

# Social and Internalized Homophobia as a Source of Conflict: How Can We Improve the Quality of Communication?

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*In this review, the major issues regarding how homophobia plays out in society from an institutional and individual point of view and create struggles in gay and bisexual men's social realities are examined. It is maintained here that the current societal situation in the U.S. prevents gay and bisexual men from enjoying equal rights and freedoms, because their sexuality is opposed to the societal norm of heterosexuality. Regarded as second-class citizens in society, gay and bisexual men may internalize homophobia and construct intrapersonal conflicts within themselves. Internalized homophobia constructs unhealthy social realities and experiences for gay and bisexual men and leads to them having to face communicative struggles frequently. This review of various literatures suggests that a better understanding of how social homophobia and internalized homophobia impact on gay and bisexual men provides a foundation for identifying new possibilities that would allow all GLBT (gay, lesbian, bisexual, and transgender) individuals to improve the quality of their social interactions and more effectively resolve the intra- and interpersonal conflicts they encounter due to societal values that regard heterosexuality as the norm.*

Communication is routinely described as culture bound and assessed as effective when it adapts to the existing norms of an audience. For example, Borisoff and Victor (1998) maintain that “women and men have been encouraged to adopt and to demonstrate styles of verbal and nonverbal modes of behavior that reflect and reinforce cultural norms” (p. 129). Accordingly, in the U.S., the social discourse of masculinity reinforces that men should be aggressive, while women need to be

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submissive to men under the social discourse of femininity. Individuals learn the cultural scripts of the gender role attached to their biological sex, which reinforces heterosexuality as the norm and the implications of deviating from these scripts.

In the context of human communication, heteronormativity generates a fundamental belief, ideology, and value that discriminates against homosexuality. In other words, heteronormativity is a difficulty in communication. George Weinberg, a psychologist, “coined the term ‘homophobia’ to describe the ‘irrational fear or hatred of homosexuals’ and saw antigay prejudice as a pathology rooted in an individual’s psychological make up” (quoted in Stein, 2005, p. 603). Homophobia is reinforced throughout cultural institutions such as government, media, school, religious institutions, and family every day within society, and plays a major role in influencing communication. Homophobia serves as protection of the social order and traditional values (Stein, 2005).

Homophobia impacts on how gay and bisexual men view their own homosexuality. They often internalize homophobia while living in heterosexist society. Internalized homophobia means “the gay person’s direction of negative social attitudes toward the self, leading to a devaluation of the self and resultant internal conflicts and poor self-regard” (Meyer & Dean, 1998, p. 161). Plummer (1995) points out that “the awareness of stigma that surrounds homosexuality leads the experience to become an extremely negative one” (p.89). In fact, I have seen that some gay- and/or bisexual-identified men still believe that homosexuality is inferior to heterosexuality. Due to internalized homophobia, those men struggle with their sexual identities, and communicate differently with members of the dominant society and gay and bisexual community.

As a matter of fact, homophobia and internalized homophobia are a source of conflicts in communication. In other words, homophobia and internalized homophobia form a communicative barrier that prevents gay and bisexual men from communicating authentically. Therefore, this literature review about homophobia and internalized homophobia reveals and explores major issues that impact on communication among gay and bisexual men. By doing so, I hope to improve the quality of social interactions where all GLBT individuals suffer from being discriminated against in their everyday lives.

## **Literature Review**

In relation to a patriarchal system of gender roles, homophobia is an essential tool to maintain heterosexuality. Stein (2005) points out that homophobia “allows men anxious about their masculinity to affirm themselves” (p. 602). The notion of maleness was fundamentally constructed and defined without the notion of femaleness (Stein, 2005). In other words, male homosexuality, which can often symbolize feminized masculinity, is a major dilemma in a heterosexist society because it can challenge the cultural implication of hegemonic masculinity. Therefore, homosexuality is less likely to be accepted in all traditional masculine institutions such as the military and the police force (Stein, 2005).

