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Cultural attitudes toward homosexuality and  
Psychological well-being among gay, lesbian and bisexual individuals

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## Abstract

This study examined the relationship between cultural attitudes toward homosexuality and the psychological well-being of lesbian, gay, and bisexual individuals. Specifically, differences in attitudes and psychological well-being between 48 Iranian and 41 American sexual minority individuals were compared. It was hypothesized that 1) attitudes toward homosexuality would be viewed more negatively in Iranian culture than American culture, 2) cultural attitudes toward homosexuality would be related to homosexuals' and bisexuals' psychological well-being, and 3) that Iranian homosexuals' psychological well-being would be worse than that of their American counterparts. Results indicated more negative attitudes toward homosexuality among Iranians. Contrary to prediction, however, psychological well-being was worse among American participants. Findings are discussed in terms of cultural and familial differences with regards to sexual orientation disclosure. This study is the first of its kind to empirically investigate the mental well-being of Iranian homosexuals.

## Cultural Attitudes toward Homosexuality and Its Effects on Iranian and American Homosexuals

Since the American Psychiatric Association removed homosexuality from its diagnostic manual in 1973 (American Psychiatric Association, 1980), many researchers have tried to capture homosexuals' experiences as stigmatized members of society. While homosexuals all over the world may find it hard to adjust in a society where heterosexuality dominates, each culture and country differs in the kinds of challenges its homosexual members must face. The present study seeks to investigate differences in cultural attitudes toward homosexuality between East and West, specifically the Islamic Republic of Iran and the United States. Furthermore, the implications of negative cultural attitudes toward homosexuality for Iranian and American homosexuals' psychological well-being will be examined. Homosexuality among Iranians has not yet been scientifically explored in the field of psychology. Considering the numerous differences between Iranian and American cultures, Iranian sexual minorities' experiences must be explored to attain a clearer understanding of what an Iranian sexual minority identity entails. To fully grasp the implications of being homosexual or bisexual for Iranian individuals, an understanding of Iranian cultural beliefs and attitudes toward sexuality in general must precede. We will then discuss attitudes toward homosexuality in the East and the West, and follow with an overview of previous research on attitudes toward homosexuality and their relation to psychological well-being. We will begin with a discussion of attitudes toward sexual behavior in each country.

### *Attitudes toward Sexual Behavior in the United States*

Attitudes toward sexual behavior and sexuality tend to change over time. During the 1970s in the United States, there seemed to be a movement away from the double standard of sexual behavior for men and women (King, Balswick, & Robinson, 1977). For example, in a study of change in sexual attitudes and sexual behavior in 138 male and 298 female college students, King and his colleagues (1977) found that men's attitudes had stayed the same, while women's attitudes and behaviors had undergone drastic change. While 70% of the 115 women in their 1965 sample felt that premarital sexual intercourse was immoral, only 20% of their 1975 sample shared this view. Furthermore, the rate of female premarital sex increased by 9.6% between 1965 and 1970, and again by 18.8% from 1970 to 1975. The upsurge in sexually active females was coupled with the liberalization of attitudes, with a decrease in the number of both males and females perceiving a promiscuous woman as immoral in 1975 compared to 1970 (King et al., 1977).

Today the gender differences in attitudes toward sexual behavior still exist. Women in the United States tend to be more conservative with regard to masturbation, premarital sex, pornography, and extramarital relationships than men. Furthermore, men tend to hold more liberal attitudes toward uncommitted sex and multiple sexual partners. Conversely, women hold more positive and tolerant attitudes toward homosexuality than men (Menston, Trapnell, & Gorzalka, 1998).

With premarital sex on the rise, premarital childrearing became an issue that America had to face. Reports from the 1999 Census Bureau indicated an increase in premaritally born or conceived births of women aged 15 to 29 from one in six in 1930-34 to one in two in 1990-94 (Bachu, 1999). Parallel to sexual attitudes, premarital childrearing

gained social acceptance over the past decades by institutions, such as families, schools, and public and private organizations. Premarital childrearing became a prominent national concern and efforts were made to address this issue from the standpoint of the mothers' and children's well being. Consequently, programs such as the federal welfare "Special Supplemental Food Program for Women, Infants, and Children" and prenatal and postnatal classes for women in schools were implemented (Bachu, 1999).

*Attitudes toward Sexual Behavior among Iranians in Iran and Abroad*

The majority of Iranians who live outside of Iran are either exiled or self-exiled. Many left as a result of the 1979 Islamic Revolution in an effort to flee the rigid Islamic code of conduct that the new government imposed onto the people of Iran. Of these, many were intellectuals whose world views, professions, or life-styles were considered anti-revolutionary. Others were members of organizations or political parties that were against the imposition of an Islamic government. In addition, some left Iran to escape the eight year Iran-Iraq war which began in 1980 (Moghissi, 2003). In the United States, the U.S. Census Bureau estimated in the year 2000 that there were 338, 266 Iranians living in the United States, though unofficial assessments estimate over 1,000,000 Iranians in the United States.

For many nonwestern countries, the topics of sex and sexuality are still considered very taboo. Middle Eastern and Muslim countries remain especially traditional in their views of sexual behavior and sexuality. The Islamic Republic of Iran is one such country where traditional norms and values permeate. Its sexually restrictive culture results in marriage being practically the only medium for sexual relationships (Shapurian & Hojat, 1985). Premarital sex is not socially accepted and is considered an act of dishonor and

betrayal to one's future spouse. In a sample of Iranian men and women living in the United States, virginity was viewed as one of the principle characteristics a man seeks in a potential wife (Hojat et al., 1999). The high value that virginity has been given in Iran influences sexual attitudes and behaviors. For instance, Hanassab and Tidwell's (1993) sample of Iranian women living in Iran were largely against female premarital sexual behavior. These beliefs are deeply rooted in Iranian culture and appear to continue despite extended exposure to more liberal ideals. In comparing premarital sexual attitudes of 99 Iranians in Iran and 160 Iranians in the United States, Hojat and his colleagues (1999) found that although the Iranians in the United States were more likely to endorse premarital sex than their counterparts in Iran, the majority of Iranians in both groups felt that men want to marry a virgin. The researchers, however, failed to indicate the average length of residency in the United States for their sample of Iranian immigrants.

Iranian attitudes toward premarital sex are largely gender biased. In Moghissi's (2003) study of Iranian women's displacement, cultural resistance, and change, interviews with Iranian high-school and university students in Toronto revealed that young Iranian men were not prohibited from having sexual relationships with girls, so long as they ensured protection against sexually transmitted diseases and avoided any interferences with their school work. Interviews with Iranian women belonging to a Persian-speaking support group for abused women, however, depicted a dimmer picture of female permissiveness of sexual behavior. These women reported being demonized if they refused to regulate their personal lives according to male-defined cultural values, which stress the sanctity of virginity. The dangers of moral and sexual 'corruption' entrenched in life in the West were primarily seen as a threat to girls, especially by fathers. Moghissi's (2003)

student participants explained that fear of cultural ‘misconduct’ and ‘insubordination’ can be so great in some cases that the family decides to return to Iran to save their daughters from immoral influences. While such views may be representative of Iranian beliefs, it is noteworthy to mention that Moghissi, as a feminist, discusses these issues in a zealous fashion. The cases she refers to represent extreme conservative instances that should not be generalized to all Iranian families living abroad.

Immigrant parents of teenage and young adult Iranians living in the West often get into conflict with their daughters because of the parents’ native traditional views. Hanassab and Tidwell (1989) examined the emotional implications of differential parent to child and peer to peer perspectives on dating for young Iranian women living in the United States for at least eight years. Through open-ended interviews with eight women between the ages of 16 and 26 residing in California, they found that two variables were especially important in differentiating how the women in their sample dealt with the contrast of parent to child and peer to peer perceptions. One was participant characterization as either liberal or conservative, which was a judgment made by the investigators based on demographic information and general impressions of participant interviews. Not surprisingly, the participants who were more conservative and themselves believed that dating and having boyfriends is not morally justifiable and chose not engage in such activity, showed little confusion over this cultural and contextual clash. They referred to high divorce rates and relationship problems as viable reasons to abstain from romantic relationships with men. However, those who were characterized as liberal but abided by conservative parental rules exhibited the most confusion and anxiety. These women felt that dating was a normal part of life, and even beneficial in terms of being a growing experience that allowed for greater

control of one's life later in marriage. Yet, the only explanation they could provide for not dating was that of respecting their parents' wishes. Hanassab and Tidwell suggested that having to forcefully behave contrarily to their personal wishes becomes a psychological weight. The denial of their desires as a consequence of the conflict between their own and their parents' beliefs becomes a source of emotional distress for these women. Should this be the case, the detrimental effects of behaving in disaccord to personal beliefs would also apply to homosexual individuals denying their wants for the sake of pleasing their parents.

