Homosexual Identity: Commitment, Adjustment, and Significant Others

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As a continuation of the work of Schwartz, Farn, and Stryker (1966), the following hypothesis, and a number of causal models associated with it, are tested: commitment to a deviant identity is positively correlated with (a) psychological adjustment, and (b) a report of significant others supportive of that identity.

Data from 2,497 male homosexuals in the United States, the Netherlands, and Denmark support the hypothesis. Four causal models are rejected through the use of multiple regression and correlation analysis. Two models are supported. Psychological adjustment and a report of supportive significant others are directly related to homosexual commitment but not to each other.

Central to the symbolic interactionist perspective is the notion that through the social interaction in which they engage, people seek to establish and maintain stable identities and to evaluate them positively (Schwartz and Stryker, 1971). It has also been pointed out that a person accomplishes this by commitment to "socially recognized and meaningful categories" and that one's identity may be attained by commitment not only to "non-deviant" categories but to "deviant" ones as well (Cohen, 1965).

With regard to this conception of "deviant identity," several points become salient. The deviant, like the so-called conformist, is seen as engaged in establishing his identity and receiving validation through social interaction. Thus, deviant identities may reflect not personal disintegration or failure, as is often supposed, but rather success in establishing an identity. We would also expect that the more committed one is to any socially meaningful category, even if it is generally evaluated

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as deviant, the more "settled" the question of identity will be and thus the more stable his self-conception.

Symbolic interactionism also suggests that one seeks to evaluate himself positively and that one derives his self-evaluation from incorporating the perceived evaluations of "significant others" (Schwartz and Stryker, 1971). We would further expect, then, that the more committed a person is to any category of identity (compared to those not so committed), the more his significant others will support such an identity. Thus, the easier it will be for him to incorporate a positive self-conception and to attain psychological well-being.

With regard to deviant identities, Schwartz, Fearn and Stryker (1966) tested some of these notions with a sample of emotionally disturbed children. Using therapists' prognoses for cure as an indicant of the child's commitment to the emotionally disturbed role (poorest prognosis representing greatest commitment), they found those more committed to the deviant role (1) had the most stable and positive self-concepts, and (2) seemed primarily influenced in their self-concept by those most supportive of their deviance (i.e., the therapist) while those less committed seemed influenced by others as well. It must be noted, however, that the measure of commitment is very indirect and that the conclusions are based on a sample of only nine children with a poor prognosis for cure.

This article is a continuation of Schwartz, Fearn, and Stryker's work. Our intention is to demonstrate how symbolic interactionist models can be explicitly formulated and systematically tested. This is in contradistinction to the more common practice of leaving one's model implicit, and the practice illustrated by Schwartz et al. of simultaneously implying a number of different causal models. Hence this paper can be regarded as an exercise explicitly delineating and then statistically testing the various causal models that are implicit in the hypotheses which Schwartz et al. propose.

With data from a large sample of male homosexuals in three Western societies, we test the following general hypothesis and a number of causal models associated with it: commitment to a deviant identity is positively correlated with a report of significant others supportive of that identity, a stable, positive self-concept, and good psychological adjustment; by the same token, those not so fully committed have less support, less stable and positive self-concepts, and more symptoms of psychological strain.

**HOMOSEXUAL IDENTITY: HYPOTHESES AND MODELS**

What is meant by commitment to homosexuality? In Western society, it is taken for granted that children will become heterosexual adults and
that their lives will be ordered accordingly. Family and friends operate on the seemingly natural assumption that a child will develop heterosexual interests, date, and settle into family life. In this milieu the child also sees his future in these terms.

Surely few if any homosexuals, then, focus in their youth on homosexuality as their goal and thereupon set about to achieve that identity. Rather, it would seem, homosexuality is a sexual orientation that emerges despite contrary social expectations and cultural condemnation and which, if not merely a transitory stage, the person must reckon with as a stable part of his social and psychological being.

It has been noted that the young homosexual experiences guilt and shame, anxiety, depression and feelings of worthlessness, but that he is largely relieved of these feelings when he "accepts" his homosexuality. Association with other homosexuals, who take the particular sexual orientation to be a matter of course, often contributes to this process (cf. Weinberg, 1970a; Weinberg and Williams, forthcoming).

Accepting one's homosexuality may involve redefining one's self as a homosexual rather than as a temporarily variant heterosexual (cf. Dank, 1971). It may involve revising one's expectations for the future and giving up attempts to approximate a heterosexual role by dating, marrying, or in other ways upholding a pretense of heterosexuality.

The person who defines himself as homosexual may still regret the identity. The homosexual may resign himself to his homosexuality as a fact of life and yet feel that he would really rather be "a heterosexual."

One's identity has a future as well as a present, underlying not only today's interaction, but also future interaction. It is, therefore, important to examine the person's satisfaction with his present identity as a future identity—in short, his commitment to that identity. The highly committed homosexual would by definition elect to remain that way if given a choice between homosexuality and heterosexuality. Hence the highly committed homosexual can be considered as "settled down" in his deviant identity. Thus, we would expect homosexual commitment to be positively associated with stability of self-concept. Furthermore, since commitment involves a preference for that identity, we would expect it to be positively associated with self-esteem. In the same way, we would expect homosexual commitment to be negatively associated with symptoms of psychological maladjustment such as anxiety and depression.

Finally, we are interested in the extent to which others support the homosexual in his deviant identity. Schwartz et al. (1966) imply that the highly committed deviant evaluates the significance of others' opinions of him, in light of that commitment, in order to perceive maximum sup-
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port for it—viz., to de-value the opinions of others who are or would be intolerant of the deviance, and likewise to attach more importance to any who support it. Conversely, of course, it could be argued that the deviant whose significant others support him in that identity is more likely, because of this support, to become highly committed to that identity.

We would suggest, however, that except for fellow homosexuals, the significant others of the homosexual rarely support that identity in the sense of encouraging it. In general, parents, friends, relatives, and other associates at most amicably accept his homosexuality (and are so perceived by the homosexual). This may take the form of (1) efforts to relate normally in realms where sexual orientation is not directly relevant, and (2) withdrawal of pointed or subtle pressure regarding the expectation of heterosexuality in other realms.

