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Some MMPI and biographical questionnaire correlates of non-institutionalized male homosexuals

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MASTER'S THESIS

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DEAN, Robert Bruce

SOME MMPI AND BIOGRAPHICAL QUESTIONNAIRE
CORRELATES OF NON-INSTITUTIONALIZED MALE
HOMOSEXUALS.

San Jose State College, M.A., 1967

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SOME MMPI AND BIOGRAPHICAL QUESTIONNAIRE CORRELATES OF
NON-INSTITUTIONALIZED MALE HOMOSEXUALS

A Thesis
Presented to
the Faculty of the Department of Psychology
San Jose State College

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

by
Robert B. ^{ruce}Dean

January 1967

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Wahrlich, keiner ist weise,
Der nicht das Dunkel kennt,
Das unentrinnbar und leise
Von allen ihn trennt.

--aus Hesses "Im Nebel"

This study presents biographical and psychological test data from a diversified sample of 113 non-institutionalized adult male homosexuals. Testing devices consisted of the Minnesota Multiphasic Personality Inventory (MMPI). and preliminary and revised forms of a biographical questionnaire. Mean MMPI scores of the homosexual sample were compared to mean scores of (1) the Minnesota male norms, (2) 56 male student homosexuals under psychiatric treatment, and (3) 40 college-educated male homosexuals. The resulting MMPI differences showed (1) only moderate deviations of the present sample from the MMPI male norms, (2) considerably less severe signs of psychopathology with the present sample than with the students under treatment, and (3) almost identical mean scores of the present sample and the 40 college-educated homosexuals. Comparisons were also made between mean MMPI scores of subgroups of the sample formed on the basis of biographical factors such as history of legal difficulties, treatment for emotional problems, history of homosexual and heterosexual experiences, degree of homosexual promiscuity, tendency to make and maintain homosexual relationships, level of education, and membership in homophile organizations. The resulting differences and lack of differences are discussed.

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Finally, I wish to thank Dr. Harold Richardson for his many, many hours of therapeutic consultation and active participation in the execution of this project.

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CHAPTER I

INTRODUCTION

The Significance of the Problem and the Scope of the Present Inquiry

A further understanding of homosexuality is important both because of society's present attitude toward it and because of the relative lack of empirical data about it. To the extent that society's view of homosexuality as a "social problem" is based upon irrational prejudices due to lack of scientific data, it is important that such scientific data be obtained which can serve as a basis for a rational understanding of this behavioral phenomenon.

Psychotherapists have traditionally regarded homosexuality as a psychological illness to be treated and cured, although the prognosis for a successful "cure" of homosexuality has ranged from very pessimistic to quite optimistic. Early investigators such as Sigmund Freud (1963) and Magnus Hirschfeld (1914) regarded homosexuality as basically constitutional and therefore not particularly, if at all, amenable to psychotherapy. On the other hand the recent stress upon the experiential determinants of homosexuality has led Bieber (1962), Cappon (1965), and Ellis (1963), among many others, to predict a favorable prognosis for homosexual patients who strongly desire to modify their sexual behavior. However, as will be discussed in detail later, there is growing evidence that homosexual behavior per se may not necessarily be indicative of psychopathology. It should be noted that most psychoanalytic and other psychotherapeutic views on homosexuality have

been derived from studies of homosexuals who either sought treatment themselves or who were referred by various agencies because of external difficulties. When told by his fellow colleagues that all of their homosexual patients were very sick, Albert Ellis has often made the neglected point that all of his heterosexual patients were sick, too.

Marmor (1965) concisely summarizes this line of thinking when he states that,

a strong possibility thus exists that traditional concepts about the characterological defects of homosexuals are based on a skew sampling of homosexuals and may not accurately represent the spectrum of personalities present in the total homosexual population (p. 16).

Most studies of male homosexuality have used individuals from restricted populations because of the difficulties of obtaining subjects. As mentioned previously, some of the psychological studies used subjects who were incarcerated, under psychological treatment, or in hospital institutions. Other studies used subjects not from the above populations but nevertheless presenting non-random samples, such as individuals who were highly educated, "self-accepting" homosexuals, and individuals obtained through homosexual organizations. In all of these cases the results obtained could not justifiably be generalized to the homosexual population as a whole because of the sampling bias. It will be the general purpose of this study to extend our understanding of homosexuality in this society by presenting biographical and psychological test data from a diversified sample of 113 non-incarcerated, non-hospitalized male homosexuals and to relate these data to the few empirical studies of male homosexuality which have been published to date.

The above sample of male homosexuals was administered the following testing devices: (1) The Minnesota Multiphasic Personality Inventory¹. (2) A short biographical questionnaire containing questions regarding general biographical data, educational and occupational background, history of legal and emotional difficulties, homosexual and heterosexual experiences, and history of associations with homophile organizations. These test instruments will be used in carrying out the following objectives of this study: (1) Development of a biographical questionnaire which will elicit certain information from Male homosexuals nearly as well as could be obtained in a personal interview covering the same material. (2) Assessment of the general psychological adjustment of homosexual males. (3) Testing the relationship between the MMPI data and certain biographical factors such as history of legal difficulties, treatment for emotional problems, history of homosexual and heterosexual experiences, degree of homosexual promiscuity, tendency to make and maintain extended homosexual relationships, and membership in homophile organizations.

Before proceeding to the review of the literature it would be highly advisable to define carefully exactly what is meant by the term homosexuality. This task is not as easy as it might seem superficially since a great many quantitative and qualitative factors must be taken into consideration. One popular definition which is easily understood but scientifically incorrect is based upon a stereotyped pattern of overt behavior: a homosexual is an individual who demonstrates publicly and privately the behavioral characteristics of the opposite

¹Hereafter referred to as the MMPI.

sex. It is a matter of fact that only a small percentage of homosexuals would fit into this category. Another equally fallacious definition is that which states that a homosexual is an individual who has had sexual contacts with a member of the same sex which led to orgasm. Since only the factor of frequency is accounted for by this definition it is obviously not at all adequate. In Freud's theoretical system homosexuality is regarded as an expression of latent tendencies inherent in all human beings due to biologically based bisexual predispositions. For Freudian theory homosexuality is essentially a quantitative matter: one attempts to discover the degree of homosexual thoughts and behaviors.

The contemporary trend is toward a more precise qualitative definition in terms of both operational and motivational factors. Bieber (1965) defines a homosexual in operational terms as an individual who in adult life repeatedly engages in overt sexual behavior with members of the same sex. Marmor (1965) regards Bieber's definition as psychodynamically too simplified and adds the important element of motivation to the definition he proposes, which will be the one adhered to in this study. Marmor states:

I prefer, therefore, to define the clinical homosexual as one who is motivated, in adult life, by a definite preferential erotic attraction to members of the same sex and who usually (but not necessarily) engages in overt sexual relations with them (p. 4).

He suggests that this definition serves the following useful purposes:

- (1) It does not exclude the possibility of other motivations being involved in homosexual behavior.
- (2) It does exclude individuals not motivated by preferential desire (such as occurs in situational,

opportunistic, and psychopathic homosexual behavior). (3) It eliminates the concept of latent homosexuality (as conceived by Freud and others). Lindner (1963) formulated approximately the same definition but expressed it in slightly different terminology, and for comparison it will be presented here. He feels that homosexuality is a term

applicable only to those individuals who more or less chronically feel an urgent desire toward, and a sexual responsiveness to, members of their own sex and who seek gratification of this desire predominantly with members of their own sex (p. 55).

CHAPTER II

THE HISTORY OF THE PROBLEM

This review of the literature will be only tangentially concerned with the major theoretical formulations of the etiology of homosexuality. A concise review of the theoretical formulations of Freud, Ferenczi, Fenichel, Bergler, Schilder, Allen, Thompson, Jung, and Harding can be found in the unfortunately unpublished dissertation of Renaud (1950). The major emphasis here will be upon recent research done within biological and social science frameworks, primarily the latter. The largest amount of space will be devoted to reviewing empirical psychological studies of male homosexuality since they are most relevant to the investigation to be reported later.

Ueberblick of Biological and Social Science Research

Historical and anthropological evidence suggests that homosexuality has existed as a form of sexual behavior at all stages of cultural development and in all races. However, it was not until the latter part of the 19th century that homosexuality became an object of more than casual scientific scrutiny, and it was well into the present century before empirical studies of this phenomenon began to be published. Most research on homosexuality has been conducted during the past several decades and has involved researchers from both the biological and social sciences as well as psychotherapists trained in psychiatry and clinical psychology. Recent anthologies by Marmor (1965), Money (1965), and Ruitenbeek (1963) provide excellent summaries and examples of recent research.

There is an extensive number of studies on the biological determinants of homosexuality, and they range over a wide variety of topics. The cross-cultural and cross-species comparisons made by Ford and Beach (1951) strongly suggested to them that homosexuality is merely one of a number of biological tendencies inherent in the human species. They state that, "the cross-species and cross-cultural comparisons presented combine to suggest that a biological tendency for inversion of sexual behavior is inherent in most if not all mammals including the human species" (p. 143). Denniston (1965), Pare (1965), and Perloff (1965) studied three biological aspects of homosexuality and have a combined list of 61 references. Denniston reviewed the literature on ambisexuality in lower animals, and, in agreement with Ford and Beach, found it to occur in every species studied and to have little relation to hormonal or structural abnormality. Pare reviewed the literature on genetic and chromosomal factors in human homosexuality and concluded that while some evidence tends to support the influence of such factors, the degree to which they are important is still quite uncertain. Perloff, in a study of the hormonal determinants of homosexuality, concluded that it is purely a psychological phenomenon neither determined by nor alterable with endocrine substances.

Historical, anthropological, and sociological studies of homosexuality have generally tended to be descriptive. Examples of the historical approach are the discussion of male homosexuality and role of women in ancient Greece by Fisher (1965), the comparison of legal and moral attitudes toward homosexuality at different historical periods by Szasz (1965), and the review of historical and mythological

aspects of homosexuality by Taylor (1964). Anthropological studies of homosexuality are rather limited in number and have dealt with this topic either as part of broader cross-cultural studies (e.g., Ford & Beach, 1951; Mead, 1961) or else have been specifically concerned with some aspect of it (e.g., Devereux, 1963; Opler, 1965). Devereux wrote on the institutionalized homosexuality of the Mohave Indians, and Opler discussed certain anthropological and cross-cultural aspects of homosexuality.

Very few sociological studies concerning homosexuality have appeared until relatively recently. As examples, Leznoff and Westley (1963) studied the social-sexual interactions between "secret" and "overt" groups of male homosexuals in a large Canadian city; Raven (1963) described several patterns of male prostitution in London; Reiss (1963) reported an empirical investigation of male 'hustling'; and Schelsky (1955) discussed social factors as the precipitating cause of homosexual behavior in certain types of individuals. Schelsky suggests more intensive investigation of his observation "that social circumstances can determine or influence juvenile or even older individuals in the lapse of heterosexual relations" (p. 78, my translation). The detailed studies of homosexual subcultures in the United States by Hooker (1956, 1962, 1964a, 1964b, 1965b) are very well written and are to be particularly noted.

Although literally hundreds of articles on homosexuality have appeared in the psychological and psychiatric journals, all but a handful are of very dubious generality since most involve clinical observations on very small and/or biased samples. Only a small

percentage of the total number of studies of homosexuality consists of controlled, empirical investigations.

Clinical Studies

Psychiatric and psychoanalytic articles on homosexuality have been primarily concerned with its etiology and treatment. While dozens of etiological patterns have been described for various individual cases, the sum of all evidence seems to indicate that there is no specific grouping of factors which account for all homosexual deviations. Comparisons of clinically deduced developmental patterns of both heterosexual and homosexual males indicate a great many similarities and thus probably preclude these patterns being specific causative factors by themselves. It is becoming increasingly obvious that homosexuality is multiply determined by the complex interaction of many different psychological, cultural, and biological variables, to name the most obvious. In a recent brief conversation I had with Margaret Mead (April 9, 1965) she suggested that homosexuality is often overdetermined by a great many culturally indigenous variables and that this culture's attitude toward homosexuality often is the decisive factor in the adoption of a homosexual life-style. Her view is somewhat similar to that of Cappon (1965), who believes that "the causality of homosexuality is made up of multiple and simultaneous factors, and is overdetermined. No single incident, no one point in time will produce it" (p. 111). Marmor (1965) is more specific when he summarizes current psychiatric opinion on the matter. He states:

For a homosexual adaptation to occur, in our time and culture, these factors must combine to (1) create an impaired gender-identity, (2) create a fear of intimate

contact with members of the opposite sex, and (3) provide opportunities for sexual release with members of the same sex (p. 5).

The recent articles by Bieber (1965), Ovesey (1965), Salzman (1965), and Stoller (1965) will be briefly reviewed as examples of current clinical viewpoints on male homosexuality. Bieber went into great detail in discussing the clinical aspects of homosexuality. It was his opinion that, contrary to classical psychoanalytic findings, all homosexuals are latent heterosexuals, not the reverse. In contradiction to contemporary psychoanalytic views, he feels that the psychodynamics of homosexuality involve fear of the male and love of but avoidance of the female. Stressing the psychopathology of homosexuality, he stated that it cannot occur without a corresponding anxiety-caused inhibition of heterosexuality. As support for these and other views he cited an earlier study of which he was the senior author (Bieber et al., 1962). Ovesey delineated three separate motivations involved in the homosexual fantasies of patients in therapy: homosexuality, dependency, and power. Dependency and power motivations involved in these homosexual fantasies he labels "pseudohomosexual" motivations and the anxiety about being homosexual which accompanies them in heterosexual males as "pseudohomosexual anxiety." Most of his article consisted of a description of the utilization of these concepts in the treatment of homosexual males and the treatment of fears of being homosexual in heterosexual males. Salzman reviewed the various meanings of the term "latent" homosexuality and concluded that it is no longer either a valid or useful concept. He suggests that "the validity of the term be definitely demonstrated or the term completely abandoned" (p. 246). Stoller, in relating the

concept of gender "passing" (identification with members of the opposite sex, such as involved in transvestism and transsexualism) to a postulated continuum of gender identity, concluded that individuals who "pass" (i.e., actually assume the role of a member of the opposite sex) are qualitatively as well as quantitatively different from individuals who do not. This qualitative difference is the "overwhelming motivation that makes them willing to take great risks and permits them to go beyond imitation to actual gender identification" (p. 206).

The study by Whitener and Nikelly (1964) of 30 male homosexual college students undergoing psychotherapy at a university health center might almost be considered an empirical study except for the fact that the data obtained were based upon subjective, clinical impressions and unspecified psychological tests. Twenty-nine of their subjects were referred to the center by various campus agencies while one was self-referred. Only eight subjects were thought to give a clear picture of sociopathic personality. The large majority of subjects gave neurotic symptoms of anxiety, depression, and obsessions. The authors expressed the opinion that the parents of homosexual males present him confusion in the identity of his sexual role. They also noted that sociological and cultural factors as well as the interpersonal relationships within the family were important etiological factors. Even though all patients were carefully screened before therapy to weed out the most disturbed cases, an improvement rate of only 50% was obtained. Criteria for improvement were based upon a greater interest in and participation in heterosexual activities and a reduction in neurotic symptoms. The authors feel that best results in therapy can be obtained with highly

motivated and intelligent patients who have not been overtly homosexual for too many years and who have neurotic symptoms impairing their intellectual efficiency.

The results of this and all other clinical studies concerning the psychopathology of homosexuality should tentatively be limited to the particular homosexuals studied or at least to homosexuals in psychotherapy of one form or another. Because of extreme sampling bias (e.g., in the Whitener and Nikelly study 19 subjects had been caught in "compromising situations") it seems unlikely that at the present state of knowledge all or even most clinical observations can be validly generalized to the homosexual population as a whole. Undoubtedly, it is inevitable that because society regards homosexuality in and of itself as maladaptive, the homosexual population would be skewed more in the direction of neurotic behavior patterns than is the heterosexual population. Nevertheless, a few recent empirical investigations have indicated that there is a wide personality variation among homosexuals and that homosexuality by itself, even in this society, may not necessarily be indicative of psychological maladjustment.