### *Iranian Cultural Beliefs*

The social institution of marriage has always been very important in Iranian society and has played an integral role in the maintenance of the social system (Hanassab & Tidwell, 1993). Similar to other traditional societies, conjugal unions in Iran serve as the chief agent of socialization (Tashakkori & Mehryar, 1982). Marriage is viewed as an everlasting bond not only between two individuals but also between their families (Hojat et al., 1999). As Nassehi-Behnam (1985) describes it, there are two types of families in Iranian culture that can be categorized by socio-economic status. In wealthier families, also called extended families, households are made up of a head of household, his wife, his unmarried children, his married sons and their wife and children, and his unmarried brothers and sisters. The middle and lower class families also live together, though they may rent several rooms around a courtyard to resemble the extended family. Contrary to the extended family, however, each unit within the family will be financially responsible solely for their own unit and there is no one dominant head. Hence, non-blood related individuals become part of a kinship group through marriage, and must obey, respect, and often give financial authority to the head of that family.

Unlike what is customary in Western countries, courtship as a precursor to marriage does not exist in Iran (Hanassab & Tidwell, 1993). Instead, marriage arrangements were traditionally under the control and supervision of elders. The couple's opportunity to get acquainted is thus between the time of engagement and marriage. Marrying within one's own social class is also very important, and marriage between family members is not uncommon (Nassehi-Behnam, 1985). During the era of modernization, i.e. pre-Revolution times, middle class Iranian women questioned this traditional practice. These women showed ambivalence toward the criteria set for mate selection, and showed preference for spouse selection by personal choice. Still, the majority preferred having the approval and consent of parents in this decision. Hence, even after the period of modernization, courtship remained limited and spousal choice continued to be largely handled by parents (Hanassab & Tidwell, 1993).

Schiffman (2000) conducted interviews with Muslim, Baha'i, and Jewish women living in the United States to find out how they balanced their Persian identity with their American one. Her interviews revealed that the women often felt conflicted over what their parents felt were important values and American ones. The women stated that the tensions between their parents and them were primarily centered around male/female relationships. These women felt that their parents had more specific and higher expectations of their future son-in-laws than of their daughter's careers. One of the women, Mishana, age 20, explained that in high school her parents forbid her from dating. After high school, she was allowed to date only to search for a husband. Her parents also always emphasized the virtue of virginity, stating "If they found out I wasn't a virgin-not that I'm not a virgin-I think I would be mutilated". While this assertion may have been a sarcastic

overstatement, it is evident that despite her mother's 25 years and her father's 40 years living in the United States, they remained traditional and enforced their Persian cultural socialization on their child. Mashina's described her mother's reaction to her having a boyfriend as 'flipping out' and adds "Her reaction made me feel dirty even though I knew I shouldn't feel that way. I even sometime still do". Another one of the interviewees, Shadi aged 20, said that she encountered compulsory heterosexuality every time she went home to visit her parents or talked to them on the phone. She averred "I don't have a choice of whether I want to get married or not. It's really stressful". The cultural differences in beliefs and values between these young women and their parents can be at times psychologically straining, and some reported problems concentrating on schoolwork or other matters because they were occupied worrying that their parents were mad at them or feeling guilty about something they did or lied about.

Ghaffarian (1987) conducted a study of Iranians' acculturation as refugees in the United States. She found that both the 59 males and the 51 females in her sample held traditional values, measured with an abbreviated version of Levinson and Huffman's (1955) traditional family ideology scale. Both the men and the women held similar attitudes toward the family and raising children. The sample, however, differed with respect to their views of women. The sample's views of women stayed very traditional for men, who still felt that women are inferior to men in some respects. Women, on the other hand, held more modern views reflecting more freedom and equality for women. These differences in beliefs can create conflict within the male dominated family structure and life, a very important component of Iranian culture.

Iranian society is very family oriented. Iranian families are patriarchal. There is a

pronounced double standard in gender roles. Girls are taught to speak and laugh only occasionally, to be obedient, and grow up to be good wives and mothers. For girls, the importance of innocence and external beauty is also stressed from a very young age. Boys, on the other hand, are trained to command and protect, be educated and achieve social status (Hanassab & Tidwell, 1993). The roles assigned to men and women within the marital union are similarly divergent. Because men are in charge of all financial decisions, Iranian wives are often pushed into a dependent and submissive position (Tashakkori & Mehryar, 1982). Iranian fathers, for the most part, maintain a certain emotional distance from their children. Their presence and influence is manifested through authoritarian, directive, and coercive role enactments (Tashakkori & Mehryar, 1982). In their study of differences in parental roles, the majority of Tashakkori and Mehryar's (1982) participants portrayed their mothers as the supportive-emotional parent. In contrast, the father was the parent who was the most feared by participants.

Despite the stress placed on marriage for Iranian women and the clearly defined gender roles in Iranian culture, education is important among Iranians parents for both their daughters and sons. There is no question that sons are expected to attend college and obtain higher education to a greater extent than daughters, but girls are also expected to attain some form of higher education. As one of the women in Schiffman's (2000) study describes "They don't encourage me to be a doctor like I want to be. They want me to be educated but they expect my husband to provide for me and for me to provide the primary care for my children". She further explains the diverging views between her parents "My parents both expected me to go to college. My mother would be happy if I got my B.A., got married, had kids, and never had to work a day in my life. My father on the other hand

wants me to get married, go to graduate school, and work but make my priority my children”. This example demonstrates that in spite of traditional values, Iranian families abroad expect their daughters to attain a certain level of education and status within society and do not limit their daughters to the role of housewife.

In Iranian culture, family and the kinship network are highly valued. Family ties take precedence over any other social relationships. Hojat and his colleagues (1999) studied sexual, child rearing, and family attitudes of 160 immigrant Iranians in the United States and 97 Iranians living in their home country. They found that family loyalty, measured by the item ‘Greatest loyalty is to the family’ on their questionnaire, was highly praised by respondents in both groups, with 96% of respondents in each group indicating agreement with the statement. This overwhelmingly high percentage of agreeing participants demonstrates that beliefs about family fidelity are deeply rooted, even in immigrant Iranians.

As a collectivist country, Iranian society functions according to practices instilled in notions of interdependence versus independence. As such, there is an emphasis on self-denial instead of self-reliance. Furthermore, the view of the self is one of a participant in a larger social unit and decisions and behaviors are thus motivated by the greater good of the unit as a whole rather than that of the individual (Markus & Kitayama, 1991). These views sharply contrast those of individualism dominant in the Western world.

#### *Attitudes toward Homosexuality in the West*

Homosexuality has become increasingly visible and widely accepted in the Western world. The issue of same-sex marriage has become a recurring topic in America’s present political arena, with gay and lesbian activists and allies pushing for its legal status

(Yep, Lovaas, & Elia, 2003). A small number of US States have implemented equal or similar marriage rights to their same-sex couples as they do to heterosexual couples. Massachusetts presently allows and recognizes same-sex marriages, Vermont allows marriage-equivalent rights for same-sex partners, and Hawaii and California grant special rights, such as health care decision making, for same-sex couples (Riggle & Rostosky, 2005).

In metropolitan areas of the United States, public views are fairly accepting of homosexuality (Weishut, 2000). Oswald and Culton (2003) examined whether the same views were held in rural parts of the country, specifically, rural Illinois. Their sample of 527 gay, lesbian, bisexual, and transgender participants indicated being tolerated as homosexual citizens by the general public as one of the most positive aspects of non-metropolitan life. European views are generally accepting of homosexuality as well. In England, a country with conservative attitudes dominated by a protestant state religion, numerous years of social change have resulted in more accepting attitudes toward gay and lesbian identities (Jensen & Olsen, 1988). In Germany, a country with generally liberal sexual attitudes, positive attitudes toward homosexuality are encouraged (Jensen & Olsen, 1988). In the Netherlands, where homosexual emancipation has a long tradition, the opening of marriage for same-sex couples marked the end of the struggle for equality for most people (Hekma, 2002). In a cross-cultural study of lesbian sexuality, Whitam, Daskalos, Sobolewski, and Padilla (1998) found that, in Brazil, societal attitudes seemed to be tolerant of lesbian individuals and the general public opinion was non-repressive toward homosexuality. Furthermore, the most recent Brazilian constitution includes the prohibition of discrimination on the basis of sexual orientation. Similarly, in Peru, the

authors found that lesbian acts were not criminalized and public attitudes seemed relatively positive.