Through the reinforcement of homophobia in society, the institution of marriage is maintained as gendered. Right-wing campaigns against same-sex marriage are based on the religious and patriarchal perspective on marriage (Stein, 2005). Lakoff (1996) describes the right-wing belief that “the strict father is moral authority and master of the household, dominating both the mother and children and imposing needed discipline” (quoted in Stein, 2005, p. 604). This traditional view of family clearly reinforces gender roles, and prevents same-sex couples from achieving marriage rights. For example, in February 2004, the city of San Francisco issued same-sex marriage licenses without the approval of the California Supreme Court. Soon after, the state of California rejected the action of the city of San Francisco due to the state constitution’s definition of marriage as being of one man to one woman. A number of states immediately started to amend their constitutions to prohibit same-sex marriages in response to the San Francisco city government’s movement. Therefore, homophobia plays a major role in maintaining the current social system and order of gender, and creates unequal treatment of and opportunities for GLB individuals.

Same-sex marriage is a site of cultural conflict caused by homophobia in individuals from both the dominant society and GLB communities. In fact, some GLB individuals want to assimilate into the dominant society and enjoy married life just like heterosexual people after achieving their same-sex marriage right. On the other hand, some of them reject the idea of same-sex marriage due to its reinforcement of the traditional values influenced by church and state (Yep, Lovaas, & Elia, 2003). From their perspective, the notion of the monogamous relationship will be reinforced by same-sex marriage. Also, some perceive that being nonheterosexual is to be free from the constraints of societal norms and order. However, from my perspective, it is very important for those GLB individuals to realize that there are GLB individuals who really need same-sex marriage rights on the practical level, because marriage can benefit and improve their living situations. Moreover, regardless of sexual identity, people should be able to choose either to marry or not to marry homosexually, based on their desire, needs, and situation. In other words, all GLB individuals need to come together to achieve equal opportunities and treatment, because there are “brothers” and “sisters” who suffer every day from homophobia that do not accept same-sex marriage.

When GLB individuals experience domestic violence and abuse, they cannot fully depend on protection from the legal system. In the U.S., “The National Coalition Against Domestic Violence estimates that 25% to 33% of all same-sex relationships include domestic violence” (Peterman & Dixon, 2003, p. 40). Homophobia overshadows the reality of domestic violence in same-sex couples, because domestic violence in same-sex couples is more likely to be recognized as “mutual battering” (Peterman & Dixon, 2003). In fact, the domestic violence legislation of a number of states (such as Arizona, Delaware, Indiana, Michigan, Mississippi, Montana, North Carolina, South Carolina, and Washington) clearly does not include GLB individuals (Potoczniak, Mourot, Crosbie-Brunett, & Potoczniak, 2003). Most states in the U.S. “have gender-neutral statutes, which permit local jurisdictions to decide how to

proceed on a case by case basis” (Potoczniak et al., 2003, p. 252). This legal system is very ambiguous, and provides inadequate protections for GLB individuals who seek help due to domestic violence and abuse in their relationships.

The homophobic policy “Don’t Ask, Don’t Tell” produces unequal opportunities and treatment for openly GLB-identified individuals that serve in the U.S. military. This policy was instituted in 1993, and means that military individuals neither ask about others’ sexual identities nor disclose their sexual identities. The purpose of policy is to eliminate “provisions for discharge of a service member simply on the basis of sexual orientation” (Johnson & Buhrke 2006, p. 92). According to the Urban Institute (2005), “there are as many as 65,000 GLB persons currently serving either active or reserve duty” (quoted in Johnson & Buhrke, 2006, p. 92). Some GLB service members in Johnson and Buhrke’s study (2006) reported that they constantly felt anxiety, depression, and existential distress under the policy “Don’t Ask, Don’t Tell.” Therefore, GLB military service members face ongoing dialectical tension between disclosure of their sexual identities and keeping it secret, causing high levels of stress and isolation.

School is a site of struggles for GLBT students in their social interactions due to the reinforcement of homophobia. For example, Russo (2006) points out that “at the fundamental level, schools will not be safe places for gay and lesbian individuals—and, by association, for others in school—until being gay or lesbian is destigmatized” (p. 115). Russo studied how nondiscrimination policy, such as that regarding education, hate crimes, and civil rights, was practiced among 50 states and the District of Columbia. He discovered that “40 states, or 78%, do not afford LGBT students with sexual orientation non discrimination protections” (2006, p. 138), although 11 states have public policies and protections for students based on sexual identity. States in the northeast are more likely to be sensitive to civil rights and protections for GLBT students at school, compared to states in the southeast, south central, north Midwest, and south Midwest. Ross mentions that Connecticut, Massachusetts, and Rhode Island “have model education policies that provide GLBT students with the greatest extent of protections and essential mechanisms to ensure safe school setting for all-sexual-orientation students” (2006, p. 142). Although a safe environment and being free of harassment should be guaranteed to all students across the U.S., state public policies and protections are less likely to protect GLBT students than non-GLBT students.