We are proposing, then, that commitment to a deviant identity indicates self-affirmation, hence adjustment, on the part of the deviant and that it is associated with social validation, or support, of that identity by others. Thus we hypothesized that commitment to homosexuality would be:

1. positively related to stability of self-concept.
2. positively related to self-esteem.
3. negatively related to symptoms of maladjustment (such as anxiety symptoms or depression).
4. positively related to perceived support of significant others.

These hypotheses, it must be noted, suggest correlational rather than causal relationships. Indeed, many different causal relationships could produce the hypothesized correlations between psychological adjustment, homosexual commitment, and support. (While perceived support is not to be considered equivalent to actual support, the former is hereafter referred to as “support” for the sake of brevity. In others words, we recognize that perceptions of support can be inaccurate due to misreadings, projecting one’s own increased acceptance of homosexuality, etc.) A number of models underlying the hypothesized correlations are suggested by the symbolic interactionist perspective.1 In presenting and discussing

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1 In this paper we deal exclusively with recursive models, i.e., models which do not contain feedback loops or reciprocal relations between two variables. We do not deal with non-recursive models for two reasons.

First, the path coefficients in a non-recursive model can be identified only if one includes enough exogenous variables that have no direct effect on at least some of the endogenous variables. We do not have additional variables which meet this criterion. (For a technical statement of the criterion, see Blalock, 1969:65.)

In addition, there is some justification in terms of simplicity for employing a re-
these models, the term "adjustment" is used to refer to high stability of self-concept and self-esteem, and to low anxiety symptoms and depression.

(M1) $X_1$: Commitment $\rightarrow X_2$: Adjustment $\rightarrow X_3$: Support

It may be suggested that commitment to an identity positively influences adjustment and that adjustment influences the choice of significant others who are supportive. The logic producing this model is roughly as follows. The search for a socially meaningful, continuing identity is basic to the human process. Until or unless one settles upon such an identity, one suffers anxiety and uncertainty. This anxiety is motivational in the person's continuing search for an identity.

As one becomes committed to a deviant identity (i.e., as one settles upon that identity as the present and future foundation for self-regard and relating to others), anxiety about identity decreases. Having found a socially meaningful identity, the deviant's self-concept stabilizes; he finds it intrinsically rewarding to have an established identity, and his self-esteem and psychological adjustment increase.

As part of this "settling in" process, the deviant, now more sure of himself, elicits validation from his social environment. This is accomplished by devaluing the opinions of those who do not support the deviant identity and by attaching importance to the opinions of those who do support it.

According to the first model, the less committed deviant, by contrast, is socially and psychologically less sure of himself and his worth. Anxious about and unstable in his identity, he reaches in many directions for social validation, including evaluating as significant the opinions of those who do not support the deviant identity.

(M2) $X_1$: Commitment $\rightarrow X_2$: Adjustment $\rightarrow X_3$: Support

Again emphasizing the independence of the person's commitment to a deviant identity, the second model suggests that commitment increases psychological adjustment—i.e., that it increases self-esteem and stability of self-concept and decreases anxiety and depression. The rationale for this assertion was explored in the discussion of Model 1.

cursive model, even when one suspects some reciprocal influence between two variables. (For a discussion of this issue, see Blalock, 1969:46.)
Likewise, the highly committed homosexual is seen to focus on those who most support that identity, consequently increasing psychological adjustment by finding validation. Thus, for the highly committed deviant an improvement in adjustment is obtained both by his commitment and by his success in finding support from others.

\[ (M3) \ x_3: \text{Support} \rightarrow x_2: \text{Adjustment} \rightarrow x_1: \text{Commitment} \]

The third model highlights the importance of social validation in making an identity rewarding or not, suggesting that support of significant others influences psychological adjustment, which in turn influences commitment. This model, one of the models implicit in the Schwartz et al. study, suggests that the person derives his self-concept from others' reactions to him. If others support the deviant identity, then the deviant's adjustment improves as he (a) is relieved of the anxiety accruing from an "unsettled" identity and (b) experiences the pleasure intrinsic to an identity and its validation. Through such positive reinforcement he becomes highly committed to the deviant identity.

If, however, he perceives the people he considers important as questioning the validity and worth of the identity, the deviant is likely to remain in an identification limbo, unstable in his self-concept, unsure of his worth, not highly committed to that identity.

Thus, whereas the first, voluntaristic model suggests that the signifi-

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2 The most explicit statement of this model in the Schwartz et al. paper is as follows: "Given rewards for disturbed behavior [support], that disturbed behavior may become integral to a role-making process out of which an identity as a disturbed child may be reinforced. Such reinforcement may, then, lead the child to form a coherent, stable identity as a disturbed child, and to value that identity positively [stability of self-concept and self-esteem]. This in turn implies a high degree of commitment to a disturbed role [commitment]" (Schwartz, Fearn, and Stryker, 1966:500).

The authors do not, however, employ this model throughout. In the following quotation, they indicate that commitment determines rather than derives from adjustment and support: "... as one becomes more committed to the deviant role of being emotionally disturbed, the better and more stable will be one's self-meanings. ... [T]hose least committed to the deviant role are more open to influence on their own self-meanings from a variety of others ... while those most committed to their deviant roles are least influenced by others save those most supportive of their role behavior. ..." (p. 500). Schwartz et al. also provide different models for the committed and uncommitted: among the uncommitted, self-anxiety causes them to have significant others who do not support the deviant identity (p. 504); among the committed, however, supportive significant others relieve "whatever little anxiety in self existed" (p. 505).
cance a person attaches to another's evaluation of him follows from commitment, this model suggests that the significance one attaches to various others' opinions is largely given before he settles into an identity, and that significant others' opinions, as the person perceives them, influence the degree of commitment to that identity. Thus, commitment to a deviant identity, which in the first model is the social psychological determinant of electing significant others who are supportive, is, in this model, the product of support of significant others.

\[ (M4) \ X_3: \text{Support} \rightarrow X_1: \text{Commitment} \rightarrow X_2: \text{Adjustment} \]

It also could be argued that support of significant others directly influences commitment. If significant others support one's deviant identity as it develops, or if he can find new supportive others whose opinions are respected, the deviant is likely to become highly committed to his deviant identity. Thus, he settles into that identity, which in turn produces higher self-esteem, stability of self-concept, and psychological well-being. If significant others do not support the identity, the deviant regrets that identity, has low commitment to it, and consequently suffers with feelings of maladjustment. In Model 4, then, deviant commitment intervenes between support of significant others and psychological adjustment.