Despite these promising changes, homosexuality is still not completely accepted. Approximately 41 percent of Jensen and Olsen's (1988) German and English respondents felt that homosexuality could never be justified. Anti-homosexual sentiments and acts occur even in the Netherlands and take the form of queer bashings and anti-gay slurs (Hekma, 2002). In the United States, notwithstanding the removal of homosexuality from the American Psychological Association's diagnostic manual in 1973, a very small minority of the professional mental health work force still believes that same-sex sexual orientation is either immoral and/or an illness warranting treatment (Lasser & Gottlieb, 2004). Even among professionals who do not share the belief of homosexuality as a pathology, it is not yet apparent whether the practical field has truly acknowledged and integrated into practice the American Psychological Association's declaration that homosexuality does not indicate disability in judgment, stability, or general social or vocational capabilities (Zand, 2004). Legally, a persistent problem has been that of lesbians' denial of custody of their children from heterosexual marriages (Whitam et al., 1998). Kite and Deaux (1986) conducted a study examining heterosexual males' differential reactions, measured by participant self-report liking ratings of the individual and information seeking behavior with that individual, to interacting with another male they presume is heterosexual and to interacting with a male they are told is homosexual. Their sample consisted of 144 male college students in Purdue and Texas who either fit the category of males with negative attitudes toward homosexuals or males with positive attitudes toward homosexuals. Their findings revealed that those with negative attitudes

toward homosexuals reacted significantly more negatively toward the male homosexual than those with positive attitudes toward homosexuals. However, more importantly, they found that in both samples knowledge of a person's homosexuality elicited more negative reactions toward the homosexual individual than when sexual orientation of the individual is unknown.

#### *Attitudes toward Homosexuality in the Middle East*

In Islamic cultures, there is a general censure of homosexuality as a 'Western disease' (Yip, 2004). In fact, gay and lesbian individuals in many nonwestern countries face threats from their environment or legal prosecution for partaking in homosexual acts (Weishut, 2000). Khalil El Mounni, a Rotterdam-based imam of Moroccan nationality, declared homosexuality as a sin and a disease in May of 2001 on public television. The reactions from Dutch society were not favorable. El Mounni was given a warning by the Dutch Prime Minister and the minister of urban politics to abstain from abusing Dutch tolerance. Official requests by a Labor and a Liberal member of the Dutch parliament even asked the government to send the imam back home (Hekma, 2002).

With respect to homosexuality, Iran continues to embrace attitudes that can be characterized as irrational and unpractical by today's modern standards (Carlsoon, 1997). Governed by a religious political system, Iranian law mandates the punishment of homosexual acts by the death penalty (Gorton, 2002). In 2001, Mohammad Gilani, a prominent representative in the Iranian judiciary system, suggested being thrown alive in a fire as an appropriate means of carrying out the death sentence (Nowrooz Newspaper, 8/30/2001).

Sakalli (2002) conducted a study of students' attitudes toward homosexuality in

Turkey. Responses from Sakalli's sample of 124 male and 76 female participants reflected extremely negative attitudes toward homosexuality. Male participants had more negative attitudes toward homosexuals than female participants and scored higher on hostile sexism, a measure comprised of dominative paternalism, derogatory beliefs about women, and heterosexual hostility. In addition, Sakalli (2002) found that traditional values were predictive of negative attitudes toward homosexuals, with traditional men being the most prejudiced against homosexuals and non-traditional women being the least prejudiced. Sexism and acceptance of traditional gender roles were also indicative of more prejudiced attitudes toward homosexuality. Participants with high sexism, traditional conservative, and homophobia scores seemed to believe that homosexuality does not have a place in Turkish society.

Resembling Turkey, Iran is a collectivist and Muslim country that adheres to traditional gender roles and traditional conservative values. Hence, similar attitudes toward homosexuality would be expected in Iran. In Hojat and his colleagues' (1999) study of Iranians' attitudes toward sexual behavior, participants were asked to rate their level of agreement with the statement "Homosexuals should be punished", 78% of their sample in Iran showed agreement with this statement compared to 21% of their U.S. sample of Iranians, a significantly lower percentage. As with Sakalli's (2002) study, a greater number of Iranian men agreed with the homophobic statement than Iranian women. Hanassab and Tidwell (1993) also asked their Iranian participants in Iran and Los Angeles whether they believed that "All homosexuals should be severely punished". Forty five percent of their Iran sample shared this view compared to 16% of their Los Angeles sample. Of those in Iran, 32% indicated 'neutral' as their response while only 23% chose 'disagree' as their

answer. The percentage of 'neutral' and 'agree' responses were equivalent among Iranians in Los Angeles, 16%, and a majority, 65%, disagreed with the statement. While at first glance it may seem surprising that the more recent findings indicate higher levels of agreement on the punishment of homosexuality among Iranians both abroad and in Iran, an important distinction between Hanassab and Tidwell's 1993 study and Hojat et al's 1999 study, aside from the difference in stated severity of punishment, is their samples; the former consisting of solely women and the latter including 37% males. This trend of more negative attitudes toward homosexuality by men has repeatedly been confirmed both in the Middle East (Sakalli, 2002) and in the West (Herek, 2002; Herek, 1988; King & Deaux, 1986).

Schiffman's (2000) participants were also asked how they believed their parents felt with regards to homosexuality and almost all of the women stated that their parents were homophobic. One woman recounts her parents becoming very angry when her and a female friend from college slept in the guest room together in a double bed. Another woman said she would not tell her parents of her gay and lesbian friends, but especially of the lesbian ones because they would think that her friend was a bad influence. Aside from these accounts, and the ones described earlier, no studies have empirically measured Iranians' attitudes toward homosexuality that the authors are aware of.

The diverging views of homosexuality between the Western and nonwestern world reflect extremely discordant realities for gay, lesbian, and bisexual individuals. While the United States debates legalizing gay marriage, Iran is persecuting its homosexual citizens. Such extreme homophobic attitudes can have potentially damaging effects on the psychological well-being of a society's gay, lesbian, and bisexual population, and

empirical investigation of the case of Iranian sexual minorities is needed. As such, the present study seeks to explore the impact of negative cultural attitudes toward homosexuality on the well-being of Iranian gays, lesbians, and bisexuals and compares these to the well-being of sexual minorities from a less homophobic culture, the United States.

#### *Attitudes toward Homosexuality and Psychological Well-being*

Of the most detrimental implications of negative attitudes toward homosexuality is their potential negative impact on homosexuals' and bisexuals' mental health. In fact, it is believed that negative attitudes toward homosexuality create stressors for gay, lesbian, and bisexual individuals that are unique to sexual minorities. These stressors, categorically termed gay-related stress, involve the stigmatization of being, or being perceived to be, gay, lesbian, or bisexual in a homophobic society (Rosario, Schrimshaw, Hunter, & Gwadz, 2002). Characteristically, gay-related stress possesses internal and external attributes. External gay-related stress stems from the experience of rejection, verbal abuse, violence, or other stressful life events committed against persons who are, or are perceived to be, gay, lesbian, or bisexual. There are two types of chronic internal gay-related stresses. The first of these is internalized homophobia which refers to the internalization of society's stigmatization of homosexuality. This phenomenon can be understood in terms of how the homosexual or bisexual was raised and the society in which he or she was raised. Generally, sexual minority individuals have been raised with values that reprimand homosexuality and are expected by family and society to be heterosexual. The second internal gay-related stress is the sexual minority individuals' discomfort around others' awareness of his or her sexuality. This discomfort stems from the fear of discrimination and rejection from another

who has learned of the gay, lesbian, or bisexual's sexual identity (Rosario et al., 2002).

In their longitudinal study of gay-related stress and emotional distress in a sample of 156 gay, lesbian, and bisexual youth, Rosario and her colleagues (2002) looked at the relationship between attitudes toward homosexuality and mental health. The authors measured negative attitudes toward homosexuality using a scale they devised primarily containing items from the Nungesser Homosexual Attitudes Inventory (Nungesser, 1983). The researchers found significant correlations between negative attitudes toward homosexuality and gay-related stressful life events, measured with a 12-item checklist of stressful events devised for the study, as well as negative attitudes toward homosexuality and discomfort with homosexuality. Furthermore, the authors found that negative attitude toward homosexuality were correlated with depressive symptoms, anxious symptoms, and conduct problems later in time.

In a study examining the influence of family and friendship networks as protection against mental health and HIV risk among Asian and Pacific Islander gay men, Yoshikawa, Wilson, Chae, and Cheng (2004) found high levels of depression, measured by the Center for Epidemiological Studies Depression Scale, in their sample of 192 gay men. Specifically, 45% of their participants' scores reflected risk for clinical depression and 29% of participant scores reflected high risk for depression. The authors also found that higher levels of depressive symptoms were related to experiences of homophobic, racist, and anti-immigrant discrimination. Furthermore, Yoshikawa and colleagues' (2004) findings supported the notion that conversations about social life with family serve as a protector against the impact of homophobic, racist, and anti-immigrant discrimination on mental health.

