Sometimes True	Rarely True	Almost Never True

My *father* hugged and kissed
me when I was good.....

 X

	TRUE OF MY FATHER		NOT TRUE OF MY FATHER	
	Almost Always True	Sometimes True	Rarely True	Almost Never True
MY FATHER				
1. Said nice things about me.....	_____	_____	_____	_____
2. Nagged or scolded me when I was bad...	_____	_____	_____	_____
3. Totally ignored me.....	_____	_____	_____	_____
4. Did not really love me.....	_____	_____	_____	_____
5. Talked to me about our plans and listened to what I had to say.....	_____	_____	_____	_____
6. Complained about me to others when I did not listen to him.....	_____	_____	_____	_____
7. Took an active interest in me.....	_____	_____	_____	_____
8. Encouraged me to bring my friends home, and tried to make things pleasant for them.....	_____	_____	_____	_____
9. Ridiculed and made fun of me.....	_____	_____	_____	_____
10. Ignored me as long as I did not do anything to bother him.....	_____	_____	_____	_____
11. Yelled at me when he was angry.....	_____	_____	_____	_____
12. Made it easy for me to tell him things that were important.....	_____	_____	_____	_____
13. Treated me harshly.....	_____	_____	_____	_____
14. Enjoyed having me around him.....	_____	_____	_____	_____
15. Made me feel proud when I did well.....	_____	_____	_____	_____
16. Hit me, even when I did not deserve it.....	_____	_____	_____	_____
17. Forgot things he was supposed to do for me.....	_____	_____	_____	_____
18. Saw me as a big bother.....	_____	_____	_____	_____
19. Praised me to others.....	_____	_____	_____	_____
20. Punished me severely when he was angry.....	_____	_____	_____	_____

	TRUE OF MY FATHER		NOT TRUE OF MY FATHER	
	Almost Always True	Sometimes True	Rarely True	Almost Never True
<i>MY FATHER</i>				
21. Made sure I had the right kind of food to eat.....	_____	_____	_____	_____
22. Talked to me in a warm and loving way.	_____	_____	_____	_____
23. Got angry at me easily.....	_____	_____	_____	_____
24. Was too busy to answer my questions....	_____	_____	_____	_____
25. Seemed to dislike me.....	_____	_____	_____	_____
26. Said nice things to me when I deserved them.....	_____	_____	_____	_____
27. Got mad quickly and picked on me.....	_____	_____	_____	_____
28. Was concerned who my friends were....	_____	_____	_____	_____
29. Was really interested in what I did.....	_____	_____	_____	_____
30. Said many unkind things to me.....	_____	_____	_____	_____
31. Ignored me when I asked for help.....	_____	_____	_____	_____
32. Thought it was my own fault when I was having trouble.....	_____	_____	_____	_____
33. Made me feel wanted and needed.....	_____	_____	_____	_____
34. Told me that I got on his nerves.....	_____	_____	_____	_____
35. Paid a lot of attention to me.....	_____	_____	_____	_____
36. Told me how proud he was of me when I was good.....	_____	_____	_____	_____
37. Went out of his way to hurt my feelings.....	_____	_____	_____	_____
38. Forgot important things I thought he should remember.....	_____	_____	_____	_____
39. Made me feel I was not loved any more if I misbehaved.....	_____	_____	_____	_____
40. Made me feel what I did was important.	_____	_____	_____	_____
41. Frightened or threatened me when I did something wrong.....	_____	_____	_____	_____

