DEVELOPMENT AND PSYCHOMETRIC TESTING OF AN INSTRUMENT TO MEASURE SELF-COMFORT WITH SEXUAL IDENTITY IN GAY, LESBIAN, OR BISEXUAL PERSONS

A Dissertation

Presented to

The Graduate Faculty of The University of Akron

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

Lydia Franklin Glaude

December, 2008
DEVELOPMENT AND PSYCHOMETRIC TESTING OF AN INSTRUMENT
TO MEASURE SELF-COMFORT WITH SEXUAL IDENTITY IN
GAY, LESBIAN, OR BISEXUAL PERSONS

Lydia Franklin Glaude
Dissertation

Approved: ____________________________  Accepted: ____________________________
Advisor         Department Chair
Kathleen Tusaie  Kathleen M. Ross-Alaolmolki

_____________________________  __________________________
Committee Member    Dean of the College
Katharine Kolcaba    N. Margaret Wineman

_____________________________  __________________________
Committee Member    Dean of the Graduate School
Tracy Riley          George R. Newkome

_____________________________
Committee Member
Kathryn A. Kerns

_____________________________
Committee Member
Richard Steiner
ABSTRACT

The increased risks for isolation, victimization, and other adverse behaviors for GLB persons are substantiated in the literature. Yet awareness of the struggles by those coming to terms with their alternative sexual identity is limited. The “self comfort” can be used to describe the desired state of those who have been successful in this adjustment process. This research centers on clarifying, defining, and exploring the measurement potential of an instrument based on the construct self-comfort. As a holistic construct, self-comfort is realized in physical, psychospiritual, sociocultural-political, and environmental contexts. As a dynamic construct, self-comfort is sensitive to change over time, given effective and repetitive nursing interventions. The attributes of the construct are autonomy, identity, relationship, and transcendence. When the attributes and contexts are juxtaposed, a 16-cell grid (taxonomic structure) is created to describe the content domain and guide the creation of the new instrument.

This study focused on testing the instrument with 245 gay, lesbian, or bisexual persons. The internal consistency reliability for the 44 item Self-Comfort with Sexual Identity Questionnaire (SSIQ) was .917 (standardized). Ninety-three respondents (41.3%) were men and 132 (58.7%) women. Seventy-four (30%) individuals self-identified as being gay; 73 (29.8%) as lesbian; 49 (20%) as bisexual; and 17 (6.9%) were undeclared.
Study data met the factorability criteria described by the Bartlett’s test of sphericity, the Kaiser-Meyer-Olkin test (KMO), and Measures of sampling adequacy (MSA). A principal component analysis (PCA) method of extraction with a varimax rotation was completed. The number of factors was set at four to remain consistent with the theoretical framework for the study. Factors were extracted in 6 iterations with factor loadings <.40 being suppressed. Using the guidelines for item-to factor loadings in an orthogonal solution, loadings between .45 (20% of the shared variance) and .71 (50% of the shared variance) represented fair to excellent theoretical fit. Many of the 44 items contained in the taxonomic structure displayed strong factor loadings.

As a desirable outcome or state, The SSIQ can assist nurses and other health professionals in understanding and facilitating positive human behaviors as well as more just social policies.
ACKNOWLEDGEMENTS

The completion of this project would have not been possible without the help and support of many people. I would like to thank my family for their quietly patience. I would particularly like to acknowledge my Father, whose death preceded this accomplishment but whose gift of life endured and Larry Glaude, who unknowingly challenged me to aspire to this level. Further, I must acknowledge my Higher Power who sustained and guided me.

Lastly, a special thanks to Dr. Katharine Kolcaba, for listening and having the patience and foresight to encourage the emergence of the construct self-comfort.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>LIST OF TABLES</th>
<th>xi</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIST OF FIGURES</td>
<td>xii</td>
</tr>
</tbody>
</table>

## CHAPTER

### I. OVERVIEW AND PROBLEM ....................................................................................1

- Background and Significance .......................................................................2
- Overview of Purpose ..................................................................................3
- Problem and Purpose Statements.......................................................... 5
  - Significance of Study ........................................................................6
  - Prevalence and needs ...........................................................................7
- Contemporary Issues...................................................................................8
  - Bullying................................................................................................9
  - Victimization........................................................................................9
  - Hate crimes .........................................................................................11
  - Military service .................................................................................12
  - Marriage and companion Rights.......................................................14
- Health Related Issues...............................................................................16
  - Statistical significance .................................................................16
Self-comfort .................................................................17
Areas of General Concern....................................................18
Gaps in Knowledge about GLB Persons ..................................19
Specific Aims of the Study ...................................................20
  Research questions.........................................................20
  Chapter summary..........................................................20

II. BACKGROUND OF THE STUDY .............................................22
  Theories of Sexual Identity Development ..............................22
    Identity development and stage modeling ..........................23
  Psychosocial Implications................................................26
  Establishment of Identity ................................................27
  Formation of intimate relationships .................................28

Instruments to Measures the GLB Experience .........................29
  The Homosexual Identity Questionnaire ..............................29
  The Life Course Questionnaire ........................................30
  The Internalized Homophobia Scale ..................................31
  Homosexual Identity Questionnaire ....................................32
  The Multidimensional Personality Questionnaire Well-being Scale ....32
  Deficits of reviewed measures of the GLB experience ............33

The Concept of Comfort ....................................................34

The Realization of Self-Comfort ............................................36

Attributes of self-comfort ..................................................37
  Common usages of the concept self-comfort ......................37
III. DESIGN AND METHODOLOGY .................................................................49

Research Design .....................................................................................49

Development of the measure .................................................................50

Item construction ................................................................................50

Scale format .........................................................................................51

Scale evaluation ..................................................................................52

Content validity ..................................................................................53

Content validity index (CVI) ...............................................................54

Scale revisions ...................................................................................54

Study Respondents ...............................................................................55

Sample .................................................................................................56

Inclusion criteria ................................................................................56

Exclusion criteria ................................................................................56

Risks and Benefits ...............................................................................57

Confidentiality .....................................................................................58

Demographic data ...............................................................................58

Dissemination of findings ..................................................................58

Online Survey Techniques .................................................................59

Data Analysis .......................................................................................60
Reliability of the SSIQ..............................................................60
Common Factor Analysis ..........................................................62
Chapter summary .................................................................64

IV. FINDINGS...........................................................................66

Missing data ...........................................................................67
Sample Characteristics ............................................................68
Psychometric Properties of the SSIQ .......................................72
  Reliability ............................................................................72
  Corrected item-total correlations .......................................73
  Correlation matrix ..............................................................75
Factor Analysis .................................................................76
  Factorability of data ..........................................................76
  Factor loadings .................................................................77
  Interpretation of specific factor loadings .........................78
  Weak associations ............................................................82
  Summary of factor analysis ...............................................82
Factor Loadings and Group Comparisons ...............................84
  Study findings .................................................................86
Qualitative Data ..................................................................86
  Chapter summary ............................................................89

V. DISCUSSION AND SUMMARY........................................90

Similar Concepts ...............................................................93
Item Deletion and Future Research/ testing .........................94
## LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Demographic Characteristics of Study Sample</td>
<td>70</td>
</tr>
<tr>
<td>4.2 Comparison of Simultaneous Loadings</td>
<td>85</td>
</tr>
</tbody>
</table>
LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Taxonomic Structure of Self-Comfort</td>
<td>41</td>
</tr>
<tr>
<td>2.2</td>
<td>Conceptual Framework for the Measurement of Self-Comfort</td>
<td>45</td>
</tr>
</tbody>
</table>
CHAPTER I
OVERVIEW AND PROBLEM

The angst experienced by the individual as awareness of an alternative sexual identity is intertwined with the acceptance of a gay, lesbian, and bisexual (GLB) identity are examined in this chapter. Social problems and discontent related to the sexual preferences of GLB persons associated with bullying, victimization, hate crimes, military service, and marriage are incorporated in this discussion. The term alternative sexual identity is used in this study to define an individual who chooses to follow or employ a nontraditional or culturally unsanctioned gender role in establishing a sexual relationship (Webster’s Universal College Dictionary, 1997; Carrera & Calderone, 1980) (see Glossary of Terms, Appendix I.).

Self-comfort, the significance of the concept, and the impetus for measurement possibilities in a population of GLB adults are introduced as the chapter progresses. Pertinent terms (sexual attraction, sexual orientation, and alternative sexual identity) used in the literature to describe and reference the GLB population are reviewed and defined in this chapter when applicable to instrument development. Prior to the conclusion of this chapter, the specific aims and research questions which provide the foundation for the study are presented.
Background and Significance

Culture may be conceptualized as the force that influences development and shapes how reality is perceived (Hoare, 1991). These perceptions are absorbed, incorporated, and later reflected as a part of the individual’s identity (Monk, Winsdale, Crocket & Epston, 1997). Consequently, identity is a representation of one’s preferences constructed in a hierarchical order and given value. It is within this framework that the desire for familiar forms, customs, and behaviors are expressed (Hoare, 1991).

As socially constructed values, our identities motivate and give meaning to our social practices. This is demonstrated in the practice of equating normalcy with heterosexuality, opposite-sex relations, marriage, children, and family values (Monk, Winsdale, Crocket & Epston, 1997). A practice that belies the relationships formed by committed GLB adults and the pattern of relations that comprise their families.