\[ (M5) \ X_3: \text{Support} \leftrightarrow X_1: \text{Commitment} \leftrightarrow X_2: \text{Adjustment} \]

One could argue, quite simply, that support of the deviant's significant others determines both his level of commitment to homosexuality and, independently, his adjustment. That is to say, the deviant's perception of significant others as supportive influences positively the degree of satisfaction with, and commitment to, the identity. Independently, Model 5 proposes, the deviant's perception of his significant others as supportive also increases his adjustment. This model indicates that neither is commitment the result of adjustment, nor adjustment the result of commitment. Rather, it suggests that one's adjustment and commitment both follow, somewhat deterministically, from support by significant others.

\[ (M6) \ X_1: \text{Commitment} \leftrightarrow X_2: \text{Adjustment} \]
Finally, it could be suggested that commitment is the crucial factor that influences, independently, both the validation one elicits from one's social environment—i.e., significant others who are supportive—and one's adjustment. This suggests, again, that as a person becomes more committed to his homosexual identity, he tends to attach more importance to the opinions of those who are supportive of him in that identity and less to those who are not.

Model 6 also proposes that the more committed homosexual is better adjusted because he has settled into an identity with which he is satisfied; it suggests, however, that support of his significant others does not directly affect the homosexual's psychological adjustment or his homosexual commitment.

**METHOD**

A test of these models is provided with data from a larger study on the social and psychological adjustment of homosexuals in which questionnaires were completed by 2,497 respondents from the United States, the Netherlands, and Denmark (Weinberg and Williams, forthcoming). These particular countries were included in the study for several reasons. First, the larger study is oriented around social reaction theory, or more specifically, how different degrees of social rejection affect the homosexual's social and psychological adjustment. Weinberg and Williams provide data which demonstrate that the Netherlands and Denmark are more tolerant of homosexuality than is the United States. Since societal differences in social reaction to homosexuality are not a focus of this paper, data from homosexuals in the two European countries are used for purposes of replication (as they also are in the larger study). Finally, since Dutch and Danish represent different linguistic traditions, the probability of obtaining replicated findings due to an artifact of translation is minimized by including both countries.³

³ The translations into Dutch and Danish were carried out in four steps. First, an initial translation was made of the English questionnaire. Then a second translator checked the initial translation and met with the first translator, resolving any disagreements the two had regarding the translation. Next, the Dutch and Danish questionnaires were translated back into English by another translator and compared with the original (these back-translations were generally very accurate compared to the original). Finally, any changes warranted by the back-translation were made.

The translators for the initial translation were a professional translator (for Danish) and a Dutch student fluent in English. Translators for the subsequent steps were people recommended by the language departments at Indiana University.
Sample. Respondents were contacted in each society through mail organizations (organizations whose purpose is the betterment of the homosexual situation and whose contact with members is primarily by mail), private homosexual social clubs, and bars that cater primarily to homosexuals.\textsuperscript{4}

The questionnaires were distributed in the following ways. Questionnaires were mailed to 2,700 persons on the mailing list of the Mattachine Society of New York, a mail organization, the stated goal of which is "changes in the prevailing attitudes of society toward homosexuality and the removal of legal sanctions and public discrimination against homosexuals." Females on the mailing list were omitted. Approximately 950 of the addressees resided in New York City; another 350 resided in New York State, Connecticut, or New Jersey. The remaining persons represented 44 states. An additional 200 questionnaires were mailed to San Francisco residents on the mailing list of the Mattachine Society of San Francisco.

Two hundred fifty-eight questionnaires were handed out at the Society for Individual Rights (S.I.R.) in San Francisco. This organization is engaged in many of the same activities as Mattachine, although it functions more as a social club than does the Mattachine Society. S.I.R.'s premises are used for dances, relaxation, shows, and discussion groups, and it conducts various athletic activities and participates in various community programs. A questionnaire was given to every male at the club or at a club function during a period of ten days. Fifty questionnaires were also distributed among males attending private homosexual clubs in Manhattan.

\textsuperscript{4} Homosexual bars were identified in the following manner. Weinberg and Williams obtained, from homophile organizations and independent commercial sources, all available lists of homosexual bars in each of the four major cities included in the study—New York City, San Francisco, Amsterdam, and Copenhagen. For each city, a grand list was compiled which included the name of every bar on the various lists, plus the names of any additional bars suggested by consultants familiar with the homosexual bars in that city.

In Amsterdam and Copenhagen every bar listed (thirty and fifteen bars, respectively) was visited to confirm that it did indeed cater primarily to homosexuals. In some cases it was found that—due to a change in ownership, for example—the bar could no longer be defined as homosexual. Such bars were deleted from the list.

For Manhattan and again for San Francisco, a random sample of bars was drawn from the grand list (by using a table of random numbers). These bars were visited and validated as homosexual bars. For each city, the rare cases found not to be homosexual bars were deleted and replaced with bars randomly selected from the remaining bars on the list.
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A questionnaire was handed to every seventh male in a random sample of 20 homosexual bars in Manhattan, with 225 questionnaires being so distributed. Two hundred thirty-four questionnaires were similarly distributed in a random sample of 25 homosexual bars in San Francisco. Each of these distributions took place during two consecutive weekends.

Altogether, 3,667 questionnaires were distributed in the United States, of which 1,117 were completed and returned. The response rate, computed with a correction for the number of persons receiving more than one questionnaire and for undeliverable mailed questionnaires, is 38.7 percent.

European respondents were obtained in a similar manner. Questionnaires were mailed to every other person on the mailing list of Cultuuren Ontspanningencentrum (C.O.C.) in Amsterdam and to every person on the mailing list of Forbundet in Copenhagen. These are mail organizations similar to the Mattachine Society in the United States. Altogether, 1,859 questionnaires were sent out in the Netherlands and 962 in Denmark. Females were excluded.

In Amsterdam, a questionnaire was handed to every male at the C.O.C. club over a period of nine days. In this way, 547 questionnaires were given out. In Copenhagen, a similar procedure was employed for handing out 558 questionnaires to males in attendance at Forbundet’s two clubs: Club 48 and the Pink Club.