Empirical Studies

Empirical studies of male homosexuality can be divided into those using subjects who were incarcerated, in hospital institutions, under psychological treatment, or functioning in society (i.e., not in the above three categories). More recent studies using incarcerated homosexuals include those by Cattell and Morony (1962), Doidge and Holtzman (1960), and Edwards (1964). Studies using homosexuals in hospitals or under psychological treatment include those by Aaronson

and Grumpelt (1961), Bieber et al. (1962), Ellis (1963), Mayerson and Lief (1965), Nitsche, Robinson, and Parsons (1956), and Renaud (1950). Finally, the studies by Auer (1965), Chang and Block (1960), Dean and Richardson (1964, 1966), Dickey (1961), Hooker (1957, 1958, 1959, 1965a), Liddicoat (1961), and Zucker and Manesovitz (1966) appear to be almost the only ones who have published studies using homosexual subjects functioning in society. The article by Liddicoat will not be reviewed since it was not available.

The rather involved study by Cattell and Morony (1962) is of importance since they used both incarcerated and nonincarcerated homosexual subjects. Studying 100 incarcerated Australian homosexuals convicted of homosexual offenses, they obtained test results using Cattell's Sixteen Personality Factor (16PF) Questionnaire which differed noticeably from those of normal American males (p values were not reported). To check for possible cross-cultural differences they gave the 16PF test to an unspecified number of normal Australian males and found that on none of the 16 scales did this group differ significantly from the American male norms. Attempting to eliminate incarceration effects, they compared their convicted homosexuals with a smaller group of 33 homosexuals not under arrest and found a statistically significant pattern similarity coefficient between the two groups. It is interesting to note that their unconvicted homosexuals were significantly more intelligent and "bolder" than the convicted homosexuals. Comparing their entire group of 133 homosexuals to various clinical groups they obtained the highest pattern similarity coefficient with the clinical class of anxiety neurotics.

While this study seems to indicate (1) that incarcerated homosexuals do not represent a biased sample of the homosexual population and (2) that homosexuals are more psychologically disturbed than both incarcerated and nonincarcerated heterosexuals, there are several reasons why the results of this study should be regarded as only tentative. First, Cattell and Morony's unconvicted homosexuals were not under arrest at the time of the study, but they do not state whether they were functioning adequately in society. Second, there is some possibility that the attitudes toward, and the treatment of homosexuals in Australia is more productive of personality disturbance than in the United States. Third, Cattell's use of significance tests with his pattern similarity coefficient is rather dubious, since recent evidence indicates that his 16 personality factors are not orthogonal. As he himself states: "Horn (1961) has worked out significance tests for the case where the dimensions used as the profile elements are orthogonal, but personality dimensions as used here are only approximately orthogonal" (p. 535).

Doidge and Holtzman (1960) compared three groups of heterosexual Air Force trainees with a group of 20 homosexual trainees arrested for and extensively interrogated about homosexual behavior. Homosexual or heterosexual orientation was determined by a psychiatric interview and a thorough case history. Twenty of the heterosexual trainees had been investigated for homosexual behavior but were judged to be predominantly heterosexual; another 20 heterosexuals had been investigated for nonsexual offenses; and the other 20 heterosexuals had not been investigated for any offense. All subjects were given a battery of 10

psychological tests. The authors found that only the homosexual group consistently gave results which were significantly different from the other groups. The predominantly heterosexual group scores closely approximated those of the other heterosexual groups and were not indicative of significant personality disturbances. The main conclusions developed were that severe psychopathology is likely to be present in markedly homosexual individuals, and that homosexuality is thus indicative of an emotional disorder which is relatively pervasive and severe.

It is highly probable that both selection and incarceration effects were at work to distort these results. Many of the tests used either directly, or indirectly, measure anxiety. It seems likely that homosexuals about to face the severe penalty of being discharged from the Air Force for homosexuality would have a much higher level of anxiety than any of the other groups, including the heterosexuals suspected of homosexual behavior. It also seems likely that more exclusive or more disturbed homosexuals would be more inclined toward "breaking down" from the close contact with other males and engaging in forbidden homosexual activities than would less exclusive or disturbed homosexuals. Ellis (1963) reports that his exclusively homosexual patients tend to be more disturbed than those not so homosexually exclusive. Also, the average MMPI profile obtained from a group of homosexuals functioning in society (Dean & Richardson, 1964) is very similar to the MMPI profiles of the three heterosexual groups tested by Doidge and Holtzman, thus giving further support to the operation of a selection bias in their study.

Edwards (1964) investigated the differences in reported early life experiences with parents between a group of 16 white male prison inmates who had had at least five overt homosexual relationships before imprisonment and a group of 16 nonhomosexual prisoners individually matched on the bases of sex, race, age, years of education, and occupational level. Biographical data were obtained during a long, structured interview and were independently rated by two judges. A measurement of "parental rejection" differentiated the two groups with the homosexual group feeling more rejection as children. The homosexuals' fathers tended to spend less time playing with the child and to show less overt affection toward him. Also, the mothers of this group of homosexuals imposed more restraint on their activities. Only the above variables differentiated the two groups, in partial contradiction to earlier studies. The basic etiological pattern of male homosexuality which emerges from this study is "the cold, detached father who gives his son little in the way of love and affection and who holds himself aloof from direct interaction with his son" and the mother "with a strong need to keep her son close by her side and to impose limits on his behavior" (pp. 3-4). While this sample of 16 is small, the careful design of the study supports one possible etiological pattern of predisposition toward later homosexuality.

Aaronson and Grumpelt (1961) compared 25 hospitalized male homosexuals to a group of 25 hospitalized male patients with no record of homosexual behavior or preoccupation to see if personality measures able to differentiate men from women would also be able to differentiate homosexuals from heterosexuals. Subjects were matched both on the basis

of age and on the reason for their hospitalization. The MMPI was administered to all subjects and from it three measures of masculinity-femininity were derived. Chi square values formed by dichotomizing the scores on each measure into the top and bottom halves (using both groups combined) were highly significant. Each scale was thus able to differentiate between the two groups. While the results obtained seem to indicate that most male homosexuals have a more feminine orientation than male heterosexuals, some of the homosexuals in this study had a very masculine orientation, a finding in line with other studies. Nevertheless, it was demonstrated that those measures which best differentiate homosexuals from heterosexuals are those originally derived from such a comparison rather than from a comparison of men with women. The authors concluded that it seems possible that the relationship between homosexuality and femininity may be more correlative and casual than causal. However, due to the nature and size of this sample of homosexuals these results should be regarded as tentative until an attempt is made to cross-validate them on a larger and less biased sample.

Bieber (1962) reported the results of a study comparing 106 male homosexuals with 100 male heterosexuals, both groups undergoing psychoanalysis. The therapists of the patients involved personally filled out a long questionnaire asking for biographical, etiological, diagnostic, and prognostic information about each patient, to indicate only a few areas covered. The most important conclusion of the study (from Bieber's viewpoint) was that homosexuality is definitely indicative of psychopathology and that it is the result of "hidden but incapacitating

fears of the opposite sex" (p. 303). Bieber also found that there were no significant differences either in the psychiatric diagnoses of the two groups or in the number of each group in the different diagnostic categories. There is a strong possibility that a kind of criterion contamination occurred since each therapist rated his own patients and obviously knew which ones were homosexuals. There is also the definite probability that selection factors were operating that tended to load the sample with cases having moderate to severe personality disturbances.

Ellis (1963) reported on the treatment of 40 patients (28 males and 12 females), 36 of whom were engaging in overt homosexual relations and four of whom (two of each sex) were obsessed with becoming homosexual. The aim of treatment was based upon the concept that "the abnormality in homosexuality consists of the exclusiveness, the fear, the fetishistic fixation, or the obsessive-compulsiveness which is so often its concomitant" (p. 176). Distinct or considerable improvement was said to have occurred if the following behaviors were observed in the patient by the therapist: (1) Reduction in fear of the opposite sex. (2) Beginning of the enjoyment of heteroamative relations. (3) Beginning of effective functioning in such relationships. (4) Reduction in obsessive or compulsive actions regarding homosexuality. The most important result obtained was the relationship between desire to achieve heterosexual adjustment and improvement during therapy (chi square, $p < .01$). Of the 20 patients who did not come to therapy to overcome their homosexual problems, 10 (50%) were slightly improved and 3 (15%) were considerably improved. Of the 20 patients

who did want to improve, all 20 made some improvement and 16 (80%) made considerable improvement. Ellis cautions that the above results are very tentative since the criteria for improvement are based upon subjective statements of the patients and judgments of the therapist. Since no control group was used it can tentatively only be said that the patients improved with and not necessarily because of therapy.

Mayerson and Lief (1965) reported the results of psychotherapy with homosexuals in a follow-up study of 19 cases (5 females and 14 males). Their methodological procedures were improvements over those of Bieber (1962). Data were obtained and cross-validated from such sources as ratings made by the therapist, comments made by the patients, questionnaires filled out by the patients, and follow-up interviews of the former patients. Thus, there is some possibility that the results of this study are more reliable and valid than those reported by Bieber, even though this sample is much smaller. In addition to the factors commonly found to be associated with a favorable prognosis, the authors found that the degree of "psychodynamic heterosexual orientation" at the outset of therapy and the occurrence of erotic heterosexual dreams prior to therapy were directly related to the degree of heterosexual improvement. Of their 19 patients, four were able to change from exclusive homosexuality to exclusive heterosexuality.

Attempts to differentiate homosexuals from heterosexuals through the use of projective techniques have achieved equivocal results at best. Some attempts have been partially or marginally successful and some have failed completely. The study by Nitsche, Robinson, and Parsons (1956) is representative. They sought to determine if "certain

Rorschach content categories occur more often in protocols of homosexuals than in those of non-homosexuals" (p. 196). Subjects consisted of 38 white males seen at an adult mental health clinic. Nineteen had no known homosexual activity and 19 were recently convicted homosexuals. In nine out of 12 categories the homosexuals had a greater number of responses, but none of the differences were statistically significant. The mean number of responses per category for the homosexual group was 4.2, for the nonhomosexual group, 2.7. Hooker (1959) has criticized these narrow-minded attempts at differentiation and feels more attention should be paid to what kind of homosexual a person is.

In his unpublished doctoral dissertation Renaud (1950) sought to determine if variations on the masculinity-femininity (Mf) scale and other MMPI scales were correlated with what he termed "hypothetically appropriate" behavioral variations. In his first investigation he compared three groups of male patients from a university psychiatric clinic to see if known behavioral differences among the groups would be reflected in specific test results. These groups were: (1) 56 overt homosexuals, (2) 31 patients with a fear of homosexuality (fears), and (3) 93 patients randomly chosen from the clinic (randoms). There was no significant difference between the homosexuals and fears on the Mf scale, although both of these latter groups were significantly higher than the random group in this respect. However, homosexuals were higher than the fears on those scales associated with over-activity as a means of dealing with anxiety created by personal problems. The homosexuals were also higher than the randoms on MMPI scales from which can be inferred tendencies to act on conflicts rather than to suppress them

(Pd & Ma). Exclusive to the fears group was a significant tendency toward scoring higher on a scale measuring malignant forms of social and emotional withdrawal (Sc) than on a scale measuring less severe pathology (Pt).

In a second investigation Renaud (1950) used four test configurations, derived from comparison of the above three groups, which he felt would be associated with behaviors or psychological symptoms related to certain intra-psychic mechanisms and certain forms of action of theoretical relevance to homosexuality. Using the above samples from the university clinic and a new group from a public psychiatric clinic, raters without knowledge of test results were able to significantly differentiate between case histories of patients with the above four test configurations. Renaud concluded that these patients could be characterized by four separate psychological mechanisms inferable from the test constellations he described. More specific comments on Renaud's work will be made later in this study.

In a recent unpublished thesis Austin (1965) attempted to determine if present personality characteristics and behavior patterns of adult male homosexuals could be predicted from case history information. From the psychological literature, 54 case histories of overt male homosexuals were obtained, most of whom were not under psychotherapy at the time of their interviews and had indeed volunteered to be interviewed (about 75% of the cases). Chi square tests were used to determine the degree of relationship between 65 criterion variables (present personality characteristics) and 89 predictor variables (developmental history). Thirty-five of the criterion variables were related to 65

of the predictor variables at or beyond the .10 level of significance. (The .10 level was chosen as the level of significance since apparently a substantial number of the chi square values fell between the .05 and .10 levels.) Sixteen of these variables were subjected to discriminate analysis and the results of these analyses used to form 16 four-fold chi square tables: all of the resulting chi squares were significant ($p < .01$). The median accuracy of the weighted predictor variables was about 80%.

Regardless of the uncertain generalizability of Austin's results (he, himself, makes no claim to their general applicability) and the lack of cross-validation of his variables and the derived coefficients, it has been clearly shown that some present-day characteristics and behaviors of male homosexuals can be predicted from their life history data. Going beyond the present data it would seem that a more comprehensive understanding of homosexuality could be gained by more such attention to specific personality characteristics and their present and past behavior correlates and less exclusive emphasis upon global concepts such as the term "homosexual" itself.

Auer (1965), in an unpublished preliminary study of 20 male homosexuals "more or less" functioning in society, administered the Gough and Peterson De (delinquency) scale in the expectation that the homosexual group would have a mean score at least as large as that of a delinquent group. His 20 subjects had a mean age of 30 years and educational backgrounds ranged from high school drop-outs to college graduates. An unknown number (but at least two) had previously been arrested for their homosexual activity. His homosexual group obtained

a mean De score of 34.0, which was significantly higher ($p < .001$) than the mean of the nondelinquent De norms ($\bar{X} = 22.67$) and also probably significantly higher than the mean of the delinquent group obtained by Gough and Peterson ($\bar{X} = 28.95$). However, 10 of his subjects obtained scores lower than the mean of the delinquent mean, thereby suggesting a possible bimodal distribution of homosexuals along a delinquency continuum. Since apparently so little biographical information was obtained on each subject and since the sample is small, the results and possible interpretations of them should be regarded as very tentative.

Chang and Block (1960), in measuring identification in male homosexuals and heterosexuals, asked each subject to describe his self, his ideal self, his mother, and his father through a list of 70 adjectives, 30 of which were to be marked X if the adjective was characteristic and 30 0 if it was particularly uncharacteristic. The subjects consisted of 20 overt male homosexuals who had apparently accepted their homosexuality and only one of whom had ever received psychotherapy. They were compared to a group of 20 heterosexual males with comparable ages and educational backgrounds. Identification scores were obtained by comparing ideal self answers with the subjects' descriptions of their mothers and fathers. A derived score was obtained by subtracting the father identification score from the mother identification score. Further, a score of self-acceptance was obtained by comparing ideal self-description with self-description.

The derived scores were significantly greater for the homosexual group ($p < .001$). (The probability values are one-tailed tests and were derived from the Mann-Whitney test). Fourteen of the homosexuals but

only four of the heterosexuals had positive scores (more identification with the mother than with the father). The results thus supported their hypothesis of a relatively stronger mother identification than father identification in homosexuals. The homosexual group showed a greater degree of identification with the mother ($p < .03$) and less identification with the father ($p < .07$). The two groups did not differ in their degree of self-acceptance nor was there a trend for the heterosexual group to be more self-accepting ($p = .64$, two-tailed test). To test whether the above results were due to different "ego ideals" of both groups, an item analysis of the adjectives used for the descriptions of ideal selves of both groups was performed. Only two out of 79 adjectives discriminated between the groups ($p < .05$) and thus this idea was not confirmed.

Chang and Block noted that the result of their study might be due to the special nature of the sample of homosexuals studied--i.e., self-accepting homosexuals. It is indeed possible that the results obtained may have been strongly influenced by personality characteristics of this particularly better adjusted group. With individuals more ambiguous in their identification less self-acceptance would be expected. However, their results are still significant in that they have demonstrated that at least some homosexuals in this society are able to function reasonably well.

To test the hypothesis that a group of college educated overt male homosexuals not incarcerated or in mental hospitals would show no signs of gross psychopathology as measured by the MMPI, Dean and Richardson (1964) compared a group of 40 non-institutionalized college educated

male homosexuals with a group of 40 heterosexual male college graduate students, both groups apparently socially functioning in society since all were either employed or attending school at the time of testing. They found that the mean MMPI profiles of both groups were within the "normal" T score range ($T < 70$), except for the Mf scale of both groups, and that the profiles were similar both in shape and elevation. All of the other clinical scales of both groups fell within the T score range of 52-65. Nevertheless, the significantly higher elevation of the homosexual group on the Ma (hypomania) and Pd (psychopathic-deviate) scales would indicate a greater tendency of this group toward over-activity (Ma) and anti-social attitudes and behaviors (Pd). The greater elevation of the homosexuals on the Sc (schizophrenia) scale probably indicates a more deviant attitude toward the world than is characteristic of the heterosexual group. This study also confirmed one of the findings of Renaud (1950): namely, that for individuals with substantially elevated Mf scores ($T > 70$) a balance of $Pd > Hy$ (hysteria) is more characteristic of overt expression of homosexual behavior than it is characteristic of non-expression of such behavior.