GLBT individuals often suffer from fear of anti-gay violence in their everyday life due to the existence of homophobia. For instance, Kuehnle and Sullivan (2001) studied 241 incidents to discover patterns in how GLBT individuals experience anti-gay violence. Their findings were: “[N]early half of these anti-gay incidents were serious personal offenses, including murder, robbery, sexual assault, and assault with and without a weapon” (p. 940). Unfortunately, serious injuries may lead to hospitalization and death. Gay and bisexual men were more likely to experience violence caused by a stranger in the street, in GLBT neighborhoods, or in cruising areas (Kuehnle & Sullivan, 2001) than any other sexual identified individuals.

Therefore, anti-gay violence indicates how homophobia is persistent in the everyday social realities and experiences of GLB individuals.

The cultural reinforcement of homophobia institutionally and individually creates intrapersonal communicative conflicts within gay and bisexual men—which is internalized homophobia. Internalized homophobia is “described as dissatisfaction with being homosexual and as being associated with low self-esteem and self-hatred” (Ross & Simon-Rosser, 1996, p. 15). As society reinforces gender roles and norms, many gay and bisexual men are affected by homophobia, which does not enable them to be proud of their homosexuality.

Most self-identified gay and bisexual men with internalized homophobia are more likely to be uncomfortable to be identified as homosexuals by others and to be uncomfortable around GLBT atmospheres. Ross and Simon-Rosser (1996) came up with four dimensions to measure internalized homophobia among gay and bisexual men. These were “public identification as gay, perception of stigma associated with being homosexual, social comfort with gay men, and the moral and religious acceptability of being gay” (Ross & Simon-Rosser, 1996, p. 15). They discovered that internalized homophobia can be “perception and anticipation of negative response to sexual orientation” (1996, p. 20). In fact, those men who are concerned about others’ negative reactions to their homosexuality are more likely to assume that people look down on their homosexuality. For example, some heterosexual marriages of homosexual men happen because of their fear of how others perceive their homosexuality in society (Ross & Simon-Rosser, 1996). In other words, internalized homophobia motivates them to marry heterosexually to hide their homosexuality.

Moral and religious beliefs also strongly construct internalized homophobia within gay and bisexual men. In fact, Ross and Simon-Rosser mention that “a moral or religious concern about the acceptability of being gay is, independent of social stigma, a factor in internalized homophobia” (1996, p. 20). In the U.S., it is hard to avoid discussions about homosexuality as a sin based on moral and religious beliefs. Believing in these notions, some self-identified gay men regard themselves as sinful due to their homosexuality.

Internalized homophobia creates a convoluted process when gay and bisexual men attempt to integrate nonheterosexual identities, especially at the beginning of discovery of homosexuality. For example, Rowen and Malcolm discovered that “high levels of internalized homophobia among behaviorally homosexual men are associated with less developed gay identity and higher sex guilt” (2002, p. 87). Those results also showed the strong relationships between high levels of internalized homophobia and psychological variables such as lower self esteem and poor images of self (Rowen & Malcolm, 2002). Thus, homophobia and internalized homophobia create an ongoing intrapersonal communicative conflict for gay and bisexual men as they try to make sense of their meanings of who they are.

The intersection of race, ethnicity, sexuality, and culture shapes social realities for gay and bisexual men of color in the U.S., and they are more likely to hold on to their internalized homophobic views. Dube and Savin-Williams (1999) found that several youths experienced difficulty choosing either their ethnic and sexual identities. Ratti,