Finally, the questionnaire was handed to every male in all 30 homosexual bars in Amsterdam. As in the United States, the distribution was done in two consecutive weekends. This resulted in 388 questionnaires being distributed. The same procedure was utilized for handing out 396 questionnaires in Copenhagen’s 15 bars.

Of the 2,794 questionnaires distributed in the Netherlands, 1,077 were returned; the corrected response rate is 45.1 percent. In Denmark, only 303 questionnaires were returned of the 1,916 which were estimated to have been distributed, providing an apparent corrected response rate of 24.2 percent.5

5 It is difficult to know the actual number of questionnaires mailed in Denmark. Forbundet handled the mailing to its membership and would not allow the researchers any access to the mailing list. For this reason the researchers have no way of checking Forbundet’s estimate of the number mailed. Also, for Denmark as well as for the other countries, we made a very conservative estimate of the number of undeliverable mailed questionnaires in computing the corrected response rate.

Furthermore, over 50 percent of the base of the computed Danish response rate is comprised by Forbundet’s reported number of questionnaires mailed, and it is for these mailed questionnaires that the Danish response rate diverges most from the rates for the other countries.
In summary, questionnaires were completed and returned by 1,117 respondents in the United States, 1,077 in the Netherlands, and 303 in Denmark.č

While it may be argued that samples from these sources are not representative of the entire male homosexual population, they do seem representative of those homosexuals whom the researcher is likely to obtain from non-clinical and non-institutional sources with regard to the psychological scales used in this paper (see Weinberg, 1970b).

**Measures.** From the 145-item questionnaire, the items listed below were used as indicants of our variables. Except those items for which other response categories and values are presented, all items had these response categories: strongly agree, agree, not sure, disagree, and strongly disagree. Values of 1 through 5 were attached to these categories according to the direction of the item, so that a higher value indicates higher homosexual commitment, stability of self-concept, self-esteem, anxiety symptoms, or depression. The score for each scale was obtained by summing the values attached to the responses for each item in that scale. The reliability of the scale was tested in terms of coefficient alpha, which provides a measure of internal consistency taking into account the number of items. Its computation is a generalized form of the Kuder and Richardson formulas 20 and 21 (Cronbach, 1951).

1. Homosexual Commitment (Alpha Coefficient = .78):
   A. I wish I were not homosexual.
   B. I would not want to give up my homosexuality even if I could.
2. Stability of Self-Concept (Alpha Coefficient = .79):
   A. I have noticed that my ideas about myself seem to change very quickly.
   B. I feel that nothing, or almost nothing, can change the opinion I currently hold of myself.
   C. Some days I have a very good opinion of myself; other days I have a very poor opinion of myself.

č(a) Everyone included in the data analysis identified himself as homosexual on a sex orientation item in the questionnaire. That is, the few heterosexuals (students of deviance whose names were on the mailing lists) who completed and returned the questionnaire were excluded from the sample for this paper.

(b) Due to the manner in which the respondents were obtained, the sample appears to be skewed in the direction of higher social class and education. In the United States, for example, 80 percent have at least some college education, 60 percent are in the three highest status occupation categories (census and Hollingshead categories), and 63 percent place themselves in at least the upper-middle class. A similar skewing apparently occurs for the European samples, although the percentages in categories comparable to the above are not as high as for the United States.

†Scales of stability of self-concept, self-esteem, anxiety symptoms, and depression consist of the items used by Rosenberg (1965).
D. Do you ever find that on one day you have one opinion of yourself and on another day you have a different opinion? (Yes, this happens often, 1; yes, this happens sometimes, 2; yes, but this rarely happens, 3; no, this never happens, 4)
E. Does the opinion you have of yourself tend to change a good deal? (Changes a great deal, 1; changes somewhat, 2; changes very little, 3; does not change at all, 4.)

3. Self-Esteem (Alpha Coefficient = .86):
A. I feel that I have a number of good qualities.
B. I take a positive attitude toward myself.
C. On the whole, I am satisfied with myself.
D. I feel that I'm a person of worth, at least on an equal plane with others.
E. All in all, I am inclined to feel that I am a failure.
F. I certainly feel useless at times.
G. I am able to do things as well as most other people.
H. I wish I could have more respect for myself.
I. I feel I do not have much to be proud of.
J. At times I think I am no good at all.

4. Anxiety Symptoms (Alpha Coefficient = .85):
A. Do you ever have any trouble getting to sleep or staying asleep? (Nearly all the time, 4; pretty often, 3; not very much, 2; never, 1.)
B. Have you ever been bothered by nervousness, feeling fidgety and tense? (Nearly all the time, 4; pretty often, 3; not very much, 2; never, 1.)
C. Are you ever troubled by headaches or pains in the head? (Nearly all the time, 4; pretty often, 3; not very much, 2; never, 1.)
D. Do you have loss of appetite? (Nearly all the time, 4; pretty often, 3; not very much, 2; never, 1.)
E. How often are you bothered by having an upset stomach? (Nearly all the time, 4; pretty often, 3; not very much, 2; never, 1.)
F. Do you find it difficult to get up in the morning? (Nearly all the time, 4; pretty often, 3; not very much, 2; never, 1.)
G. Have you ever been bothered by shortness of breath when you were not exercising or working hard? (Many times, 4; sometimes, 3; hardly ever, 2; never, 1.)
H. Have you ever been bothered by your heart beating hard? (Many times, 4; sometimes, 3; hardly ever, 2; never, 1.)
I. Do you ever drink more than you should? (Many times, 4; sometimes, 3; hardly ever, 2; never, 1.)
J. Have you ever had spells of dizziness? (Many times, 4; sometimes, 3; hardly ever, 2; never, 1.)
K. Are you ever bothered by nightmares? (Many times, 4; sometimes, 3; hardly ever, 2; never, 1.)
L. Do you feel you tend to lose weight when you have something important bothering you? (Many times, 4; sometimes, 3; hardly ever, 2; never, 1.)
M. Do your hands ever tremble enough to bother you? (Many times, 4; sometimes, 3; hardly ever, 2; never, 1.)
N. Are you troubled by your hands sweating so that you feel damp and clammy? (Many times, 4; sometimes, 3; hardly ever, 2; never, 1.)
O. Have there ever been times when you couldn't take care of things because you just couldn't get going? (Many times, 4; sometimes, 3; hardly ever, 2; never, 1.)
5. Depression (Alpha Coefficient = .88):
   A. I am not as happy as others seem to be.
   B. In general, I feel in low spirits most of the time.
   C. I get a lot of fun out of life.
   D. I often feel downcast and dejected.
   E. On the whole, I think I am quite a happy person.
   F. Taking all things together, how would you say things are these days—would you say you are very happy, 1; pretty happy, 2; not too happy, 3; very unhappy, 4?