A variety of measures have been used to examine attitudes toward homosexuals. In his study on the impact of teachings of homosexuality on reducing homophobia using lectures and explicit films showing same-sex behavior, Wells (1986) administered Ricketts and Hudson's (1980) Index of Attitudes Toward Homosexuals scale to a sample of 120 female and 78 male college students enrolled in a human sexuality course at the University of Northern Iowa. Wells (1986) found the scale to be highly reliable, coefficient alpha=.90, and to have good content and factorial validity. His findings also supported the use of explicit same-sex films in education as a means of reducing homophobia. Ricketts and Hudson's (1980) Index of Attitudes Toward Homosexuals scale has also previously been administered to Middle Easterners, specifically to samples of Turkish students (Sakalli & Igurlu, 2001; Sakalli, 2002). Sakalli (2002) administered Ricketts and Hudson's (1980) Index of Attitudes Toward Homosexuals scale to his sample of 124 male and 76 female Turkish college students. The scale demonstrated high reliability in this nonwestern sample, Cronbach's alpha=.94, providing support for its use in a cross-cultural context. The Index of Attitudes Toward Homosexuals has been shown to have high test-retest reliability and good content and factorial validity, with a coefficient alpha of .90 (Hudson & Ricketts; Wells, 1986).

Another widely used measure of attitudes toward homosexuals is Herek's (1984) Attitudes Toward Lesbians and Gay Men scale. For instance, Herek and Capitanio (1995) administered a short version of this scale to a sample of 420 Black U.S. residents from 21 different states and 382 White U.S. residents from 48 different states during a national telephone survey intended to evaluate AIDS-related attitudes. The authors reported a reliability alpha of .74 for this scale in their study. Herek (1988) administered this scale to

a sample of 368 California college students and reported an alpha coefficient of .90 for the scale, and alphas of .89 for items regarding gay men and .77 for items referring to lesbians. Herek (1988) also tested the test-retest reliability of the scale using alternate forms by rewording the gay men items to refer to lesbians and vice versa. Correlations were  $r=.84$  for the lesbian items,  $r=.83$  for items referring to gay men, and  $r=.90$  for the full version of the scale.

In an innovative and creative study of the effect of teachings about stigmatized groups and attitudes toward homosexuals, Hillman and Martin (2002) used an active learning activity which entailed assuming the role of one of a group of 3,000 students who had landed on an alien planet and asked them if and how they would adapt to the aliens' society and way of life as minorities in the planet. The students were administered Wright, Adams, and Bernat's (1999) Homophobia Scale at both pre and post-test. This scale had previously demonstrated satisfactory test-retest reliability ( $r=.94$ ) and concurrent validity ( $r=.66$ ) in Wright et al.'s (1999) original article validating the scale. While Hillman and Martin (2002) acknowledged that the long-term effects of such a learning activity on attitudes toward homosexuals is unknown, in the short-term, students' attitudes did change.

Depression among homosexuals has been studied in samples of varying ethnic backgrounds. Of the scales used, the Center for Epidemiological Studies Depression Scale is a common one in the literature. In Yoshikawa et al.'s study mentioned earlier, the authors reported a Cronbach alpha of .93 for the scale in their sample of 192 Asian and Pacific Islander gay men. In Radloff's (1977) original study validating the scale, Cronbach alphas of .84 and .85 were reported in the general population and a Cronbach alpha of .90

was reported in a patient sample. Hann, Winter, and Jacobson (1999) administered the Center for Epidemiological Studies Depression Scale to a sample of cancer patients and a healthy comparison group. The test-retest reliability for this measure was .51 ( $p < .001$ ) in the healthy sample and .57 ( $p < .001$ ) in the patient sample. Smith and Ingram (2004) reported a Cronbach alpha of .93 in their sample of 97 gay, lesbian, and bisexual adults.

Self-esteem is another facet of psychological well-being that has been studied in homosexuals. In their study of active coping among Black lesbians, Bowleg, Craig, and Burkholder (2004) studied the relationship between coping style and mental health in a sample of 92 Black lesbians. Cronbach's alpha for self-esteem was .85 in their sample. In their study of homosexuality as a risk factor for eating disorders, Russell and Keel (2001) also surveyed their participants' self-esteem with Rosenberg's (1965) scale. Their sample consisted of both homosexual and heterosexual men from various ethnic backgrounds, including White, African American, Asian/Pacific Islander, Native American, Hispanic, mixed ethnicities, and even Middle Eastern. Cronbach's alpha for the Self-Esteem in this study was .89. Werkuyten and Nekuee (1999) administered the self-esteem scale to their sample of Iranian refugees in the Netherlands. The alpha for their sample was .84, providing support for this scale's use with Iranian samples.

Though there are no empirical studies assessing Iranian gays, lesbians, or bisexuals attitudes or mental health, numerous studies have examined Iranian heterosexuals' attitudes and mental health. The Rosenberg Self-Esteem scale, for example, has been used to measure self-esteem in Iranian immigrant samples and Iranians in their home land. Werkuyten and Nekuee (1999) studied the subjective well-being of 67 Iranian refugees residing in the Netherlands who were administered the Diener et al.'s (1984) Satisfaction

with Life Scale and the Self-Esteem scale. The reliability alphas they reported for this study were .78 and .84 respectively. In their study of emotional intelligence, Ghorbani, Bing, Watson, Davison, and Mack (2002), 116 female and 111 Muslim Iranian college students in Iran and 86 female and 134 male college students, mostly Caucasian and African American, in the United States completed the Self-Esteem scale as well as Costello and Comrey's (1967) Anxiety and Depression scales. They stated acceptable internal reliabilities across samples for the scales; .86 in the US and .80 in Iran for self-esteem, .91 in the US and .88 in Iran for depression, .78 in the US and .74 in Iran for anxiety. Another common variable studied in Iranian samples is the evaluation and experience of stress. In their study of self-knowledge among Iranian managers in Iran, Ghorbani and Watson (2004) measured stress in their sample of 159 male middle and upper-level managers with Cohen, Karmack, and Mermelstein's (1983) Perceived Stress scale. The authors documented a reliability alpha of .82 in their sample. In a cross-cultural study of the correlations between individualist and collectivist values in the United States and Iran, Ghorbani, Bing, Watson, Davison, and LeBreton (2003) detailed alphas of .82 and .83 respectively for the Perceived Stress scale in their sample of American and Iranian university students. This scale has also been used with homosexual samples, primarily HIV infected samples, where it has shown high internal consistency and validity (Antoni et al., 2000). Cohen et al. (1983) administered the scale to a sample of 332 freshmen students living in a dormitory, a sample of 114 students enrolled in an introductory personality psychology course, and a sample of 64 adults enrolled in a smoking-cessation program at the University of Oregon. They reported coefficient alpha reliabilities of .84, .85, and .86 for each of the three samples, and provided evidence of the scale's predictive validity of

physical symptomatology. The short form has also demonstrated strong internal consistency with a Cronbach's alpha of .88 (Cohen et al., 1983).

### *The Present Study*

Empirical investigation of Iranian homosexuals' mental health has not yet been undertaken. Consequently, the present study addresses this gap by assessing Iranian cultural attitudes toward homosexuality and investigating the psychological well-being of Iranian and American gay, lesbian, and bisexual individuals. In addition, the relationship between negative attitudes toward homosexuality and psychological well-being was evaluated in each culture. We hypothesized that 1) attitudes toward homosexuality would be more negative in Iranian culture than American culture, and 2) cultural attitudes toward homosexuality would be associated with Iranian and American gays, lesbians, and bisexuals' psychological well-being, and 3) because of the more negative cultural attitudes toward homosexuality in Iranian culture, Iranian gays, lesbians, and bisexuals would exhibit worse psychological well-being than their American counterparts. Psychological well-being was defined and measured in terms of perceived stress, self-esteem, and depression. Because permission of government authorities is a requirement for conducting psychological research in Iran, a comparison of attitudes toward homosexuality and their impact on psychological well-being was conducted using a sample of Iranian immigrants residing in the United States and Canada.

## Method

### *Participants*

Several recruitment channels were used to obtain volunteers for this study. These included postings on gay, lesbian, bisexual, and transgendered (LGBT) related web sites,

messages on Iranian and Middle Eastern LGBT web lists, posting on a San Francisco State University undergraduate level psychology course web site, recruitment at Iranian LGBT organization events, snowball sampling, and researcher contacts. Because of the legal ramifications of a non-heterosexual identity for Iranian sexual minority, many of whom still have family in Iran and visit the country, in their homeland and fear of one's sexual identity being discovered by family members, access to Iranian sexual minority populations even outside of Iran is extremely difficult. As a result of the heightened sensitivity of the subject matter of this project for Iranian individuals, in person contact with potential volunteers at Iranian LGBT organization events was deemed necessary for taking away doubts or discomfort attached to participation in the study. Participants were explained that neither name, address, nor any other identifiable information need be provided for participation in this research study. Moreover, they were assured that no identifiable personal information would be divulged and that great care would be taken to ascertain confidentiality. Only participants who were sufficiently proficient in English and 18 years of age or older were approached.