Although the homosexual group was significantly higher on four of the 10 clinical scales, the authors nevertheless reached the general conclusion that neither group showed substantial psychological disturbance on the test. These results are in agreement with unpublished MMPI data obtained by Hooker² on a group of 30 homosexual and 30 heterosexual males matched for age and education who are participating in a detailed longitudinal study (cf. Hooker, 1965a).

²Evelyn Hooker, personal communication, 1965

Zucker and Manosevitz (1966) criticized Dean and Richardson for "lack of attention to stylistic differences between homosexuals and normals" and proceeded to give clinical interpretations of the three most frequent high-point codes (based upon data supplied by Dean). As a reply Dean and Richardson (1966) compared the five most frequent MMPI high-point codes occurring in three groups: the two groups reported in their 1964 article and an additional group of 31 less educated homosexuals. (27 of this latter group comprise the first 27 subjects of this present investigation.) Chi square for a 3 x 5 contingency table based upon the high-point code data was significant ($p < .05$). However, the only significant intergroup comparison was between the heterosexual group and the group of less educated homosexuals ($p < .001$). The authors interpreted the lack of a significant difference in code frequencies between the original two groups as negating the usefulness of Zucker and Manosevitz's clinical interpretations.

Dickey (1961) tested a series of hypotheses concerning the relation between objective and subjective role conflicts and feelings of adequacy in homosexual males. Forty-seven male homosexuals responded to a questionnaire consisting of biographical questions, 20 MMPI-type statements, and five concepts (self, ideal self, the typical male homosexual, and the typical male and female heterosexual) to be rated on each of 46 traits using a seven point scale. Feelings of adequacy were measured by: (1) differences between the self-concept and the ideal self-concept and (2) the 20 MMPI-type questions, which were designed to directly measure feelings of adequacy. Objective role conflicts were measured by two raters on the basis of the occupation of each subject.

Subjective role conflicts were obtained from the subjects' ratings of the male homosexual and male and female heterosexual.

Dickey defines role conflicts in homosexuals as existing when "the individual is required by the social demands of a particular situation to behave in a manner incongruent with his normal, self-accepting role--assuming, of course, that he does accept the role of homosexuality for himself" (p. 116). In general the results did not support the role conflict hypotheses. Homosexually "married" individuals appear to feel more adequate than those who are unattached. Homosexuals who prefer leisure time association with heterosexuals seem to feel more adequate than those who prefer homosexual associations. There was no significant correlation between a homosexual role identification and greater feelings of adequacy. Indeed, significant positive correlations were obtained between both measures of adequacy and the ideal self-heterosexual male discrepancies ($p < .05$). Thus, subjects who see the typical heterosexual male role as a more desirable one seem to feel more adequate. Finally, it would appear that subjective feelings of adequacy in homosexuals is strongly related to an identification with the masculine role demanded by this society. Deviance in the sense of rejecting a preference for heterosexual partners does not seem to lead to feelings of inadequacy, whereas deviance in the sense of a rejection of the prescribed gender role definitely does. While Dickey cautions that since her group did not represent a random or representative sample of homosexuals and that therefore the results may not be characteristic of the total homosexual population, her sample was considerably less biased than many other studies and her results are probably fairly

accurate for the homosexual cross section she studied.

Evelyn Hooker has written many articles on various aspects of male homosexuality in this society. Her sociologically oriented articles (1956, 1962, 1964a, 1964b, 1965b) have dealt with descriptions and analyses of the homosexual community: her empirical research (1957, 1958, 1959, 1965a) has been primarily concerned with the adjustment of the overt male homosexual functioning in society. In addition, she has written several articles not fitting well into either of the above categories (1961a, 1961b, 1963).

Hooker's empirical studies of homosexuality are probably the best designed and executed studies in this area that have been published. The purposes of her (1957, 1958) project was to "assess the usefulness of psychological tests in diagnosing overt homosexual behavior and to determine whether or not particular patterns of personality and psychodynamics characterize individuals who engage exclusively in such behavior" (1965b, p. 87). The subjects consisted of 30 homosexual and 30 heterosexual males individually matched for age, education, and intelligence. No subjects were included if they were in therapy at the time of an initial interview; also, if at this time they appeared to be considerably psychologically disturbed they were not included (five heterosexuals; five homosexuals). Both groups were very nearly "pure" in terms of their respective sexual orientation since the age of adolescence. A battery of projective techniques, attitude scales, and intensive life history interviews were administered to all subjects. The projective techniques used were the Rorschach, the TAT, and the MAPS. These tests were administered and scored by one clinician and then,

with only an age identification, were presented in random order to two other clinicians working independently. These judges were to: (1) rate each projective test protocol for personality structure and overall adjustment (1 being top adjustment and 5 being poorest adjustment), (2) decide which protocols were from homosexuals and which were from heterosexuals. This involved examining 30 matched pairs and distinguishing the homosexual record in each pair.

Hooker reported that there were "no significant differences between the number of homosexuals and heterosexuals having a rating of 3 or better for each judge; two-thirds of each group are assigned an adjustment rating of 3 or better" (1957, p. 22). Chi square values for both judges for their rated differences in adjustment between heterosexuals and homosexuals were not significant. In two-thirds of the cases there was high agreement between the two judges (exact agreement or disagreement by only one step). In distinguishing between the matched pairs neither judge did better than chance. Most of the tests of significance between the two groups' responses to the Rorschach were not significant. Assuming that there actually are any personality correlates of projective test responses, the wide variation in homosexual patterns of adjustment as derived from these tests strongly supports the concept that "homosexuality is not an entity but is, rather, a multimanifested phenomenon" (1959, p. 280). It is apparent that even among homosexuals there is a large number of personality variations: diversity rather than specific patterns are the rule. In addition, the preponderance of average to superior adjustment ratings given the homosexual group indicate that homosexuality is a personality variation which may

under certain circumstances be regarded as within the normal range of psychological adjustment. Finally, even if it is assumed that homosexuality is a severe sexual disturbance, these results indicate that homosexuals are not necessarily disturbed in personality areas outside of the sexual sector.

In her most recent empirical study Hooker (1965a) gave an updated description of her general research methodology for her continuing longitudinal study of 30 "normal" male homosexuals. She actively disregarded the utility of dichotomous concepts such as active-passive and feminine-masculine, derived from the two-sexed heterosexual world, in understanding male homosexuality and proposed that the working solutions which homosexuals develop to problems of sexual performance and psychological gender must be understood in terms of the relationship of homosexual subcultures to society at large. In discussing the sexual patterns of her group of homosexuals, she pointed out that the majority have no preference in their sexual behavior and exhibit a great deal of variability and interchangeability in their activities. For example, only six (20%) expressed a preference for and predominantly practiced either an insertor or insertee role. Related to this, she found no relationship between her subjects' consciousness of masculinity or femininity and their sexual preferences and predominant activities. In support of her view of the importance of cultural variables in influencing behavior, she found that differentiation of sex and psychological gender roles varies greatly from one homosexual subculture to the next. In addition, the relationships between members of individual homosexual pairs also contribute to variations in sexual patterns and gender identity. To

summarize, her data have clearly shown that the diversity of behavioral and psychological characteristics of male homosexuals is a complex interaction of constantly changing social variables with developmental history.

Summary

In summary, both the empirical and nonempirical investigations cited have indicated some of the many complex issues involved in the study of homosexuality. Biological research tends to minimize the importance of hormonal, genetic, or chromosomal factors in the etiology of homosexuality, although the evidence is not conclusive. Anthropological, sociological, and some psychological research has demonstrated the influence that social attitudes and behavior can have upon the individual and group psychodynamics of homosexuality. While clinical findings must tentatively be restricted to the clinical population from which they were originally derived, they are undoubtedly of some value in treating homosexuals disturbed enough to seek psychotherapy. With several exceptions, those empirical studies using homosexuals who were incarcerated, hospitalized, or under psychological treatment have tended to obtain results indicating the presence of moderate to severe psychopathology. However, again with several possible exceptions, those few studies using homosexuals who were not from the above populations have tended to find at most only moderate differences between their homosexual and heterosexual groups and little or no signs of severe psychological disturbance. All of the results presented in this paper directly or indirectly support the view of a great deal of variability in attitudinal and behavioral characteristics of male homosexuals and

refute the concept that the "homosexual personality" exists.

CHAPTER III

METHOD

Distribution of the Test Materials

Test materials consisting of the MMPI and a biographical questionnaire were distributed to the male homosexual subjects through a variety of sources and methods. Although an attempt was made to obtain subjects from a variety of socio-economic backgrounds no claim can be made that the present sample of 113 is either a random or representative sample of male homosexuals in the United States. It may be that this sample is more representative than those reported in previous publications.

An initial sample of 27 subjects was obtained by the author during the summer and fall of 1965. Some of these subjects were obtained through personal acquaintances of the author but most were obtained through the cooperation of the San Francisco Mattachine Society. The author was introduced to members and friends of members and was able to enlarge the sample via a series of introductions. Since several of the initial contacts acted as liasons in obtaining subjects and were not questioned as to how many of the people they asked to cooperate actually did so, the extent of this bias is unknown. However, of the approximately 35 test packets actually passed out 27 were eventually completed. Although this group was obtained with the help of Mattachine only one-third (nine) considered themselves to be connected with homophile organizations.

A second sample was contacted early in 1966 through mail-outs from Mattachine and the Society for Individual Rights (SIR). Officials from

these two organizations were asked to pick 50 names listed in their files. In the case of Mattachine names were picked of non-members living outside of San Francisco. In the case of SIR names were picked of subscribers to their publication Vector who were not known to be active members of their organization. Each organization was given 50 mimeographed letters to mail out explaining the purpose of the study and asking for cooperation in filling out the test materials (cf. Appendix A). A numerically coded pre-printed post card addressed to either Mattachine or SIR was provided for the persons contacted to indicate that they were or were not willing to cooperate. Each organization kept their list of names and corresponding codes and mailed out themselves the test packets given to them. The packets were marked so as to be able to determine the rate of return from this source. Of the 100 persons contacted through this SIR-Mattachine mail-out 47 indicated that they would cooperate. Of this number, 28 completed test packets were eventually returned (62%).

Additional samples were obtained at meetings of SIR and the Tavern Guild Association of San Francisco (TGSF). Harold Richardson spoke at meetings of these organizations, twice to each. On all four occasions he explained the purpose of the study, answered questions about it, and passed out test packets to those individuals requesting them. Many individuals requested more than one packet, which they said they wanted to pass out to friends. Richardson also passed out packets at a SIR conversation group meeting at a home of one of the members. He answered questions on the research which has been done on homosexuality and again passed out packets to those requesting them. Of the 77

packets distributed through SIR, 37 were returned (48%). Of the 52 packets passed out through TGSF, 15 were returned (39%).

The author also personally distributed about 20 packets from the fall of 1965 to summer 1966. Of these only six were returned. An additional 20 packets were passed out by an individual who claimed to have contacts in the San Francisco homosexual community. However, all of these packets were returned blank. One can only wonder what might have produced such a zero rate of completion!

It is obvious that the overall rate of return was disappointingly low--about 46%. The author was able to achieve a higher return rate with the first sample because he was able to contact at periodic intervals the individuals who had agreed to cooperate and ask them when or if they intended to mail the test materials in. Except for those SIR and TGSF members who agreed to be interviewed no such pressure could be applied to the other groups, although the presidents of SIR and TGSF did urge those of their members who had taken packets to return them as soon as possible. Thus it is obvious that a definite sampling bias has been incurred. However, one can only speculate on the nature of this bias. It is possible that the non-return group might be less responsible and therefore possibly more disturbed than the group which completed its packets.

Test Instrument I: The MMPI

The Minnesota Multiphasic Personality Inventory was developed by Hathaway and McKinley (1943) at the University of Minnesota in the late 1930's and is today one of the most widely used clinical instruments employing objective type scoring. Raw scores on each of the scales are

obtained by adding up the number of responses in the keyed direction (true vs. false) to the series of simple declarative sentences composing that scale. For convenience in interpreting scores they are usually converted to standard scores with a mean of 50 and a standard deviation of 10 ($\bar{X} = 50$, $s = 10$). Although hundreds of special scales have been developed for particular uses, not all of the 566 items are scored for the basic 10 "clinical" scales and the three "validity" scales most commonly used. A comprehensive treatment of the development of these basic scales and of all research conducted with and about MMPI scales from the time of its development through the late 1950's can be found in Dahlstrom and Welsh (1960).

The MMPIs obtained from the present group of 113 homosexuals were scored for 14 scales and were K corrected where appropriate. Except for the L and F scales all scores are reported in T score form: scales L and F are reported in raw score form. Since some (if not most) of the 10 clinical scales are not "pure" measures of the syndromes they purport to measure they must be "taken with a grain of salt" so to speak and are often designated numerically. The following is a list of the 14 MMPI scales used in this research: Validity scales--L, F, and K. Clinical scales--hypochondriasis (Hs, 1); depression (D, 2); hysteria (Hy, 3); psychopathic deviate (Pd, 4); masculinity-femininity (Mf, 5); paranoia (Pa, 6); psychasthenia (Pt, 7); schizophrenia (Sc, 8); hypomania (Ma, 9); social introversion (Si, 0); ego strength (Es). The Es scale was originally developed by Barron (1953) for the purpose of predicting responses to psychotherapy and upon later cross-validation was interpreted as being essentially a measure of ego-strength (cf. Barron, 1963).

A brief description of each scale, taken from Dahlstrom and Welsh, is located in Appendix B.

Test Instrument II: Development of a Biographical Questionnaire

A questionnaire designed to obtain certain biographical information was included as one of the test instruments for two reasons: (1) To enable a precise definition of the nature of the sample in terms of socio-economic background, history of legal and emotional difficulties, relative extent of homosexual and heterosexual experiences, and history of associations with homophile organizations. (2) To enable some assessment of the general adjustment and psychological characteristics of various subgroups of male homosexuals formed on the basis of factors such as history of legal difficulties, treatment for emotional problems, history of homosexual and heterosexual experiences, degree of homosexual promiscuity, tendency to make and maintain extended homosexual relationships, and membership in homophile organizations. The questionnaire developed is in no way comprehensive since it deals with rather routine types of biographical data and asks only relatively superficial questions on sexual experiences and relationships and history of legal and emotional difficulties.

Evelyn Hooker³ has reported rather serious discrepancies between homosexuals' responses to a series of written questions and their responses to the same questions later in a personal interview with her. Accordingly, it was decided to check on this type of verbal-written discrepancy by passing out the MMPI and the first version of the biographical questionnaire (cf. Appendix C) to a group of homosexuals and

³Evelyn Hooker, personal communication, 1965.

then personally interviewing them several weeks after they had mailed the materials in. This procedure was carried out on the initial sample of 27 described previously. All of the test packets were coded either by the author or the liasons so that we would know from whom the packets had been returned. Interviews covering the material in the biographical questionnaire took place in each subject's home as closely as possible to three weeks after he had returned the test materials and in most cases were relatively structured and directive, although subjects were given freedom to pursue a given topic if they so wished. As many interviews as possible were tape recorded. Of the 17 subjects who were asked to have their interview recorded only two refused. For various reasons four subjects had to be interviewed over the phone, an undesirable but necessary expedient. Subjects were interviewed an average of 32 days after returning their test packets, with a range of 10-76 days.

A tally of the discrepancies between written responses and responses in the interview situation is located in Appendix D. While on most items there was only a small number of discrepancies, there was a large number on items dealing with educational background (52%), homosexual versus heterosexual experiences since age 18 (48%), lengths and types of homosexual relationships (44%), and gross income (33%). Since the author's rapport with most subjects seemed quite good most discrepancies are probably due to carelessness in filling out the questionnaires and the sometimes extensive probing done in the personal interview. However, since it was obvious that the interview responses were not always more accurate than the written responses, the author was

forced to make an item by item decision as to which response would be considered the more valid. In some cases an "average" was made of the two responses.

On the basis of the above results the questionnaire was revised in an attempt to clarify some items and to minimize discrepancies (cf. Appendix E). While about 15 of the subjects obtained through SIR and TGSF agreed to be interviewed to help check the revised questionnaire only six were eventually interviewed because of scheduling difficulties. Harold Richardson conducted these six interviews in the offices of SIR. The author interviewed two of the subjects he had obtained. All eight interviews were recorded. A tally of the resulting discrepancies is located in Appendix F. On one item there were discrepancies in 50% of the cases (4/8) and on three items in 37% (3/8) of the cases. The more valid responses were determined as previously.