The measure of support of significant others was constructed using two sets of items. In the first set, the respondent was presented with this list of persons: mother, father, brother(s), sister(s), most of your aunts and uncles, best male heterosexual friend, most other male heterosexual friends, wife, best female heterosexual friend, most other female heterosexual friends, most of your work associates, your employer, most of your neighbors, heterosexuals in general. Where such a relationship exists (or existed before the listed party's death) the respondent was asked to rate each of the person(s) on a seven-point scale as to how important it is to him that each has (or had, if deceased) a "good" opinion of him; the scale ran from "1" which signifies "very important" to "7" which signifies "very unimportant."

In the second set of items the respondent was presented with the same list and asked how each of the persons would respond, or has responded, to finding out about the respondent's homosexuality—whether they are or would be accepting, understanding but not accepting, tolerant but not understanding, intolerant but not rejecting, or rejecting. For each respondent, the measure of support of significant others was derived by computing the proportion of significant others (those categories rated "1" or "2" in the first set of items) who are rated as accepting of the respondent's homosexuality.8

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8(a) There was no theoretical rationale for computing a coefficient of internal consistency, such as alpha, for the support measure. Each item was meant to tap the perceived support of a specific other and there was no reason to expect a high intercorrelation between the perceived support of these various others. Also, we could not compute test-retest reliabilities for our measures because there was no second administration of the questionnaire.

(b) This method of constructing the measure of support was used because it corresponds to the authors' theoretical conception of the variable. In order to insure that the results were not an artifact of the particular way the measure was constructed, three other measures of support were devised. Whereas the measure described in the text dichotomizes significant others into those who are accepting of the subject's homosexuality and those who are not, the second measure takes into account the degree of acceptance or rejection of the subject's homosexuality by his...
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Given the sampling sources (homosexual bars, clubs, and mail organizations), we may infer that, by and large, the subjects all receive some degree of support for their homosexual identity from other homosexuals. We have no measure of this support; thus, our data deal only with the support which the subject receives from other significant persons.9

Analysis. Zero-order and partial Pearsonian correlation coefficients, regression coefficients, beta weights, and F's were computed to test the adequacy of the various models previously presented.

RESULTS

As hypothesized, commitment to homosexuality is found to be positively related to stability of self-concept and to self-esteem, and negatively related to measures of psychological maladjustment (Table 1).10 Thus, significant others. “Accepting” (in the second set of items described above) was scored as 5, “understanding but not accepting” as 4, “tolerant but not understanding” as 3, “intolerant but not rejecting” as 2, and “rejecting” as 1. The mean score on this acceptance scale was computed for the people (listed in the first set of items described above) whose opinions of the subject were rated important (“1” or “2”).

It was also considered that primary relations may be more important as sources of support than secondary relations (e.g., one may consider both his employer’s and his best friend’s opinions of him very important, but his best friend’s opinion may be more consequential for his psychological adjustment). Thus, the third and fourth measures use a restricted list of others: mother, father, brother(s), sister(s), best male heterosexual friend, wife, best female heterosexual friend. The third and fourth measures were computed like the first two measures except that significant others are taken from this restricted list rather than the full list given in the body of the paper. By any of these methods, only an insignificant number of cases was lost due to dropping cases which rated no one’s opinions as “1” or “2” in importance.

The zero-order and partial correlations between support and the other variables (commitment and adjustment) were computed for the United States data and found to be generally unaffected by whichever particular measure of support was used. While we had a measure of the significance of “best homosexual friend” and “homosexuals in general,” we had no measure of their supportiveness. In addition, the importance attributed to their having a “good” opinion of the respondent was unrelated to either adjustment or commitment.

Observed correlations can be corrected for attenuation according to the formula

$$r_{xy'} = \frac{r_{xy}}{\sqrt{r_{xx}r_{yy}}}$$

Where $r_{xy}$ is the observed correlation, $r_{xx}$ is the reliability of $x$, $r_{yy}$ is the reliability of $y$, and $r_{xy'}$ is the “true” correlation between variables $x$ and $y$, which presumably would be obtained if they were measured without error. (Nunnally, 1967:217-219) Since the reliabilities of $x$ and $y$ are less than one, the “true” correlations are larger than those observed.

Since we do not have an estimate of the reliability of the support measure, how-
TABLE 1
Zero-order Correlation between Commitment (c) and Adjustment (a)

<table>
<thead>
<tr>
<th>Measure of adjustment</th>
<th>United States</th>
<th>Netherlands</th>
<th>Denmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stability of self-concept</td>
<td>.30***</td>
<td>.21***</td>
<td>.14</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>.35***</td>
<td>.32***</td>
<td>.29***</td>
</tr>
<tr>
<td>Anxiety symptoms</td>
<td>-.18***</td>
<td>-.13***</td>
<td>-.12</td>
</tr>
<tr>
<td>Depression</td>
<td>-.36***</td>
<td>-.39***</td>
<td>-.32***</td>
</tr>
</tbody>
</table>

Note: * indicates statistical significance at the .05 level, ** at the .01 level, and *** at the .001 level.

the association which Schwartz et al. found between commitment to a deviant role and a stable, positive self-concept is replicated among adult male homosexuals in the United States and the Netherlands. (For Denmark, the correlations were in the predicted direction; due to the weaker correlations and smaller sample size for Denmark, however, statistical significance was obtained only for self-esteem and depression.)

Our models delineate adjustment as the result of either commitment, support of significant others, or a combination of the two. In order to determine whether the zero-order correlation between commitment and adjustment is produced either entirely or in part by support of significant others, the zero-order correlations are compared with partial correlations which control for support of significant others (Table 2).11

If adjustment is a direct product of commitment only, as specified by Models 1, 4, and 6, then we would expect the correlation between commitment and adjustment not to be affected by controlling for the support of others.12 (Figure 1 contains a composite of the models.) If, alternatively, commitment and adjustment are both independent products of support of significant others (M5), then the correlation between commitment and ever, we cannot make this correction for all correlations. Thus, we present the observed correlations.

