

Origins of Homophobia in Males

Psychosexual Vulnerabilities and Defense Development*

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Purpose: To better understand the origins of homophobia among males. Methods: Literature review and clinical illustration. Results: Data suggest that there is a range of homophobic attitudes. Conclusions: We illustrate how homophobic attitudes can be associated with a hierarchy of defensive styles. We propose that these defensive styles are used to manage a range of psychosexual developmental anxieties in boys and men.

In order to better understand the origins of homophobia, we explore the relationship between normal psychosexual developmental tasks, the function of defenses, and homophobic attitudes in males. Data support the view that there is a range of homophobic attitudes—from those that are so severe that they lead to aggressive or self-destructive behaviors to ones that are based in religious or philosophical differences.¹ This also suggests that there is a range of possible origins for homophobia, including fear of sexuality in general, a societal need for scapegoats, and intrapsychic strategies to manage specific gender and homosexual concerns. We focus on males because the research literature suggests greater problems with homophobia and males. In addition, males appear to be at a greater psychosexual developmental risk for vulnerability in terms of gender, gender-role, and sexual-orientation anxieties.

Our interest is in the intrapsychic strategies where homophobic attitudes are defensive attempts to manage internal anxieties. We agree with past psychological theorists that these may represent unresolved psychosexual issues from childhood development.² We attempt to refine this proposition by seeing the range of homophobic attitudes as related to a

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hierarchy of defensive styles. Further, we propose that the most severe homophobic attitudes are associated with narcissistic defenses maintained into adulthood, while less severe attitudes are associated with immature, neurotic, or mature defensive styles. This hierarchy of defensive styles is correlated with normal developmental psychosexual tasks of childhood. Thus, we will review the psychological characteristics of male homophobics, describe the defensive management of a range of anxieties associated with developmental issues, and provide clinical vignettes to illustrate the relationship between a particular developmental task and a characteristic defense.

BACKGROUND

The term homophobia was coined in 1972 by Weinberg to signify irrationally negative attitudes toward homosexual people.³ It was initially employed to describe the phenomenon in heterosexuals of the “dread of being in close quarters with homosexuals,” and its counterpart in gay persons of “self-loathing.” Evidence suggests that homophobia is a problem for a significant number of persons.⁴ Homophobia contributes to problems for both heterosexuals and homosexuals. Reviews of these issues have been recently published.⁵

A review of the empirical research using Herek’s Attitudes Toward Lesbians and Gay Men Scale (ATLG) has determined through a variety of studies that it is a reasonably reliable, valid scale, with good construct validity (coefficient alpha of .95).⁴ Substantive studies using this measure over the past 10 years yield results not dissimilar from historical studies and can be summarized as follows: Greater hostility toward homosexuals is predicted by acceptance of traditional gender roles, high religiosity or membership in a conservative or fundamentalist denomination, political conservatism, lack of known personal contact with homosexuals, and a perception that their friends agree with their attitudes. In addition, in all studies using the ATLG, heterosexual males score consistently higher on negative attitudes than heterosexual females. Heterosexuals also tend to score higher on negative attitudes targeting their own gender.

In a related field of research, the content of the gay-male stereotype has been explored.⁶ This research indicates that beliefs about gays and lesbians are linked to general beliefs about women and men. Undergraduates describing homosexuals employed a belief that homosexuals possess cross-sex characteristics, i.e., that masculine gender-role behavior in women was associated with lesbians and feminine gender-role behavior with gay men. Further, regardless of their sexual orientation, a study of men indicated that those that describe themselves as lower in femininity and higher in agency (assertive, independent) were the most homophobic.⁷

Another study looking at the issue of stereotypes from a different perspective, found that two groups of matched college-age women, when asked to rate the physical attractiveness in photographs of the same males labeled alternatively as gay or heterosexual, identified them as more physically attractive when they were labeled gay.⁸ A recent study of gay and lesbian youth found that those who were viewed as more gender atypical are at more risk for victimization.⁹ Other studies of male college students found that an endorsement of traditional masculine roles was related to homophobia and co-varied with a fear of femininity.¹⁰⁻¹² These studies support the view that homophobia may be linked to negative attitudes toward women and femininity.