Through our societal institutions, the media, and commonly our families, homosexuality is frequently associated with negative connotations. These negative connotations are perpetuated, supported, and reinforced contributing to the formation of negative stereotypes and the expression of prejudicial acts towards those expressing an alternative sexual identity (Perrin & Sack, 1998; Fleischer & Fillman, 1995; Johnson & Johnson, 2000). Such acts often constrain the formation of open and healthy GLB sexual identities (Newman & Muzzonigro, 1993; Beaty, 1999; Elze, 2002).

Individuals who self-identify as homosexual are cognizant of the fears related to self-hatred, nonconformity, isolation, and victimization (Troiden, 1989). These fears and uncertainties influence the decision of when to openly express their alternative and emerging sexual identity (Johnson & Johnson, 2000). In a similar fashion, uncertainties
related to the awareness, acceptance or expression of an alternative sexual identity may be manifested as acts of promiscuity, an increased propensity for sexually transmitted diseases, an increased risk of contracting and transmitting HIV, or in undesired pregnancies (Hetrick & Martin, 1987; Rotheram-Borus, Rosario, Meyer-Bahlburg, Koopam, Dopkins & Davies, 1994, CDC, 2006).

In this study, the terms, gay, lesbian, and bisexual are used to reference sexual orientation, the persistent pattern of physical or emotional attraction to members of the same or opposite gender (Stevens & Morgan, 1999). Whereas, transsexual and transgender are terms used to reference individuals who manifest gender identity disparities and through surgical alternations or hormonal treatments change their bodies’ appearance to gain a sense of physical and emotional completeness (Diamond, 2002; Burdge, 2007). While responses elicited for this study included some from transgender and transsexual persons, the survey was designed to elicit information regarding sexual orientation. Therefore, responses obtained from transsexual and transgender individuals were removed from the total sample and not included in the analysis for this study.

Overview of Purpose

In an effort to facilitate a sense of control and diminish the effects of negative consequences GLB persons must first feel empowered. In order to achieve this goal, an internal level of comfort with one’s alternative sexual identity must be attained. This internalized level of comfort is referred to as self-comfort. Conceptually, self-comfort is defined as the outcome or state that incorporates the consciousness of individuality, ownership of identity, and an integrated wholeness that occurs in a physical, sociocultural-political, psychospiritual, or environmental context (Glaude, unpublished).
The achievement of self-comfort results in growth, development, and the enhancement of an integrated wholeness that allows the individual to become the agent for his/her behaviors (Glaude, unpublished; Kolcaba, 2003). This definition of self-comfort builds on the definition of comfort by Kolcaba (2003; 1991; 1995). A scientific approach to the utilization of the concept is facilitated by identifying, defining, and quantifying the attributes of self-comfort, thereby permitting the resolution of issues related to one’s alternative sexual identity, and the enactment of more compassionate social policies.

Coleman, (1982) referred to the stage of acknowledging homosexual feelings and defining oneself as gay, lesbian, or bisexual to oneself or to others as ‘coming out’. Dank (1971) in his classic paper on ‘coming out had previously emphasized several relevant points for the child who was to become homosexual. He referred to the absence of anticipatory socialization, in which parents were unable to prepare their child, because they lacked the vocabulary and the experience to communicate how it was to be homosexual. Further, the incorporation of an alternative sexual identity is a secretive and private experience that emerges in individuals who previously perceived themselves as heterosexual (Rowen & Malcom, 2002). It is this secretive nature of identity formation that adds to its negative perception and the incorporation of social shame that often results in compulsive behaviors, the establishment of negative psychological states, and depression (Rotheram-Borus, Rosario, VanRossem, Reid, & Gillis, 1995; Rotheram-Borus, Rosario, Meyer-Bahlburg, Koopman, Dopkins, & Davies, 1994; Shannon & Woods, 1991; Coleman, 1982).
These negative stressors develop from emotional turmoil, a prolonged period of identity confusion, changing attractions, and the wariness of disclosing an alternative orientation to others (D’Augelli & Hershberger, 1993; Fox, 1995; Rust, 1993). This process of sexual identification often begins with vague feelings of being different in childhood and continues well into adulthood (Troiden, 1988a).

This developmental process frequently coincides with the attainment of autonomous behavior and the development of meaningful relationships essential components in the formation of one’s psychosocial identity, (Erikson, 1968; Lerner, 2002). Regrettably, ambiguities in social practices and policies contribute to social constraints that further limit development and the incorporation of autonomous behaviors in GLB persons (Kosciw & Diaz, 2005; Sparling, 2001; Silverman, 1999). In addition, feelings of being devaluated enhance the psychological and physical effects related to homophobia (Floyd & Bakeman, 2006). For individuals who remain closeted, feelings of alienation, low self-esteem, and an inability to develop a sense of comfort with their alternative orientation linger (Martin, 1982).

Problem and Purpose Statements

The problem this study addresses is the need to examine and quantify the level of self-comfort related to the self-identification, acceptance, and expression of an alternative sexual identity. The purpose of this study is: (a) to develop and refine an instrument designed to measure a level of self-comfort in persons with an alternative sexual identity, and (b) to assess the psychometric properties and applicability of the instrument.
Significance of Study

The period of time between the onset of puberty (approximately 10 to 14 years) and the exit from the parental home (generally between 18 and 23 years) is commonly known as adolescence (Newton, 1996). A time viewed as a period of physical maturation, the initiation of reproductive capabilities, and the first occurrence of sexual attraction (Johnson & Johnson, 2000; Lerner, 2002). Sexual attraction is defined as a subjective state of feelings, desires, or fantasies toward another person known or imagined. These feelings, desires, or fantasies are suggestive of psychophysiological arousal and are not initially linked with sexual intimacy (Herdt & McClintock, 2000).

Generally, the average age of first awareness of same gender attraction in young lesbian and bisexual women is between 10 and 11 years (D’Augelli & Hershberger, 1993; Herdt & Boxer, 1993), with first same gender sexual experiences between 15 and 17 years of age (Herdt & Boxer, 1993). Usually young lesbian and bisexual women tend to self-label between 14 and 17 years (D’ Augelli & Hershberger, 1993). For lesbians and bisexual women, first disclosure of their sexual orientation to another follows about 2 years after self-labeling (D’Augelli & Hershberger, 1993). Among gay and bisexual young men, first same-gender attraction occurs on the average between the ages of 9 and 13 years (Herdt & Boxer, 1993), with same-gender sexual experiences following about 4 years after initial same-gender attraction, between 13 and 16 years (D’Augelli & Hershberger, 1993; Newman & Muzzonigro, 1993).

Unlike sexual attraction and the process of self-labeling, sexual orientation is defined as the persistent pattern of physical or emotional attraction to members of the same or opposite gender (Stevens & Morgan, 1999). This pattern of behavior includes
acknowledging one’s self in reference to a specific sexual group. Types of sexual orientation include self-identification as homosexual (same-gender attraction), bisexual (attraction to members of both genders); or heterosexual (opposite gender attraction) (Stevens & Morgan, 1999).

Prevalence and needs. On an average, one in every five families will have a child who will develop an alternative sexual identity; this is a conservative statistic (Dahlheimer & Feigal, 1991). The desire for secrecy, along with societal and cultural issues related to the homosexual lifestyle make obtaining more accurate statistics difficult. In addition, this need for secrecy contributes to the lack of parental awareness concerning their child’s emerging sexual preferences and to the lack of reliable knowledge regarding the homosexual lifestyle (Hetrick & Martin, 1987). Parents when learning of their child’s alternative sexual identity are often coerced through fear, guilt and shame to comply with societal and cultural norms. They feel compelled to reject and grieve the loss of their “straight” child while withdrawing or withholding support from the child with an alternative sexual identity (Harrison, 2003; Saltzburg, 2004).

The role of the family in helping the child cope with an alternative sexual identity cannot be underestimated. Families offer physical and emotional sustenance, provide a connection to the past, and supply a safe environment in which to learn about the world. Through social and sexual observations within the family structure the adolescent learns the social skills needed to promote interpersonal competence and to initiate, maintain, and terminate social and sexual relationships with members of the opposite sex (Nangle & Hanson, 1993).
As learned interpersonal behaviors, social skills result from the interactions between the individual and their environment (Nagle & Hanson, 1993). For heterosexuals, these skills are acquired through appropriate role models and understanding the consequences of behaviors that result from the exposure and participation in peer, social, and sexual activities (Newton, 1996; Nagle & Hanson, 1993). By comparison the absence of parental support and guidance for GLB persons commonly result in feelings of deviancy, unacceptability, and intolerance. These feeling of unacceptability and the lack of parental support force the young GLB person to face alone the challenges of growing up physically and mentally healthy (Savin-Williams, 1990). Thus, the decision to pursue an alternative sexual identity and to define one’s self as GLB marks the beginning of a need to balance authenticity with a desire for recognition and approval (Fontaine & Hammond, 1996). As fears are reconciled with the desire for authenticity and acceptability, feelings of self-acceptance begin to emerge (Troiden, 1989; Cass, 1979). Self-comfort may be used to describe this desired state achieved by those who have successfully negotiated this process.

An examination of current trends believed to have influenced national or state policies regarding the GLB population is now presented. The review will address: bullying, victimization, military service, and marriage.