11 Strictly speaking, it might be more to the point and illustrate our procedure more clearly to compare zero-order and partial regression coefficients (b's) instead of correlation coefficients (r's) to test these various models (Blalock, 1964). For our data, comparison of zero-order and partial b's leads to the same conclusions as comparison of zero-order and partial r's. Since b's would have been more cumbersome to present (e.g., separate listings would be required for b<sub>c</sub>'s and b<sub>e</sub>'s), we decided to present r's.

12 If commitment and support are very highly intercorrelated, then controlling for support can decrease the correlation between commitment and adjustment, even when support is directly related only to commitment. This occurs because the control removes a large portion of the variance in commitment. Our data show, however, that r<sub>c</sub> is not high.
adjustment should disappear or substantially decrease when support is controlled. Likewise, if the relationship between commitment and adjustment in any way involves the support of others as an intervening variable (as in M2), then the relationship between commitment and adjustment should disappear or substantially decrease when support is controlled.

Referring to Table 2, we see that the partial r’s between commitment and the various measures of adjustment, controlling for support of significant others, do not differ significantly from the zero-order ones. Thus we see that the models which hold support of significant others to be the determining background variable of commitment and adjustment, or an intervening variable between them, are not supported (viz., M5 and M2). Rather, commitment and adjustment are related directly, positively, and independently of support of significant others (as suggested by Models 1, 3, 4, and 6).

A number of models (M2, M3, M5, and the Schwartz et al. study) contain the common-sense assumption that persons with more supportive significant others will be more psychologically adjusted because of it, but this assumption is not given much support by our data. For such a direct relationship, the partial correlation between adjustment and support, controlling for commitment, would have to meet two criteria. (1) It would have to be statistically significant (a probability level of .05 was used). (2) The actual value of the correlation coefficient would have to be large

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13 The only situation in which controlling for support of significant others could fail to affect the correlation between commitment and adjustment with support of significant others directly related to adjustment would be one in which support of significant others is negatively related to either commitment or adjustment. This is not possible since we obtain neither negative partial r’s nor negative partial b’s between support of significant others and either commitment or adjustment, controlling for the third variable.
TABLE 2
Zero-order and Partial Correlations between Commitment (c) and Adjustment (a),
Controlling for Support of Significant Others (s)

<table>
<thead>
<tr>
<th>Country</th>
<th>Measure of adjustment</th>
<th>r_{ca}</th>
<th>r_{c.a}</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>Stability of self-concept</td>
<td>.50***</td>
<td>.31***</td>
</tr>
<tr>
<td></td>
<td>Self-esteem</td>
<td>.35***</td>
<td>.34***</td>
</tr>
<tr>
<td></td>
<td>Anxiety symptoms</td>
<td>-.18***</td>
<td>-.17***</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td>-.56***</td>
<td>-.35***</td>
</tr>
<tr>
<td>Netherlands</td>
<td>Stability of self-concept</td>
<td>.21***</td>
<td>.20***</td>
</tr>
<tr>
<td></td>
<td>Self-esteem</td>
<td>.52***</td>
<td>.30***</td>
</tr>
<tr>
<td></td>
<td>Anxiety symptoms</td>
<td>-.13***</td>
<td>-.12***</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td>-.39***</td>
<td>-.37***</td>
</tr>
<tr>
<td></td>
<td>Self-esteem</td>
<td>.29***</td>
<td>.32***</td>
</tr>
<tr>
<td></td>
<td>Anxiety symptoms</td>
<td>-.12</td>
<td>-.10</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td>-.32***</td>
<td>-.38***</td>
</tr>
</tbody>
</table>

* indicates statistical significance at the .05 level, ** at the .01 level, and *** at the .001 level.

enough to be substantively important (any coefficient less than .10 was considered negligible). Schwartz et al. infer this direct relationship among emotionally disturbed children. But in general, the partial correlations in Table 3 show the relationship between adjustment and support, controlling for commitment, to be negligible among homosexual males in each country.\textsuperscript{14}

This indicates that generally, among male homosexuals, support and adjustment are not related directly (as proposed by M1, M2, M3, M5, and by Schwartz et al.). Rather, support seems to influence adjustment

\textsuperscript{14} An exception to be noted, however, is that for both the Netherlands and Denmark, a statistically significant partial correlation between support and depression remains after commitment is controlled. (The partial correlations between self-esteem and support and between depression and support in the United States, and between self-esteem and support in the Netherlands are dismissed because, although they are statistically significant, they are below the magnitude of .10 which we chose as the lower limit of substantive, as distinguished from statistical, significance.)
only through the intervening variable of commitment. The commonsense assumption that support promotes adjustment is thus shown in this instance to be incorrect—viz., support enhances adjustment only to the extent that it increases the homosexual's commitment to his deviant identity.

Thus, any direct effect of the support of significant others on psychological adjustment may have to be regarded as specific to those situations and deviant identities where it is found. Such an effect may be contingent on a number of factors. For example, whether or not a significant other supports one's deviant identity may be more consequential for psychological adjustment when that identity is more relevant to the particular relationship with the other and when the relationship encompasses more of the deviant's everyday life.

We would expect, then, that the therapist's support or non-support of an institutionalized emotionally disturbed child's identity would be more important for psychological adjustment than the support or non-support of

TABLE 3
Zero-order and Partial Correlations between Support of Significant Others (c) and Adjustment (a), Controlling for Commitment (e)

<table>
<thead>
<tr>
<th>Measure of adjustment</th>
<th>United States</th>
<th>Netherlands</th>
<th>Denmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stability of self-concept</td>
<td>.05</td>
<td>.07*</td>
<td>.04</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>.15***</td>
<td>.22***</td>
<td>.17*</td>
</tr>
<tr>
<td>Anxiety symptoms</td>
<td>-.07*</td>
<td>-.08*</td>
<td>-.11</td>
</tr>
<tr>
<td>Depression</td>
<td>-.15***</td>
<td>-.17***</td>
<td>-.27***</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure of adjustment</th>
<th>r_{aa}</th>
<th>r_{ee}</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stability of self-concept</td>
<td>.02</td>
<td>.03</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>.06**</td>
<td>.11</td>
</tr>
<tr>
<td>Anxiety symptoms</td>
<td>-.05</td>
<td>.13</td>
</tr>
<tr>
<td>Depression</td>
<td>-.08*</td>
<td>-.22**</td>
</tr>
</tbody>
</table>

Note: * indicates statistical significance at the .05 level, ** at the .01 level, and *** at the .001 level.
of one's homosexual identity by the significant others we list. First, the deviant identity is the very focus of the therapist-child relationship. Thus support or non-support of the deviant identity is more likely to be expressed or perceived in any particular encounter between child and therapist than between a homosexual and the significant others we consider.