Another interesting perspective on male homophobia has been explored in a variety of physiologic experiments. One study found increased changes in heart rates (a measure of physiologic arousal, i.e., fear or phobia) in males with highly negative attitudes toward male homosexuality when being shown slides of male-male sexual activity.¹³ Early studies of heterosexual male homophobics found statistically significant increases in penile volume from baseline when viewing nude adult females and decreases in penile volumes from baseline when viewing nude males. This decrease from baseline was interpreted as a possible indicator of anxiety.^{14,15} In a more recent study of exclusively heterosexual men that compared homophobic to nonhomophobic males, it was found that when exposed to sexually explicit erotic stimuli consisting of male homosexual men, only homophobic men exhibited increases in penile circumference. These researchers concluded that these homophobic males are unaware of or deny their homosexual arousal.¹⁶ These opposing outcomes suggest that defensive homophobia may be based in either anxiety or in unconscious arousal.

In summary, these studies strongly suggest that among males, homophobia is related to masculinity, fear of femininity, unconscious homosexuality, and gender-role rigidity. This suggests that psychological anxieties related to any of these concerns might lead to attempts by homophobics to defensively manage psychological vulnerabilities in any of these areas.

DEFENSE DEVELOPMENT AND HOMOPHOBIA

One approach to homophobia, using psychodynamic principles, is an exploration of defensive function of homophobia in developmental terms. Defenses are relatively involuntary patterns of thought, feeling, and behavior in response to perceived psychic threats. They are psychological strategies designed to manage conflict or stress in response to anxieties arising from these psychic threats. Defenses may be adaptive or maladapt-

tive, depending on the type of defense, its flexibility, context, and mutability. Vaillant's studies suggest that there is a hierarchy of defenses and that psychological health and adult adjustment correlates with more mature defenses.¹⁷ He suggests four substantive classifications according to their theoretical hierarchy: narcissistic defenses (e.g., psychotic denial, delusional projection, and extreme distortion of reality), immature defenses (e.g., fantasy, projection, passive aggression, hypochondriasis, and acting out), neurotic defenses (e.g., intellectualization, isolation, undoing, rationalization, repression, displacement, and reaction formation), and mature defenses (e.g. sublimation, suppression, altruism, and humor).

Normal infancy and early childhood defenses are in the narcissistic and immature group, normal school-age and early-adolescent defenses are in the neurotic group, while late adolescence and adulthood are associated with the mature defense group. The maintenance of a defensive style that is inappropriate to one's developmental age leads to a variety of psychosocial difficulties, among these may be homophobia. In order to better understand a possible relationship between developmental vulnerabilities and homophobic behavior, it may be useful to relate this psychosexual development schema to a developmental approach to psychological defenses.

DEVELOPMENTAL SEXUAL ANXIETIES AND HOMOPHOBIA

A model for describing psychosexual development merges biologic, psychoanalytic, and social developmental influences into a series of sequential stages of gender development. This model begins with core-gender identity or the knowledge and acceptance of one's physical sexual status. This is followed by gender-role development in later childhood and gender-role practice in the school-age years.¹⁸ At puberty, gender-role behaviors, sexual behaviors, and sexual orientation are merged. In this way, the erotic lives of children can be understood as an effort to consolidate core gender identity, gender roles, gender-role practice, sexual desire, and sexual behaviors. The relative roles of genetics, hormonal, familial, and social factors in this process are debated and continue to be explored.¹⁹ We will explore how these developmental stages can be related to anxieties that may underlie homophobic attitudes and describe the way homophobia interacts with defense styles likely to be associated with each developmental period.

EARLY CHILDHOOD

Homophobia Resulting from Anxieties about Core-Gender Identity and Fundamental Gender Roles

Research in gender development attempts to account for gender non-conformity and homosexuality in boys.²⁰ As a staging of psychosexual

development in males, it identifies some potential areas that might be the source of difficulties for boys as they proceed through such stages. The first nidus for problems, and probably the most severe kinds of problems, would be in the area of core-gender identity. It may be that, as Stoller suggests, this accounts for transsexualism, but when this is not the outcome, significant deficits in one's core-gender identity could lead to severe anxieties about gender identity.²¹ The data on homophobia already reviewed suggest that this anxiety about gender, fear of passivity, and fear of femininity contribute to homophobic attitudes. When such anxieties threaten this core sense of gender identity, they could be experienced as overwhelming and lead to particularly severe homophobic reactions.