Contemporary Issues

Homophobia is the term used to describe the intense fear, loathing, prejudice, and discrimination directed towards gay men and lesbian women because of their sexual orientation (Fleischer & Fillman, 1995; Johnson & Johnson, 2000). This negative belief system is used to support the myths and stereotypes propagated about those displaying an
alternative sexual identity (Fleischer & Fillman, 1995; Johnson & Johnson, 2000). Morbidity and mortality result from such a belief system in the form of violence, prejudice, and discrimination (Dunbar, 2006; Miller & Humphries, 1980). Many of these behaviors manifest themselves in the community and the educational systems in the form of bullying (Farrington, 1993).

Bullying

The repeated psychological or physical oppression of a less powerful person by a more powerful one is commonly referred to as bullying (Farrington, 1993). This aggressive behavior may be separated into several categories: antagonistic behaviors, prejudicial behavior and policy, threatening behavior, and material abuse (Rivers, 2000). Bullying associated with homophobia particularly impacts the health, emotional well-being, and academic attainment of its victims (Adams, Cox & Dunstan, 2004; Rivers, 2001). The pervasiveness of this severe form of bullying is often long term, systemic, and perpetrated by peers (Rivers, 2000). The outcomes of this type of bullying include the loss of self-esteem and confidence, the lack of concentration, truancy, school phobia, and occasionally attempted suicide (Rivers, 2001).

Victimization

Nearly eighty percent of individuals with an alternative sexual identity will experience some form of victimization. Victimization may take the form of verbal insults, threats, physical assaults, or depression (Hershberger & D’Augelli, 1995; Bontempo & D’Augelli, 2002; Pilkinson & D’Augelli, 1995; Faulkner & Cranston, 1998; Russell, Franz & Driscoll, 2001). The Gay, Lesbian and Straight Education Network (GLSEN), an advocate for safe schools, has since 1999 empirically documented victimization and
harassment among school aged GLB adolescents. Using the National School Climate Survey (NSCS) a measurable link between a hostile school environment and: (a) the GLB students’ ability to learn; (b) their sense of belonging in school; (c) their academic performances, and (d) their educational aspirations are substantiated. Other population based surveys (Minnesota Adolescent Health Survey (MNAHS), 1986; Minnesota Student Survey (MSS92), 1992; Minnesota Student Survey (MSS98), 1998; Seattle Teen Health Risk Survey (SEA95), 1995, and the Seattle Teen Health Risk Survey (SEA99), 1999) have not successfully provided empirical measurements of the GLB experience. The surveys lacked standardized terms, goals, and purposes which repeatedly have limited their ability to provide insight into the GLB experience (Saewyc, Bauer, Skay, Bearinger, Resnick, Reis & Murphy, 2004).

The initial NSCS survey was offered in 1999 and was completed by 496 students in 32 states, in 2005; the survey was completed by 1,732 students in 50 states. A brief review of findings revealed a number of interesting comparisons. For example: (a) 69% of the students in the 1999 survey reported experiencing some form of harassment, whereas 64.1% of the students in the 2005 survey reported being verbally harassed (name calling, threats) because of their sexual orientation and 45.5% because of their gender expression (b) 61.1% of the students in the 1999 survey reported being sexually harassed compared to two-thirds of the students responding to the 2005 survey; (c) 27.6% of the students who responded to the 1999 survey reported having been physically harassed (shoved, pushed) compared to 38% of the GLB students in the 2005 survey, and (d) 17.6% of the GLB students reported being physically assaulted (punched, kicked, injured with a weapon). This category was not included in the 1999 survey. Seventy-four percent
of the students responding to the 2005 survey reported feeling unsafe because of sexual orientation, gender, or religion.

Although the surveys have been completed since 1999, study findings have shown little or no change in the frequency of victimization among GLB students. These findings clearly substantiate the fact that bullying and harassment based on sexual orientation and gender expression are unrelenting concerns for GLB students. These inescapable environmental circumstances significantly influence school attendance and completion (GLSEN, 2005).

Hate crimes

Hate crimes are defined as crimes motivated by the offender’s bias towards the victims’ status. They are designed to hurt, intimidate, and instill a type of fear that leaves the victim feeling vulnerable, helpless, alienated, and fearful (National Criminal Victimization Survey & Uniform Crime Reporting, November 2005). Generally more intense in nature and intent, hate crimes are more likely to create or exacerbate tension (CRS, US Department of Justice, December 2001). Gay men and lesbian women are often the victims of attacks involving the use of weapons which frequently result in life-impairing injuries (Comstock, 1991).

In a retrospective self-report study, Herek, Gillis, Cogan, and Glunt (1996) noted that hate crimes were more psychologically impairing for gay men and lesbian women than similar non-bias motivated crimes. In addition the severity of the crimes and reporting of the offenses in those with multiple minority statuses (i.e. gender, sexual orientation, race, and ethnicity) were thought to be related and mediated by the individual’s capacity to respond or recover from the event (Dunbar, 2006). Although in
2003, more than 12,000 law enforcement agencies reported data to the hate crimes program (Uniform Crime Report Hate Crime Statistics, 2005). Guidelines stipulated that the crimes were to be identified as single-bias (involving one type of bias) or multiple-bias (involving more than two types of bias) incidents. Using these criteria, 1,430 single-bias hate crime offenses were committed because of sexual orientation bias. Nearly sixty-two percent were identified as having an anti-male homosexual bias; 21.3% an anti-homosexual bias, and less than one percent an anti-bisexual bias (CRS, US Department of Justice, December 2001). In comparison, of the 1,213 victims included in the Uniform Crime Report Hate Crime Statistics of 2005, 61.3% were anti-male homosexual bias; 19.2% were anti-homosexual bias; 15.3% were anti-female homosexual bias and 2.3% were anti-bisexual bias.

Military service

As a specialized society, the military is renowned for its laws, rules, customs, and traditions (Section 571, Pub.L.103-160, November 30, 1993). These rules, customs, and traditions are intended to promote cohesion while placing restrictions on personal behaviors (Section 571, Pub.L.103-160, November 30, 1993). Homosexual conduct, an example of personal behavior, is viewed as prohibitive in the military service but readily acceptable in civilian life (10 U.S.C. § 654 (a) (8); (Section 571, Pub.L.103-160, November 30, 1993).

As a campaign promise, Bill Clinton in 1992 pledged to lift the ban on homosexuals serving in the military. Clinton’s pledge resulted in a policy that became known as the ‘don’t ask, don’t tell, don’t pursue’ policy. Efforts to enforce these regulations were limited because the ‘don’t pursue’ provision contradicted the accepted
view that sexual orientation was a personal and private matter (Policy on Homosexual Conduct in the Armed Forces, July 19, 1993). Clinton’s policy was based on the behavioral component of sexual orientation and failed to address the psychological component of sexual orientation. In considering just the behavioral component, a conflict was created with the belief that sexual orientation was a personal and private matter and not a prohibition to service. Thus, redefining the term “sexual orientation” became essential.

Sexual orientation is currently viewed as an abstract preference for persons of a particular sex, which is distinct from a propensity or intent to engage in sexual acts (Department of Defense, Directive 1304.26, 1994; Department of Defense, Directive 1332.14, 1994). Consequently, if individuals choose to make their sexual orientation public it would no longer be considered a private, personal, or abstract matter and as such would trigger an investigation with the possibility of discharge (Sell, 1997; Department of Defense, Directive 1304.26, 1994; Department of Defense, Directive 1332.14, 1994).

The passage of the Homosexual Conduct Policy resulted in approximately 8% or 9,500 service members being discharged for homosexual conduct; these figures represent fiscal year 1994 through fiscal year 2003. Approximately 59% of those discharged held critical occupations and were separated within 2.5 years of service. Three percent of those discharged held skills in an important foreign language and approximately 98% had completed language training at the Department of Defense Language Institute (Congressional Research Service Report for Congress, Updated May 27, 2005). The estimated cost of training individuals for occupations performed by Navy members separated for homosexual conduct was about $48.8 million from fiscal year 1994 through
fiscal year 2003; the Air Force, $16.6 million, and the Army, approximately $29.7 million (Congressional Research Service Report for Congress, Updated May 27, 2005).

Marriage and companion rights

The struggle for legal recognition of committed same-sex relationships began in the 1970s (Human Rights Campaign retrieved January 5, 2007). Despite these early beginnings, it was not until the spring of 2004 that 8,827 couples in Massachusetts; San Francisco; Multnomah County, Oregon, and Sandoval County, New Mexico filed their intentions to marry (Shartin, 2004; Murphy, 2004; Akers, 2004). This course of action was preceded by a ruling from the State Supreme Court of Hawaii which found the state’s marriage policy violated the state’s constitutional prohibition against sex-based discrimination (*Baehr v. Lewin*, 1993).

The Hawaii Supreme Court, in accordance with Hawaii’s Constitution, ordered the State to produce a compelling public interest for limiting marriage licenses to mixed-sex couples (*Baehr v. Lewin renamed Baehr v. Miik*, 1993). The issue of unconstitutionality raised the prospect that marriage rights may be granted to same-sex partners in Hawaii. If made legal in Hawaii, the Full Faith and Credit Clause of the U.S. Constitution could then mandate same-sex marriages throughout the nation. By design, the Full Faith and Credit Clause of the U.S. Constitution was intended to ensure that judicial decisions made by the courts in one state were recognized and honored in every other state (Article IV, Section 1, United States Constitution).

couples. Despite these efforts, the issue of marriage and the licensure for marriage of same-sex couples was not a prominent concern until 2004. National response to this renewed marriage effort was the passage of more than 100 marriage-related legislative acts designed to restrict or limit the civil rights of same-sex couples (Evans, 2004). This renewed interest in marriage prompted the need for a federally recognized definition of marriage. A goal achieved through the introduction and passage of the Defense of Marriage Act (DOMA) of 1996. DOMA had three objectives: (a) to reaffirm the states’ power to make decisions about marriage, (b) to prevent states from recognizing existing relationships between same-sex partners as marriage under the laws of another state, and (c) to provide a federally recognized definition for marriage and spouse. DOMA defined marriage as the legal union between one man and one woman. Spouse was used to reference a person of the opposite sex who was a husband or a wife. Both definitions were to be used in interpreting federal laws in which marital status was a factor (Defense of Marriage Act § 1 U.S.C.A., 7, 1996).