Bakeman, and Peterson (2000) support Dube and Savin-Williams's finding, and mention that "for an ethnic minority person there may be the added issue of dual-identity conflict; to the degree that his ethnic group condemns homosexuality, he may feel added shame and guilty about his homosexual orientation" (2000, p. 195). As a matter of fact, they have to face homophobia within the context of family and ethnic community, while experiencing racism within the GLBT community (Dube & Savin-Williams, 1999). This stress becomes a communicative barrier as young ethnic minority men of color seek to develop their own identities. For example, Asian-American men tend to have their first sexual encounter with men after disclosing and constructing their sexual identity. This is because of a tradition that implies through actions "an implicit code of silence on the topic of sex, with an implicit understanding that sex should be delayed until marriage or adulthood" (Dube & Savin-Williams, 1999, p. 1396). Also, some African-Americans believe that "being gay or adopting a nonheterosexual sexual identity is either wrong, a 'white phenomenon,' or failure to acknowledge his ethnic/cultural community" (Dube & Savin-Williams, 1999, p. 1390). Therefore, gay and bisexual men of color are more likely to experience greater difficulties in dealing with their sexual identity, because this identity has to be accepted in the context of their racial/ethnic identity.

Gay and bisexual men with internalized homophobia suffer from psychological distress as being a minority group in this social structure. Meyer (1995) points out that "minority stress arises not only from negative events but from the totality of the minority person's experience in dominant society. At the center of this experience is the incongruence between minority person's culture, needs, and experience, and societal structures" (p. 39). Often the stress leads to a variety of psychological problems. "Self-injurious behaviors including substance abuse, eating disorder, self mutilation, and suicidality" (Williams, 2000, p. 103) are very well-known effects of internalized homophobia. Young gay and bisexual men in particular suffer from discovering their same-sex attraction and attempting suicide. Meyer (1995) recruited 741 gay men (age range 21–71, mean age 38) in New York City to study how internalized homophobia was related to five measures of psychological distress: demoralization, guilt, sex issues, suicide attempts, and AIDS-related traumatic stress response. He found that "each minority stressor—internalized homophobia, stigma, and prejudice events—significantly predict[s] five psychological distress outcomes" (1995, p. 45) among gay and bisexual men. Thus, there was a significant relationship between internalized homophobia and those five measures of psychological distress.

A higher level of internalized homophobia often leads to riskier sexual acts among gay and bisexual men. For example, Williams (2000) discovered that it creates "lower self-esteem [among gay and bisexual men] which may undermine the individual's desire to keep themselves safe" (Williams, 2000, p. 101). Generally, gay and bisexual men who have higher levels of internalized homophobia are less likely to have access to safer sex education, because they do not want to have strong social networks within GLBT communities. Also, a stronger level of internalized homophobia often determines frequency of drug use and alcohol consumption (Meyer & Dean, 1998), which influences decision making in relation to a safer sex, because often using

substances and consuming alcohol are the ways for them to overcome the sexual identity issues caused by homophobia and internalized homophobia (Hammelman, 1993).

Meyer's minority stress model can also be helpful in explaining gay men's body image concerns. In fact, a number of scholars believe that gay and bisexual men who have a higher level of internalized homophobia tend to wish to have a powerful physique to defend against cultural reinforcement of homophobia (Kimmel & Mahalik, 2005). In other words, those gay men hope to achieve male muscular masculine body images to overcome the social assumption that gay men are less masculine. Kimmel and Mahalik (2005) discovered that all three minority stress factors—internalized homophobia, stigma, and an antigay physical attack—impact on gay and bisexual men's dissatisfaction of their body images and their desire to achieve an ideal masculine body. Therefore, achieving and expressing physical strength may be one way for gay and bisexual men to communicate that they are not less masculine than heterosexual men.

GLBT individuals with higher levels of internalized homophobia tend to find it more difficult to disclose their sexuality at work, even if their workplace practices a nondiscrimination policy, because of their fear of receiving negative responses from others. Rostosky and Riggle (2002) discovered that "disclosure in the workplace is associated with the degree to which gay male and lesbian individuals are self-accepting and work in environments where they are protected by nondiscrimination policies" (p. 420). In general, GLBT individuals have to face a decision whether or not to disclose their sexual status at work, because disclosing their sexuality at work may cost and/or benefit them. In fact, GLBT individuals often experience discrimination such as job loss, verbal attack, or physical threats at workplaces due to their sexual identities. Job discrimination caused by homophobia can be "one of the most serious threats to the civil rights and the psychosocial health and well-being of persons whose identities are other than heterosexual" (Rostosky & Riggle, 2002, p. 419). However, GLBT individuals who accept themselves and disclose their sexual orientation at work, if their workplace practices a nondiscrimination policy, are likely to be healthier psychologically and more comfortable in their social interaction (Rostosky & Riggle, 2002). Therefore, level of internalized homophobia among GLBT individuals often determines disclosures of sexual identity, and is more likely to characterize their communication at workplaces where they are protected.