	TRUE OF MY FATHER		NOT TRUE OF MY FATHER	
	Almost Always True	Sometimes True	Rarely True	Almost Never True
<i>MY FATHER</i>				
42. Liked to spend time with me.....	_____	_____	_____	_____
43. Tried to help me when I was scared or upset.....	_____	_____	_____	_____
44. Shamed me in front of my play- mates when I misbehaved.....	_____	_____	_____	_____
45. Tried to stay away from me.....	_____	_____	_____	_____
46. Complained about me.....	_____	_____	_____	_____
47. Cared about what I thought and liked me to talk about it.....	_____	_____	_____	_____
48. Felt other children were better than I was no matter what I did.....	_____	_____	_____	_____
9. Cared about what I would like when he made plans.....	_____	_____	_____	_____
0. Let me do things I thought were import- ant, even if it was inconvenient for him	_____	_____	_____	_____
1. Thought other children behaved better than I did.....	_____	_____	_____	_____
2. Made other people take care of me (for example, a neighbor or relative).....	_____	_____	_____	_____
3. Let me know I was not wanted.....	_____	_____	_____	_____
4. Was interested in the things I did.....	_____	_____	_____	_____
5. Tried to make me feel better when I was hurt or sick.....	_____	_____	_____	_____
6. Told me how ashamed he was when I misbehaved.....	_____	_____	_____	_____
7. Let me know he loved me.....	_____	_____	_____	_____
8. Treated me gently and with kindness.....	_____	_____	_____	_____
9. Made me feel ashamed or guilty when I misbehaved.....	_____	_____	_____	_____
0. Tried to make me happy.....	_____	_____	_____	_____

APPENDIX J

Personal Information Questionnaire

PIQ

We ask you for the following information to better understand who will be participating and helping us in this study. Please complete all questions. The information you provide will be confidential. Do not write your name on this form. Thank you for your help.

- Q-1. Your present age: _____ (years).
- Q-2. What is your ethnic identification? (Circle one)
1. AFRICAN-AMERICAN/BLACK
 2. AMERICAN INDIAN/ALASKAN NATIVE
 3. ASIAN/PACIFIC ISLANDER
 4. CAUCASIAN/WHITE
 5. HISPANIC
 6. OTHER (specify) _____
- Q-3. What is your current marital status?
1. SINGLE
 2. MARRIED
 3. DIVORCED
 4. REMARRIED
 5. SEPARATED
 6. WIDOWED
 7. LIVING WITH SIGNIFICANT OTHER
- Q-4. What is your highest level of education?
1. LESS THAN H.S. DIPLOMA
 2. H.S. DIPLOMA
 3. SOME COLLEGE, NO DEGREE
 4. ASSOCIATE'S DEGREE
 5. BACHELOR'S DEGREE
 6. MASTER'S DEGREE
 7. DOCTOR'S DEGREE
- Q-5. What category represents your current household income from all sources before taxes?
1. LESS THAN \$10,000
 2. \$10,000 TO \$19,999
 3. \$20,000 TO \$29,999
 4. \$30,000 TO \$39,999
 5. \$40,000 TO \$49,999
 6. \$50,000 TO \$59,999
 7. MORE THAN \$60,000

Q-6. What is your religious affiliation?

1. PROTESTANT
2. JEWISH
3. CATHOLIC
4. OTHER _____
5. NO RELIGIOUS AFFILIATION

Q-7. Which statement best describes your religious experience?

1. I RESPECT AND ATTEMPT TO FOLLOW THE MORAL AND ETHICAL TEACHINGS (principles of right and wrong) OF CHRIST.
2. I RECEIVED JESUS CHRIST INTO MY LIFE AS PERSONAL SAVIOR AND LORD.
3. I RECEIVED JESUS CHRIST INTO MY LIFE AS PERSONAL SAVIOR AND LORD AND ATTEMPT TO FOLLOW THE MORAL AND ETHICAL TEACHINGS OF JESUS CHRIST.
4. NONE OF THE ABOVE

Q-8. Which statement best describes the Bible?

1. A COLLECTION OF WRITINGS OF WHICH ALL PARTS ARE THE WORD OF MAN.
2. A COLLECTION OF WRITINGS OF WHICH ALL PARTS ARE THE WORD OF MAN. ANY PART OF THE BIBLE MAY BECOME IN A PERSON'S MIND THE TRUE WORD OF GOD.
3. A COLLECTION OF WRITINGS OF WHICH SOME PARTS ARE THE WORD OF GOD AND OTHER PARTS ARE THE WORD OF MAN. A PERSON CAN DETERMINE WHICH PARTS ARE TRUE AND WHICH ARE FALSE.
4. A COLLECTION OF WRITINGS OF WHICH ALL PARTS ARE THE WORD OF GOD. THE WHOLE BIBLE IS THE TRUTH OF GOD. A PERSON DOES NOT NEED SOMETHING ELSE IN ADDITION TO THE BIBLE IN ORDER TO KNOW WHAT HE NEEDS TO KNOW HE NEEDS.