Another potential vulnerability would be in the area of early gender-role exploration. For the child who experienced conflict and anxiety in taking up gender roles in the family, one could expect homophobic responses because of fear of parental judgment. Parental concerns with gender and investment in gender behavior are an important part of a child's perception of how to behave along these lines. This may be a special concern for boys because emphasis on achievement, competition, and control of emotional expression are the norm for both parents when raising boys, as is intolerance of behaviors that deviate from a traditional male stereotype.²² Parents are also more likely to predict atypical outcomes (such as homosexuality) in boys with feminine behaviors than in girls with masculine behaviors.^{18,23} Boys with parents who are extremely invested in stereotyped sex-role behaviors could be at risk later for homophobic reactions in order to protect themselves from the harsh introjects of parental norms in this regard.

Homophobia whose origins lie in this very early period would likely be severe and use primitive narcissistic defenses to manage deeply held anxieties about core-gender identity or fundamental anxieties about the ability to maintain gender roles. Because of the need to manage such fundamental anxiety, defensive reactions using psychotic delusions and projections could be predicted. As a result, violence, murder, and sadistic attacks on gays and lesbians could be accounted for when homophobia had its origins here. Some suicidal and self-mutilation behaviors among homosexuals may find its origins in this defensive management of severe internalized homophobia.

The less extreme immature defenses of projection, schizoid fantasy, passive-aggressive behaviors, and acting-out are also associated with relatively early childhood strategies for managing anxieties. Homophobia among heterosexuals would be expressed by acting out homosexual im-

pulses and blaming others for the seduction, avoiding intimate relationships, while dissociating emotional affect. In the homosexual, this could contribute to ongoing difficulties in developing interpersonal relationships, recklessness, and impulsive sexual acting out.^{24,25}

VIGNETTES 1-5

The following items illustrate the way narcissistic defenses may interact with anxieties about core gender identity and fundamental gender roles leading to homophobic attitudes:

Psychotic Denial: A consult was called for a 21-year-old male college student who had cut off his penis after having had a sexual experience with another male. When asked why he cut off his penis, he responded that he would rather not have a penis than have to remember what he had done with it.

Delusional Projection: A 15-year-old male beat up, sodomized, and finally killed a 9-year-old boy who was effeminate and played with dolls. The teenager had a history of severe abuse by his father who constantly called him a faggot.

Schizoid Fantasy: A 22-year-old student at a major university was a football superstar and was headed for a football career. Just prior to graduation, it was discovered that he had posed as a recruiting coach in order to solicit pictures of high school football players in various stages of undress claiming to need these photographs to view musculature development.

Denial: A young male who described himself as exclusively heterosexual regularly sought out the companionship of gay males and occasionally had sexual encounters with them. He had not had heterosexual encounters in several years though he dated women on a regular basis.

Projection: A 35-year-old father came in to discuss his strained relationship with his 12 year old son. He sent his son to stay with a heterosexual uncle who lived in an isolated cabin and often took in runaway teenage boys. The father could not explain the reason for the sudden intensity in the animosity between him and his son after years of a pleasant relationship. When the father was 12, he remembers getting dressed up in the tightest pants possible to display his newly developed body. One day his bike broke and he accepted a ride from a muscular man who had a wedding ring on, said he was a roofer, and who had another child's bike in the back of the station wagon. The man subsequently seduced him. The father had enjoyed this sexual encounter but was horrified afterwards. He became phobic of anyone suspected to be "gay," to the point that he could not be in the same room with them. The father never questioned his heterosexuality, had no

further homosexual experiences, married in his early 20's, and had three children. His son presented himself in the same manner as the father described himself at 12 years of age. He wore tight jeans (although this was not the fashion) and was seductive in his body language. He admitted to a sexual relationship with his uncle that he enjoyed but felt guilty about. His father was shocked when he learned of this relationship.

SCHOOL-AGE CHILDREN

Homophobia Resulting from Anxieties about Gender-Role Practices

Another problem with gender roles develops in school-age children when peer group membership depends on conformity to same-sex group models. If parents are the major carriers of homophobic messages in early childhood, this task becomes shared by peers in the school-age years. School-age years are associated with group behavior divided most clearly along gender lines.^{26,27} Boys and girls are asked to perform uniformly and narrowly in the lowest common denominator of gender behavior in order to find a place among their peers. Those who do not, risk being ostracized and ridiculed.