Society’s interest in civil marriage was demonstrated by the unique legal rights and privileges that enhance the lives of married couples and their children, while providing safeguards for the ‘traditional family’ and ‘family values’ (Verti, 1998). Civil marriages between a man and a woman facilitate and support economic decisions, enhance emotional well-being, provide a system for physical intimacy, and permit the development of a stable sense of self and identity (Verti, 1998, Silverman, 1999). On the other hand, same-sex couples who assume similar responsibilities are not granted the same legal protections conferred on heterosexual couples (Sparling, 2001; Silverman, 1999).
In 2004, the Ohio 125th General Assembly in support of civil marriages passed House Bill 272, which declared that same-sex marriages were against the strong public policy of the state. This legislation declared that recognition or extension of specific statutory benefits of legal marriage to nonmarital relationships was against the public policy of the state (Revised Code 3101.01 & 3105.12, Ohio House Bill 272). Further, if marriage between persons of the same-sex was entered into in another state, the marriage would not be recognized in the state of Ohio (Revised Code 3101.01 & 3105.12, Ohio House Bill 272).

Health Related Issues

In the United States, the third leading cause of adolescent mortality is suicide, for every 100,000 persons between the ages of 15 to 19, 8.2 died by suicide. Among persons with an alternative sexual identity, suicide ideation is twice as likely as heterosexual women and ten times more likely than heterosexual men (Savin-Williams, 2001; Remafedi, Farrow & Deisher, 1991; Proctor & Groze, 1994). Multiple factors contribute to this risk for suicide: (a) gender nonconformity, (b) an awareness of homosexual feelings at an early age, (c) negative reactions from family and friends, and (d) verbal and physical abuse related to sexual orientation (Lesbon, 2002; Savin-Williams, 2001; Remafedi, Farrow & Deisher, 1991; Proctor & Groze, 1994).

Statistical significance

Approximately two-thirds of all HIV infections in 2003 were accounted for by men who have sex with men. Although the number of HIV diagnoses for men who have sex with men declined in the 1980s and 1990s, an estimated 503,305 men received a diagnosis of HIV in 2003. Of this figure, 440,887 were men who had sex with other men.
and 62,418 were men who in addition to having sex with other men used injected drugs. These figures accounted for 67% of all men and 54% of all people who received a diagnosis of HIV (CDC, HIV/AIDS Surveillance Report, 2004, September, 2004).

In addition, the percentage of gonorrhea among men having sex with other men increased from 4% in 1988 to 19.6% in 2003. This figure corresponded with a similar statistics showing an increase in syphilis reported cases currently seen in many urban communities (CDC, HIV/AIDS Surveillance Report, 2004: CDC, September, 2004).

Self-Comfort

The concept of comfort has been examined as both a process (Morse, Bottoroff, & Hutchinson, 1994; Morse, 1996) and a product or outcome (Kolcaba & Kolcaba, 1991; Kolcaba, 1991; Kolcaba, 1992b). As an outcome, comfort has multiple applications in different populations with diverse clinical problems. The concept is also appropriate for use with multiple ages, genders, and ethnic groups. The versatility of the concept enables the development of instruments designed to assess specific needs in a given population, for instance those struggling with the emergence of an alternative sexual identity.

As an outcome, the content domain of comfort is described by a taxonomic structure. The use of the taxonomic structure with the concept of self-comfort enabled the establishment of a 4x4 grid that juxtaposed the context of comfort with the attributes of self comfort. This ensured a consistent pattern for the assessment of needs in a population, provided a mechanism for the design of interventions, and a method to measure their effectiveness. Many instruments were developed to measure the various aspects of comfort, many were empirically tested and found to be valid and reliable (Kolcaba, 2003; Kolcaba, http://www.thecomfortline.com/ Retrieved, March 7, 2008).
An attractive linguistic aspect of comfort is its strengthening properties when enhanced, making it a desirable goal for those who struggle with an emerging sexual identity. The achievement of enhanced comfort is the result of and in part dependent upon the treatment, support, or caring measures provided by another (Kolcaba, 1995). Enhanced comfort is defined as the state of being strengthened by having the needs for relief, ease, or transcendence addressed in four contexts of experience: physical, psychospiritual, sociocultural-political, and environmental (Kolcaba, 2003). To relieve an identified discomfort, comfort is often provided by friends, family or health care providers. Whereas, relief from an internalized discomfort associated with an alternative sexual identity may require a somewhat different approach. Kasl (1989) summarized an internalized discomfort as: “keeping secrets, feeling defective, not fitting in, knowing that your parents are uneasy about, at best, and threatened and afraid of you, at worst, creates a fertile breeding ground for despair, loneliness, and self-hatred” (p.212).

Transcendence, an identified critical attribute of self-comfort is borrowed from the types of comfort as described by Kolcaba (2003). Here the term is used to describe the process of rising above pain or problems associated with the struggles of an emerging alternative sexual identity to a level of comfort that results from self-acceptance. This use of the term is consistent with Kolcaba’s (2003) definition of transcendence and is particularly cogent for the needs of this population.

Areas of General Concern

The achievement of a level of self-comfort with their sexual identity by GLB persons may minimize the negative health consequences which often accompany isolation and secrecy. GLB persons frequently view themselves as deviant, undesirable,
and isolated individuals whose internalized discomforts are perpetuated by issues related
to nonconformity (Adams, Cox & Dunstan, 2004; Fontaine & Hammond, 1996;
Bontempo & D’Augelli, 2002). Depression, anxiety disorders, and suicidal behaviors are
not limited to the young but extend throughout the life span (Goldfried, 2001; Shannon & Woods, 1991; Skidmore, Linsenmeier & Bailey, 2006).

This research will address the measurement of a level of self-comfort experienced
by GLB persons as they seek to identify and accept their alternative sexual identity. This researcher contends that understanding this process may minimize the trauma currently
associated with the acceptance and expression of an alternative sexual identity.
Understanding this process will in effect benefit all GLB persons and aid in the
advancement of humane social practices and policies at the state and national levels.

The self-comfort instrument offers: (a) an integrated approach to the perils of
sexual development, (b) endorses a life span approach to issues that surround sexual
preference and the acceptance of an alternative sexual identity, and (c) may be used to
measure the positive effects of interventions, protocols, or educational materials designed
for the health care provider and families of GLB persons.

Gaps in Knowledge about GLB Persons

Knowledge gaps in nursing related to the acceptance and expression of an
alternative sexual identity exists. There is a lack of awareness, insensitivity, and fear that
encourages issues related to GLB persons to remain hidden despite the fact that important
health care issues: (a) the positive association of lesbian and bisexual women with
tobacco and the heavy use of alcohol (Diamant, Wold, Spritzer, & Gelberg, 2000), (b) a
higher incidence of HIV disease and hepatitis infections among gay men (Ungvarski &
Grossman, 1999), and (c) a greater risk for lung cancer, heart disease, anal cancer, and non-Hodgkin’s lymphoma among gay men are identified for this population (Koblin, Hessol, Zauber, Taylor, Buchbinder, Katz, & Stevens, 1996).

Unlike psychology or sociology both of which have extensively studied the plight of the GLB person, information directed towards and regarding GLB persons were largely missing in nursing. Although articles were located in an extensive search of multiple nursing databases, few articles represented empirically based nursing studies.

Specific Aims of the Study

The specific aims of this study were to develop, refine, and test an instrument designed to measure the construct of self-comfort in a population of GLB persons, and to determine if the factor structure of the instrument corresponded with its theoretical suppositions. The Self-comfort with Sexual Identity Questionnaire (SSIQ) is an outcome based instrument designed to assess adaptation and self-acceptance of an alternative sexual identity in GLB persons.

Research questions

The research questions that will guide this study:

(1a.) What are the psychometric properties of an instrument designed to measure self-comfort in a sample of adults with an alternative sexual identity?

(1b.) Is the theoretical factor structure of the self-comfort instrument confirmed by factor analysis?

Chapter summary

The goal of this study is the development and testing of an instrument designed to evaluate the level of self-comfort in GLB persons. The instrument was tested in those
who have already attained some measure of self-comfort with their sexual identity. This information can be used to extend our understanding of the needs and issues related to GLB persons and will provide a baseline for comparison in future studies. The instrument will facilitate the creation of assessments and interventions designed to assist GLB persons in accepting their sexual identity.

Understanding and measuring self-comfort in GLB persons is instrumental in building a program of research focused on assisting GLB persons in accepting their sexual identity. Data resulting from this program of research may empirically support needed programs and substantiate the need to formulate more compassionate social policies that will enhance the lives of GLB persons.
CHAPTER II
BACKGROUND OF THE STUDY

In this chapter, the steps taken to create a theoretically based conceptual framework that would support the development of the Self-comfort with Sexual Identity Questionnaire (SSIQ) are described. The task began with an extensive review of the literature which centered on sexual identity developmental theories, stage models of sexual identity development, and the developmental tasks associated with the acquisition of autonomy, identity, and relationships. As the chapter progresses a cursory review of instruments related to the GLB experience and an overview of the concept is presented. The chapter concludes with the presentation of the taxonomic structure and a review of theoretical perspectives that underlie this study.