Q-9. According to the Bible, when a man engages in homosexual or gay sex with another man by mutual voluntary consent, he is _____.

1. SINNING (ACTING AGAINST GOD'S PRINCIPLES)
2. NOT SINNING BECAUSE GOD MADE HIM THAT WAY
3. NOT SINNING BECAUSE GOD APPROVES OF ALL LOVING SEXUAL RELATIONSHIPS
4. BOTH 2 AND 3

Q-10. During your childhood, birth to 18 years of age, did you at any time live without a father, step-father, or father-figure in your home for a period of a year or more?

1. YES
2. NO

If YES, circle the total number of years you lived without a father, step-father, or father-figure in your home (round to the nearest number of years):

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Q-11. During the years before I was 18, my father had or may have had an alcohol or drug abuse problem?

1. TRUE
2. SOMEWHAT TRUE
3. FALSE
4. DON'T KNOW

Q-12. During the years before I was 18, my mother had or may have had an alcohol or drug abuse problem?

1. TRUE
2. SOMEWHAT TRUE
3. FALSE
4. DON'T KNOW

Q-13. Were your parents ever divorced or permanently separated before you were 18 years old?

1. Yes (Your age at parents' divorce _____).
2. No

Q-14. Did your father and/or mother die before you were 18 years old?

1. FATHER
2. MOTHER
3. BOTH FATHER AND MOTHER
4. NEITHER FATHER NOR MOTHER

Q-15. What is your relationship with alcohol?

1. ALCOHOLIC
2. HEAVY DRINKER
3. SOCIAL DRINKER
4. ALCOHOLIC IN RECOVERY
5. NONDRINKER

Q-16. What is your relationship with drugs?

1. ADDICT
2. HEAVY USER
3. SOCIAL USER
4. ADDICT IN RECOVERY
5. NONUSER

Q-17. How much time have you committed to or been in psychotherapy and counseling?

1. NONE
2. LESS THAN 3 MONTHS
3. LESS THAN 6 MONTHS
4. LESS THAN 1 YEAR
5. LESS THAN 2 YEAR
6. MORE THAN 2 YEARS

Q-18. Using the Kinsey Heterosexual-Homosexual Rating Scale with ratings from 0 to 6 based on both psychologic reactions (internal mental and body processes) and overt experience (open to view), rate yourself by circling one of the rating numbers. I am . . .

0. EXCLUSIVELY (only) HETEROSEXUAL
1. PREDOMINANTLY HETEROSEXUAL, ONLY INCIDENTALLY (by chance not by intention) HOMOSEXUAL
2. PREDOMINANTLY HETEROSEXUAL, BUT MORE THAN INCIDENTALLY HOMOSEXUAL
3. EQUALLY HETEROSEXUAL AND HOMOSEXUAL
4. PREDOMINANTLY HOMOSEXUAL, BUT MORE THAN INCIDENTALLY HETEROSEXUAL
5. PREDOMINANTLY HOMOSEXUAL, BUT INCIDENTALLY HETEROSEXUAL
6. EXCLUSIVELY (only) HOMOSEXUAL

Q-19. Do you have a sexual attraction to children in which you have sexually touched them?

1. YES, MALE CHILDREN
2. YES, FEMALE CHILDREN
3. YES, MALE AND FEMALE CHILDREN
4. NO

Q-20. Have you sexually touched children but are not sexually attracted to them?

1. YES, MALE CHILDREN
2. YES, FEMALE CHILDREN
3. YES, MALE AND FEMALE CHILDREN
4. NO

Q-21. What term best defines your current sexual behavior?

1. **CELIBACY** (abstinence from or not having sexual intercourse or intimacy using sexual organs/a choice of the single life without sexual relations with others).
2. **MARRIAGE** (joined in love commitment to one person/only sexual relationship between husband and wife/having sanction or consent of legal and/or religious institutions).
3. **LONG-TERM COMMITTED RELATIONSHIP** (living with partner in sexual relationship without formal binding contract or oath).
4. **NON-CELIBATE SINGLE LIFE** (sexually active with more than one person/no commitment to sexual partner).
5. **OTHER** (define and/or explain)

Q-22. Have you been convicted of a crime?