Level of internalized homophobia may affect how older GLB individuals enjoy their later stages of life. For instance, D'Augelli, Grossman, Hershberger, and O'Connell (2001) explored "predictors of mental health in a sample of older LGB adults who were 60 years old or older" (p. 149). Those GLB adults went through dramatic historical changes, which included events like the Stonewall riots in 1969, and the elimination of homosexuality as a mental disorder from DSM in 1973. They tend to have different perspectives from GLB individuals born after those incidents, and hold higher levels of internalized homophobia. There are "views of older gay men as sad, lonely, and isolated people who had lost their physical attractiveness and had become disengaged from local gay communities" (D'Augelli et al., 2001, p. 149). They

mentioned that most people “reported fairly high levels of self-esteem and relatively low levels of Personal Homonegativity” (2001, p. 152). Most of those participants were comfortable with being sexual minorities. On the other hand, they discovered that “loneliness was experienced by many of the participants” (2001, p. 152). In addition, a few of the participants experienced lower self-esteem and had some resentment toward their own sexual identity (D’Augelli et al., 2001). Therefore, social support is very important for those older GLB individuals in attempts to enhance their self-esteem and decrease levels of internalized homophobia, which is the cause of extreme depression.

### **Discussion and Conclusion**

Reviewing the literature, I was strongly surprised by the function of homophobia and internalized homophobia. Homophobia is reinforced institutionally and individually. Gay and bisexual men suffer from unequal treatment and opportunities, from being afraid of anti-gay violence, and from internalizing homophobia. Internalized homophobia as a communicative conflict clearly interferes with intrapersonal and interpersonal communication among gay and bisexual men. Therefore, homophobia and internalized homophobia is an ongoing tension which gay and bisexual men experience in their everyday lives.

Researchers who want to explore how homophobia and internalized homophobia impact on gay and bisexual men must collect data from a variety of demographic factors. In fact, most current studies focus on white gay and/or bisexual men from middle-class backgrounds. These individuals are easier to recruit for studies, because gay and bisexual men who are less privileged in the power structure tend to be in the closet due to their experiences at the intersection of social oppressions. For example, gay men of African-American descent are more likely to fear being rejected by their ethnic community, and may experience more difficulties in dealing with their sexual identities than white gay men, as they have to negotiate their racial/ethnic and sexual identities (Dube & Savin-Williams, 1999; Snively et al., 2004). Excluding gay and bisexual men of color from research also reinforces the social discourse of gay male stereotypical images as white middle-class men in the U.S.

Also, professionals should start to research how gay and bisexual American citizens who have foreign partners maintain their romantic relationships in the U.S. Due to the current U.S. immigration system, I personally know some bi-national gay couples who struggle to find a way that they can maintain their relationships. Foreign gay men who live in the U.S. are likely to rely on a student visa or working visa or try to marry heterosexually to obtain permanent residency to be together with their American partner. Otherwise, they must go back and forth between two nations to continue their relationships. For example, I have a friend, a U.S. citizen in New York, who was with his previous partner from Tokyo, Japan for three years. After they had been in the relationship for two years in New York, his previous partner had to go back to Japan because he could not find a way to renew his visa due to the current strict immigration policy. They suffered from being separated due to institutional



homophobia. If they were one man and one woman, they would have been able to marry and stay together. This topic is very interesting and unique, and reveals how institutional homophobia influences interpersonal relationships among gay and bisexual individuals.

In conclusion, homophobia, in relation to the patriarchal system of gender, is “a source of conflict and shapes how individuals view and manage differences” (Borisoff & Victor, 1998, p. 104). Due to their sexual identities, GLBT individuals are more likely to experience discrimination, oppression, and isolation in U.S. society. They may need to fight against what seems to be embedded into every cell of their body—internalized homophobia. These internalized homophobic emotions and/or feelings are in need of ongoing resolution if GLBT communities are ever to receive the same rights and status as heterosexuals. All individuals should achieve a better understanding of homophobia and internalized homophobia, and improve the quality of their social interactions if homophobia and internalized homophobia prevent them from communicating authentically in their everyday lives. By doing so, all individuals will be able to maximize new possibilities in their social interactions.