Theories of Sexual Identity Development

Multiple theories and philosophical perspectives are offered in the literature regarding the origins of homosexuality. The perspectives vary but predominantly represent viewpoints consistent with essentialism, social constructionism, or conservative Christian views. The essentialists share a universalizing contention that sexual orientation is a reality that fits individuals across all cultures and history (Seutter & Rovers, 2004). The essentialists share a belief that homosexuality is biologically inherited; making the origins of sexual orientation interrelated with genes, hormones, and brain structures. This belief implies that alternative sexual orientations are inevitable, natural, universal, and
CHAPTER II

BACKGROUND OF THE STUDY

In this chapter, the steps taken to create a theoretically based conceptual framework that would support the development of the Self-comfort with Sexual Identity Questionnaire (SSIQ) are described. The task began with an extensive review of the literature which centered on sexual identity developmental theories, stage models of sexual identity development, and the developmental tasks associated with the acquisition of autonomy, identity, and relationships. As the chapter progresses a cursory review of instruments related to the GLB experience and an overview of the concept is presented. The chapter concludes with the presentation of the taxonomic structure and a review of theoretical perspectives that underlie this study.

Theories of Sexual Identity Development

Multiple theories and philosophical perspectives are offered in the literature regarding the origins of homosexuality. The perspectives vary but predominantly represent viewpoints consistent with essentialism, social constructionism, or conservative Christian views. The essentialists share a universalizing contention that sexual orientation is a reality that fits individuals across all cultures and history (Seutter & Rovers, 2004). The essentialists share a belief that homosexuality is biologically inherited; making the origins of sexual orientation interrelated with genes, hormones, and brain structures. This belief implies that alternative sexual orientations are inevitable, natural, universal, and
biologically pre-determined (Irvine, 1990). Answering the question of rather homosexuality is a matter of choice and if homosexuality is resistant to change (Seutter & Rovers, 2004).

Social constructionists argue that sexual orientation result from social processes influenced by developmental, environmental, and family of origin factors (Seutter & Rovers, 2004). The social constructionists espouse the idea that sexual orientation is fashioned by cultural meanings and understandings that are shared and experienced in a different way. These interactions reinforce the choices made by the individual (Seutter & Rovers, 2004). The traditionalists, on the other hard, view homosexuality as a sin, a sickness, or a problem which is incompatible with the teachings of Christianity. Despite these varying views, homosexuality and the synthesis of a homosexual identity is a process generally initiated during the adolescent years which ideally culminates in the achievement of a fully integrated self (Cass, 1984; Troiden, 1989; Coleman, 1982).

Identity development and stage modeling

Sexual identity development has been extensively studied and comprehensively documented by Cass (1984), Troiden (1989), and Coleman (1982) in a medium known as the stage model of sexual identity development. Stage models are used to predict, articulate, and normalize common experiences necessary in the acquisition of a healthy homosexual identity and the management of a stigmatized identity (Cass, 1984; Troiden, 1989; Coleman, 1982).

The only model stage to have been empirically tested was developed by Cass (1979). Her model incorporated a six stage process. The process included: (a) identity awareness, a stage in which the individual becomes conscious of being different; (b)
identity comparison, a stage where the individual believes he or she may be homosexual but continues to act heterosexual; (c) identity tolerance, a stage where the individual realizes his or her homosexuality; (d) identity acceptance, a stage where the individual begins to explore the gay community; (e) identity pride, a stage where the individual becomes active in the gay community, and (f) identity synthesis, the final stage in which the individual develops a full acceptance of self and others as homosexual (Cass 1984; 1979).

Each stage model incorporates specific aims and requirements that must be accomplished for level advancement and goal completion. Transition is marked by milestones which act as benchmarks of identity development (Floyd & Stein, 2002). The sequence, occurrence, and achievement of these milestones may vary with sex, age, sexual orientation, and minority status (Maguen, Floyd, Bakeman & Armistead, 2002). Additional factors such as social support, the incorporation of internalized homophobia, and the willingness to disclose sexual awareness also may influence the achievement of milestones (Floyd & Stein, 2002). Nevertheless, ‘coming out’ is the desired outcome of the stage model. A process comprised of an internal phase of self-definition or identity development, and external phase of behaviors and attitudes. Once agreement between the two phases is achieved, self-definition or identity development emerges and the individual becomes capable of announcing and sharing their sexual identity with others (Troiden, 1989; Cass, 1979; Coleman, 1982; Jordan & Deluty, 1998).

Stage models share similar views: (a) a view that homosexuality occurs in an environment of stigma which influences the formation and expression of the homosexual identity; (b) a view that identity development is a prolonged process that involves the
self, other homosexuals, heterosexual friends, family, coworkers, and the public; (c) a view that identity formation involves an increased acceptance of the use of the term homosexual, as it is used to describe oneself; (d) a view that with time, there is an increased desire to disclose one’s identity to others, and (e) a view that with time, there is an increased desire to make additional social homosexual contacts (Fountaine & Hammond, 1996; Troiden, 1989; Cass, 1979).

The philosophical perspectives offered by the stage models are consistent with that of the essentialists, who contend that sexual identity development begins with homosexual awareness (Seutter & Rovers, 2004). Consistent with this outlook is the linear perspective of stage models which limit the range and variety of the homosexual experience. The stage model perspective offers a less fluid, changeable experience that is less tolerant of individual encounters, diversities, and ambiguities (DeLamater & Hyde, 1998; McCarn & Fassinger, 1996; Quintana, 2007). A limitation which provided the basis for the formulation of other theoretical models, including the trajectory (young, old, lesbians and gay men) and the life course development models (Chaponan & Brannock, 1987; Fassinger & Miller, 1996; D’Augelli, 1994; Hammack, 2005).

These models incorporated the awareness and self-identification concerns not taken into account by the stage sequential models. Floyd and Stein (2002) in a cluster analysis of the timing of milestones among adolescents and young adults identified five trajectories. Included was an early trajectory in which all milestones were completed at young ages and individuals were fully ‘out’ by adolescence. In contrast, the life course development perspective focused attention on maturational and historical circumstances that influenced the process of sexual orientation identity development (D’Augelli, 1994).
D’Augelli (1994) suggested that when more restrictions are placed on sexual activity, more adverse consequences are related to disclosure, leading to the increased likelihood of atypical sequencing of milestones.

Homophobia was previously used to describe the intense hostility and prejudice directed towards homosexual individuals and their behaviors (Fleischer & Fillman, 1995). The term is also applied to the internalization of negative cultural values by homosexual individuals (Pachankis & Goldfried, 2004; Herek, 1991). Feelings related to internalized homophobia create a mistrust of one’s sexual and interpersonal identity that interferes with the process of identity formation (Stein & Cohen, 1984; Malyon, 1982).

Many As a result, many GLB persons lag behind their peers in respect to social development (Maugen, Floyd, Bakeman, & Armistead, 2002).

Unlike the process of identity assumption in heterosexual adolescents, mourning the loss of a ‘normal’ identity and the accompanying traditions must first precede the acknowledgement and establishment of a new identity (Dank, 1971). Many individuals once aware of their alternative identity may lack the skills to succeed in relationships and have fewer opportunities to establish dating relationships until their later years (Diamond 2003; Yarhouse, Tan & Pawlowski, 2005; Shannon & Woods, 1991).

Psychosocial Implications

Psychosocial development as articulated by Erikson consists of eight developmental stages implicitly present at birth that unfolds with advancing age and family influences. Each stage builds on the preceding stage and provides a connection for subsequent stages. Each characterized by a psychosocial crisis based on physiological development and the demands of parents and/or society. If development is to proceed in a
normal fashion, the crisis which accompanies in each developmental stage needs to be resolved with that developmental stage. However, the outcomes of one stage are not permanent and may be altered later by a single or multiple life experience (Erikson, 1968).

Establishment of identity

Puberty and adolescence are addressed in the fifth stage of the eight stages of development, *identity versus role confusion*. This stage of psychosocial development is characterized by conflict between identity achievement and identity confusion. During this time of development persons are said to be searching for ‘a new sense of continuity and sameness’ (Erikson, 1968). When however faced with mounting inconsistencies, the adolescent is forced to make choices, a process required to discover who and what role the adolescent is to assume in the adult world (Erikson, 1968).

Historically, this search for identity entails an over-identification with one’s peers, and the questioning of traditional and previously understood norms. Bewildered by an inability to assume a role forced upon them, some adolescents respond by running away, dropping out of school, leaving jobs, staying out all night, or withdrawing into unusual and often inaccessible moods (Erikson, 1968). Identity crisis, the term applied by Erikson (1968), is used to describe this critical turning point, where development is capable of moving forward only by taking a new directional course (Kroger, 2003). Erikson (1963) believed a period of time must be allocated to explore, experiment, and make mistakes; he referred to this period of time as a moratorium or a period of delay granted to those not ready to meet forced obligations (Erikson, 1968).
Identity is defined as the thoughts, feelings, values, attitudes, and behaviors that describe a person (Lerner, 2002). Erikson (1963) used the term to illustrate the interplay among aspects of the individual’s biology, psychology, and social recognition that occur within a historical context. For Erikson (1968), identity is experienced as a sense of psychosocial well-being, that coexist with feelings of (a) being at home in one’s body, (b) knowing where one is going, and (c) having an inner conviction of anticipated recognition from those who count. As the ego became independent of authority figures by individuation, true autonomous functioning became a reality though it is not generally displayed until late adolescence (Blos, 1979; Blos, 196; Ryan & Lynch, 1989).