One hundred and seven individuals who self-identified as gay, lesbian or bisexual participated in this study. Eighteen participants were excluded from the study because they did not meet the inclusion criteria set forth by the researchers. The inclusion criterion concerned ethnic background and sexual orientation and were as follows: a) participant self-identified as American or White and was second generation American; defined as those whose mother, father, and self were born in the United States of American, or b) participant self-identified as Iranian or Persian, and 3) participant self-identified as gay, lesbian or bisexual. The decision regarding the American ethnic background qualification

was arbitrarily made by the researchers in an effort to minimize the inclusion of participant cultural views not native to the United States. The final sample, therefore, consisted of 18 male and 23 female Americans (46% of the total sample) and 26 male and 22 female Iranians (54% of the total sample). The mean age for the American group was 33.3 years ( $SD=9.9$ ) and 33.4 years ( $SD=8.5$ ) for the Iranian group. When broken down by sexual orientation, the total sample included 42 gay men (47.2%), 42 lesbians (47.2%), and 5 (5.6%) bisexuals, of which 26 Americans (63%) and 22 Iranians (46%) had self-disclosed their sexual orientation to both their parents. For the Iranian group, the mean number of years of residency in the United States was 19.8 ( $SD= 8.5$ ), ranging from one to 42 years. Twenty-one Americans (51%) and 24 Iranians (50%) were involved in a romantic relationship at the time they completed the surveys, and 20 Americans (49%) and 24 Iranians (50%) were single. Forty-six percent of the American participants and 65.5% of the Iranian participants were students at the time of participation. Additional information on participants' educational level, socioeconomic status (SES), and religion is shown in Table 1.

Table 1. Participant Demographics by Ethnicity and Frequency

	<b>Iranian</b>	<b>American</b>	<b>Total</b>
<b>Gender</b>			
<i>Male</i>	26	18	44
<i>Female</i>	22	23	45
<b>Sexual Orientation</b>			
<i>Gay</i>	24	18	42
<i>Lesbian</i>	19	23	42
<i>Bisexual</i>	5	0	5
<b>Relationship Status</b>			
<i>In a relationship</i>	24	21	45
<i>Not in a relationship</i>	24	20	44

<b>SES</b>			
<i>Low income</i>	5	8	13
<i>Low middle income</i>	8	11	19
<i>Middle income</i>	15	15	30
<i>High middle income</i>	16	5	21
<i>High income</i>	4	0	4
<b>Religion</b>			
<i>Catholic</i>	0	5	5
<i>Christian</i>	4	2	6
<i>Jewish</i>	3	0	3
<i>Muslim</i>	9	0	9
<i>Baptist</i>	0	0	0
<i>Protestant</i>	1	4	5
<i>Buddhist</i>	0	1	1
<i>Hindu</i>	0	0	0
<i>Agnostic/Not practicing</i>	18	19	37
<i>Other</i>	11	6	17
<i>More than 1 religion</i>	2	2	4
<i>Did not indicate</i>	0	2	2
<b>Education</b>			
<i>Did not graduate HS</i>	1	0	1
<i>High School graduate</i>	4	11	15
<i>AA</i>	4	6	10
<i>BA</i>	21	13	34
<i>MA</i>	16	7	23
<i>PhD</i>	2	2	4
<i>JD</i>	0	1	1
<i>Did not indicate</i>	0	1	1

### *Measures*

A total of five self-report scales were administered to participants. Two of the scales measured attitudes toward homosexuality and the remaining three measured psychological well-being. All scales were chosen with great scrutiny, with special attention to the psychometric soundness of each. Validity and internal consistency of all five scales have previously been established, and those used to measure psychological well-being were previously administered to Iranian samples both in the United States and in Iran.

#### *Attitudes toward Homosexuality*

Herek's (1984) Attitudes Toward Lesbian and Gay Men (ATLG) scale was used to measure cultural attitudes toward homosexuals. This 20-item scale contains ten items about gay men and ten items about lesbians, such as "Lesbians are sick" and "Homosexual behavior between two men is just plain wrong". Participants were asked to provide their level of agreement or disagreement using a 5-point Likert-type scale ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*), with a 3 indicating a neutral answer. Scores for the ATLG were computed by summing the responses on the 20 items, after adjusting for reverse scored items. Total scores range from 20, signifying extremely positive attitudes, to 100, signifying extremely negative attitudes toward lesbians and gay men. Because the ATLG was designed to measure adult heterosexuals' attitudes, the directions were slightly modified from participants indicating their own feelings to indicating how they feel heterosexuals from their native culture would feel about each item, such that participants' responses would reflect their opinion of their native culture's attitudes toward homosexuals. Therefore, Iranian participants provided answers that reflected Iranian cultural views from their standpoint and American participants provided answers that reflected their take on American cultural views of lesbians and gay men.

Ricketts and Hudson's (1980) Index of Attitudes Toward Homosexuals (IAH) was also used to assess cultural attitudes toward homosexuality. Originally named the Index of Homophobia, the IAH measures homophobic reactions to homosexuals and homosexuality. It is a 25-item scales that focuses on attitudes toward working or associating with homosexuals. Specifically, the scale measures affective response of disgust, discomfort, fear, anger, and aversion to homosexual men and women. Responses to statements such as "People would feel comfortable if they learned that their daughter's teacher was a lesbian"

and “If people saw two men holding hands in public they would feel disgusted” are given on a 5-point Likert-type scale ranging from 1 (*Strongly Agree*) to 5 (*Strongly Disagree*), with a 3 indicating a neutral answer. Scoring is done by summing responses to all items, after reverse scoring items representing homophobic attitudes. Total possible scores for the IAH range from 25 to 125. Lower scores reflect more accepting and positive attitudes toward homosexuals while higher scores reflect more homophobic attitudes. As with the ATLG, instructions were altered to allow respondents to indicate their opinion of cultural rather than personal attitudes. In addition, the pronoun “I” in each item was replaced with “People”, referring to attitudes of heterosexuals from participants’ native culture. These changes were necessary because the scale was originally meant to measure heterosexuals’ homophobic attitudes. The scale had strong internal reliabilities for the Iranian group, the American group, and the total sample, with Cronbach alphas of .88, .91, and .91 respectively.

The IAH and the ATLG are similar in what they measure. While both measure negative or homophobic attitudes toward homosexuals, items on the ATLG refer to more general statements regarding lesbians and gay men (such as “Lesbians just can’t fit into our society.”) whereas items on the IAH are more specific in nature and refer to personal contact with homosexuals. The correlation between the ATLG and the IAH in our sample was moderately strong and highly significant,  $r(86) = .49, p = .000$ . Consequently, we use the general term cultural attitudes toward homosexuality to refer to those attitudes measured by both the ATLG and the IAH.

### *Depression*

The depression component of psychological well-being was measured using

Radloff's (1977) Center for Epidemiological Studies Depression scale (CES-D). This scale contains 20 items and was designed to assess the prevalence of depressive symptoms in population samples (Radloff, 1977). Responses indicate the rate of occurrence of depressive symptoms in the last week. Examples of statements are "I talked less than usual" and "I felt that everything I did was an effort". Participants were asked to express how often they had felt the way that each item describes on a 4-point Likert-type scale ranging from 0 "*Rarely or none of the time (less than 1 day)*" to 3 "*Most or all of the time (5-7 days)*". Scoring is done by summing items after reverse scoring for statements that suggest absence of depressive symptom. Scores range from 0 to 60 with higher scores reflecting higher levels of depression. Cronbach's alpha for the CES-D for both the Iranian and American groups and the sample as a whole was .91.

#### *Self-Esteem*

The Rosenberg (1965) Self-Esteem scale was used to measure participants' self-esteem. This widely used scale contains ten items related to overall feelings of self-acceptance and self-worth such as "On the whole, I am satisfied with myself" and "I wish I could have more respect for myself". Participant responses were given on a 5-point Likert-type scale ranging from 1 (*Strongly Agree*) to 5 (*Strongly Disagree*). Scores were obtained by summing responses from each item after reverse scoring the positively worded statements. Scores range from 10 to 50 with higher scores reflecting greater self-esteem. Cronbach reliability alphas were .88 for the Iranian group, .89 for the American group, and .89 for the two groups combined.

#### *Perceived Stress*

Cohen, Karmack, and Mermelstein's (1983) Perceived Stress Scale (PSS) was

used to assess the stress component of participants' psychological well-being. The PSS was designed for use with community populations who have attained at minimum a junior high school education and contains 14 statements to which respondents are asked to indicate how frequently they have felt the emotions described in each item over the past month. The short version of the PSS, used in this study, contains 10 of the original 14 items. The items refer to recent experiences of situations in one's life that are appraised as stressful. The items are intended to measure the degree to which respondents find their lives unpredictable, uncontrollable, and overwhelming (Cohen et al., 1983). Answers are given on a 5-point Likert-type scale ranging from 0 "Never" to 4 "Very Often", with answer 2 indicating "Sometimes". Scoring is computed by reversing positively stated items and then summing all items. Higher scores signify higher levels of perceived stress. The 10 items included in the version administered to this study's participants slightly differed from the actual short version due to an inadvertent mistake on behalf of the first author. Two of the items used are included on the long but not short version. The two replaced items were "How often have you been angered because of things that were outside your control?" and "How often have you felt difficulties were piling up so high that you could not overcome them?". These were replaced with the items "How often have you dealt successfully with irritating life hassles?" and "How often have you felt that you were effectively coping with important changes that were occurring in your life?". Despite the use of a slightly altered short form of the PSS, the scale proved to be highly reliable in our sample, with a Cronbach's alpha of .85 for the Iranian group, a Cronbach's alpha of .88 for the American group, and a Cronbach's alpha of .86 for the two groups combined.