It is likely that whenever researchers take the trouble to obtain both written and verbal responses to the same material they will find discrepancies. Deciding which response to consider valid can be a very difficult problem. In the present case these decisions were based upon intuitive judgments of the author and thus the uncertainty surrounding the data was increased. However, inspection of the questionnaire data reveals that most of the discrepancies were minor in the sense that they were not so large as to cause a subject to be reclassified from one subgroup to another (e.g., from a therapy to a non-therapy group).

Subjects

The methods by which subjects were obtained has been already described in this chapter. To review, for those 35 subjects who were

interviewed, their contribution to the following description of the sample is based upon their combined written and interview responses. All other data is based upon subjects' written responses.

The mean age of subjects was 34.9 years with a standard deviation of 9.5 and a range from 20 to 62 years. Two subjects were Negro, the rest Caucasian. Occupations ranged over all levels but the distribution was skewed toward the upper levels of skilled, managerial, and professional occupations. A frequency distribution of levels of occupational and representative occupations is presented in Appendix G. Nine subjects were unemployed and four were at the time students. The mean gross income during 1965 for the total sample of 113 was \$6,570 with a standard deviation of \$3,900 and a range of \$500 - \$21,000. (One subject listed an income of \$500 and was presumably being supported from some source.) The highest year of formal schooling ranged from 10 to 22 years with a mean of 14.6 and a standard deviation of 2.5 years. A frequency distribution of the academic majors listed by 73 subjects is presented in Appendix H. The highest concentration was in the liberal arts (25), the least in education (0). Thirty-one subjects reported earning BA or BS degrees, nine MA or MS degrees, and two PhD degrees. Seventy-two subjects had some other type of schooling such as business courses, artistic training, technical training in the military, etc.

Of the 31 subjects arrested at least once for what were described as homosexual activities, 22 were convicted at least once. Many of these subjects were arrested on more than one occasion. Of the 28 subjects arrested for activities not related to their homosexual behavior, 17 were convicted. Eight subjects were arrested for homosexual

but not for non-homosexual behavior. Twenty-nine subjects reported having outpatient psychotherapy of at least four or more consecutive sessions. Twelve subjects reported inpatient therapy in a psychiatric ward or mental hospital. Nine had both outpatient and inpatient therapy. For 11 subjects at least some of their psychotherapy had been requested by various governmental agencies. For 19 subjects all of their therapy had been voluntary. Three subjects were in therapy at the time of testing.

Regarding sexual behavior during the past year, 107 subjects had exclusively homosexual experiences, five subjects mostly homosexual experiences, and one subject no sexual contacts with other individuals at all. For those subjects having had heterosexual intercourse during the previous year, the frequency ran from once to about 15-30 times. Sixty-seven subjects described themselves as having been exclusively homosexual since age 18, 33 as having been mostly homosexual, but with some heterosexual experience, and 13 as having a period of at least several years during which they exclusively or nearly exclusively engaged in heterosexual activities. The following frequencies of different homosexual partners in the past year were reported: 0 to 10--29 subjects; 11 to 25--22 subjects; 26 to 50--25 subjects; 51 to 75--9 subjects; 76 to 100--11 subjects; more than 100--16 subjects. (One subject gave no answer to this question.) When asked how many extended homosexual relationships (defined as those lasting for several months) they had had, 32 subjects indicated they had had none. When asked in how many cases they had lived together with their "lovers" the following frequencies were reported: 0--13 subjects; 1--30 subjects; 2--26

subjects; 3--8 subjects; 4--3 subjects; 5--1 subject. Thirty-six indicated that they presently had a homosexual relationship, 77 that they did not. The mean length of time of their present relationship was 58.8 mo. with a standard deviation of 49.3 mo. and a range of from two to 180 months. Finally, 11 subjects indicated that they had been married (heterosexually) once and two indicated they had been married twice. Of this group, only two were presently married. These two indicated a non-existent or very low frequency of intercourse with their wife.

Although it had been hoped to have at least one-half of the subjects non-members of homophile organizations, only 44 (39%) were not members. One reason for this was that it proved much easier to obtain subjects from these organizations than from other sources. Of the 69 members: 65 were dues paying members, 51 regularly attended meetings (1 no answer), and 48 claimed to do some sort of volunteer work (1 no answer). Twenty-one subjects indicated that sometime in the past they had been connected with homophile groups, but only nine had been active members. Of the 69 subjects who were members, 57 were considered to be active members and 12 inactive members. A subject was considered to be active if he paid dues and attended meetings regularly or did some type of volunteer work.

Statistical Procedures

For convenience, a one-way analysis of variance computer program was used to test most differences between means. For the case where only two means were compared, the critical values of Snedecor's F were located in Ferguson's Table D (1966) with $df = 1$ associated with the

numerator and $df = N-2$ associated with the denominator. It has been shown that assuming normality of distribution and homoscedasticity $F = \underline{t}$, where the value of $\underline{t}$ is that for a two-tailed test with $df = N-2$; the probabilities associated with this F and $\underline{t}$ are identical (Ferguson, pp. 293-294). Where three or more means were compared critical values of F were located in the same table with $df = k-1$ associated with the numerator and $df = N-k$ associated with the denominator, where k = number of groups.

Actually, the above $\underline{t}$ or F test for the difference between two means is inappropriate where the assumption of homogeneity of variance is not tenable. In testing the difference between means where one sample is larger than the other, and where a common estimate of variance is used in the error term (as is the case in analysis of variance), the effect will be to increase the variance contribution of the smaller sample and decrease the variance contribution of the larger. In comparison to not pooling variance estimates, the effect will be to increase the estimate of $s_{\bar{X}_1 - \bar{X}_2}$ because of the greater contribution of the larger standard error associated with a smaller sample, thus resulting in a lower $\underline{t}$ value. These $\underline{t}$ tests will be more conservative than those derived from unpooled variance estimates and will be equivalent to adopting a stricter level of significance. The justification for their use in this thesis is based upon their conservative nature and on the convenience of using the same computer program for most comparisons of differences between means. In a few special cases $\underline{t}$ tests using unpooled variance estimates are reported.

The F ratio was used to test the differences between variances

and was always set greater than unity. In mathematical notation:
 $F = (s_1^2/s_2^2) > 1$. Critical values of the F ratio were located in the above table, with $df = N_1 - 1$ associated with the numerator and $df = N_2 - 1$ associated with the denominator.

Chi square was used to test the differences in frequency of occurrence of high-point codes (the two highest clinical scales in the MMPI profile). $2 \times k$ contingency tables were formed with the limitation that no expected frequency be less than 2, with k = number of different high-point codes and $df = K - 1$ (McNemar, 1962, pp. 228-230; Walker & Lev, 1953, pp. 106-108). Subjects with more than two possible high-point codes were eliminated from this analysis ($N = 6$). Some of the remaining subjects contributed to two cells of a table, thus violating one of the assumptions of chi square. If we assume that this inflation of the total N is randomly distributed among the cells of the table (with the exception that one subject can contribute only one frequency to one cell), then the effect will be for the observed differences to remain unchanged at the same time that the sample size is increased. This will result in a reduction in the value of chi square. Since the inflation of the total N was quite small for all contingency tables, the tendency would be for the chi squares to be slightly smaller and the probability of their reaching significance less. In any event, inspection of the tables showed little tendency for a departure from a chance distribution.

CHAPTER IV

RESULTS AND DISCUSSION

For the purpose of a clearer presentation of both the data and its interpretation, the results and discussion chapters have been combined. The general format will be to present the data for various groups of homosexuals and to immediately follow with a discussion of the results.

The first section of this chapter will be concerned with the MMPI data for the group of 113 male homosexuals as a whole. The second section will consist of comparisons of the above MMPI group data with the Minnesota normative male sample ($N = 339$), the sample of both heterosexual and homosexual males reported by Renaud (1950), and the sample of male homosexuals reported by Dean and Richardson (1964). The third section will deal with comparisons of MMPI mean profiles and high-point pairs (the two highest scales in a profile) from various subgroups of homosexuals formed from the total sample of 113.

MMPI Data for the Sample of 113 Homosexuals

Table I shows the means and standard deviations of the total sample of 113 male homosexuals. All scores except L and F are expressed in T scores ($M = 50$, $s = 10$). While a more complete analysis is presented in the next section, it is immediately obvious from inspection of this table that the only major deviation from the MMPI norms occurs on the Mf scale and that the deviations on scales D , Pd , and Sc are moderate at most. Scales K , Hs , Hy , Pa , Pt , Ma , Si , and Es are within the T score range of 50 to 60.

Table II presents a frequency distribution of the highest MMPI

scales occurring in the total sample. Only the clinical scales, Hs through Si, are considered in deciding the highest profile scale (or high-point code). However, if the two highest scales are within 1 T score point of each other, then a subject is considered to have two high-point codes. Thus, the total number of codes often exceeds the total number of subjects. Inspection of Table II shows that scale 5 (Mf) is by far the most frequent high-point code, with 62.2% of the total number of codes (79/127). All of the other scales are much less frequently high-point codes, with percentages ranging from .8% to 9.4%. This is not too surprising since there is a fairly strong relationship between the relative elevation of a scale in a group profile and its relative frequency as a high-point code. And for this group the Mf scale is by far the highest scale in the profile. The occurrence of Mf as the highest point in group profiles of male homosexuals has also been reported by Dean and Richardson (1964), Hooker⁴, and Renaud (1950).

The main purpose in obtaining high-point code data was to provide an additional basis for attempting to differentiate the various subgroups of homosexuals, beyond the group mean approach. However, since such a large percentage of subjects had Mf as their high-point code it was decided to recode each profile, ignoring the Mf scale. The rationale for this decision was that since so many subjects had Mf as their highest scale, high-point pairs would provide a more refined index for discriminating between the various subgroups if Mf were disregarded in the coding process. A further reason for deciding to follow this

⁴Evelyn Hooker, personal communication, 1965.

TABLE I
MEANS AND STANDARD DEVIATIONS FOR 113 MALE HOMOSEXUALS ON 14 MMPI SCALES

Scale	$\bar{X}$	s
L	3.18	1.80
F	7.12	4.18
K	54.27	8.94
Hs (1)	54.14	10.32
D (2)	62.61	11.64
Hy (3)	58.44	9.16
Pd (4)	63.09	13.02
Mf (5)	77.33	9.95
Pa (6)	54.81	9.13
Pt (7)	59.06	12.08
Sc (8)	63.42	14.51
Ma (9)	59.56	11.71
Si (0)	52.89	10.77
Es	54.24	9.85

Note.--The data for scales L and F are expressed in MMPI raw scores: the other scales are expressed in T scores.

TABLE II

FREQUENCY DISTRIBUTION OF THE HIGHEST MMPI SCALE FOR 113 MALE HOMOSEXUALS

Scale	f	% of Total
1	1	.8
2	11	8.7
3	2	1.6
4	9	7.1
5	79	62.2
6	1	.8
7	2	1.6
8	12	9.4
9	7	5.5
0	3	2.4

$$\Sigma f = 127$$

Note.--11 subjects had 2 or more scales as the highest possible scale in their profile.

procedure was the failure of Dean and Richardson (1966) to obtain a statistically significant chi-square value from a comparison of the high-point pair frequency distribution of their homosexual and heterosexual groups. Of the five most frequent high-point pairs they reported, all included Mf: 59, 58, 52, 57, and 54.

Table III gives the frequency distribution of high-point codes for the total sample with Mf disregarded in the coding process. This table shows a much more evenly distributed frequency distribution than that of Table II. Scales D, Hy, Pd, Sc, and Ma all have frequencies of over 10% of the total number of codes. Again, there is a very strong tendency for the higher scales in the group profile to have the highest high-point code frequencies.

On the basis of the above coding process a frequency distribution was made of the high-point pairs for the entire sample. Table IV shows this distribution. An example will help to clarify the information contained in the table: codes 34, 93, 98 each have frequencies of five and together account for a total of 15 code types. As explained previously, the total number of codes may exceed the total number of subjects. In the case of high-point pair codes, the total number of possible codes for a subject will be equal to the total number of ways in which those scales which are within 1 T score point of the highest scale can be combined with that highest scale and with each other to form high-point pairs. Table V presents this frequency distribution of the number of high-point pairs for the sample of 113. Almost 95% of the subjects had only one or two high-point pairs, although one subject had 12 possible high-point pairs.

TABLE III

FREQUENCY DISTRIBUTION OF THE HIGHEST MMPI SCALE FOR 113 MALE
HOMOSEXUALS, DISREGARDING SCALE 5 (Mf)

Scale	f	% of Total
1	5	3.6
2	25	18.0
3	15	10.8
4	28	20.1
5	--	--
6	3	2.2
7	6	4.3
8	25	18.0
9	21	15.1
0	11	7.9
$\Sigma f = 139$		

Note.--25 subjects had 2 or more scales as the highest possible scale in their profile.

TABLE IV

FREQUENCY DISTRIBUTION OF MMPI HIGH-POINT PAIRS FOR 113 MALE HOMOSEXUALS

Codes	Freq. of Codes	Total Codes
48	13	13
13	10	10
84	9	9
87	8	8
42, 80	6	12
34, 93, 98	5	15
23, 27, 28, 49	4	32
82, 94, 02, 08		
20, 32, 38, 39		
43, 46, 70, 78	3	36
83, 89, 97, 04		
26, 31, 37, 41,	2	12
96, 07		
10, 12, 13, 14		
17, 19, 21, 36,	1	16
40, 47, 62, 64,		
69, 73, 74, 82		
		$\Sigma = 163$

Note.--The profiles were coded disregarding scale 5. 33 subjects had 2 or more possible high-point codes.

TABLE V

FREQUENCY DISTRIBUTION OF THE NUMBER OF MMPI HIGH-POINT PAIRS FOR 113
MALE HOMOSEXUALS

Number of Pairs	f	% of Total
12	1	.9
6	1	.9
4	2	1.8
3	2	1.8
2	27	23.9
1	80	70.8
$\Sigma f = 113$		

Note.--The profiles were coded disregarding scale 5.

Some controversy surrounds the only other published data on high-point pairs occurring in a group of male homosexuals. As mentioned previously, using data supplied by Dean, Zucker and Manosevitz (1966) offered clinical interpretations of the three most frequent code pairs found in the group of 40 college-educated homosexuals for whom Dean and Richardson (1964) reported only mean MMPI scores. However, Dean and Richardson (1966) demonstrated that the frequency distribution of the five most frequent high-point pairs occurring in their (1964) heterosexual and homosexual groups did not differ significantly from a chance distribution. They therefore concluded that such codes may occur as often among heterosexuals as among homosexuals and that there was no point in offering clinical interpretations of the meaning of particular code types for homosexuals. Nevertheless, this issue is by no means settled, and it may be that further empirical research will be able to demonstrate that although the frequency of certain code types is the same for both homosexuals and heterosexuals, the behavioral correlates of these codes will be different for the two groups. A valuable contribution to resolving this issue might also be made by demonstrating the behavioral and personality correlates of certain code types for homosexuals alone. Thus, there may be some point, at least initially, in giving interpretations of the most frequently occurring code types for homosexuals and considering these as hypotheses to be tested in future research (cf. Zucker & Manosevitz, 1966). Such interpretations will be given here but only in a very abbreviated way.

As can be seen from Table IV, no one code type accounts for more than 8% (13/163) of the total number of codes. Not surprisingly, code

frequencies of four or less account for 59% (96/163) of the total number of codes. Undoubtedly, this is due to the empirically demonstrated rarity of a good number of the possible high-point pairs (cf. Dahlstrom & Welsh, 1960, p. 163). Nevertheless, Table IV does contain some interesting results. In particular, code types 4 (Pd) and 8 (Sc) can be seen to play a prominent role in the most frequent high-point pairs. These codes occur as either one or both of the pair in seven of the nine most frequent pairs. If the frequencies for codes 48 and 84 are combined they comprise 13.5% (22/163) of the total number of codes. Zucker and Manosevitz (1966) interpreted elevations on Pd as reflecting the antisocial acting out of homosexuals, in the sense of resisting dominant social pressures and violating taboos. They interpreted elevations on Sc as reflecting a somewhat different perception of the world by homosexuals as contrasted to heterosexuals.