Formation of intimate relationships

As stage five of the developmental sequence is completed and the adolescent prepares to enter stage six, *intimacy versus isolation*, there is an emergence from the search for identity to a desire to fuse their identity with others (Erikson, 1968). If the adolescent had withdrawn from interpersonal intimacies or were involved in multiple acts of intimacy or promiscuity, a sense of isolation or uncertainty about their identity may now emerge (Erikson, 1968). The danger in this stage is that intimate, competitive, and combative relations may be experienced with and against the very same people with who interpersonal intimacies were sought (Erikson, 1963). As the readiness for intimacy, partnerships, and the moral strength to abide by the commitments is acquired, there is an understanding that making a commitment may require significant sacrifices and compromises (Kroger, 2003; Lerner, 1995). The avoidance of such commitments, because of fear, may lead to a deepening sense of isolation and self-absorption (Erikson, 1963).
Relationships involve the formation of an association or connection of one person to another and are influenced by: (a) one’s level of self-esteem; (b) frequency of interactions; (c) identification with those perceived as similar to oneself, and (d) individuals who are valued (Erikson, 1968; Merriam-Webster, 2002: Giordano, 2003). Familial relationships hold considerable influence in the completion of this developmental task and are important in determining the competence and confidence with which relational transitions are made (Noller & Callan, 1991; Lerner, 2002). Failure to provide a facilitative environment will force the adolescent to turn to peers for support and socialization skills. This association may limit the attainment of social skills needed to form meaningful associations (Lerner, 2002; Eccles, Buchanan, Flanagan, Fuligni, Midley & Yee, 1991).

Instruments to Measure the GLB Experience

Coming to terms with and the acceptance of an alternative sexual identity is a multi-leveled process that involves the coordination of numerous interrelated factors (family, community, religious beliefs) (Saltzburg, 2004; Coleman, 1982). For the GLB person, the quest to identify and address these needs is a solitary process. To explore and evaluate this process multiple measures have been developed, a cursory review of relevant empirical measures is presented.

The Homosexual Identity Questionnaire

Cass (1984) based the Homosexual Identity Questionnaire on her theoretical model of homosexual identity formation. The model is based on two broad assumptions: (a) identity is acquired through a developmental process, and (b) the focus for stability and change in behavior lies in the interactions that occur between individuals and their
environment (Cass, 1979). The acquisition of a homosexual identity begins with the development of a private self-image, from which the individuals’ perspective is increasingly validated by others in the social environment. The Homosexual Identity Questionnaire (1984) was intended to measure the stage of development attained by individuals as they adopt or acquire a homosexual identity. Formulated from the Cass stage model descriptions, sixteen dimensions of cognitive, behavioral, and affective change were used to construct questionnaire items that measured each of these dimensions. The instrument consisted of 210 items divided into 16 subscales. A sample of 178 participants, 109 males and 68 females, completed the questionnaire. Scoring used the Cass model of sexual identity development to predict how subjects might respond to items at each stage of identity. If the model was a valid conception of the identity formation experience, the predicted responses were considered to be the correct response for each of the six stages.

The Life Course Questionnaire

The Life Course Questionnaire (McDonald, 1982) employed a detailed questionnaire that covered the domains of lesbian and gay life. Areas included: (a) development of age identity status (age of first awareness of gay feelings; first sexual experience; age of self-labeling; first sexual experience; first disclosure of sexual orientation to someone, and the first relationship); (b) relationship with family members (disclosure of sexual orientation to different members of the family and their reactions); (c) social relationships (gay and heterosexual friends; knowledge of sexual orientation among social network members); (d) gay community involvement (involvement in local groups or organizations); (e) management of public identity (openness about sexual
orientation in a variety of public settings; active deception about being gay), and (f)
personal concerns (anxiety and depression related to the acceptance of being gay or
lesbian).

The Internalized Homophobia Scale

Internal homophobia as described by Ross and Rosser (1996) was the
internalization of negative attitudes and assumptions about homosexual people. The scale
was designed to measure internalized homophobia in men who have sex with men.
According to Kahn (1991) theories of homosexual identity formation are based on the
assumption that internalized homophobia is a reaction to societal homonegativism that
must be resolved for adequate psychological integration of the individuals’ sexuality to
occur. Scale items were derived from theoretical and clinical reports of internalized
homophobia which were seen as a central concept in the symptomatology and treatment
of gay men and lesbians. The measure was used with participants over 18 years, who
responded to an opportunity to attend a seminar. Seminars were advertised as an
opportunity for men who have sex with or who are attracted to other men to explore
issues of intimacy between men.

Data were collected from 184 men at several time points: baseline, post-seminar,
and two months follow-up. Data analysis included a factor analysis which revealed four
dimensions: (a) concern about public identification about being gay; (b) concern about
the stigma associated with being considered unattractive in the gay world, and the stigma
associated with being gay outside the gay world; (c) social ease with other gay men, and
(d) the moral and religious acceptability of being gay. The internal reliability (Cronbach’s
alpha) for the four subscales were: 0.85, 0.69, 0.64, and 0.62, respectively. Concurrent
validity was obtained by comparing the measure with unspecified criterion measures which were associated with factors measuring internalized homophobia.

Homosexual Identity Questionnaire

Wells and Kline (1987) used three questions in an open-ended questionnaire to assess how, when, why, and to whom disclosure of sexual orientation was made. Items were derived from the self-disclosure literature and designed to describe perceptions of the benefits and risks involved in disclosing one’s sexual orientation. The items were presented to a sample of 23 males and 17 female volunteers ranging in age from 19 to 46 years. The 7-point Kinsey Rating Scale (1948) was the instrument used in the study to establish the sexual orientation of the participants.

This instrument focused on the examination of internalized feelings related to one’s homosexual identity, and the exploration of how these feelings related to disclosing an alternative sexual identity to others. The survey found that internalized feelings were associated more with acceptance and the expression of feelings towards the respondents.

The Multidimensional Personality Questionnaire Well-being Scale

The Multidimensional Personality Questionnaire-Well being Scale (Jordan & Deluty, 1988) investigated relations between lesbian women, the disclosure of their sexual orientation, and psychological adjustment. The questionnaire assessed levels of self-disclosure, sources of social support, forms of socializing, self-description of sexual orientation, and length of self-identification as a lesbian. The resulting data revealed that the more widely a woman disclosed her sexual orientation, the less anxiety she experienced and the more positive affectivity and self-esteem she demonstrated. Self-disclosing eliminated the need for disguising an important aspect of one’s life, reduced
the need for extreme secrecy, and permitted the individual to locate support systems. These factors were said to be indicative of positive mental health and related to the individual’s overall level of social support (Jordan & Deluty, 1998).

*Deficits of reviewed measures of the GLB experience.* The empirical measures presented varied in scope and direction, but represented available testing materials concerning the GLB experience. *The Homosexual Identity Questionnaire* (Cass 1984), a theoretically based measure included 210 items and 16 subscales; an overwhelming number of items making the measure overly burdensome for respondents. *The Life Course Questionnaire* (McDonald, 1982) essentially explored the developmental milestones of sexual identity development. The questionnaire focused on the progression and completion of developmental stages but did not explore personal aspects of alternative sexual identity development. *The Internalized Homophobia Scale* (Ross & Rosser, 1996) focused exclusively on internalized homophobia. This scale examined the thoughts, feelings, and behaviors negatively influenced by internalized homophobia and how this interpretation effected and influenced the daily lives of GLB persons. The instrument did not address however, the individual’s successful adaptation to the GLB role.

The reviewed measures explored many aspects of homosexual life, but collectively failed to capture the positive or successful acceptance of one’s alternative sexual identity. Nor did the instruments address awareness or the acknowledgement of internal differences. The Self-Comfort with Sexual Identity Questionnaire (SSIQ) unlike the reviewed measures is designed to acknowledge internalized differences and indicators of positive adaptation related to the acceptance of an alternative sexual identity. The goal
of the SSIQ is to assess the level of one’s self-comfort with their alternative sexual identity. This measure will contribute to the knowledge base by establishing an initial level of self-comfort, serving as a basis for designing interventions, and as a baseline to which to compare progress.

To understand the concept of self-comfort, it is necessary to recognize the significance of its underlying theoretical base. Thus the discussion of self-comfort begins with the concept of comfort and the contribution comfort has made to self-comfort.

The Concept of Comfort

Comfort is derived from the Latin word *confortare*, meaning to strengthen. The root word is *fort*, from the Latin *fortis* (strong) (Oxford Dictionary, 1989). Comfort is defined as:

A state of physical and material well-being with freedom from pain and trouble and satisfaction of bodily needs; relief or support in mental distress or affliction, consolation, solace, soothing; the state of being consoled or the feeling of consolation or mental relief. To soothe in grief or trouble, to relieve of mental distress; to console, solace, strengthening, encouragement, incitement; aid succour, support, counterance (Retrieved October 9, 2007 from: http://dictionary.oed.com.proxy.ohiolink.edu:9099/cgi/entry/50044724?query_type=word

Kolcaba (2003) described the enhancement of comfort as a desirable product or outcome of nursing care, where comfort entails a whole person response and is holistic, complex, individualized, dynamic, immediate, and measurable. Enhanced comfort requires active involvement by the patient whenever possible (Kolcaba, 1995). Kolcaba and Kolcaba (1991) explicated three types of comfort: relief, ease, and transcendence each experienced in multiple contexts: physical, psychospiritual, sociocultural, and environmental. Relief, ease, and transcendence are defined as: relief, the experience of a
patient who has had a specific comfort need met; ease a state of calm or contentment; and transcendent, the state in which one rises above problems or pain (Kolcaba, 2003). Transcendence as defined by Kolcaba (2003) represents a strengthening and growth process, an attribute essential in helping the GLB person come to terms with their sexual identity.