### *Demographics*

Lastly, a demographic questionnaire was used to gather information on participants' general background and included 24 items. These consisted of sex, age, relationship status, relationship status, countries lived in and corresponding length and age ranges, immigration status and persons whom they immigrated with, household situation, race/ethnicity, place of birth, parents' place of birth, native language(s), economic level, religion, occupation, school status, educational history, and whether participant was raised with traditional values. Participants were also asked whether they had self-disclosed or wished to self-disclose their sexual orientation to friends and family, that is, whether they were out to them regarding their sexuality. If they indicated they had disclosed their sexual orientation to their family, length of time and initial and current familial reactions to sexual orientation disclosure were requested. Eleven adjectives describing possible initial reactions and six describing current reactions were provided and participants were asked to check those that applied to them. This scale was created by the first author of this study. The initial reactionary adjectives comprised anger, disappointment, sadness, disbelief, concern, indifferent, knew it all along, curiosity/interested to learn more, accepting, kicked you out, and other. The current reactionary adjectives included no longer speak to you, don't accept it but tolerate it, accept you for who you are, still in denial, ignore the subject, and indifferent. If not out, participants were asked whether they would like to be out and how they believe their family would react using the same set of six adjectives for current reaction.

### *Procedures*

Participants provided implied consent by completing and returning the surveys. The use of implied consent enabled increased assurance of confidentiality and anonymity

with respect to participants' responses and identities. Participants who responded to internet postings, including those on LGBT websites and on the undergraduate psychology course website at San Francisco State University, were emailed the questionnaires and asked to complete them within two weeks. To control for order effects, the stimuli were counterbalanced and six sequences were constructed with a Latin Square. The order in which participants received the surveys varied. Since the participants completed the surveys on their own time in the absence of the researchers, they were given the scales in two separate emails, with three scales in each, to exert some control over completion of the surveys in the order specified. In the first email, participants were first given the consent form, a referral sheet to counseling services, and three of the six items of their assigned sequence. They were asked to read the consent form first and encouraged to contact the primary researchers with any questions or concerns. Participants were given one week to complete and return the first set of surveys. Upon completion and submission of the first set of surveys, participants received a second email with the remaining three scales. They were again given one week for completion of the second set. Reminders were sent if the surveys had not been returned by the sixth day.

Packets were created to disperse at Iranian LGBT events. These contained a consent form, referrals to counseling clinics, demographics questionnaire, and the five measures. Packets varied in the order in which measures were attached. The materials were provided in self-addressed stamped envelopes for participants' convenience, and potential volunteers were asked to return the packets within the following two weeks if they consented to participation. All participants were told that the purpose of the study was to explore cultural attitudes toward homosexuality and their impact on homosexual and

bisexual individuals' psychological well-being. Any information provided to participants verbally or over email was also written on the consent form, which participants kept.

Data from completed surveys was manually entered into a computer data file. The data was entered twice and then compared to correct for human errors in the process of transferring data from paper or emailed documents to the data file. Each packet or set of completed surveys was assigned an identification number to ensure participant confidentiality. The identification numbers were then entered in a raffle and two winners, one from each group, received a \$50 prize for their participation.

### *Analyses of the Data*

Alphas were computed for all of the instruments to ensure that internal reliabilities were maximized. Demographic variables were then tested using Pearson's product-moment correlations to examine their relationship with each of the five dependent variables. These demographic variables were selected based on their previous associations with attitudes toward homosexuality and/or psychological well-being, such as length of residency in the United States and socioeconomic status. The demographic variables that significantly correlated with dependent variables were controlled for in subsequent analyses. The first comparison across cultures entailed assessment of differences in attitudes toward homosexuality between the Iranian and American groups. Next, within country relationships between attitudes and the three well-being scales were examined using Pearson's product-moment correlations to determine whether negative attitudes toward homosexuality had an influence on homosexuals' and bisexuals' psychological well-being. Finally, one-way ANOVAs were used to examine differences in psychological well-being across the Iranian and American samples. Missing data were handled by

substituting the mean of non-missing items for missing items. This process was conducted only if the survey was at least 80% complete.

## Results

### *Relevance of Demographic Variables to Dependent Variables*

#### *Cultural Attitudes toward Homosexuality*

The relationship between demographic variables and the ATLG was examined first. Bivariate correlations revealed that there were no age ( $r[87] = -.10, p = .36$ ) or gender ( $r[87] = .052, p = .63$ ) differences on attitudes toward lesbians and gay men measured with the ATLG. For SES, only two levels, middle income and high middle income, had a sufficient number of participants for conducting statistical analyses and as such the other categories were excluded from this analysis. The relationship between SES and the ATLG was significant,  $r(49) = .278, p = .049$ . This low positive correlation indicates that as SES increased, cultural attitudes toward lesbians and gay men became more negative. Similarly, educational level only had two categories, Bachelor and Master degrees, with sufficient participants to conduct an analysis but its relationship with the ATLG was non-significant,  $r(55) = .014, p = .92$ . For the Iranian group, length of residence in the United States was not significantly correlated with the ATLG,  $r(47) = .101, p = .25$ . Only one category under religion, agnostic/not practicing, had more than 20 participants, hence no tests were conducted to establish the relationship between religious affiliation and any of the dependent variables. The relationship between sexual orientation disclosure and the study's dependent variables were also explored. Specifically, participants were categorically differentiated based on whether they had self-disclosed their sexual orientation to both their mother and father, or had either self-disclosed to one or neither

parent. Sexual orientation disclosure and the ATLG were not significantly correlated,  $r(87) = -.058, p = .59$ . Neither age ( $r[87] = -.199, p = .063$ ), gender ( $r[87] = .043, p = .688$ ), SES ( $r[49] = .244, p = .085$ ), education ( $r[55] = .204, p = .128$ ), sexual orientation disclosure ( $r[87] = -.031, p = .77$ ), nor length of residency in the United States for the Iranian group ( $r[47] = -.100, p = .356$ ), were significantly correlated with attitudes toward working or associating with homosexuals measured with the IAH. The mean scores, standard deviations, and ranges for all dependent variables for the Iranian and American groups are presented in Table 2.

Table 2. Means, Standard Deviations, Ranges, and Number of Participants by Dependent Measure

Scale	Iranian					American				
	Mean	SD	Min	Max	n	Mean	SD	Min	Max	n
ATLG*	82.7	12.7	28	99	47	64.2	19.2	21	92	41
IAH°	98.2	12	71	120	47	86.2	16	33	110	41
CES-D^	14.5	10.8	0	44	48	15.8	11.2	0	45	39
RSE°	41.1	7.7	23	50	48	38.2	7.7	14	50	41
PSS~	14.8	6.3	1	26	48	17.2	6.8	0	31	40

\*Attitudes Toward Lesbians and Gay Men

°Index of Attitudes Toward Homosexuals

^Center for Epidemiological Studies Depression Scale

°Rosenberg Self-Esteem

~Perceived Stress Scale

#### *Psychological Well-Being*

With regards to psychological well-being, bivariate correlations revealed that only age was significantly correlated with depression ( $r[87] = -.304, p = .004$ ), and perceived stress,  $r(86) = -.327, p = .002$ . These low negative correlations signify that as age increased, participants' levels of depression and perceived stress decreased. None of the demographic variables showed a significant relationship with self-esteem. Specifically, the relationship

between gender ( $r[87]= .035, p=.746$ ), SES ( $r[49]= .211, p=.138$ ), education ( $r[55]= .037, p=.782$ ), sexual orientation disclosure ( $r[87]=.02, p=.856$ ), length of residency in the United States for the Iranian group ( $r[47]= .07, p=.319$ ) and self-esteem were not significant. Furthermore, gender ( $r[85]= -.002, p=.988$ ), SES ( $r[47]= .085, p=.562$ ), education ( $r[53]= .046, p=.737$ ), sexual orientation disclosure ( $r[85]= -.004, p=.97$ ), and length of residency in the United States for the Iranian group ( $r[47]= -.071, p=.316$ ) were also not significantly correlated with depression. Finally, gender ( $r[86]= .128, p=.235$ ), SES ( $r[48]= .006, p=.968$ ), education ( $r[54]= .039, p=.777$ ), sexual orientation disclosure ( $r[86]=.039, p=.717$ ), and length of residency in the United States for the Iranian group ( $r[47]= -.018, p=.319$ ) were not significantly correlated with perceived stress.