1. YES, MISDEMEANOR CRIME
2. YES, FELONY CRIME
3. YES, BOTH MISDEMEANOR AND FELONY CRIMES
4. NO

Q-23. Using the rating scale below, choose the rating which best represents each item's importance in identifying yourself. Write the rating number on the line next to each item.

- 1 - Strongly important
- 2 - Important
- 3 - Slightly important
- 4 - Neither important nor unimportant
- 5 - Slightly unimportant
- 6 - Unimportant
- 7 - Strongly unimportant

- _____ Place of birth (where one was born)
- _____ Nationality (nation of belonging)
- _____ Occupation (work/vocation/profession)
- _____ Educational Status (level of education)
- _____ Marital Status (single, married, divorced)
- _____ Sexual Orientation (hetero-, bi-, homo)
- _____ Race/Ethnicity (color of skin, culture)
- _____ Religion (values/beliefs)
- _____ Income (upper, middle, lower)
- _____ Place of residence (city, town, country)

Q-24. Using the ten identification items in question 21, rank the top five which you consider most important in identifying yourself. Write the ranking number on the dotted line to the left of your top five choices.

1= first, 2=second, 3=third, 4=fourth, 5=fifth

You rank only the top five. You do not need to rank all ten. Thank you.

APPENDIX K

Religious Identification and Commitment Survey

RICS

Circle the number which best represents your position.

1. How would you rate yourself as a religious person?

1. Extremely Religious
2. Very Religious
3. Religious
4. Somewhat Religious
5. Not At All Religious

2. How important is religion to you?

1. Extremely Important
2. Very Important
3. Important
4. Somewhat Important
5. Not At All Important

3. How strong is your belief in God?

1. Extremely Strong
2. Very Strong
3. Strong
4. Somewhat Strong
5. Not At All Strong

4. How strong is your belief in the importance of prayer?

1. Extremely Strong
2. Very Strong
3. Strong
4. Somewhat Strong
5. Not At All Strong

5. How strong is your belief in personal survival after death?

1. Extremely Strong
2. Very Strong
3. Strong
4. Somewhat Strong
5. Not At All Strong

6. How often do you attend religious worship services?
 1. Less Than Twice a Year
 2. Less Than Once Monthly
 3. 1-2 Times Monthly
 4. 3-4 Times Monthly
 5. More than once a week
7. How often do you observe religious ceremonies and rituals, and spiritual disciplines at home.
 1. Less Than Once Monthly
 2. 1-3 Times Monthly
 3. Once or twice a week
 4. Three or more times a week
 5. Daily
8. How strong an influence on your behavior are religious teachings about ethics and morals?
 1. Extremely Strong
 2. Very Strong
 3. Strong
 4. Somewhat Strong
 5. Not At All Strong
9. How strong is your interest in study about your religion?
 1. Extremely Strong
 2. Very Strong
 3. Strong
 4. Somewhat Strong
 5. Not At All Strong

APPENDIX L

Sexual Trauma Scale

STS

Surveys indicate that some people were sexually mistreated as children from birth to the age of 16. A child is considered sexually mistreated or abused when his male or female abuser is approximately five years older than himself. Read each question and decide how you were affected as a child by each type of sexual behavior. Circle one answer. Use the following code:

As a child this . . .

1. Never happened
 2. Happened with no affect
 3. Happened with minimal (little) negative affects
 4. Happened with moderate (some) negative affects
 5. Happened with severe (many/much) negative affects
-

1. Inappropriate (unsuitable, not fitting), suggestive, propositioning type of sexualized language used in your presence by an adult female to influence or seduce you to act sexually.

1 2 3 4 5

2. Inappropriate (unsuitable, not fitting), suggestive, propositioning type of sexualized language used in your presence by an adult male to influence or seduce you to act sexually.

1 2 3 4 5

3. Viewing sexually explicit and/or pornographic videos, magazines, books, television programs, and/or live sex acts with or without parental consent.

1 2 3 4 5

4. Inappropriate physical touching/fondling above waist and/or below waist with an adult female.

1 2 3 4 5

As a child this . . .