Any interpretation of the high-point pairs reported here would have to take into account the fact that they are from overt male homosexuals. This fact is reflected in the prominence of Mf in the profiles of the majority of subjects. Only 19.5% of the subjects had Mf scores less than 70. Zucker and Manosevitz (1966) summarize the types of item responses associated with high Mf scores by noting that such subjects demonstrate "...their heavy endorsement of feminine occupations as compared to masculine ones, feminine hobbies, and feelings of personal and social sensitivity." Dahlstrom and Welsh (1960) note that "Hathaway and Meehl found that the high 5 [Mf] males in the normal population were characterized by their peers as sensitive and prone to worry, idealistic and peaceable, sociable and curious, and as having

general aesthetic interests" (p. 193). They also note that "...according to the data from Hathaway and Meehl, the high 5 male sees himself, as do his peers, as being sensitive and prone to worry and as having general aesthetic interests, but in addition he regards himself as individualistic" (p. 193). One possible interpretation of Hathaway and Meehl's results is that their normal males with high Mf had personality characteristics similar to male sexual inverts and that to a certain extent their findings for high Mf heterosexual males may also be appropriate for homosexual males. However, it should be noted that very high Mf scores are not exclusively associated with overtly acted out homosexual behavior, as is demonstrated by Renaud's (1950 , p. 67) findings that his heterosexual male subjects who had fears of acting out homosexual impulses had just as high Mf scores as his group of overtly acting out homosexuals.

Keeping in mind the moderating effect of Mf on the high-point pairs listed in Table IV, the following comments on the four most frequent code types listed there are to be regarded as suggestive at best:

(1) Code type 48 (Pd-Sc). Code type 48 has a frequency of 8% in this sample (13/163). Dahlstrom and Welsh give the following description for 48's:

Persons with this profile pattern are frequently described by acquaintances as odd, peculiar, or queer. They are unpredictable, impulsive, and nonconforming and the term schizoid personality is frequently applied to them. Their educational and occupational histories are characterized by underachievement, marginal adjustment, and uneven performance (p. 191).

(2) Code type 13 (Hs-Hy). Code type 13 has a frequency of 6% in this sample (10/163). Dahlstrom and Welsh give the following description for 13's:

It is one of the most frequent two-point combinations, in both normal groups and psychiatric populations. It is more frequent in women; the men who show this pattern often appear clinically feminine. Hathaway and Meehl attribute this appearance to the characteristic reliance of these men upon passive methods of handling anxiety and conflicts and to their dependency (p. 170).

(3) Code type 84 (Sc-Pd). Code type 84 has a frequency of 5.5% in this sample (9/163). Dahlstrom and Welsh list no descriptions of 84's, but the reader may consult their book (1960, p. 201) for the significance of a high 8 code. It is interesting to note that high 8's are "...not perceived by their peers as particularly deviant or withdrawn" (p. 201).

(4) Code type 87 (Sc-Pt). Code type 87 has a frequency of 5% in this sample (8/163). The only descriptions in Dahlstrom and Welsh on 87's are those for a psychiatric group. In view of the folklore belief that homosexuals in general are emotionally shallow, it is interesting to note their comment of subjects with 87 codes: "They did not readily form stable, mature, or warm interpersonal relationships and did not integrate what they had learned or profit from their own experiences" (p. 204).

Comparison of the Homosexual Group MMPI Data with Other Groups

Comparison with the Minnesota normative sample. To provide some quantitative measure of the deviation of the homosexual group scores on the MMPI, t and F values were calculated to test the mean and variance differences of the homosexual group from the normative male population used to standardize the various MMPI scales. This group, called the Minnesota normative sample, consisted of 339 Minnesota males, about one-third of whom were unmarried. They were visitors to

the University of Minnesota's hospitals and outpatient clinics, with anyone under the care of a physician excluded from the group. Most of the group was from rural Minnesota with 67% of the married males not having received an education beyond the eighth grade. The socio-economic levels of the group were thought to be reasonably representative of the Minnesota population (Hathaway & McKinley, 1943).

Table VI presents the mean MMPI differences between the normative and homosexual groups, and Table VII presents the variance ratios between these groups. Comparisons were not possible on scales L, F, Si, and Es since Si and Es scores were not available for the normative group and L and F scores were only available in raw score form for the homosexual group. Using an appropriate two-tailed t test, all of the mean differences listed in Table VI are significant at beyond the .001 level. That all of these homosexual group means were significantly different from the normative group means at such a high level of significance can probably be attributed to the relative ease with which small population differences can be detected with very large samples.

The elevations of the validity scales L, F, and K are well within the normal range and no comment need be made on them. Scales Hs, Hy, Pa, Pt, Ma, and Si are also well within the normal range and since all are between T scores of 50-60 their deviation from the normative group means has no practical clinical significance. The homosexual group mean of 54.24 on the Es scale is about average for the groups reported in the development and validation of the Es scale and would indicate a group not lacking in those personality characteristics associated with ego strength. Some comment has already been made about the group

TABLE VI
DIFFERENCE BETWEEN MEANS FOR NORMATIVE MALE SAMPLE
AND 113 MALE HOMOSEXUALS

Scale	$\bar{X}_1 - \bar{X}_2$	t
K	4.27	4.27*
Hs	4.14	3.73*
D	12.61	10.34*
Hy	8.44	8.27*
Pd	13.09	9.77*
Mf	27.33	25.30*
Pa	4.81	4.76*
Pt	9.06	7.19*
Sc	13.42	9.13*
Ma	9.56	7.77*

Note.--For the normative sample: $N = 339$, $\bar{X} = 50$, $s = 10$.

* $p < .001$, two-tailed test.

TABLE VII
VARIANCE RATIOS (F) BETWEEN NORMATIVE MALE
GROUP AND 113 MALE HOMOSEXUALS

Scale	s	F
K	8.94	1.25
Hs	10.32	1.06
D	11.64	1.35*
Hy	9.16	1.19
Pd	13.02	1.70**
Mf	9.95	1.01
Pa	9.13	1.20
Pt	12.08	1.46**
Sc	14.51	2.10**
Ma	11.71	1.37*

Note.--For the normative sample: N = 339, s = 10.

* $p < .10$

** $p < .02$

elevations on the Pd, Mf, and Sc scales. The elevation on Pd can be interpreted as indicating some antisocial and deviant attitudes and behaviors. The high elevation on Mf can be thought to reflect pronounced tendencies toward feminine interest patterns and social and personality sensitivity characteristic of sexual inversion. The elevation on Sc can be interpreted as reflecting general tendencies toward atypical perceptions of the world. Finally, the elevation on D is most compatible with an interpretation of tendencies toward some mild depressive reactions.

It is somewhat difficult to interpret the variance differences listed in Table VII. Renaud (1950, pp. 50-51) felt that variance differences may merely reflect mean differences if (a) the ranked magnitudes of the means and standard deviations are very similar and (b) the group with the higher means has the larger variances. These conditions seem to be more or less fulfilled here. Of the five highest scales in the profile, three scales have variances which exceed those of the normative group at a standard level of significance ($p < .02$).

Comparison with the sample of Renaud (1950). The following is a brief comparison of the MMPI results of the group of 113 male homosexuals with a group of 56 male homosexuals reported by Renaud (1950). As mentioned previously (cf. p. 22), these homosexuals were male patients seen at a university psychiatric clinic and are thus a select group in the sense that they (a) were from a student population and (b) were disturbed enough to seek psychiatric help. Table VIII presents the differences between the means of the two groups. Only those scales for which T scores were available for both groups are listed. The

differences between means were not statistically tested.

The general elevation of Renaud's group scores would indicate rather severe psychoneurotic pathology. All of this group's mean scores except Ma are higher than those for the group of 113 homosexuals. Scales Hs, Mf, and Pa are only slightly higher, but all of the other scales are at least 5 T score points higher. The elevation of Renaud's group on scales D, Pt, and Sc is considerable and would indicate that in contrast to the group of 113 it can be characterized as having moderate to severe tendencies toward depressive reactions (D), compulsive behavior patterns (Pt), and social and emotional withdrawal (Sc).

Both groups are very similar with regards to Mf variables. For Renaud's group, $\bar{X} = 79.41$ and $s = 10.92$. For the group of 113, $\bar{X} = 77.33$ and $s = 9.95$. Thus the group means differ by only 2.08 T scores and the group variances by only .97 T scores. The similar Mf elevation in both groups is also reflected in the fact that 75% of the 113 homosexuals had Mf scores equal to or greater than 73. The comparable figure for Renaud's group of 56 is 73%. In contrast, for Renaud's fears group of 31 student patients (cf. p. 22) 65% had $Mf \geq 73$ and for a combined group of 93 random heterosexual student patients only about 24% had $Mf \geq 73$. The general conclusion of all this is that while with a cut-off point of 72 the Mf scale would misclassify only about 25% of the heterosexuals as homosexuals and vice versa, Mf alone seems to be almost useless in determining who will or will not act out strong homosexual impulses which are present (cf. Renaud, 1950, pp. 88-89).

While Renaud failed to differentiate between his overts and fears

TABLE VIII

DIFFERENCE BETWEEN MEANS FOR THE MALE HOMOSEXUALS REPORTED BY RENAUD
(1950) AND 113 MALE HOMOSEXUALS

Scale	Renaud N = 56 $\bar{X}_1$	N = 113 $\bar{X}_2$	$\bar{X}_1 - \bar{X}_2$
Hs	56.13	54.14	1.99
D	72.11	62.61	9.50
Hy	64.96	58.44	6.52
Pd	68.77	63.09	5.68
Mf	79.41	77.33	2.08
Pa	58.41	54.81	3.60
Pt	73.39	59.06	14.33
Sc	75.86	63.42	12.44
Ma	58.65	59.56	-.91

groups by means of the Mf scale, he was able to show differences relating to the balance of the Hy and Pd scales within and between the groups. In general, the Hy scale measures the extent to which repression is a mechanism of importance in the personality structure. On the other hand, the Pd scale measures the extent to which (a) acting out of anxiety and (b) hostile social interactions are of importance in the personality structure. For the overts group the mean Pd score reliably exceeded the Hy score ($p < .02$). The opposite tendency for the fears group was neither large nor reliable. In addition, the distribution of Pd Hy and Hy Pd did not prove to be independent of group membership. Forty-eight percent of the fears group had Pd Hy while 66% of the overts group had that balance. The comparable figure for the present sample of 113 homosexuals is 59% (67/113), thus tending to corroborate Renaud's findings. However, while the same psychic mechanisms may be operating in the present group of 113 as in Renaud's group, the lower elevation on both Hy and Pd of the present group would indicate that these mechanisms are operating to a less extreme degree. (But note that the slopes are almost identical.)

To put the above comparison in perspective, the following is Renaud's summary of that section of his dissertation regarding comparison of his fears and overts on "action" MMPI variables:

To summarize, then, it might be stated that passivity PLUS (1) tendencies to act in an anti-authoritarian, anti-social way (i.e., Pd variables), PLUS (2) tendencies to act more, or to do more things in response to anxiety (i.e., Ma variables), is reliably more associated with overt homosexuality than it is with fears of impending homosexuality. On the other hand, an identical amount of passivity PLUS (1) an "amount" of anti-social, anti-authoritarian, attitudes (i.e.,

Ma attitudes) is reliably more associated with the inhibition of passive sexual trends (1950, p. 73).

Comparison with the sample of Dean and Richardson (1964). To provide a brief comparison with the only other published MMPI data from a sample of male homosexuals most of whom were not hospitalized, incarcerated, or under psychotherapy, the present group of 113 was compared to the sample of 40 college-educated homosexuals reported by Dean and Richardson (1964). Table IX presents the differences between the means of the two groups. Inspection of this table reveals an amazing similarity. The absolute mean differences range from only .04 to 3.34 T score points. The average difference between these means is only .6 T score points. A closer correspondence between two group profiles would be very difficult to arrange! This close correspondence is of particular interest in view of the fact that the larger sample is a more heterogeneous group with regard to socio-economic, educational, therapy, arrest record, and other variables. There is certainly strong evidence here that at least as far as certain MMPI variables are concerned these two samples were drawn from the same general population. The reader will be left to consider for himself further implications of the results of this particular comparison.

Comparison of Various Sub-Groups of Homosexuals

This last section of Chapter IV is concerned with comparisons of various sub-groups of the sample of 113 homosexuals. To simplify the tables containing differences between means, the standard deviations of the sub-groups are not listed. As mentioned previously (p. 43), the F values listed in the tables comparing two means are significant at the same level as a corresponding two-tailed t test. Those scales where

TABLE IX

DIFFERENCE BETWEEN MEANS FOR THE MALE HOMOSEXUALS REPORTED BY DEAN AND
RICHARDSON (1964) AND 113 MALE HOMOSEXUALS

Scale	Dean N = 40 $\bar{X}_1$	N = 113 $\bar{X}_2$	$\bar{X}_1 - \bar{X}_2$
Hs	51.82	54.14	-2.32
D	60.98	62.61	-1.63
Hy	58.62	58.44	.18
Pd	63.05	63.09	- .04
Mf	80.10	77.33	2.77
Pa	56.30	54.81	1.49
Pt	62.40	59.06	3.34
Sc	65.18	63.42	1.76
Ma	61.50	59.56	1.94
Si	51.32	52.89	-1.57

the difference between means is significant are underlined. Since none of the chi square values involved in comparing code types for various sub-groups was significant, it was not thought necessary to prepare tables for these comparisons. Instead, the code types, the chi square value, the degrees of freedom, and the level of significance for each comparison are presented in the text itself. However, it was not possible to calculate a chi square for each comparison since in some cases a contingency table could not be set up without expected frequencies of less than two in one or more cells. Finally, it should be recalled that all of these chi squares are based upon inflated Ns and are only approximate.

Comparison one consists of a comparison of those 31 subjects who reported having been arrested for their "homosexual behavior", with those who were not. While the charges involved were not necessarily those of overt sexual acts in public, these 31 subjects defined the reason for their arrest as being related to their activities as a homosexual (e.g., "cruising," presence in a "gay" bar, etc.). Table X shows the differences between the means of the 31 arrested and 81 non-arrested subjects. Only two scales differentiate the groups. The arrested group is higher on Hs and lower on Es. With the exception of these two scales the group profiles are very similar. For the arrest group, scales D, Hy, Pd, Mf, Pt, and Sc are at or above a T score of 60. For the non-arrested group, scales D, Pd, Mf, and Sc are above 60. Chi square for a comparison between the groups on codes 48, 24, and 84 is 1.70, with $df = 2$ and $p < .50$.

The above comparison was made to determine if homosexuals arrested

TABLE X

MEAN DIFFERENCES BETWEEN HOMOSEXUALS ARRESTED FOR HOMOSEXUAL ACTIVITIES
AND THOSE NOT SO ARRESTED

Scale	Arrested N = 31 $\bar{X}_1$	Not arrested N = 81 $\bar{X}_2$	$\bar{X}_1 - \bar{X}_2$	F
L	3.26	3.15	.11	.08
F	7.87	6.86	1.01	1.29
K	52.64	55.00	-2.36	1.56
<u>Hs</u>	57.45	53.06	4.39	4.21*
D	65.06	61.70	3.36	1.85
Hy	60.90	57.64	3.26	2.90
Pd	65.10	62.36	2.74	.98
Mf	78.58	76.90	1.68	.63
Pa	57.10	54.00	3.10	2.60
Pt	60.22	58.78	1.44	.31
Sc	67.00	62.38	4.62	2.35
Ma	58.55	59.96	-1.41	.32
Si	55.22	52.01	3.21	1.99
<u>Es</u>	50.81	55.49	-4.68	5.23*

Note.--All scales except L and F are expressed in T scores.

* $p < .05$.

for their homosexual behavior have personality characteristics different from those who have not been arrested for such behavior. It has been suggested that homosexuals incautious enough to be arrested under the above circumstances might represent a substantially more disturbed group of homosexuals. The results of this first comparison indicate that this is probably not the case. In any event, the group differences on Hs and Es are difficult to interpret. Interpretations of these data should be made with caution since the arrested group was very heterogeneous regarding the number of arrests, the number of convictions, and the circumstances of the arrests. Some subjects indicated in their interviews that they had been arrested on false charges in "gay" bars and other public facilities as an harrassment by the police. Since it is not known how many of the arrest group were arrested under such circumstances, the extent of this contamination remains unknown.