Gender-role conformity appears to be an especially difficult problem for boys in the school-age years. Paradoxically, perhaps, studies indicate that boys' peer groups (ages 9–11) utilize their group activities for varying levels of sexual arousal including using sexually oriented language, viewing erotic materials, and disparaging other males with sexually laden terms, usually with negative homosexual content.²⁸ These boys are likely to be using the group to manage their own personal anxieties about their gender roles. Competence at expected gender-role behaviors and acceptance by other peers confirm their maleness to them and relieve this anxiety to a certain extent. Boys who are less competent or less accepted may associate this with homosexuality. This may lead to excessive concern and homophobic defensiveness in later life.

Homophobia arising from unresolved issues from the school-age period may employ defenses of repression, displacement, reaction formation, and the various forms of intellectualization.²⁴ Homophobia using these defenses would likely arise in circumstances where issues of gender-role practices and gender-role conformity were at stake. In such situations, highly controlled, ritualized, and stereotyped masculine behaviors would be ways of attempting to counter the insecurity and protect a male who felt vulnerable about these issues. Joking with hostile intent, displacement, ganging up against an effeminate male (identification with the aggressor) are ways in which homophobia with origins in this period might appear.

Gang-related attacks and group gay and lesbian bashing might find its origin here. Internalized homophobia with this defensive structure might demand that the homosexual exhibit the appearance and behavior of extreme gender stereotypes as a way to manage gender-role concerns; or conversely, gay adolescents may take on stereotyped opposite gender-role behaviors as a way to ward off such anxieties. This period of vulnerability and these associated defensive strategies likely account for the bulk of homophobic attitudes and behaviors.

VIGNETTES 6-9

The following items illustrate how homophobia based on anxieties about gender role conformity may be managed through homophobia interacting with the defense styles associated with the school-age years:

Isolation of Affect: A depressed married military officer regularly frequented a homosexual meeting place for the purpose of having homosexual encounters. He reported that these experiences were unimportant and irrelevant to his depression though he admitted he experienced an increasing urgency to have such encounters. He said that these were not really homosexual experiences because he felt nothing but sexual release.

Identification with the Aggressor: A young man came out at the age of 14 during a school assembly where they were discussing AIDS. He had not previously come out to anyone and had no friends who were accepting or gay. Following his admission he experienced ridicule and daily physical abuse from his peers, as well as verbal abuse from some of the teachers. Because he was so unsupported, everyone's reactions fueled his internal hatred and he became convinced that he was an abomination and should die. He became increasingly reckless and sought out situations where he would likely be beaten up or abused.

Displacement: A young male high school athlete took special interest in an openly gay male student at his high school. He reported no conscious sexual interest in this male, but found himself thinking and interacting with him regularly. Ultimately, he teased this student about being a "girl" and made related derogatory comments about him to his friends. When other students commented on his preoccupation with this other boy, the athlete shrugged it off but continued his assaultive homophobic comments. In his college freshman year, this young man fell in love with his roommate and recognized his own homosexuality.

Repression: A highly competitive and successful young Asian man who was elected senior class president in high school befriended his opponent in the race. However, his opponent found out that the new class president was

gay. He then demanded that the young man resign and give him the presidency or else he would expose him. Following these threats, the young man stopped all gay related activities and felt convinced he really wasn't gay after all. He began dating girls and avoided his former gay friends. When his senior year ended and he left high school, he once again identified himself as homosexual but denied having consciously decided to "act straight" during his senior year.