1. Never happened
 2. Happened with no affect
 3. Happened with minimal little negative affects
 4. Happened with moderate (some) negative affects
 5. Happened with severe (many/much) negative affects
-

5. Inappropriate physical touching/fondling above waist and/or below waist with an adult male.

1 2 3 4 5

6. Vaginal intercourse with an adult female at least five years older than yourself.

1 2 3 4 5

7. Anal intercourse with adult male at least five years older than yourself.

1 2 3 4 5

8. Masturbation with and/or by an adult female at least five years older than yourself.

1 2 3 4 5

9. Masturbation with and/or by an adult male at least five years older than yourself.

1 2 3 4 5

10. Forced to perform sexually or expose oneself.

1 2 3 4 5

11. Forced to watch others expose themselves nude.

1 2 3 4 5

12. Sexual fondling or intercourse with animals.

1 2 3 4 5

As a child this . . .

1. Never happened
 2. Happened with no affect
 3. Happened with minimal (little) negative affects
 4. Happened with moderate (some) negative affects
 5. Happened with severe (many/much) negative affects
-

13. Oral sex with an adult male at least five years older than yourself.

1 2 3 4 5

14. Oral sex with an adult female at least five years older than yourself.

1 2 3 4 5

APPENDIX M

Raw Data Table

Raw data table is available upon request from Graduate School of Clinical Psychology, George Fox University, 414 N. Meridan St., Newberg, Oregon 97132.2697. Phone 503-538-8383. Contact James L. Born, Psy.D., Rodger Bufford, Ph.D., or duly recognized official for permission.

APPENDIX N

Permission Letters

CENTER FOR THE STUDY OF
PARENTAL ACCEPTANCE AND REJECTION

U-158 Manchester Hall
Storrs, CT 06269-2158

(203)486-0073

FAX (203) 486-4865

Bitnet Rohner @UCONNVM

April 15, 1993

John B. Rohner

Thank you for your request for our assessment instrument(s). We don't usually send sample copies of our instruments. Many researchers, clinicians, clergy and applied programs are using the instruments now, and we can send you a list of users if you would like to see it and become part of the network of clinicians sharing information about uses they have found for the theory and instruments. Everything you are looking for is in the Handbook for the Study of Parental Acceptance and Rejection, which contains the Parental Acceptance-Rejection Questionnaire (PARQ), all versions, and its companion instrument, the Personality Assessment Questionnaire (PAQ), and validity and reliability results. The University requires prepayment by check (payable to UConn) for \$15. We ship within 24 hours of receipt of payment. The bibliography will give you an indication of uses of the PARQ and PAQ--but there are many studies now under way which are not, of course, mentioned since they are not completed. We send the bibliography free of charge when a Handbook is ordered.

You may be interested to learn that the PARQ and PAQ have been mandated by law to be used by Connecticut State Department of Children and Youth Services in all cases of foster care and adoption proceedings. This is a recent mandate, so no published results are available as yet.

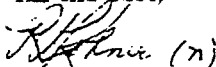
This letter is also to grant you permission to reproduce and use the Adult Parental Acceptance-Rejection Questionnaire (PARQ). You need not reproduce the permission or the copyright at the bottom of each page of the questionnaire. Simply be certain that the copyright notice remains at the bottom of the first page of the questionnaire.

Please do contact us as you go about your research--it may save you hours of difficulty and incorrect interpretation. Several studies concerning father-son relations are completed or now in process which may be of interest to you. Please let us know if you would like the names of people using the PARQ for these studies. We maintain a computerized networking project for this purpose.

Do you know about PARScore, the IBM-compatible computer scoring program we have available through the Center? It scores from the questionnaire (no scoring sheet needed) and is very reliable for beginning your data analysis. You can order

the program by check payable to UConn for \$25. Specify size and density of floppy disk, please.

All the best,

A handwritten signature in dark ink, appearing to read "R. Rohner", followed by a circled number "7".

Ronald P. Rohner, Professor
Anthropology and Family Studies
Director, CSPAR

RPR:n



University of Wisconsin-Stout

Menomonie, Wisconsin 54751-0790

8/4/92

James Born:

I am using this basic form letter to respond to inquiries about the ISS and will add notes as individual inquiries make necessary. You may have found the ISS in the Alcoholism Treatment Quarterly (which article and ISS version is now obsolete), or in Harper and Hoopes' book, or maybe you heard from a workshop leader like Marilyn Mason or Gershen Kaufman, or maybe word of mouth from someone. Regardless, I am glad to have you use the ISS for either clinical or research use.