Comparison two presents the comparison of 28 subjects who reported having been arrested for illegal activities not related to their homosexual behavior, with 85 subjects who were not arrested for such non-homosexual activities. For this arrest group the illegal activities involved ranged from minor violations such as running away from home before 21 years of age to serious crimes such as armed robbery. Eight of these subjects had also been arrested for their homosexual behavior. Table XI shows the mean differences between the arrest and non-arrest groups. The profiles are quite similar except for scales Pd and Mf. Scales D, Pd, Mf, Sc and Ma are above 60 for the arrest group. For the non-arrest group, scales D, Pd, Mf, and Sc are above 60. The arrest group is higher on Pd but lower on Mf. This would indicate that in

TABLE XI

MEAN DIFFERENCES BETWEEN HOMOSEXUALS ARRESTED FOR NON-HOMOSEXUAL
ACTIVITIES AND THOSE NOT SO ARRESTED

Scale	Arrested N = 28 $\bar{X}_1$	Not arrested X = 85 $\bar{X}_2$	$\bar{X}_1 - \bar{X}_2$	F
L	3.32	3.14	.18	.20
F	7.28	7.06	.22	.06
K	52.28	54.93	-2.65	1.85
Hs	51.86	54.89	-3.03	1.83
D	62.57	62.62	- .05	0.00
Hy	57.86	58.64	- .78	.15
<u>Pd</u>	67.96	61.48	6.48	5.42*
<u>Mf</u>	72.93	78.78	-5.85	7.71**
Pa	57.61	53.89	3.72	3.56
Pt	58.46	59.26	- .80	.08
Sc	63.71	63.32	.39	.01
Ma	60.96	59.09	1.87	.53
Si	51.21	53.45	-2.24	.90
Es	53.68	54.42	- .74	.11

Note.--All scales except L and F are expressed in T scores

* $p < .05$.

** $p < .01$.

contrast to the non-arrest group, the arrest group has less of a passive, feminine orientation (Mf) and is more inclined toward hostile, anti-social thoughts and behaviors (Pd). This finding is not particularly surprising in view of the behaviors involved in breaking the law. However, further analysis of the biographical data would be quite useful in determining possibly relevant group differences on socioeconomic, educational, age, and other variables.

The arrest and non-arrest groups for comparison two were compared on codes 48, 24, 84, and 87. Chi square is .43, with $df = 3$ and $p < .95$.

Comparison three consists of a comparison of those 32 subjects who reported having had either inpatient or outpatient psychotherapy (or both), with those 81 subjects who had had no therapy of any kind. The criteria for inclusion in the therapy group were not particularly stringent, with the idea of obtaining a group more characterized by the felt need to seek therapy than by prolonged participation in it. (Only three subjects were in therapy at the time of testing.) Therefore, a subject was placed in the outpatient group if he reported four or more consecutive sessions with a psychotherapist outside of a hospital. He was placed in the inpatient group if he reported being institutionalized for more than a week for psychological difficulties. Twenty-nine subjects were considered to have had outpatient therapy; nine of them also had had inpatient therapy. Only three subjects were considered to have had only inpatient treatment. Finally, it should be noted that for 11 of these subjects some of their reported therapy had been requested by various governmental agencies. This is undoubtedly a confounding

factor in the results.

Table XII presents the mean differences between the therapy and non-therapy groups. The difference between the group profiles is striking. The therapy group is significantly more elevated on eight of the 14 scales (F, Hs, D, Pd, Pa, Pt, Sc, and Si). The general shape and elevation of this therapy group is very similar to the results obtained by Renaud (1950) for his group of 56 homosexuals seen at a psychiatric clinic (cf. p. 61). The elevation of the therapy group profile would be compatible with a diagnosis of general psychoneurotic pathology and many of the comments made on Renaud's group would be applicable here. The largest group differences occur on scales D, Pt, and Sc and indicate that the therapy group is much more characterized by depressive reactions (D), compulsivity (Pt), and social and emotional withdrawal (Sc) than is the non-therapy group. Indeed, the Mf scale is the only scale substantially elevated above 60 for the non-therapy group. Chi square for a comparison between the two groups on codes 48 and 24 is .43, with $df = 1$ and $p < .50$.

The above results confirmed the expectation that homosexuals who have had psychotherapy represent a more disturbed group of homosexuals than those who have not had therapy. The most reasonable interpretation of these results is that those homosexuals who are the more psychologically disturbed and therefore are functioning the least effectively will be the ones most likely to seek or be required to seek professional help. It has been suggested by some that the process of psychotherapy may actually, at least initially, result in a more disturbed personality and that this is what the therapy-non-therapy group comparison is

TABLE XII

MEAN DIFFERENCES BETWEEN HOMOSEXUALS WHO HAVE HAD SOME PSYCHOTHERAPY
AND THOSE WHO HAVE NOT

Scale	Therapy N = 32 $\bar{X}_1$	No therapy N = 81 $\bar{X}_2$	$\bar{X}_1 - \bar{X}_2$	F
L	3.00	3.26	- .26	.47
<u>F</u>	8.91	6.41	2.50	8.76**
K	53.84	54.44	- .60	.10
<u>Hs</u>	57.66	52.75	4.91	5.37*
<u>D</u>	68.38	60.33	8.05	11.92***
Hy	59.88	57.88	2.00	1.09
<u>Pd</u>	69.12	60.70	8.42	10.40**
Mf	76.78	77.54	- .76	.13
<u>Pa</u>	57.69	53.68	4.01	4.56*
<u>Pt</u>	65.34	56.58	8.76	13.39***
<u>Sc</u>	71.91	60.06	11.85	17.55***
Ma	61.69	58.72	2.97	1.48
<u>Si</u>	56.91	51.31	5.60	6.50*
Es	52.03	55.11	- 3.08	2.26

Note.--All scales except L and F are expressed in T scores

* $p < .05$.

** $p < .01$.

*** $p < .001$.

reflecting. However, this explanation is contrary to evidence of either no change or changes for the better in pre- and post-therapy MMPI administrations (e.g., Dahlstrom & Welsh, 1960, pp. 367-368). While neither this comparison nor the results for the group of 113 as a whole is relevant to the question of the incidence of psychopathology in the population of homosexual males, the therapy-non-therapy comparison provides clear empirical evidence of the biased nature of samples of male homosexuals who have had psychotherapy or who have been hospitalized for emotional difficulties.

Comparison four presents a comparison of those 67 subjects who reported having been exclusively homosexual since the age of 18, with those 46 subjects who reported at least some heterosexual experiences since 18. This particular comparison was made to attempt to provide empirical support for Ellis' (1963) contention that the less heterosexual experiences a homosexual has the more disturbed he is likely to be. The differences between the means of these two groups are located in Table XIII. The differences between the means are very small, with only the difference on Ma reaching significance. The group with some heterosexual experiences is higher on Ma and this probably indicates a greater tendency toward over-activity as a means of handling anxiety and stressful situations. Also, this group is about 3 T score points lower on Mf than the exclusively homosexual group, but the difference is not significant. The general conclusion of these results is that homosexuals who have had no heterosexual experiences are no more or less disturbed than those who have. Thus, Ellis' observation on his group of homosexuals in therapy does not

TABLE XIII

MEAN DIFFERENCES BETWEEN HOMOSEXUALS WHO HAVE BEEN EXCLUSIVELY
HOMOSEXUAL AND THOSE WHO HAVE HAD SOME HETEROSEXUAL EXPERIENCE

Scale	Exclusively Homosexual N = 67 $\bar{X}_1$	Not Exclusively Homosexual N = 46 $\bar{X}_2$	$\bar{X}_1 - \bar{X}_2$	F
L	3.00	3.46	- .46	1.75
F	6.96	7.35	- .39	.23
K	54.67	53.70	.97	.32
Hs	54.33	53.87	.46	.05
D	63.16	61.80	1.36	.36
Hy	58.33	58.61	- .28	.02
Pd	62.09	64.54	-2.45	.96
Mf	78.64	75.41	3.23	2.92
Pa	55.52	53.78	1.74	.99
Pt	59.80	57.98	1.82	.62
Sc	63.94	62.65	1.29	.21
<u>Ma</u>	57.63	62.37	-4.74	4.61*
Si	53.98	51.30	2.68	1.69
Es	54.27	54.20	.07	0.00

Note.--All scales except L and F expressed in T scores.

* $p < .05$.

hold with this sample.

Comparison of the two groups on codes 48, 24, 87, 84, and 42 resulted in a chi square of 7.22, with $df = 4$ and $p < .20$.

It was decided before the data were analyzed to relate the degree of homosexual promiscuity to MMPI variables by two comparisons: (1) Comparison of relatively less promiscuous homosexuals (those who reported 10 or less different homosexual partners the previous year) with relatively more promiscuous ones (11 or more different partners); (2) Comparison of the over-all difference between means for groups reporting the following number of different homosexual partners the previous year: 0-10, 11-25, 26-50, 51-75, 76-100, more than 100. These two comparisons comprise comparison five.

Table XIV lists the mean differences for those 83 subjects who reported 11 or more different partners and those 29 subjects who reported 10 or less partners for the period of the previous year. While the 11 or more group profile is generally more elevated than the 10 or less group, it is significantly higher on just Pd and Ma. However, these differences on Pd and Ma form a most important pattern. The only scales differentiating the less promiscuous from the more promiscuous homosexuals are those scales involving acting out. In contrast to the less promiscuous group, the more promiscuous group is characterized by tendencies to act out anti-authoritarian, anti-social impulses and to act out more in general as a response to internal anxiety. This interpretation is strengthened by the results of the one-way analysis of variance comparison of the means across groups. The only scale on which there are significant intergroup differences is Ma ($F = 3.97$,

TABLE XIV

MEAN DIFFERENCES BETWEEN HOMOSEXUALS WHO HAVE HAD 11 OR
MORE DIFFERENT HOMOSEXUAL PARTNERS IN THE LAST YEAR
AND THOSE WHO HAVE HAD 10 OR LESS

Scale	11 or more N = 83 $\bar{X}_1$	10 or less N = 29 X_2	$\bar{X}_1 - \bar{X}_2$	F
L	3.12	3.34	- .22	.32
F	7.46	6.10	1.36	2.26
K	53.78	55.93	-2.15	1.16
Hs	54.78	52.55	2.23	.99
D	62.75	62.14	.61	.05
Hy	59.51	56.03	3.48	3.24
<u>Pd</u>	64.76	59.24	5.52	4.09*
Mf	77.12	77.90	- .78	.12
Pa	55.22	53.52	1.70	.73
Pt	60.25	55.48	4.77	3.39
Sc	64.36	61.17	3.19	1.03
<u>Ma</u>	61.93	52.93	9.00	14.06**
Si	52.14	54.49	-2.35	.99
Es	53.69	56.21	-2.52	1.41

Note.--All scales except L and F are expressed in T scores

* $p < .05$.

** $p < .001$.

$p < .01$). There is a distinct tendency for Ma to be related to the degree of promiscuity. The respective Ma means for the least to the most promiscuous groups are: 52.93, 61.45, 59.52, 60.44, 61.36, 67.56. In addition, the least promiscuous group (10 or less) has the lowest Pd-Ma combination (Pd = 59.24, Ma = 52.93) while the most promiscuous group (N = 16 with 100 or more) has the highest (Pd = 69.75, Ma = 67.56).

The more and less promiscuous groups were compared on codes 48, 24, and 84. The resulting chi square is 1.07, with $df = 2$ and $p < .70$.

Comparison six consists of a comparison of 45 subjects who were considered to have never formed a homosexual relationship, with 68 subjects who were considered to have formed at least one such relationship. Subjects were considered to have formed a relationship if they indicated that they had formed one lasting at least several months where both partners to the relationship lived together. Thirteen subjects reported relationships lasting several months at least, but indicated they had not lived together with their partners. The differences between means for the two groups are presented in Table XV. The only scale differentiating the group is D. The group consisting of subjects who never formed a relationship is higher on D and is thus more characterized by tendencies toward depressive reactions than is the contrast group. Otherwise, the profiles are very similar. The no relationship group has means greater than 60 on scales D, Pd, Mf, Pt, and Sc. The relationship group exceeds 60 on scales D, Pd, Mf, Sc, and Ma. Chi square for a comparison between the two groups on codes 48, 24, 84, and 87 is .53, with $df = 3$ and $p < .95$. Discussion of these results will be

TABLE XV

MEAN DIFFERENCES BETWEEN HOMOSEXUALS WHO HAVE NEVER FORMED A HOMOSEXUAL
RELATIONSHIP AND THOSE WHO HAVE HAD AT LEAST
ONE RELATIONSHIP

Scale	No relationship N = 45 $\bar{X}_1$	At least one N = 68 $\bar{X}_2$	$\bar{X}_1 - \bar{X}_2$	F
L	2.80	3.44	- .64	3.49
F	7.80	6.66	1.14	2.02
K	54.13	54.37	- .24	.01
Hs	53.56	54.53	- .97	.23
<u>D</u>	65.78	60.51	5.27	5.72*
Hy	58.09	58.68	- .59	.11
Pd	65.82	61.28	4.54	3.36
Mf	77.96	76.91	1.05	.29
Pa	54.76	54.85	- .09	0.00
Pt	61.38	57.53	3.85	2.79
Sc	65.98	61.72	4.26	2.36
Ma	57.22	61.10	-3.88	3.02
Si	55.22	51.35	3.87	3.57
Es	52.33	55.50	-3.17	2.84

Note.--All scales except L and F expressed in T scores.

* $p < .05$.

deferred until they can be compared with the results of the next comparison.

Comparison seven presents a comparison of those 36 subjects who at the time of testing had a homosexual relationship with those 77 subjects who did not. This group of 77 consists of those 45 subjects who have never had a relationship and those 32 subjects who have had at least one but did not have one at the time of testing. Table XVI shows the differences between the means for these relationship and no relationship groups. The differences between the groups are rather large. Mf is the only scale for the relationship group which exceeds 60. In contrast, the no relationship group is above 60 on scales D, Pd, Mf, Pt, Sc, and Ma. While the no relationship group profile is about the shape and elevation of the total group of 113, it is significantly higher than the relationship profile on scales D, Pd, Pt, and Sc and significantly lower on Es. Thus, the no relationship group can be more characterized by tendencies toward depressive reactions (D), acting out of hostile thoughts and impulses (Pd), compulsive personality features (Pt), social and emotional withdrawal (Sc), and less ego strength (Es). Inspection of Table XVI shows a group profile for the relationship group which is only slightly elevated above the normative profile of 50 (with the exception of Mf).

It was not possible to set up a contingency table for the code types of these two groups because of too low expected frequencies.

Both comparison six and seven were made in the expectation that there would be some relationship between the lack of ability (or desire) of homosexuals to form relatively permanent relationships and

TABLE XVI

MEAN DIFFERENCES BETWEEN HOMOSEXUALS WHO PRESENTLY HAVE NO HOMOSEXUAL
RELATIONSHIP AND THOSE WHO DO HAVE SUCH A RELATIONSHIP

Scale	No relationship N = 77 $\bar{X}_1$	Relationship N = 36 $\bar{X}_2$	$\bar{X}_1 - \bar{X}_2$	F
L	3.13	3.30	- .17	.23
F	7.42	6.47	.95	1.25
K	53.78	55.33	-1.55	.74
Hs	55.04	52.22	2.82	1.83
<u>D</u>	64.39	58.80	5.59	5.84*
Hy	59.36	56.47	2.89	2.47
<u>Pd</u>	66.16	56.53	9.63	15.10***
Mf	77.53	76.89	.64	.10
Pa	55.38	53.61	1.77	.91
<u>Pt</u>	60.77	55.42	5.35	4.97*
<u>Sc</u>	66.02	57.83	8.19	8.33**
Ma	60.58	57.36	3.22	1.87
Si	53.53	51.53	2.00	.84
<u>Es</u>	52.84	57.22	-4.38	5.01*

Note.--All scales except L and F are expressed in T scores.

* $p < .05$.

** $p < .01$.

*** $p < .001$.

the incidence of signs of neurotic personality characteristics. This comparison was suggested by the results of Chang and Block (1960), who found that male homosexuals successfully engaged in homosexual marriages did not have different "ego ideals" nor were they less "self-accepting" than a matched group of heterosexuals, and by the results of Dickey, who found that "...apparently homosexual males can be said to feel more adequate if they are homosexually married" (1961, p. 119). One problem with the comparisons here was the crudeness of the criteria for deciding who had formed a relationship. For example, it may be that some of the 13 subjects who claimed to have had relationships, but were excluded from the relationship group because they had not lived together with their partners, actually formed more stable relationships than those included in the relationship group because they happened to live together with their partners. Also, it may be that a period of just several months is too short as a minimal period upon which to base a decision that an individual has been able to maintain something of a stable inter-personal relationship. Nevertheless, the above comparisons do provide some empirical evidence on the questions at hand.