## References

- Borisoff, D. J., & Victor, D. A. (1998). *Conflict management: A communication skills approach* (2nd ed.). Boston, MA: Allyn & Bacon.
- D’Augelli, A. R., Grossman, A. H., Hershberger, S. L., & O’Connell, T. S. (2001). Aspects of mental health among older lesbian, gay, and bisexual adults. *Aging and Mental Health*, 5(2), 149–158.
- Dube, E. M., & Savin-Williams, R. C. (1999). Sexual identity development among ethnic sexual-minority male youths. *Developmental Psychology*, 35, 1389–1397.
- Hammelman, T. (1993). Gay and lesbian youth: Contributing factors to serious attempts or considerations of suicide. *Journal of Gay and Lesbian Psychotherapy*, 2, 77–89.
- Johnson, W. B., & Buhrke, R. A. (2006). Service delivery in a “don’t ask, don’t tell” world: Ethical care of gay, lesbian, and bisexual military personnel. *Professional Psychology: Research and Practice*, 37(1), 91–8.
- Kimmel, S. B., & Mahalik, J. R. (2005). Body images concerns of gay men: The roles of minority stress and conformity to masculine norms. *Journal of Counseling and Clinical Psychology*, 73(6), 1185–190.
- Kuehnle, K., & Sullivan, A. (2001). Patterns of anti-gay violence: An analysis of incident characteristics and victim reporting. *Journal of Interpersonal Violence*, 16(9), 928–943.
- Meyer, I. (1995). Minority stress and mental health in gay men. *The Journal of Health and Social Behaviors*, 36, 38–56.
- Meyer, I., & Dean, L. (1998). Internalized homophobia, intimacy and sexual behavior among gay and bisexual men. In G. Herek (Ed.), *Stigma and sexual orientation* (pp. 160–186). Thousand Oaks, CA: Sage.
- Peterman, L. M., & Dixon, C. G. (2003). Domestic violence between same-sex partners: Implications for counseling. *Journal of Counseling and Development*, 81, 40–48.
- Plummer, K. (1995). *Telling sexual stories*. London, UK: Routledge.
- Potoczniak, M. J., Mourou, J. E., Crosbie-Brunett, M., & Potoczniak, D. J. (2003). Legal and psychological perspectives on same-sex domestic violence: A multisystemic approach. *Journal of Family Psychology*, 17(2), 252–259.

- Ratti, R., Bakeman, R., & Peterson, J. L. (2000). Correlates of high-risk sexual behavior among Canadian men of South Asian and European origin who have sex with men. *AIDS Care, 12*(2), 193–202.
- Ross, M. W., & Simon-Rosser, B. R. (1996). Measurement and correlates of internalized homophobia: A factor analytic study. *Journal of Clinical Psychology, 52*(1), 15–21.
- Rostosky, S. S., & Riggle, E. B. (2002). Out at work: The relation of actor and partner workplace policy and internalized homophobia to disclosure status. *Journal of Counseling Psychology, 49*, 411–419.
- Rowen, C. J., & Malcolm, J. P. (2002). Correlates of internalized homophobia and homosexual identity formation in a sample of gay men. *Journal of Homosexuality, 43*(2), 77–92.
- Russo, R. G. (2006). The extent of public education nondiscrimination policy protections for lesbian, gay, bisexual, and transgender students: A national study. *Urban Education, 41*(2), 115–150.
- Snively, C. A., Kreuger, L. K., Stretch, J. J., Watt, J. W., & Chadha, J. (2004). Understanding Homophobia: Preparing for Practice Realities in Urban and Rural Settings. *Journal of Gay & Lesbian Social Services, 17*(1), 59–81.
- Stein, A. (2005). Make room for daddy: Anxious masculinity and emergent homophobias in neopatriarchal politics. *Gender and Society, 19*(5), 601–620.
- Williams, I. R. (2000). Internalized homophobia and health issues affecting lesbian and gay men. *Health Education Research, 15*(1), 97–107.
- Yep, G. A., Lovaas, K. E., & Elia, J. P. (2003). A critical appraisal of assimilationists and radical ideologies underlying same-sex marriage in LGBT communities in the United States. *Journal of Homosexuality, 45*(1), 45–64.