Second, the relationships between a homosexual and various significant others may be of relatively narrow scope. Thus, his parents' opinion of him may be very important to a homosexual. Yet if relatively little time is spent with them (for instance, because of geographical separation), the parents' acceptance or rejection of their son's homosexuality may not affect his general psychological adjustment very much. For the institutionally confined child, however, the therapist's support of the child's emotionally disturbed identity may have many more consequences for psychological adjustment, as that relationship encompasses, or in large part determines, much more of the child's daily life.\(^{15}\)

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\(^{15}\) Weinberg and Williams (forthcoming) find a zero-order relationship between adjustment and the degree of support or rejection by others. They note, however, that among homosexual men the significance of the others seems inconsequential for this relationship.

"Where a significant relationship appeared between psychological adjustment and the imagined response of specific persons, we sought to examine the effect that the "significance of the other" had on this relationship. It was expected that the association between putative response and psychological adjustment would decrease when the "opinion the other held of the respondent" was considered relatively unimportant. Contrary to our expectations, however, controlling for the significance of the other produced no significant differences using Goodman's test for interaction. How may this be explained?"

"The findings suggest that how the homosexual perceives others' responses is related to his psychological adjustment regardless of how important he reports their opinions to be to him. Because the homosexual generally perceives that society's reactions toward him are negative, the consequences of any negative response can be serious enough to override the significance of the other for him. If a person is negative toward homosexuals, and his opinions are held in great esteem by a particular homosexual, he is in a position, by slight and innuendo, to cause great misery. This may also be the case for a person, similarly negative, to whose opinions a particular homosexual may ascribe no importance. In other words, the consequences of a negative reaction seem to be independent of the scored importance of that person's opinion because putative negative reactions symbolize the homosexual's deviant position in society. Thus, this may constitute a more global phenomenon that does not diminish regardless of the significance of particular appraisers."

Again, differences between homosexuals and emotionally disturbed children are suggested.
HOMOSEXUAL IDENTITY

M1 proposes alternatively that adjustment determines the selective evaluation of others as significant. Again, however, the negligible partial correlations between support and our measures of adjustment (controlling for commitment) indicate no direct relationship between support and adjustment, thereby disconfirming M1 as well.

Moreover, the weak zero-order correlations between support of significant others and adjustment decrease even further when commitment is controlled. This indicates that, for our sample at least, support and adjustment are both related to commitment, but are not directly related to each other—i.e., that commitment is either an intervening variable or a background variable affecting both support and adjustment, as suggested by M4 and M6.

As hypothesized, commitment to homosexuality is positively related to support of significant others, with a zero-order r of .22 in the United States and .21 in the Netherlands and Denmark. All the models predict that commitment and support of significant others will be positively related. Some models (M1 and M3) suggest, however, that adjustment is an important intervening variable. The deterministic version of such a model (M3) suggests that if support of significant others is high, psychological comfort in the deviant role is high, and therefore, there will be high commitment to that role (as suggested by Schwartz et al.). The more voluntaristic version (M1) suggests that once a person has chosen an identity, psychological comfort increases, and that in order to reinforce his certainty in this identity, the person thereafter evaluates more highly the opinions of those who support, and less highly the opinions of those who do not support, that identity.

We can again test the adequacy of models M1 and M3 by seeing if the relationship between commitment and support is significantly affected when we control for adjustment, as it would be if adjustment were an intervening variable (Table 4).

In none of the three countries does the relationship between commitment and support of significant others disappear or significantly decrease when we control for adjustment. Again, rejection of M1 and M3 is indicated, along with the conclusion that as far as the variables included in this study are concerned, commitment is related to support of significant others directly, and only directly.

In sum, then, commitment is directly related to both adjustment and support but the latter variables do not directly affect each other in any significant way. Thus, based on data from three countries, it appears that, among the models proposed, the Support of Significant Others-Commitment-Adjustment Model (M4) and the Voluntaristic Independent Effects
TABLE 4
Zero-order and Partial Correlations between Commitment (c) and Support of Significant Others (s), Controlling for Adjustment (a)

<table>
<thead>
<tr>
<th>Measure of adjustment</th>
<th>United States</th>
<th>Netherlands</th>
<th>Denmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stability of self-concept</td>
<td>.22***</td>
<td>.21***</td>
<td>.21***</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>.22***</td>
<td>.17***</td>
<td>.18***</td>
</tr>
<tr>
<td>Anxiety symptoms</td>
<td>.22***</td>
<td>.21***</td>
<td>.20***</td>
</tr>
<tr>
<td>Depression</td>
<td>.22***</td>
<td>.18***</td>
<td>.15***</td>
</tr>
</tbody>
</table>

Note: * indicates statistical significance at the .05 level, ** at the .01 level, and *** at the .001 level.

Model (M6) best represent the probable relationships between homosexual commitment, adjustment, and support of significant others (Figure 2).

Our data provide no basis for preferring one of these models over the other, i.e., we cannot determine the direction of the relationship between commitment and support (cf. Blalock, 1972:445–448). It may be that each model best represents a particular type of homosexual. Indeed, although we could not deal with non-recursive models in this paper (see footnote 1), it seems likely that both processes are at work—that the level of homo-

![Figure 2](image)

Models supported which relate support of significant others for the deviant identity (S), commitment to that identity (C), and psychological adjustment (A).
sexual commitment is determined in part by perceived support of one's significant others, while the evaluation of various others as being significant or not depends in part on one's commitment. It is, in fact, just such feedback mechanisms that are suggested by symbolic interactionism.