As of now, I have not been printing quantities of the ISS for sale so I am suggesting that users reproduce as many copies as you require for the use you wish to make of them. You will find enclosed a copy of the ISS as I use it in my own research and the latest manual I have written. I am asking that you send me \$5.00 to cover copying and mailing costs for this.

I also have some manuscripts that may be of value to you, depending on your interests. *for* One of these is a more technical report on the reliability and validity studies that have been done. I also have written a long review article relating shame to attachment theory. Another article explores the shame and addiction connection. And I have the report on some data I presented at APA on shame and depression. I'd like to have \$5.00 for each article. (This helps me build up a small fund to use for reproducing materials that help with my research.) One of these articles has been accepted for publication and the others are essentially drafts of papers that may eventually be submitted for publication. Getting published is a slow and difficult process!

If you are going to use the ISS in a dissertation I would like you to send me a complete copy of your dissertation after completion as the "quid pro quo" for permission to use the ISS. Any other feedback on the ISS you can provide me, including your experience in using it clinically, would be greatly appreciated. Please feel free to call or write me with your inquiries. Full information on how to reach me is in the manual.

Sincerely,

David R. Cook

David R. Cook, Ed.D.

Department of Counseling and Psychological Services

P.S. Let me know if you need more information.

FITZ KLEIN, M.D.

545 Park Boulevard, Suite 207, San Diego, CA 92116

(619) 542-0

April 7, 1995

James L. Born, MA, MDiv
P O Box 105
Tollhouse CA 93667

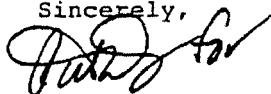
Dear Mr. Born:

Enclosed is a copy of the "Sexual Orientation:
A Multi-Variable Dynamic Process", per your
request.

You also have my permission to use my "Sexual
Orientation Grid" in your dissertation.

Thanks for your interest and good luck with
your dissertation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Fritz Klein', with a stylized flourish at the end.

Fritz Klein, M.D.

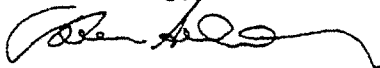
James L. Born, MA
P.O. Box 105
Tollhouse, CA 93667

November 19, 199

Mr. Born,

Thank you for your interest in our gender conformity measure. I don't believe that permission is required to use someone else's published scale but in the event that it is, consider this note as written permission to use it. I have enclosed copies of our two articles on this topic which should provide you with all the relevant information you will need concerning the scale. Unfortunately, we never pursued any further research application of this measure although we will be very interested to learn what you are able to find in the course of your own research. Please keep us in mind when you obtain your results and send us a copy of your findings. If you have any further questions, you can reach me at the address or phone number below. Good luck on your dissertation.

Sincerely,



Stewart Hockenberry
706 West 6th Street
Bloomington, Indiana 47401
(812) 334-3710

PATRICK
CARNES

WORKSHOPS
DESIGN ASSOCIATES INC.

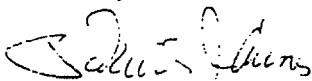
April 30, 1993

James L. Born, M.A., M.Div.
P.O. Box 105
Tollhouse, CA 93667

Dear Mr. Born:

You have my permission to use the adapted version of the "abuse survey" as long as proper credit is given the material. The material can only be used for your dissertation and if additional uses arise, please contact us for permission in those instances.

Sincerely,



Patrick J. Carnes, Ph.D., C.A.S.
PJC/bat

6608 Brittany Road
Edina, Minnesota 55435
612-782-0510
FAX 612-782-0835

JOHN BRIERE, PH.D.
Associate Professor of Psychiatry
USC School of Medicine
1934 Hospital Place
Los Angeles, California 90033

Dear Colleague:

I received a request from you for one or more articles or copies of the Trauma Symptom measures. Unfortunately, high mail volume and cost has made it impossible to send you these materials without a self-addressed, stamped envelope (one first-class stamp per reprint request). Except where circumstances clearly prevent it, please use your local libraries for reprints of any article published in an APA, or similarly well-circulated, journal. Thank you for your assistance with this. Subsequent to receiving your request with a self-addressed stamped envelope, it will be processed as soon as possible.