It is obvious from Table XV that whether or not a homosexual has had a homosexual relationship is not particularly related to his being a more or less disturbed homosexual. On the other hand, it is clear from Table XVI that homosexuals who are involved in long term relationships at the time of testing obtain as a group a remarkably normal test profile (with the exception of Mf). Long term in the case of the present group of 36 means an average relationship length of over five

years (cf. p. 42). Perhaps the most reasonable explanation of the latter result (comparison seven) is that homosexuals who are relatively undisturbed psychologically are the only ones capable of forming and maintaining long-term relationships. This explanation was offered by Dickey as a reason for her finding that "...homosexually married Ss were found to feel more adequate than the nonmarried..." (1961, p. 121). She states,

...this result can possibly be explained by regarding the inadequate homosexual male as one who is incapable of entering such an intimate relationship. The adequate homosexual male, on the other hand, is able to endure the more or less permanent company of another homosexual--especially if the latter also feels self-adequate--and thus is more apt to marry homosexually than is the inadequate homosexual male (p. 121).

Of course, it is possible that being in such a relationship may be of therapeutic benefit to relatively less stable homosexuals and that homosexuals who are able to maintain a relationship one way or another may gradually become more effectively functioning individuals. But this may not be the case. According to Hooker (1965a),

There are some pairs whose relationship must be characterized as an abrasive attachment, with tormenting periods of jealousy and rage, and with frequent threats to separate. One such pair in my sample has sustained this stormy relationship for fifteen years, and will probably continue to do so. (p. 49).

However, it is beyond the ability of this present study to definitively assess the respective influences of the processes suggested above on the results presented here. Exploring this question would be an intriguing problem for future research.

Comparison eight provides a brief comparison of 36 subjects who had obtained 12 or less years of formal schooling, with 77 subjects

who had obtained 13 or more years of schooling. This comparison was made to give an approximate idea, within a group of homosexuals, of the relation of some MMPI variables to level of education. The differences between the means of the more and less educated groups are shown in Table XVII. Inspection of this table immediately shows a very close correspondence between the two group profiles. The only significant difference is that the more educated group is higher on scale K. This is not surprising in the light of the known elevation on K for college students and members of higher socio-economic classes in general (Dahlstrom & Welsh, 1960, pp. 145-147). The less educated group means are above 60 on scales D, Pd, Mf, Pt, and Sc. The more educated group means exceeded 60 on scales D, Pd, Mf, and Sc. Chi square for a comparison of the group on codes 48, 24, and 84 is .65, with $df = 2$ and $p < .80$.

The last comparison (nine) involves various comparisons of subjects who were members of homophile organizations, with subjects who were not. Forty-four subjects were clearly not at all connected with such organizations at the time of testing. Sixty-nine subjects clearly indicated some involvement with homophile organizations and all but 12 were considered to be active members. A subject was considered to be active if he both paid dues and either attended meetings regularly and/or did some type of volunteer work. It was a priori decided to make all possible comparisons among the groups of active members, inactive members, and non-members (cf. Ferguson [1966, pp. 295-297] for a discussion of a posteriori comparisons). To simplify the discussion, Table XVIII merely presents the means of all three groups and the F

TABLE XVII

MEAN DIFFERENCES BETWEEN HOMOSEXUALS WHO HAVE HAD 12 OR LESS YEARS OF
FORMAL SCHOOLING AND THOSE WHO HAVE HAD 13 OR MORE

Scale	12 or less N = 36 $\bar{X}_1$	13 or more N = 77 $\bar{X}_2$	$\bar{X}_1 - \bar{X}_2$	F
L	3.11	3.22	- .11	.08
F	7.03	7.16	- .13	.02
<u>K</u>	51.50	55.57	-4.07	5.28*
Hs	55.58	53.47	2.11	1.02
D	64.94	61.52	3.42	2.12
Hy	59.53	57.94	1.59	.74
Pd	65.64	61.90	3.74	2.04
Mf	77.47	77.26	.21	.01
Pa	55.06	54.70	.36	.03
Pt	60.42	58.43	1.99	.66
Sc	62.30	63.94	-1.64	.30
Ma	58.64	59.99	-1.35	.32
Si	54.50	52.14	2.36	1.17
Es	52.75	54.94	-2.19	1.20

Note.--All scales except L and F are expressed in T scores.

* $p < .05$.

TABLE XVIII

MEAN DIFFERENCES BETWEEN ACTIVE AND INACTIVE MEMBERS OF HOMOPHILE
ORGANIZATION AND BETWEEN NON-MEMBERS

Scale	Active members N = 57	Inactive members N = 12	Non-members N = 44	F
L	3.33	2.67	3.14	.69
F	6.95	7.58	7.20	.12
K	54.61	53.42	54.07	.10
Hs	54.81	57.08	52.48	1.18
D	61.72	68.58	62.14	1.79
Hy	59.37	58.58	57.20	.69
Pd	63.35	66.50	61.82	.62
Mf	75.96	77.33	79.09	1.23
Pa	54.65	54.83	55.02	.02
Pt	58.38	62.33	59.04	.52
Sc	63.18	65.17	63.25	.09
Ma	60.65	54.75	59.45	1.26
<u>Si</u>	51.04	59.83	53.41	3.54*
Es	54.93	52.33	53.86	.39

Note.--All scales except L and F are expressed in T scores.

* $p < .05$.

values of one-way analyses of variance comparing the three means for each scale. The only scale significantly differentiating the groups is Si. Inspection of the Si means shows that both the active members and non-members have similar Si scores but that the small group of 12 inactive members is elevated above them. Thus, those subjects who reported themselves to be members of homophile organizations but were considered for the purposes of this study to be inactive members appear to be more socially introverted than the two other groups. This interpretation is supported by the finding that the only scale distinguishing active from inactive members is Si ($F = 6.94$, $p < .01$). On none of the following comparisons did any scale distinguish between groups:

- (1) members versus non-members;
- (2) active members versus non-members;
- (3) inactive members versus non-members.

It was not possible to form a contingency table for the code types of these three groups because of too low expected frequencies.

The results of this last comparison would seem to clearly refute the contention of those who have strongly recommended against the use of members of homophile organizations as subjects in research on male homosexuality. Nevertheless, while the data show an almost complete lack of intergroup differences on the MMPI, the results should not be regarded as conclusive. Although the population from which the sample of members was drawn is fairly precisely known (all homosexuals who are in some way directly connected with homophile organizations), the degree to which the sample of non-members represents a sample from a population of homosexuals who would not join and participate in such organizations if they had the chance is not known. It should be noted

(cf. pp. 33-35) that some non-member subjects were obtained with the help of homophile organizations (e.g., via the mail-out by SIR and Mattachine, at meetings of TGSF and of SIR conversation groups). Thus, some of these non-members may not be completely free of at least a sporadic or peripheral "contamination" by the homophile movement. In spite of its limitations, the results of this comparison are highly suggestive and provide the only empirical data on the question to date.

As a concluding comment on this chapter it is suggested that the results reported here have limitations which should be taken into account in interpreting the data. First, decisions regarding relative psychological adjustment and personality characteristics were only provided by means of one psychological inventory: the MMPI. While the MMPI has provided vast amounts of information regarding various groups of subjects, it is by no means perfect and this fact should be kept in mind when evaluating the results contained herein. Second, with the exception of those 33 subjects who were personally interviewed, the criteria for inclusion into various sub-groups of homosexuals were based upon information supplied by a paper-and-pencil biographical questionnaire rather limited in scope. Third and finally, the criterion variables themselves only rather crudely and imprecisely reflected the vast range of individual behavioral patterns represented by the data.

CHAPTER V

SUMMARY

This investigation was undertaken for the purpose of presenting biographical and psychological test data from a diversified sample of 113 non-incarcerated, non-hospitalized male homosexuals and relating these data to those few studies of male homosexuality which exist. Testing devices consisted of the Minnesota Multiphasic Personality Inventory (MMPI) and a short biographical questionnaire containing questions regarding general biographical data, educational and occupational background, history of legal and emotional difficulties, homosexual and heterosexual experiences, and history of associations with homophile organizations. These test instruments were used in carrying out the following objectives of this study: (1) Development of a biographical questionnaire which would elicit information from male homosexuals nearly as well as could be obtained in a personal interview covering the same material. (2) Assessment of the general psychological adjustment of homosexual males. (3) Testing the relationship between the MMPI data and certain biographical factors such as history of legal difficulties, treatment for emotional problems, history of homosexual and heterosexual experiences, degree of homosexual promiscuity, tendency to make and maintain homosexual relationships, level of education, and membership in homophile organizations.

On the basis of discrepancies between written responses to the first version of the biographical questionnaire and verbal responses to the same questions in a personal interview by the first 27 subjects, the questionnaire was revised in an attempt to clarify items and thus

to minimize discrepancies. Because of various difficulties only eight subjects who had filled out the second version of the biographical questionnaire were interviewed. On the basis of this second group of discrepancies it was concluded that minor discrepancies were inevitable but that most of the observed discrepancies would not cause a subject to be reclassified from one major sub-group of homosexuals to another.

The mean MMPI profile for the entire group of 113 homosexuals was only moderately elevated above the MMPI norms. It exceeded a T score of 60 on scales D, Pd, Mf, and Sc. The most frequent high-point code for the group (the highest scale in the profile) was Mf (masculinity-femininity). Since so many subjects had Mf as their high-point code, the profiles were recoded ignoring Mf and tentative descriptions were given from Dahlstrom and Welsh (1960) of the following most frequent high-point pairs (the two highest scales in the profiles): 48, 13, 84, and 87. Using these and other obtained pair codes, none of the chi squares obtained from comparing the code frequencies of the various sub-groups of homosexuals reached statistical significance.

The homosexual group was compared to the Minnesota normative sample and the resulting mean and variance differences were interpreted as reflecting only moderate deviations from the MMPI norms. It was also compared to a group of 56 homosexuals under psychiatric treatment and was found to show considerably less severe signs of psychopathology on the MMPI. Finally, the homosexual group was compared to a sample of 40 college-educated homosexuals and the two group MMPI profiles were shown to be almost identical.

The following results were found by comparison of mean MMPI

profiles of various sub-groups of homosexuals:

(1) 31 homosexuals arrested for their homosexual behavior differed on only two scales from 81 homosexuals not so arrested. The arrest subjects were significantly higher on Hs and lower on Es.

(2) 28 homosexuals arrested for various activities not related to their homosexuality were found to have less of a passive, feminine orientation (Mf) and to be more inclined toward acting out of hostile, anti-social impulses (Pd) than the 85 homosexuals not so arrested.

(3) 32 homosexuals who had had either inpatient or outpatient psychotherapy (or both) were higher on eight of 14 MMPI scales than 81 homosexuals who had had no therapy. In particular, the therapy group was found to be much more characterized by tendencies toward depressive reactions (D), compulsivity (Pt), and social and emotional withdrawal (Sc).

(4) 67 homosexuals who had been exclusively homosexual since age 18 differed only on Ma from 46 homosexuals who had had some heterosexual experiences. The latter group is higher on Ma and was thus considered to have a greater tendency toward over-activity as a means of handling anxiety.

(5) 83 homosexuals who had had 11 or more different homosexual partners the past year were found to be more inclined toward acting out anti-authoritarian, anti-social impulses (Pd) and acting out more in response to anxiety (Ma) than 29 subjects who had had 10 or less different homosexual partners the past year.

(6) 45 homosexuals who have never formed a homosexual relationship were higher than 68 homosexuals who had formed at least one such

relationship only on scale D and were considered to be slightly more characterized by tendencies toward depressive reactions.

(7) 77 homosexuals who at the time of testing did not have a homosexual relationship were found to be considerably more psychologically disturbed than 36 homosexuals who did have such a relationship at the time of testing. The former group was higher on scales D, Pd, Pt, and Sc and lower on Es.

(8) 36 homosexuals who had 12 or less years of formal schooling differed from 77 homosexuals who had 13 or more years of schooling only on scale K (the former group was lower), a difference attributed to the difference in educational levels of the two groups.

(9) 52 active members of homophile organizations, 12 inactive members, and 44 non-members differed from each other only on scale Si. This difference was considered to be due to the greater elevation of the inactive member group on Si, indicating a greater tendency on its part toward social introversion.

Certain limitations of the present study were presented and the reader was advised to interpret the data with some caution.

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APPENDICES

APPENDIX A

Letter mailed out by Mattachine and SIR

Dear Sir:

The Mattachine Society and the Society for Individual Rights (SIR) are helping Psychologists from San Jose State College conduct a study designed to obtain biographical and psychological test data on a group of male homosexuals who at the time of testing are functioning in society. You are being asked to cooperate in this study. Cooperation will consist of being willing to fill out a biographical questionnaire and the Minnesota Multiphasic Personality Inventory (MMPI). The total time needed to fill out these test materials should be no more than about 90 minutes.

Your answers to the written materials will be held strictly confidential, and, since your name will not appear on any of the testing materials, your replies will be completely anonymous. All contacts with you will be made by the above organizations.

Please check the appropriate space on the enclosed card and drop it in the mail. Note that your reply via the enclosed card is identified by code number so that it is not necessary for your name to appear on the card.

If you do cooperate in the study and later desire a summary of the results, these results will be sent to you.

APPENDIX B

Descriptions of Basic MMPI Scales
Excerpted from Dahlstrom and Welsh (1960)

The L scale. The content of the L scale involves aggressive feelings, bad thoughts, temptations, and lack of control or conformity. These attributes are clear, unambiguous, and generally socially unfavorable. It was assumed that most people would be willing to endorse the statements of the L scale as true about themselves even though the items deal with disapproved actions and feelings. . . . Only 4 per cent of the Minnesota normative group denied as many as ten of the fifteen items, however (p. 49).

The F scale. The items for the F scale were chosen because they were so rarely endorsed by the Minnesota normative subjects. Sixty-four items, all but one of which were answered in the scored direction by no more than 10 per cent of the combined male and female normative group . . . were collected to form a scale to measure response conformity. . . . Many of the items deal with peculiar thoughts and beliefs. Others have to do with apathy, lack of interest in things, or denial of social ties. Many of these interpersonal items relate to family relationships or childhood experiences. A few deal with religion, attitudes toward the law, and a lack of comfortable control over impulses. There are also a few that pertain to adequacy of sleep and somatic concerns. The content is undisguised and obvious (p. 49).

The K scale. This most recent of the validity scales was developed as a measure of test-taking attitude appearing either as personal defensiveness or as an exhibition of personal defects and troubles. These characteristics are reflected in scores ranging above the mean for the former set and below the mean for the latter (p. 50). From this list it can be seen that the subject getting a high score on K not only denies personal inadequacies, tendencies toward mental disorder and any trouble in controlling himself, particularly in regard to temper, but also withholds criticism of other. Low scores are obtained by admitting a variety of difficulties in what Goodenough (1949, p. 408) has described as "a peculiar kind of exhibitionism which takes the form of an urge to display one's troubles and confess one's weaknesses" (pp. 51-52).

Scale 1 (Hs). The first scale published on the MMPI was an attempt to measure the personality characteristics related to the neurotic pattern of hypochondriasis (McKinley and Hathaway, 1940). Persons diagnosed with this disorder show an abnormal concern for their bodily functions. . . . it can be seen that the items that differentiate hypochondriacs from normal subjects range over a variety of bodily complaints. They are not restricted to any particular part of the body or kind of function. They include generalized aches and pains, as well as peculiarities of sensation. A few of the items relate to general health or competence (p. 53).

Scale 2 (D). The second scale in the clinical profile was estab-

lished empirically to measure the degree of depth of the clinical symptom pattern of depression (p. 55). The items deal with a lack of interest in things, expressed in a general apathy, in a rejection of base impulses, and in a distinct denial of happiness or personal worth. They describe a feeling of being incapable of performing work satisfactorily or controlling one's thought processes. Another cluster of items, indicating physical symptoms, sleep disturbance, and gastrointestinal complaints, is not generally considered part of the depression syndrome, but these features can very frequently be observed in markedly depressed psychiatric patients. . . . In the light of the description of this scale's content it is not surprising to find that the scores on it serve as sensitive reflectors of current mood (p. 57).

Scale 3 (Hy). This scale was developed to aid in the identification of patients using the neurotic defenses of the conversion form of hysteria. These patients appear to use physical symptoms as a means of solving difficult conflicts or avoiding mature responsibilities. This resort to physical disorder may appear only under stress, while in ordinary circumstances no clear personality inadequacy is readily demonstrable (p. 57). Many of the items seem to be mutually contradictory. Broadly, it can be seen that the items fall into two categories: somatic items and social facility items (p. 58).