ADDENDUM

Models 4 and 6 could be considered here as path diagrams. In order to do this, one must assume uncorrelated residuals (that in M4, the variation in commitment unexplained by support of significant others is not correlated with the variation in adjustment unexplained by commitment; that in M6, the variation in support unexplained by commitment is uncorrelated with the variation in adjustment unexplained by commitment). The partial correlation coefficients given in Table 3 (r_{ae}’s) are the correlations between the residuals in M6. As noted above, these correlations are indeed generally negligible. We have no direct test for the correlation between the residuals in M4.

The path analysis could then proceed in one of two ways. The first involves simply using the zero-order correlation coefficients given in Tables 2 and 4 as the path coefficients for these recursive models (Duncan, 1970; Land, 1969). The zero-order r’s in Table 2 (r_{ae}’s) are the path coefficients from commitment to adjustment; those in Table 4 (r_{ae}’s) are the path coefficients from support to commitment in M4 and from commitment to support in M6. Such a path analysis, therefore, gives us no additional information beyond that already obtained from the regression analysis.

A more sophisticated strategy would be to combine M4 and M6 as one non-recursive path model in which commitment and support are reciprocally related. Thus, the model would include both an arrow from support to commitment and one from commitment to support. To work with this non-recursive model, however, additional properly qualified exogenous variables would have to be included; such variables are not available in the larger study. (See footnote 1.)

SUMMARY

A number of models suggested by the symbolic interactionist perspective relating deviant commitment, psychological adjustment, and perceived support of the deviant identity by significant others were tested with data gathered from a large sample of male homosexuals from the United States, the Netherlands, and Denmark. Homosexual commitment was found to be positively related to psychological adjustment and support of significant others. Adjustment and support were not found to be
directly related to each other and were found to be only weakly related through commitment.

Of the six models tested, two were supported. Both of these models propose that, for homosexuals, commitment—i.e., having "settled into" a homosexual identity—leads to better psychological adjustment as indicated by a more stable, positive self-image, fewer anxiety symptoms, and less depression. In addition, one model proposes that support of his homosexual identity by significant others positively influences the homosexual's commitment to that identity. Alternatively, the other supported model suggests that the homosexual's commitment influences his selective evaluation of the importance he attaches to others' opinions of him. The model implicit in the Schwartz et al. work on emotionally disturbed children in which psychological adjustment follows from support was not corroborated by this study.

REFERENCES

Blalock, Hubert M., Jr.
1964 "Controlling for background factors: Spurious versus developmental sequen-
1969 Theory Construction: From Verbal to Mathematical Formulations. Engle-

Cohen, Albert K.
1965 "The sociology of the deviant act." American Sociological Review 30 (Febru-
ary): 5–14.

Cronbach, L. J.
1951 "Coefficient alpha and the internal structure of tests." Psychometrika 16:
297–334.

Dank, Barry M.

Duncan, Otis Dudley
1970 "Partials, partitions, and paths." Pp. 38–47 in Edgar F. Borgatta (ed.), So-

Land, Kenneth C.
1969 "Principles of path analysis." Pp. 3–37 in Edgar F. Borgatta (ed.), So-

Nunnally, Jum C.

Rosenberg, Morris

Schwartz, M., G. F. N. Fearn and S. Stryker
1966 "A note on self conception and the emotionally disturbed role." Sociometry
29 (September): 300–305.
Schwartz, Michael and Sheldon Stryker
Weinberg, Martin S.
1970a "The male homosexual: Age-related variations in social and psychological characteristics." Social Problems 17 (Spring):527–537.
Weinberg, Martin S. and Colin J. Williams
Parasuicide, Gender, and Gender Deviance

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The hypotheses that gender-role nonconformity during childhood is associated with social isolation, which in turn is related to subsequent suicidal feelings and attempts, were tested. These ideas were explored in a four-group sample of homosexual and heterosexual men and women living in San Francisco. The data indicated that there was support for the hypotheses; however, childhood gender-role nonconformity was more consequential for the later suicidality of men than of women. The data indicated consistently that gender deviance was more benign in women than in men.

Few values are as intensely and ubiquitously held as those of gender. The norms governing gender-appropriate behavior widely serve as personal standards for judging the gender adequacy of both self and others. While there is some variation in the contents of gender roles by sex and social class (Duncan and Duncan, 1978), there are probably few individuals who are indifferent to the norms of gender, regardless of their concrete understanding of those norms. The valuing of gender has often given rise to derivative negative concepts of the characteristics of gender deviants, together with the application of childhood terms such as "tomboy" and "sissy" and their adult eroticized versions of "dyke" and "faggot." Such labels depict negative reference persons whom one is not supposed to resemble (Merton, 1957:354–55). Gender deviance is defined here as behavior that violates the norms for gender-appropriate behavior; this deviance is to be distinguished from sexual deviance, which may or may not also be gender deviant. Thus, while transvestites and homosexuals are gender deviant, prostitutes and rapists are sexual deviants who are quite gender conventional.

Gender is valued so intensely that many persons are willing to kill or die in defense of their gender adequacy. The data on male homicides show that a large number of such deaths arose out of often trivial imputations of gender inadequacy by one male to another (Luckenbill, 1977; Wolfgang and Ferracuti, 1982:305–306). While women seem considerably less likely to kill as a result of imputed gender incompetence, their relatively greater propensity to kill spouses, lovers, and sex rivals may also be interpreted as efforts to avenge threats to their adequacy as women in personal relationships. The thrust of the present work is to show that gender deviance may also be a contributing factor in an individual's suicidal propensities.

One's adequacy in a gender role is a major component of one's self-evaluation. Concerns about one's gender adequacy seem to be more common during preadolescence, when persons are learning and attempting to conform to a gender role, rather than during adulthood, by which time most persons have reached an accommodation with a gender role. Boys seem particularly sensitive to questions of gender inadequacy. Tuddenham (1952) found that boys in grades one to five describe themselves as "real boys" more often than they mention any other trait, with degree of athletic skill being the major criterion for whether or not one is a "real boy." Similarly, Stein and Hoffman (1978) found that athletic inability was often a source of self-doubt among adolescent males and led them to question their own masculinity.

Gender-role nonconformity, and particularly that form of nonconformity expressed in en-