Subsequent work by Kolcaba resulted in the development of a taxonomic structure for the content domain of comfort, where the type and contexts of comfort were juxtaposed to form a 12 cell grid, and later the formation of a holistic definition for comfort. Comfort as defined by Kolcaba is the immediate experience of being strengthened by having needs for relief, ease, and transcendence addressed in four contexts (physical, psychospiritual, sociocultural-political, and environmental)(2003). The provision of comfort is usually preceded by an identification of an unmet comfort need for relief, ease, or transcendence.

For this study, Kolcaba’s holistic definition of comfort provides the concept of self-comfort with relevant contexts (physical, psychospiritual, sociocultural-political, and environmental). Contexts which were used in defining, formulating boundaries, and establishing salient measurement parameters for the concept of self-comfort. Like comfort, self-comfort was approached as a positive outcome or product of nursing care (Kolcaba, 2003) and not as a process (Morse, Bottorff & Hutchinson 1994; Morse, 1996). We now turn to what is known about the concept of self and the realization of self-comfort.
The Realization of Self-Comfort

The word self may be expressed with nouns of action, agent nouns, and nouns of state, condition or adjectives. When used in compounds where self is the adjective designating relations, self may relate to oneself, one’s own, personal, individual, intimate, depending upon or proceeding for oneself, belonging to oneself as an independent creature having an independent existence, position; caused by oneself or of one’s own making (Retrieved, October 6, 2004, from http://dicitonary.oed.com/entrance.dtl). The Oxford English Dictionary Online provided numerous uses for the word self: (a) a pronoun and pronominal adjective when used with a noun or pronoun, in this example the reference is to the person or thing mentioned; or (b) as a hyphenated word or in a compound word, where self is in the objective relation to the second element.

Webster’s Dictionary (1913) defined self as: (a) having its own single nature or character; (b) as the object of one’s own individual reflective consciousness; (c) as the man viewed by his own cognition; (d) as the subject of all his mental phenomena; (e) as the possessor of capacities and character (Retrieved, October 11, 2004 from http://www.bootlegbooks.com/reference/webster/data/1385.html).

Merriam-Webster Online dictionary delineated the function of the word self as a combining form and defined the term as of, by, to, with, for or toward oneself or itself (Retrieved, November 4, 2004 from http://www.m-w.com/cgi-bin/dictionary). “The self is not just a physical entity bounded by the skin; it is a psychological construct in which the concept of me and the concept of my are blended [sic]” (MacCoby, 1980, pg.252).
Attributes of self-comfort

Although the preceding definitions represent only a few of the multiple common language usages for the term self, they are relevant for defining and understanding the concept of self-comfort. These relevant usages include: having ownership, a unique awareness of one’s own self; being for and about oneself (autonomy); an awareness of the single nature or characteristic reflective of who one is or is known by (identity); blending aspects of me and myself with others (relationship).

When taken with the contexts of holistic comfort: physical, psychospiritual, sociocultural-political, and environmental (Kolcaba, 2003), a holistic usage for the term self-comfort emerges. This usage includes a unique individual having a single nature or character with a conscious awareness of one’s own identity, being the mediator of one’s activities and abilities that emerge or develops through interactions in physical, psychospiritual, sociocultural-political, and/or environmental contexts (Kolcaba, 2003). The interactions between self and the contexts of comfort result in a definition that entails growth, development, and the achievement of an integrated wholeness, where the individual becomes the agent for his or her resulting behaviors.

Common usages of the concept self-comfort. Self-comfort is a term that was not previously defined, however, examining the use of the term in multiple settings offered a greater insight into its potential use (Walker & Avant, 1995).

1. A response to a question from a concerned parent worried about her toddler’s “comfort habits” presented in the Baby Center, Ask the Experts column. Dr Leach replied, “If your child used ritualized behaviors to keep himself calm and happy at night, he’s doing himself nothing but good. But if he withdraws into self-comfort in the
daytime, when you or a caregiver are available to him and toys, play and exploration beckon, he may be showing signs that something’s wrong” (Retrieved, September 27, 2004 from http://www.babycenter.com/expert/13324.html). Here attainment of self-comfort is the result of one’s own efforts, and is seen as an acceptable night time ritual that results in a desirable and necessary physical and psychological state of sleep. However, such behavior is seen as a warning sign if practiced when other stimuli are available. Although the need for physical and psychospiritual comfort may continue to exist throughout the day, the achievement of self-comfort, according to Leach, should be more dependent on environmental and social contexts. The resulting behaviors have neither positive nor negative implications.

2. “Year by year, almost day by day, we see men falter and fail in the midst of their labors—men to whom labor is life, and idleness is death. Men who, with a negation of self and self-comfort even unto martyrdom, devote themselves to great purposes and great works, and before their completion fail [sic].” (Growth and Development, Herald of Health, Archibald Maclaren (1870). This example views self as an independent creature having an independent existence, caused by oneself, or of one’s own making (The Oxford English Dictionary Online, Retrieved, October 6, 2004, from http://dictionay.oed.com/entrance.dtl.). In this example, an ethical work principle is equated with self-comfort and is related to social and environmental contexts.

3. “Supper and her husband had for a while displaced it; but as she heard Mr. Rand reproving the children it had come back, not quite with its first force; a short debate between self-comfort and conscience was sufficient” (Sunday at Mr. Band’s, Arthur’s Home Magazine, 1864). The inference is to memories and the struggle to maintain a
balance between comfort and one’s conscience in the environmental context one is known by (Retrieved, October 6, 2004 from http://www.hyperdictionary.com/dictionary/self). In this example awareness of identity is threatened by the loss of psychospiritual comfort. This example also represents a non-positive aspect of self-comfort.


These examples, taken from the author’s concept analysis of self-comfort, support the assumption that self-comfort is an outcome realized in an environmental, physical, psychospiritual, or sociocultural-political realm. Achieving self-comfort infers a strengthening process, making the acquisition of self-comfort consistent with Kolcaba’s (2003) holistic definition for comfort.

Self-comfort is not included in the Oxford English Dictionary Online, the Webster’s Universal College Dictionary (1997), the American Heritage Dictionary
(1994), or the Merriam-Webster Web Online dictionary, nor are synonyms for the term present in the New American Roget’s College Thesaurus (2001). Self-comfort is not recognized as an intervention or an outcome by the Iowa Intervention NIC or NOC Labels and Definitions (Retrieved October 20, 2004 from: http://www.nursing.uiowa.edu/centers/cncc/nic/niclabels.htm), or the Nursing Diagnosis Handbook with NIC Interventions and NOC Outcomes (Wilkinson, 2000). Yet as a lay term it is used to refer to a state of positive behaviors, feelings, or achievements often preceded by uneasiness, or distress. Self-comfort may have negative connotations, consistent with negative self-comforting behaviors which in the GLB population could include: recreational drugs, alcohol abuse, withdrawal from society, running away, or suicidal ideation (Erikson, 1968; Fleischer & Fillman, 1995; Hershberger & D’Augelli, 1995; Horowitz & Newcomb, 2001)

**Taxonomic structure.** The use of the taxonomic structure (TS) enabled the creation of salient scale items suggestive of all the critical attributes of self-comfort. The structure allowed the defining attributes of self-comfort (autonomy, identity, relationship, transcendence) to be juxtaposed (across the top) with the contexts of comfort (physical, psychospiritual, sociocultural-political, environmental) (down the side) creating a 4 x 4 grid containing 16 cells (Figure 2.1, Taxonomic Structure). The resulting structure was used to ensure that the content domain of self-comfort was thoroughly addressed in the self-comfort questionnaire.
<table>
<thead>
<tr>
<th>Autonomy</th>
<th>Identity</th>
<th>Relationship</th>
<th>Transcendence</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Having ownership, an unique awareness of one’s own self; being for and about oneself)</td>
<td>(An awareness of the single nature or characteristic reflective of who one is or is known by)</td>
<td>(Blending aspects of me and myself with others; sharing of one’s internal and external selves with others in a physical, emotional, or spiritual manner)</td>
<td>(The process of rising above distress, pain, or discomfort; which results in a strengthening process)</td>
</tr>
<tr>
<td>Physical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Bodily sensations and homeostatic mechanisms)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychospiritual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Whatever gives life meaning, self esteem, self concept, sexuality, higher order)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sociocultural-Political</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Interpersonal, family, societal, political relationships)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(External surroundings, conditions and influences)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 2.1 Taxonomic Structure of Self-Comfort

This 16 cell configuration represented the total gestalt of self-comfort as presented in the literature. Generated items thus reflected a review of the literature and included attributes related to homosexuality, sexual identity formation, and societal acceptance. The operational definition and empirical referents for the concept of self-comfort were also derived from the taxonomic structure. The use of the taxonomic
structure thereby increased the probability that the resulting measure will be reliable and valid (Waltz, Strickland & Lenz, 2005). From the TS of self-comfort, the following technical definitions of self comfort were derived: self-comfort was defined as having a single nature or character with a conscious awareness of one’s own identity and being the mediator of one’s activities and abilities that emerge or develop through interactions in a physical, psychospiritual, sociocultural-political, or environmental context. These interactions result in growth, development, and the achievement of an integrated wholeness, where the individual becomes the agent for his or her resulting behaviors. Self-comfort is not a one-dimensional state, but is the result of the interactions of its attributes (autonomy, identity, relationship, and transcendence).