Sincerely,

John Briere, Ph.D.

resubmit request w/ envelope

APPENDIX 0

Vita

James L. Born
P.O. Box 105
Tollhouse, California 93667
(559) 855-3715

Education:

B.A. Ed., Central Washington State College (a.k.a.,
Central Washington University), Ellensburg, WA., 1968

Standard Teaching Certificate, Central Washington State
College, Ellensburg, WA., 1975.

British Elementary School Education Study at Oriel
College in Oxford, England, Western Washington
University, Bellingham, WA., Summer 1980.

Archaeology and Geography of Holy Land Study Seminar in
Israel, Jerusalem Institute of Biblical Studies,
Tantur, Israel, December 1984.

Certificate of Study, American Institute of Holy Land
Studies (a.k.a., Jerusalem University College),
Jerusalem, Israel, 1986.

M.Div., Oral Roberts University, Tulsa, Oklahoma, 1987

M.A. Christian Counseling, Oral Roberts University,
Tulsa, Oklahoma, 1988

Registration and orientation into clinical psychology
graduate program at Western Conservative Baptist
Seminary in Portland, Oregon before program transfer to
George Fox College in Newberg, Oregon, 1988.

M.A. Clinical Psychology, George Fox College (a.k.a.
George Fox University, Newberg, Oregon, 1990.

Psy.D. candidate, Clinical Psychology, George Fox
University, Graduate School of Psychology, Newberg,
Oregon, 1998.

Clinical Training and Experience:

1996-Present

Marriage Family Child Counselor (MFCC) Intern at Kings View Counseling Services for Kings County, Hanford, California. Forensic Mental Health Program Coordinator for incarcerated youth in Juvenile Detention Center and Juvenile Justice Sentencing Programs such as Boot Camp. Coordinate and supervise graduate students of social work and psychology. Collaborate and consult with multi-system service providers. Provide crisis intervention, assessment, and individual, family, and group counseling (i.e., anger management). Trained facilitator of family unity model.

1996-Present

Group Facilitator for "Growing Kids God's Way: Biblical Ethics for Parenting" program. Facilitator certification in process. Family ministry, Church of Tollhouse, Tollhouse, California.

1995-96

MFCC Intern at Kings View Mental Health Services for Kings County, Hanford, California. Incustody (Forensic) Counselor for Adults, Substance Abuse Counselor for Incustody Adults and Juveniles.

1993-1994

MFCC Intern at Northwest Family Counseling Center, Fresno, California. Provided counseling services for individual, couple, and family.

1992-Present

Lay Counselor at Church of Tollhouse, Tollhouse, California. Individual, couple, and family counseling.

1991-1992

Pre-doctoral Psychological Intern with Central California Psychological Internship Consortium in Fresno, California at Associated Center for Therapy, Comprehensive Awareness Treatment Team, California School of Professional Psychology Psychological Service Center, and Community Hospitals of Central California adult and juvenile inpatient psychiatric units. Provided services for individual, couple, family, and group psychotherapy; law enforcement pre-employment evaluations; adult and adolescent sexual offenders and survivors; psychological evaluations of adults, adolescents, and children; play therapy.

1990-1991

Psychological Practicum at Columbia River Mental Health, Vancouver, Washington. Provided individual psychotherapy of personality issues, depression, anxiety, dissociative disorders, and post-traumatic stress disorders and psychological evaluations.

1989-1990

Psychological Practicum at The Counseling Center of Vancouver, Vancouver, Washington. Provided individual, couple, family, and group psychotherapy, anger management, impulse control management for children, and psychological evaluations.

1988-1989

Volunteer remedial and enrichment teacher at Help One Student to Succeed (HOSTS, Inc.) at Portland, Oregon. Provided remedial reading tutorials, preschool readiness skill development, and developmental reading assessments.

1987

Counseling Intern at City of Faith Hospital and Christian Counseling Center at Tulsa, Oklahoma. Provided inpatient psychiatric counseling for adults and children including eating disorders and medical psychiatric units and outpatient assessments and interventions.

References:

Rodger Bufford, Ph.D.
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Newberg, Oregon 97132
(503) 538-8383

Wayne E. Colwell, Ph.D.
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George Fox University
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(503) 538-8383

W. Brad Johnson, Ph.D.
Assistant Professor
Graduate School of Clinical Psychology
George Fox University
Newberg, Oregon 97132
(503) 538-8383