Interestingly, while sexual orientation disclosure of the sample as a whole was not related to any of the psychological well-being measures, correlations for each group of participants separately revealed a significant relationship between sexual orientation disclosure and self-esteem for the Iranian group,  $r(47)= .258, p=.038$ . In other words, openness about sexual orientation with parents was related to Iranian participants' self-esteem such that those who had disclosed their sexual orientation to their parents had higher self-esteem than those who had not. Frequencies for sexual orientation disclosure are presented in Table 3. Tables 4 and 5 indicate the number of affirmative responses given by out participants to initial and current familial reactions to participant sexual orientation self-disclosure.

Table 3. Frequency of Sexual Orientation Disclosure by Ethnicity

	Ethnicity		
	AMERICAN	IRANIAN	

	NO	15	26	41
	YES	26	22	48
Total		41	48	89

Table 4. Initial Familial Reactions to Participant Sexual Orientation Self-Disclosure

	IRANIAN	AMERICAN	Total of 48
Anger	8	9	17
Disappointment	13	12	25
Sadness	17	15	32
Disbelief	14	9	23
Concern	14	13	27
Indifferent	1	10	11
Knew it all along	2	10	12
Curiosity	4	9	13
Accepting	5	15	20
Kicked you out	2	2	4
Other	3	7	10

Table 5. Current Familial Reactions to Participants' Sexual Orientation

	IRANIAN	AMERICAN	Total of 48
No longer speak to you	0	1	1
Tolerate it	3	6	9
Accept it	14	20	34

Denial	4	4	8
Ignore the subject	7	10	17
Indifferent	1	7	8

*Cultural Differences in Attitudes toward Homosexuality*

On average, the Iranian group scored higher than the American group on both the ATLG and the IAH. One Iranian participant was omitted from the attitudes analyses due to incorrect completion of both attitudes surveys. The mean ATLG score was 82.7 ( $SD=12.7$ ) for the 47 Iranian participants and 64.2 ( $SD=19.2$ ) for the 41 American participants. Iranian scores ranged from 28 to 99 compared to 21 to 92 for the American group. After controlling for SES, findings revealed that the difference in the overall mean of ATLG scores between the Iranian and American groups was highly significant ( $F[1, 86]=24.8, p=.000$ ), with the Iranian group exhibiting more negative attitudes toward lesbians and gay men than the American group.

The overall mean IAH score for the 47 Iranian participants was 98.2 ( $SD=12.03$ ) compared to a mean of 86.2 ( $SD=15.97$ ) for the 41 American participants. Scores for the Iranian group ranged from 71 to 120, while those of the American group ranged from 33 to 110. This difference was also highly significant ( $F[1, 86]=16.1, p=.000$ ), with Iranian scores reflecting more negative attitudes toward working or associating with homosexuals. Our hypothesis that Iranian culture would hold more negative attitudes toward homosexuality was thus supported.

*Relationship between Attitudes toward Homosexuality and Psychological Well-Being*

To investigate the relationship between cultural attitudes toward homosexuality and psychological well-being, a series of bivariate correlations were conducted for each

country separately. We were specifically interested in finding out whether negative cultural attitudes toward homosexuality had a detrimental impact on psychological well-being, that is, whether they were associated to participants' levels of depression, perceived stress, and self-esteem.

#### *Iran*

Contrary to prediction, correlations between the ATLG and depression ( $r[46] = -.166, p = .132$ ), perceived stress ( $r[46] = .002, p = .494$ ), and self-esteem ( $r[46] = .133, p = .187$ ) were non-significant. Additionally, the relationships between the IAH and depression ( $r[46] = .15, p = .316$ ), and the IAH and self-esteem ( $r[46] = -.186, p = .105$ ) did not reach statistical significance. However, results did reveal a highly significant moderate positive correlation between the IAH and perceived stress,  $r(47) = .387, p = .007$ . Hence, as scores on the IAH increased, indicating more negative cultural attitudes toward working or associating with homosexuals, so did scores on the PSS, indicating higher levels of perceived stress. Our second hypothesis of the negative impact of homophobic attitudes on psychological well-being was thus only partly supported in the Iranian group.

#### *United States*

For the American group, there relationships between the ATLG and depression ( $r[38] = .121, p = .231$ ), the ATLG and perceived stress ( $r[39] = .165, p = .155$ ), and the ATLG and self-esteem ( $r[40] = .142, p = .187$ ) were not significant. On the other hand, as predicted, negative cultural attitudes toward working or associating with homosexuals, measured with the IAH, were related to worse psychological well-being. There was a moderate positive significant correlation between the IAH and depression ( $r[38] = .356, p = .013$ ), indicating that as cultural attitudes toward homosexuals became more negative, depression

among American participants increased. Likewise, the relationship between the IAH and perceived stress was significant and characterized by a moderate positive correlation,  $r(39) = .574, p = .000$ . Thus, as with the Iranian group, the more negative cultural attitudes toward homosexuals, the higher the level of perceived stress among American participants. Finally, a moderate negative significant correlation was found between the IAH and self-esteem,  $r(40) = -.345, p = .014$ . In other words, as scores on the IAH increased, signifying more negative cultural attitudes toward homosexuals, the self-esteem of American homosexuals and bisexuals decreased. Hence, as hypothesized, results indicated that cultural attitudes toward homosexuals have a detrimental impact on the psychological well-being of gay, lesbian, and bisexual Americans.

#### *Cultural Differences in Psychological Well-Being*

The hypothesis that Iranians' psychological well-being would be poorer than their American counterparts' due to more negative Iranian cultural attitudes towards homosexuality was not supported. Contrary to what was expected, the American group scored higher on the measures of depression and perceived stress, and lower on the measure of self-esteem. However, after controlling for age, a univariate ANOVA test revealed that the difference in the American and Iranian groups' mean scores on the measure of depression was not significant,  $F(1, 86) = .29, p = .588$ . The same statistical procedure was followed to test the difference in perceived stress means between the two groups. This difference failed to show statistical significance,  $F(1, 86) = 3.29, p = .073$ . For the final measure of psychological well-being, self-esteem, a one-way ANOVA revealed a non-significant difference between the two groups' means,  $F(1, 87) = 3.19, p = .078$ .

#### *Post-hoc Analyses*

Post-hoc analyses indicated a significant interaction between sexual orientation disclosure (out to parents versus not out to parents) and ethnicity (Iranian or American) on depression,  $F(3, 83)=5.33, p=.023$ . Among participants who had not self-disclosed their sexual orientation to their parents, group depression mean scores were reflective of the study's hypothesis of worse psychological well-being among Iranians. Thus, the Iranian group's mean score on depression was higher than that of the American group, though this difference did not reach the point of significance,  $F(1, 37)=1.9, p=.177$ . Among participants who had self-disclosed their sexual orientation to their parents, the difference between the Iranian and American groups' depression scores was marginally significant,  $F(1, 46)=3.77, p=.058$ . Contrary to results from the group of participants who were not out to their parents, in this case, the Iranian group had a lower mean depression score compared to the American group. The interaction between sexual orientation disclosure and ethnicity with regards to self-esteem was also significant,  $F(3, 85)=4.52, p=.036$ . Similar to depression, self-esteem was higher for the American group compared to the Iranian group among participants who were not out to their parents, though this difference was not significant,  $F(1, 39)=.106, p=.747$ . Again, following the same trend as depression scores, self-esteem was higher in the Iranian group among participants who were out to their parents. This difference, however, was statistically significant,  $F(1, 46)=8.36, p=.006$ . Finally, the interaction between sexual orientation disclosure and ethnicity for perceived stress was not significant,  $F(3, 84)=.62, p=.433$ . The group sizes, means, and standard deviations for the sexual orientation disclosure by ethnicity interactions are shown in Table 6.