ADOLESCENCE

Homophobia Resulting from Pubertal, Interpersonal, or Dependency Problems

Although homophobia is at its greatest during adolescence, our hypothesis about the origins of homophobia would suggest that homophobia whose origins are exclusively in adolescence might be less common. Problems for boys that might generate homophobia at this stage for the first time could be sudden development of dependency (say through a medical illness), late maturation or onset of puberty, or feminine appearance. Boys who feel they compare badly in terms of secondary sex characteristics worry about this and try to determine why this might be. One available postulate sometimes used is that they are not male enough, which, when it is confused with homosexuality, can lead to homophobia. This is an effort to try to keep themselves from being further associated with homosexuality. For gay adolescents, being accused of being homosexual, or being forced to come out as a homosexual before psychologically prepared to do so, may lead to a homophobic response.^{2,29}

Periods in later adolescence and young adulthood may continue to have elements of this kind of vulnerability, but developmentally the task of later adolescence and young adulthood is different and involves the increasing need for intimacy.³⁰ Young men or women who experience difficulties in establishing an intimate relationship—and there are of course many possible reasons—are at increased risk for worry and concern about the possibility that their difficulties are due to their being homosexual.³¹ Unfortunately, these anxieties may be reinforced by families and society by insinuating that failure to form a heterosexual relationship is indicative of homosexuality. Homosexuals also may suffer from difficulty in intimacy as a result of homophobia based in this period of late adolescence.³²

As one progresses to what Vaillant called mature or healthy defenses, one would expect both the degree and a defensive need for homophobia to decline and perhaps be absent altogether.¹⁷ In any event, homophobia that develops for the first time in this context might more correctly be called

homonegativity and be characterized as having a self-expressive or symbolic function serving a social and ideological belief system as suggested by Herek's work discussed earlier. In these cases, homonegativity would be expressed in conscious ideologic or religious positions against homosexual behavior. This is not to imply that all political, moral, or religious positions against homosexuality are a product of mature defenses. They might be, instead, rationalizations used by homophobic persons to support their own more immaturely organized homophobia.

VIGNETTES 10–12

The following items illustrate how homophobia evolving from issues related to pubertal status, dependency, and intimacy may interact with more mature defenses:

Suppression: A 30-year-old Christian homosexual decides to join the clergy and become celibate in order to address his religious beliefs. He recognizes his homosexuality, but decides that this is the structure within which he will best be able to live.

Humor: A 17-year-old gay male hemophiliac who is HIV positive jokes about how unfair it is that he got HIV as a result of a contaminated blood factor.

Altruism: A politically conservative physician whose estranged gay brother died of AIDS volunteers his time to work in an AIDS hospice.

IMPLICATIONS FOR TREATMENT

The notion that homophobia may be psychopathological is supported by several diagnostic categories in the *DSM IV*. In *DSM IV*, Sexual Disorder Not Otherwise Specified covers conditions described as consisting of “feelings of inadequacy concerning sexual performance or other traits related to self-imposed standards of masculinity or femininity,” and “persistent and marked distress about sexual orientation.”³³ Homophobia could be conceptualized as a part of either of these problems, i.e., anxiety about gender performance or excessive concerns about masculinity or femininity could be related to homophobia and self-hatred and worry about sexual orientation could also have homophobic origins. In earlier editions of the *DSM*, Identity Disorder consisted of problems associated with adolescent development of identity and included problems with sexual orientation. It remains in *DSM IV* as a V code called Identity Problem and continues to contain language referencing difficulties in relation to sexual orientation.³³

When homophobia is found to lead to the kind of difficulties described above, it may be helpful to conceptualize evaluation and treatment in the

developmental defensive way we have illustrated in our discussion thus far. By identifying the major defensive strategies used, the clinician will also likely identify the underlying issues that account for homophobia in a particular patient. In this way, the psychodynamically oriented clinician can direct treatment more effectively and efficiently toward those issues that are most likely involved. In this way, homophobia that serves as a defense can be interpreted and give way to therapeutic work on intrapsychic issues that have been avoided or are unconscious. These issues would be expected to run the range from psychotic to near psychotic delusional preoccupation about core gender issues to immature and neurotic concerns about sexual orientation and gender-role behaviors.

SUMMARY

Homophobia is not a uniform phenomenon and has both different functions and degrees of intensity. Homophobia appears in some cases to be related to anxieties about gender, gender role, and gender-role conformity, which have their origins in childhood developmental processes. Homophobia, especially in males, may be related to anxieties about power, authority, and dependency issues and are related to concerns about femininity and passivity. The issues of gender and power are confluent in our society. General developmental points in early childhood, school-age years, and adolescence can be identified, which might carry particular risk of a homophobic outcome if not resolved. There is a need to develop our scientific understanding of all aspects of homophobia, including its origins, prevention, development, and treatment.

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