Scale 4 (Pd). This scale was developed to measure the personality characteristics of the amoral and asocial subgroup of persons with psychopathic personality disorders, termed in this setting psychopathic deviates. . . . The major features of this personality pattern include a repeated and flagrant disregard for social customs and mores, an inability to profit from punishing experiences as shown in repeated difficulties of the same kind, and an emotional shallowness in relation to others, particularly in sexual and affectional display (p. 60). The /item/ content ranges widely, reflecting the alienation of the person from his family and the extension of difficulties to school and to authorities generally. Some of the items involve frank admission of personal limitations, poor morale, and sexual troubles. . . . There are also items involving denial of social shyness and assertion of social poise and confidence (pp. 61-62).

Scale 5 (Mf). Scale 5 was designed to identify the personality features related to the disorder of male sexual inversion. . . . Persons with this personality pattern often engage in homoerotic practices as part of their feminine emotional makeup. . . . The feminism of these men appears in their values, attitudes and interests, and styles of expression and speech, as well as in sexual relationships.

.
The /item/ content is heterogeneous on this scale, ranging over interests in kinds of work, hobbies and pastimes, social activities, religious preferences, and family relationships. There are also items on fears, worries, and personal sensitivities. One important feature of this scale is the amount of frankly sexual material in the items (p. 63-64). They /Pepper and Strong (1958)/ divided the items into clusters dealing with

ego sensitivity, sexual identification, altruism, endorsement of culturally feminine occupations, and denial of culturally masculine occupations. In all of these characterizations, it is clear that most of the items are psychologically obvious (pp. 65-66).

Scale 6 (Pa). This scale was developed to evaluate the clinical pattern of paranoia, a diagnostic evaluation that is seldom used by itself but is frequently applied as a modifier of some other personality reaction. The concept of paranoia involves a set of delusional beliefs, frequently including delusions of reference, influence, and grandeur. . . . Some of the items that work to separate the criterion cases from normals are frankly psychotic items that are consistent with the textbook descriptions of this disorder: mental peculiarities, delusional and referential material, and the belief that unwarranted pressure has been placed upon them. However, some of the items are less clearly a part of this syndrome. Such items involve the admission of a psychological fragility that seems out of keeping with the facade of perfection these persons so often assume. In addition, there are some items that could be expected to have significance in differentiating the paranoid personality but which are answered in the unexpected direction (pp. 66-67).

Scale 7 (Pt). This scale was derived to help in the evaluation of the neurotic pattern of psychasthenia, or the obsessive-compulsive syndrome. The personality features included, in addition to the obsessive ruminations and the compulsive behavioral rituals, are some forms of abnormal fears, worrying, difficulties in concentrating, guilt feelings, and excessive vacillation in making decisions (p. 69). It can be seen that the combined selection procedures did not often lead to the inclusion of specific obsessions, compulsive rituals, or phobias. Rather, the content appears to reflect a characterological basis for a vast variety of specific psychasthenic symptoms. The items cover such things as anxiety and dread, low selfconfidence, doubts about one's competence, undue sensitivity, moodiness, and immobilization (p. 70).

Scale 8 (Sc). The psychotic pattern of schizophrenia for which this scale was derived is very heterogeneous and contains many contradictory behavioral features. This may be a result of the way that the pattern is identified in terms of bizarre or unusual thoughts or behavior. Most commonly persons showing this psychiatric reaction are characterized as constrained, cold, and apathetic or indifferent (p. 71). Many of the items reflect the bizarre mentation, the social alienation, the peculiarities of perception, and the feelings of persecution included in the classic description of schizophrenia. There are also items which reflect the poor family relationships and the lack of deep interests which are part of the basic syndrome. The scale includes one of the largest subsets of items dealing with sexual matters. There are also items dealing with difficulties in concentration and impulse control. A little out of keeping with general clinical expectations are some of the items concerning fears and worries, and those that show the degree to which life is a strain (pp. 73-74).

Scale 9 (Ma). The personality pattern for which this scale was derived is the affective disorder hypomania. Three features characterize this pattern: overactivity, emotional excitement, and flight of ideas. . . . the milder forms of hypomania may be difficult to distinguish from the behavior of ambitious, vigorous, and energetic normals. Some of the behavior resulting from hypomania may be easily confused with psychopathic patterns and there are some important instances of combinations of both patterns in the same persons (p. 74). The items on scale 9 . . . cover a wide range of content. Many of the classic features of the hypomanic patient are apparent in the self-descriptions appearing in these items: the grandiosity, the excitement, and the activity level. Many of the items bearing on moral attitudes and on home and family relationships, and some of those referring to physical and bodily matters are less obviously related to the general syndrome (pp. 75-76).

Scale 0 (Si). Evans and McConnell devised separate measures for the three features /of social introversion/ and offered a single test to evaluate the relative degrees of introversion-extroversion in each. In their terms social introversion is characterized by withdrawal from social contacts and responsibilities. Little real interest in people is displayed. In contrast, social extroversion involves the seeking of social contacts and a sincere interest in people. . . . In addition to items with face validity that describe the person's uneasiness in social situations or in dealings with others, there are items covering a variety of special sensitivities, insecurities, and worries. The high scorer on scale 0 also denies many impulses, temptations, and mental aberrations. The conservative nature of many of the replies is striking, and a strong self-depreciatory trend is evident (p. 77).

APPENDIX C

First Version of the Biographical Questionnaire

1. Sex: male _____ female _____
2. Age: _____
3. Racial background:
 White _____ Oriental _____ Other (specify) _____
 Negro _____ Mixed _____
4. Briefly describe your present occupation (if you are not now employed put down none and then describe what you usually do):

5. Gross income from all sources last year (to the nearest \$1000): _____
6. Educational background:
 - (a) circle the highest year of schooling you have completed:
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 grad. work 1 2 3 4+
 - (b) if you were (or are) a college student, what was your:
 (1) academic major? _____
 (2) highest degree and/or credential completed? _____
 - (c) have you had any other type of schooling (such as a trade school, art institute, etc.)? yes _____ no _____ length-
 type- _____
7. Have you ever been arrested and/or convicted because of your homo-
 sexual behavior?
 - (a) arrested? yes _____ no _____ # of times _____
 - (b) convicted? yes _____ no _____ # of times _____
8. Have you ever been arrested and/or convicted because of some other
 illegal behavior?
 - (a) arrested? yes _____ no _____ # of times _____
 - (b) convicted? Yes _____ no _____ # of times _____
 - (c) offence(s) for which you were convicted: _____
9. Have you ever had emotional difficulties for which you obtained:
 - (a) treatment (not in a mental hospital) by a social worker, psy-
 chologist, psychiatrist, etc.? yes _____ no _____
 total length of treatment(s) _____
 - (b) treatment in a mental hospital? yes _____ no _____
 total length of stay(s) _____

10. If you have had such treatment for emotional difficulties:
 (a) in how many of the above instances was the treatment voluntarily sought by you? _____
 (b) in how many of the above instances was your treatment requested by parents, schools, courts, agencies, etc.? _____
11. Are you now in some form of treatment because of emotional difficulties? yes _____ no _____
12. Using the descriptions of the 7 ratings given below, rate as best you can your sexual activities with other individuals for as many of the following periods of your life as apply:
- (a) 18-20 years old: _____
 (b) 21-23 " " : _____
 (c) 24-26 " " : _____
 (d) 27-29 " " : _____
 (e) the past year : _____
- (1) = exclusively homosexual
 (2) = mostly homosexual, with some heterosexual experience
 (3) = more homosexual than heterosexual experience
 (4) = approximately equal amounts of both
 (5) = more heterosexual than homosexual experience
 (6) = mostly heterosexual, with some homosexual experience
 (7) = exclusively heterosexual
13. With about how many different homosexual partners have you had sexual relations in the past year?
 (a) less than 25 _____ (About how many? _____)
 (b) 26-50 _____
 (c) 51-75 _____
 (d) 76-100 _____
 (e) 101+ _____ (About how many? _____)
14. How many extended homosexual relationships (defined as those lasting for at least several months) have you had which you at the time considered "permanent relationships" or "gay marriages"? _____
15. If you have had relationships such as described above:
 (a) indicate the number of months (mo.) or years (yrs.) each such relationship lasted (start from your first one):
 1st _____ 4th _____
 2nd _____ 5th _____
 3rd _____ 6th _____
 (b) in how many of these relationships did you and your lover live together? _____
 (c) do you at present have such a relationship? yes _____ no _____

16. Check as many of the following replies as necessary to completely describe your heterosexual marriage experience:
1. never married _____	5. marriage(s) annulled _____
2. presently married _____	6. widowed _____
3. presently separated _____	7. other (specify) _____
4. am or have been divorced _____	
17. If you are or have been heterosexually married, how many marriages have you had (including the present one)? _____
18. About how many times have you had sexual intercourse with a *member* of the opposite sex in the past year? _____
19. How many partners of the opposite sex have you had intercourse with in the past year? _____
20. Are you at the present time connected in any way with any homosexual organizations? yes _____ no _____
21. If you answered yes to #20, answer the following questions (but do not answer questions #22 and #23):
- (a) with what organizations are you connected? _____
 - (b) are you a dues paying member of such organizations? yes _____ no _____
 - (c) do you usually attend meetings when they are held? yes _____ no _____
 - (d) do you usually do volunteer work for the organizations to which you belong? yes _____ no _____
 - (e) how long have you been associated with each such organization?

22. At some time in the past were you connected in any way with any homosexual organizations? yes _____ no _____
23. If you answered yes to #22, answer the following questions:
- (a) how long were you associated with such organizations? _____
 - (b) did you usually participate in the activities of the organizations to which you belonged? yes _____ no _____

APPENDIX D

Tally of the Number of Discrepancies
Between Written and Verbal Responses to the
First Biographical Questionnaire for 27 Subjects

Question	Number of Discrepancies	Question	Number of Discrepancies
1	0	12	13
2	0	13	7
3	0	14	5
4	3	15	12
5	9	16	1
6	14	17	0
7	1	18	2
8	4	19	1
9a	0	20	1
9b	2	21	3
10a	1	22	1
10b	0	23	2
11	0		

APPENDIX E

Revised Version of the Biographical Questionnaire

1. Sex: Male _____ Female _____
2. Age: _____
3. Racial Background:
White _____ Negro _____ Oriental _____ Mixed _____
4. Briefly describe your present occupation (if you are not now employed at all put down none and then describe what you usually do for work):

5. List your gross income from all sources last year (to the nearest \$1000): _____
6. Educational background:
 - (a) circle the highest year of schooling you have completed:
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20+
 - (b) if you were (or are) a college student, what was your:
 - (1) academic major (if any)? _____
 - (2) highest degree(s) and/or credential(s) completed? _____
 - (c) have you had any other type of schooling such as business school, art school, trade school, special training or schooling in the military, and so forth? yes _____ no _____
type (describe): _____ length: _____
 - (d) are you now a college student? yes _____ no _____
7. Have you ever been arrested and/or convicted because of your homo-sexual behavior?
 - (a) arrested? yes _____ no _____ number of times _____
 - (b) convicted? yes _____ no _____ number of times _____
 - (c) offence(s) for which you were arrested: _____
8. Have you ever been arrested and/or convicted because of other (non-homosexual) behavior?
 - (a) arrested? yes _____ no _____ number of times _____
 - (b) convicted? yes _____ no _____ number of times _____
 - (c) offence(s) for which you were convicted: _____
9. Have you ever had emotional difficulties for which you obtained:
 - (a) treatment (not in a mental hospital) by a social worker, psychologist, psychiatrist, etc.? yes _____ no _____
total length of treatment(s) (describe): _____
 - (b) treatment in a mental hospital or psychiatric ward? yes _____ no _____
total length of stay(s) (describe): _____

10. If you have had such treatment for emotional difficulties:
- in how many of the above instances was the treatment voluntarily sought by you? _____
 - in how many of the above instances was your treatment requested by parents, schools, courts, agencies, etc.? _____
11. Are you now in some form of treatment because of emotional difficulties? Yes _____ no _____
12. For the following age periods of your life (letters A through E) describe as best you can your sexual activities with other individuals using the rating scales below (0 through 7). Do not rate an age period beyond your present age (however if you were 22 you would rate A, B, & E). Be sure to rate your activities during the past year.
(A)	18-20 years old:	_____
(B)	21-23 " " :	_____
(C)	24-26 " " :	_____
(D)	27-29 " " :	_____
(E)	the <u>past</u> year :	_____
- no sexual activities with other individuals
 - exclusively homosexual
 - mostly homosexual, with some heterosexual experience
 - more homosexual than heterosexual experience
 - approximately equal amounts of both
 - more heterosexual than homosexual experience
 - mostly heterosexual, with some homosexual experience
 - exclusively heterosexual
13. With about how many different homosexual partners have you had sexual relations in the past year?
- less than 25 _____ (About how many? _____)
 - 26-50 _____
 - 51-75 _____
 - 76-100 _____
 - more than 100 _____ (About how many? _____)
14. How many extended homosexual relationships (defined as those lasting for at least several months) have you had which you at the time considered a "permanent relationship" or a "gay marriage"? _____
15. If you have had relationships such as described above:
- indicate the number of months (mo.) or years (yrs.) each such relationship lasted (start from your first one):

1st _____	4th _____
2nd _____	5th _____
3rd _____	6th _____
 - in how many of these relationships did you and your lover live together? _____
 - do you at present have such a relationship? yes _____ no _____

16. Check as many of the following replies as necessary to completely describe your heterosexual marriage experience:
1. never married _____	5. marriage(s) annulled _____
2. presently married _____	6. widowed _____
3. presently separated _____	7. other (specify) _____
4. am or have been divorced _____	
17. If you are or have been heterosexually married, how many marriages have you had (including the present one)? _____
18. About how many times have you had sexual intercourse with a member of the opposite sex in the past year? _____
19. How many partners of the opposite sex have you had sexual intercourse with in the past year? _____
20. Are you at the present time connected in any way with any homosexual organizations? yes _____ no _____
21. If you answered yes to #20, answer the following questions:
- (a) with what organizations are you connected? _____
 - (b) are you a dues paying member of such organizations? yes _____ no _____
 - (c) do you usually attend meetings when they are held? yes _____ no _____
 - (d) do you usually do volunteer work for the organizations to which you belong? yes _____ no _____
 - (e) how long have you been associated with each such organization?

22. At some time in the past were you connected in any way with any homosexual organizations? Yes _____ No _____
23. If you answered yes to #22, answer the following questions:
- (a) with what organizations were you connected? _____
 - (b) did you usually participate in the activities of the organizations to which you belonged? yes _____ no _____
 - (c) when (what years) did you belong? _____
24. If you have any additional comments you wish to make about any of the information asked for in this questionnaire make them below:

APPENDIX F

Tally of the Number of Discrepancies Revised
Between Written and Verbal Responses to the
Biographical Questionnaire for Eight Subjects

Question	Number of Discrepancies	Question	Number of Discrepancies
1	0	12	4
2	1	13	3
3	0	14	1
4	0	15a	1
5	3	15b	1
6a, b, d	0	15c	0
6c	2	16	0
7	0	17	0
8a	1	18	0
8b	1	19	0
8c	0	20	1
9a	1	21	3
9b	1	22	0
10a	1	23	0
10b	1	24	0
11	0		

APPENDIX G

Frequency Distribution of Occupational Levels
and Representative Occupations

Occupational level	f	Representative Occupations
Professional	17	architect, accountant, engineer, college instructor
Semi-professional	9	policeman, real estate broker, pianist, artist
Business and Managerial	18	engineering manager, sales manager, bar owner, surety board underwriter
Sales and Public Relations	14	retail store salesman, airline ticket agent, displayman, insurance underwriter
Clerical	17	office clerk, bank teller, cashier, receiving clerk
Skilled	15	airline pilot, computer programmer, tab operator, microphotographer
Personal Services	11	bartender, barber, waiter, hair stylist
Semi-skilled	5	warehouseman, orderly, truck driver, trainman
Unskilled labor	3	houseman, mess attendant, construction worker
Students	5	

APPENDIX H

Frequency Distribution of Academic Fields
for 73 Subjects

Field	f	Representative Majors
Physical and Biological Sciences	5	physics, biology
Behavioral Sciences	5	anthropology, psychology, sociology
Liberal Arts	25	history, English, languages, economics, mathematics
Fine Arts	11	music, art, drama
Education	0	
Engineering	3	
Professional	8	architecture, law, medicine, dentistry
Business	10	
Unclassified or Unclassifiable	6	