Table 6. Means, Standard Deviations, and Number of Participants on Psychological Well-Being Measures Based on Sexual Orientation Disclosure and Ethnicity

	OUT TO PARENTS					NOT OUT TO PARENTS				
	Ir <i>M</i>	Ir <i>SD</i>	Am <i>M</i>	Am <i>SD</i>	<i>n</i>	Ir <i>M</i>	Ir <i>SD</i>	Am <i>M</i>	Am <i>SD</i>	<i>n</i>
CES-D	11.8	8.9	17.8	12.1	48	16.8	11.9	11.7	8.4	39
RSE	43.3	6.3	37.1	8.2	48	39.3	8.4	40.1	6.6	41
PSS	14.3	5.3	17.7	7	47	15.2	7.1	16.3	6.2	41

Ir=Iranian  
Am=American

### Discussion

This study was the first of its kind, to the authors' knowledge, to empirically investigate attitudes and psychological well-being in a sample of Iranian gays, lesbians, and bisexuals. The examined differences in Iranian and American cultural attitudes toward homosexuality yielded the predicted results. These attitudes were found to be more negative in Iranian culture than American culture, supporting the study's first hypothesis. The second hypothesis, suggesting the adverse influence of cultural attitudes toward homosexuality on homosexuals' and bisexuals' psychological well-being, was also fully supported in the American sample and partially supported in the Iranian sample. Specifically, negative cultural attitudes toward homosexuality were associated with higher levels of depression, higher levels of perceived stress, and lower self-esteem among American participants. For Iranians, the association between negative cultural attitudes toward homosexuality and psychological well-being was only relevant for participants' level of perceived stress. This relationship indicated an association between higher levels of perceived stress and negative cultural attitudes toward homosexuality. These findings are congruent with previous research suggesting that homophobic and heterosexist attitudes have a detrimental influence on the mental health of sexual minority (Rosario et

al., 2002; Yoshikawa et al., 2004) and can even create stressors that are unique to being a sexual minority (Rosario et al., 2002). Contrary to expectations, our third hypothesis stating that Iranians would exhibit worse psychological well-being than Americans was not supported. The finding that negative attitudes toward homosexuality were not related to Iranians' levels of depression and self-esteem is surprising considering the relationship between homophobic attitudes and sexual minority mental health, such as depression (e.g. Yoshikawa et al., 2004), has been established in the literature. Moreover, the finding that homophobic attitudes were related to depression and self-esteem in the American sample but not in the Iranian sample warrants further attention. Future research should investigate this discrepancy and attempt to identify the variables shielding the mental health of Iranian sexual minority from homophobic attitudes. Clearly, cross-cultural differences should be considered in addressing this question, such as differences in coping styles that may be culturally bound. Though coping style has been examined in Iranians (e.g. Haghighatgou & Peterson, 2001; Priebe & Esmaili, 1997) and said to have both similarities and dissimilarities to Americans' coping styles, only a handful of these studies exist and the examined samples (i.e. adolescent students, victims of torture in Iran) and problem areas (i.e. academics, PTSD) are not germane to the populations of interest in this study. Additionally, of equal importance are continued efforts aimed at gaining a better understanding of the relationship between societal constructs and views to mental health.

Our post-hoc analyses yielded interesting findings with regards to changing patterns of well-being in both groups of participants. In particular, the changing trend in Iranians' psychological well-being in relation to Americans' across groups of out versus not out gays, lesbians, and bisexuals suggests that sexual orientation disclosure may be

especially relevant to Iranians' mental health. Previous research investigating the mental health of Iranians abroad suggested that Iranians' more positive psychological well-being compared to other ethnic minorities can be understood in terms of their collectivist cultural background and the host society's greater acceptance of Iranians as a minority group because of the political rather than economic motivations of their relocation from their homeland (Barreto, Spears, Ellemers, & Shahinper, 2003). The authors further elaborated, explaining that gaining acceptance by the host society would thus have enabled positive psychological well-being among Iranians, especially in light of the importance of group membership inherent to their collectivist values. Consequently, in the case of Iranian gays, lesbians, and bisexuals, we propose that parental acceptance of a son or daughter in spite of sexual orientation disclosure would render Iranians at an advantage psychologically in that the benefit gained from this acceptance would be greater for collectivist Iranian homosexuals and bisexuals than individualistic American homosexuals and bisexuals. Our post-hoc findings support such a theoretical framework by demonstrating that not out Iranians had higher depression scores and lower self-esteem scores than not out Americans, which is in line with our third hypothesis. Furthermore, this pattern was reversed for participants who had self-disclosed their sexual orientation to their parents, with out Iranians scoring lower on depression and higher on self-esteem compared to out Americans. Hence, Iranians may have experienced a greater boost to their psychological well-being from coming out to parents than Americans, granted parental relationships are continued and encompass acceptance. On the other hand, our findings of stable perceived stress patterns cannot be interpreted in terms of a lifting sexual orientation self-disclosure mechanism. Yet, perceived stress was the sole well-being measure to demonstrate a

significant association with negative attitudes toward homosexuality in the Iranian group. The consistently higher levels of perceived stress by the American sexual minorities in our study seem alarming. Within the scope of this study, these findings remain inconclusive at the present time. Though differences in coping skills may account for this seemingly contradictory pattern, future research should pay close attention to subjective stress levels of American homosexuals and bisexuals. Nevertheless, our accounts are based on exploratory data and should be interpreted with caution.

Though this study addresses the gap in the literature with respect to Iranian, and more generally Middle Eastern, sexual minorities, there is an obvious need for the investigation of the psychological well-being of Iranian homosexuals and bisexuals living in their home country. Because of the eminent threat that sexual minority individuals in Iran face from their environment, it is quite possible that findings would reveal a significantly different mental health status from our Iranian sexual minority sample living in the West. Furthermore, we suspect that the effects of negative cultural attitudes and inability to self-disclose sexual orientation on psychological well-being would be intensified in the context of Iranian society. Indeed, the numerous homosexual Iranians seeking asylum in various parts of the world on the basis of sexual orientation suggests that their homosexual identity is accompanied with an array of stressors that Iranian homosexuals abroad may not experience.

Several limitations of this study must be acknowledged. Firstly, our sample may not have been representative of Iranian sexual minorities living in the West. That is, individuals who are not open about their sexuality, do not frequent LGBT events, or browse LGBT related websites may not have been accurately represented in our sample

due to self-selection rather than random selection of our participants. Similarly, the relatively small sample sizes, especially when analyzing well-being in terms of ethnicity and concealment or self-disclosure of sexual orientation, did not allow us to make conclusions with a high degree of confidence. Because homosexuality is severely condemned in Iranian culture, our out Iranian participants and their families may have adopted American culture, beliefs, and behaviors to some extent. Ghaffarian's (1998) study of Iranian acculturation suggested that Iranians who adopt American culture while keeping their own, and those who substitute their native Iranian culture with that of America, tend to have better mental health than Iranians who resist American culture. Hence, it is likely that not out homosexual and bisexual Iranians and their families may not have adopted American cultural beliefs and behaviors, or done so minimally, and would as a result exhibit poorer mental health than our sample of Iranian sexual minorities. The aforementioned caveats render this study's results ungeneralizable. Future studies should include larger sample sizes, with greater numbers of closeted homosexuals and bisexuals.

Social desirability represents another limitation in our study as we did not control for it. Studies have shown that social desirability has a significant effect on gay, lesbian, and bisexuals' reported levels of depression and anxiety (Rosario et al., 2002), as well as on Iranians' responses on scales of psychoticism and neuroticism (Eysenck, Makaremi, & Barrett, 1994). Also, researchers have suggested that individuals from collectivist cultures are especially prone to providing socially desirable responses, and as such controls should be implemented in cross-cultural research with collectivist samples (Hart & Poole, 1995).

Another direction for future research on the psychological well-being of individuals who are ethnic and sexual minorities from collectivist cultures is to focus on

other facets of mental health which may either be more relevant to societal and familial homophobic attitudes, such as internalized homophobia, or more relevant to collectivist mental health. Werkuyten and Nekuee (1999) proposed that the subjective well-being of individuals with collectivist cultural orientations may be more dependent on circumstantial characteristics, such as mastery, than trait-like characteristics, such as self-esteem.

Our research has applied implications for the field of Counseling Psychology. In the United States, great emphasis is placed on the importance of coming out and its benefits to mental health. Indeed, concealment of homosexuality has been linked to poor mental health in sexual minorities, such as greater depressive symptoms and strained social relationships (Ullrich, Lutgendorf, & Stapleton, 2004). While self-disclosure of sexual orientation suggested a trend of better psychological well-being among the Iranians in our study, parental relations of the Iranian participants in our study were favorable at time of participation. Thus, no speculations can be made regarding the effects of unfavorable parental relations post-sexual orientation disclosure. If our theoretical proposition is viable, that is, if Iranians' collectivist values served as a lift to this group's psychological well-being as a result of parental acceptance and did so more for this group than for the American group, the inverse situation would hold that continued unfavorable parental reactions to self-disclosure of sexual orientation could have deleterious consequences for Iranian sexual minorities' mental health. Hence, adequate knowledge and education of Iranian culture and beliefs, of the sociopolitical connotations surrounding non-heterosexual acts or persons and bisexuality, and of the implications of a homosexual identity for Iranian individuals should be made available to counseling professionals who foresee working with Iranian clients.

Last but not least, the connection between family approval and strong mental health for the Iranian participants in our study highlights the importance of LGBT awareness within the Iranian community. Seeing that supportive family relations may have enabled our Iranian participants' positive psychological well-being, greater efforts must be put forth to encourage the tolerance of non-conforming sexual identities within the Iranian community. Iranians must be cognizant of the potential harm of homophobic attitudes if the situation of Iranian sexual minorities is to improve. The experiences of threats, fear of violent acts, or attacks on Iranian gays, lesbians, and bisexuals by their own family members, because of their sexuality, elucidate the vital need for the education of LGBT issues among Iranians. The development and implementation of community-based prevention programs that aim to increase knowledge, and promote the understanding and acceptance of homosexuality and bisexuality within this community would not only help abate homophobia but would also serve as a shield against future psychological difficulties for a sexual minority population whose mental well-being is heavily dependent upon familial relationships.

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