Conceptual Framework

The conceptual framework for this study is further influenced by the theoretical perspectives of Lerner’s Model of Developmental Contextualism (1984). The Model of Developmental Contextualism espouses an integrated approach to the multiple relations involved in human life. The model centers on an organism-environment interaction, and advocates a multidisciplinary approach to the study of changing relations between the person and their multileveled contexts (Lerner, 1984). Based on the idea of constant change, specifically reciprocal change context must be viewed within the environment in which it is embedded. Terms like embeddedness, plasticity, and dynamic interactionism are employed by Lerner in the model. Definitions for these terms may be found in the Glossary of Terms, Appendix I).

The Model of Developmental Contextualism offers a theoretically sound configuration capable of addressing the multiple influences involved in the adoption of an
alternative sexual identity. Lerner (1991) referred to developmental change as one in which the processes that promote discontinuity (differentiation) are synthesized with those promoting continuity. This model offers three major implications for this study: the potential for plasticity, the person as a producer of his or her own development, and the potential for intervention.

The potential for plasticity refers to the idea that change is constant and reciprocally dependent on change at another level; presenting the possibility of altering the status of any variable or process at any level (Lerner, 1984). The person as a producer of his or her own development refers to the individual who helps to produce their development by creating a distinct stimulus to others through (a) their capabilities as a processor, (b) through active behavioral agency, or (c) by behaviorally shaping or selecting their contexts (Lerner, 1991). Potential for intervention implies that measures may be found to prevent or ameliorate undesired or non-valued developments or behaviors using a multidisciplinary approach (Lerner, 1984).

This conceptual framework is amenable for use with multiple age groups, for examining developmental change, and for influencing change predicated on the achievement of self-comfort. To this end, the framework acknowledges the significance of reciprocal, multilevel, and contextual influences on the importance of self-comfort in the GLB person, making it consistent with the work of Lerner.

Identifying and explaining the concepts in the theoretical framework is accomplished by approaching the structure as if it contained three distinct levels. For clarity these levels are identified as (a) level one, the theoretical concepts; (b) level two, the defining attributes of the concept self-comfort and (c) level three, the concept of self-
comfort (see Figure 2.2: Conceptual framework for the Measurement of Self-Comfort). Approaching the theoretical framework in this manner allows the author to acknowledge the theoretical influences of both Lerner and Kolcaba, though Lerner’s Developmental Contextualism Model (1984) is conceptually more abstract than Kolcaba’s Comfort Theory (2003).
Figure 2.2 Conceptual framework for the Measurement of Self-Comfort
Defining variables and linkages

Level one of the conceptual framework, the theoretical concepts include: embeddedness, plasticity, and dynamic interactionism (Lerner, 1984) and the contextual definitions of physical, psychospiritual, sociocultural-political, and transcendence (Kolcaba, 2003) (See Glossary of Terms Appendix I, for list of definitions). The theoretical concepts provide the structural mechanism through which the reciprocal interactions that occur within the individual and between their various contexts is explained. Embeddedness is used to refer to key phenomena that exist in human life at multiple levels of being (biological, psychological, social network, historical). At any given time, processes from any of these multiple levels may contribute to human functioning (Lerner, 1984). This change is referred to as plasticity and is reciprocally dependent on change at another level, suggesting the possibility for alterations at any time or on any level. This process is referred to as dynamic interactionism (Lerner, 1984).

The contexts of comfort are delineated as: (a) physical comfort, that which pertains to bodily sensations and homeostatic mechanisms that may be related to specific diagnoses; (b) psychospiritual comfort, that which gives life meaning for individuals and entails aspects of self-esteem, self-concept, sexuality, and one’s relationship with a higher being or power; (c) sociocultural-political comfort, that which refers to interpersonal, family, societal, and political relationships, and (d) environmental comfort, that which relates to external surroundings, home and community, conditions, and influences (Kolcaba, 2003).

Level two, contains the defining attributes of self-comfort which includes: autonomy, identity, relationship, and transcendence. These attributes are defined as: (a)
autonomy, having ownership, an unique awareness of one’s own self; being for and about oneself; (b) identity, an awareness of the single nature or characteristic reflective of who one is or is known by; (c) relationship, blending aspects of me and myself with others; sharing of one’s internal and external selves, and (d) transcendence, the process of rising above distress, pain, or discomfort that results in a strengthening process (Kolcaba, 2003). These attributes of self-comfort may interact individually or collectively in a physical, psychospiritual, sociocultural-political, or environmental context.

Level three contains the construct self-comfort. Self-comfort represents a fusion of attributes and influences that collectively result in an individual, immediate, and dynamic response. Self-comfort therefore, is embedded within and among the attributes.

Chapter summary

The conceptual framework for this study provides a theoretically sound foundation for the development of a psychometric instrument. Though simplistic in its design, the conceptual framework provides a dynamically strong, adaptable structure which incorporates the abstract principles of developmental contextualism, the contexts of comfort, and the attributes of the construct self-comfort. When proven psychometrically sound, this instrument may be incorporated into a program of research directed towards helping GLB young adults negotiate stresses associated with recognizing and accepting an alternative sexual identity.

Self-comfort is the positive product or outcome of a transitional process. The concept is multidimensional and situation specific. The concept employs a theoretical framework that clarifies its purpose and a taxonomic structure to guide the development of items. The Self-comfort with Sexual Identity Questionnaire (SSIQ) has the capacity to
assist not only in understanding, interpreting, and facilitating positive human behaviors
but in the development of more compassionate and humane social policies.
CHAPTER III
DESIGN AND METHODOLOGY

The design and implementation of the study are presented in this chapter. The Self-Comfort with Sexual Identity Questionnaire (SSIQ) as presented in Appendix A was tested. If proven reliable and valid, the SSIQ would benefit nursing in the following ways: (a) provide a method for identifying and acknowledging individuals thought to be at high risk for undesirable behaviors during the acquisition of their sexual identity, (b) provide indispensable information regarding the successful culturalization of GLB persons, and (c) provide input for best practices and best policies. This information would aid in the provision of care, the formation of purposeful interventions, and the creation of educational and social programs designed to better address the psychosocial needs of GLB persons and their families.

Research Design

The study design included instrument development, initial review by experts, categorization of attributes and survey items by a sample of graduate psychology and nursing students, and psychometric testing. As a psychometric study this research will contribute to the limited nursing knowledge currently available concerning the GLB population.
Development of the measure

The process of instrument development began with the determination of what factors and boundaries were to be measured (DeVellis, 2003). Content parameters were established to prevent the inadvertent measurement of unplanned domains (DeVellis, 2003). As self-comfort is the underlying concept of the SSIQ, the goal was to design a set of items that would reflect the latent variable while demonstrating a relationship among the items (DeVellis, 2003). To meet these qualifications, three tasks were completed: (a) an extensive review of the literature, (b) the completion of a concept analysis to identify the defining attributes of the concept, and (c) the formation of a theoretically based conceptual framework.

The taxonomic structure (TS) described in Chapter Two, contained attributes and contextual definitions of the concept. The TS facilitated the generation of items designed to measure the critical behaviors descriptive of the defining attributes and enhanced the stability and thoroughness of behavior assessment. Thus, the use of the TS not only increased the stability of the items but enhanced the reliability and validity of the measure (Waltz, Strickland, & Lenz, 2005).

*Item construction.* The number of items constructed for each of the taxonomic cells was determined by the number of salient dimensions discovered in the literature. The item content was designed to represent the most frequently cited concerns regarding sexual identity development (Ferketich, 1991; DeVellis, 2003). As a result, the pool of items generated for the measure not only reflected the underlying latent variable of self-comfort, but appeared to contribute information about sexual identity development (DeVellis, 2003). Forty-eight items were initially were generated which included 16
negative and 32 positive questions. The suggested reading level for the measure was determined to be between the fifth and seventh grade (Lynn, 1989).

The SSIQ employed a criterion-reference measurement framework; the intent being to create a framework that could measure the amount of self-comfort with sexual identity present in the sample population (Waltz, et al., 2005). The use of a criterion-referenced framework in this study was important because the focus of the instrument was on determining the individual’s level of self-comfort with their alternative sexual identity. In using this type of framework it was necessary to establish clear definitions for the content domain, include items that accurately represented the content domain, and to determine the criteria that best defined the domain (Waltz, et al., 2005).

Scale format. Historically, the Likert format was used in instruments measuring opinions, beliefs, and attitudes where the respondents rated the extent of their agreement or disagreement with each item (DeVellis, 2003). This study incorporated a Likert-like format with a six-point response selection. Items such as I feel I am judged negatively because of my sexual choice(s) and I am OK with being different were responded to by selecting a response with an assigned value that ranged from 6 to 1 (Appendix A: SSIQ Questionnaire). The response selections were: 6 equals (strongly agree); 5 equals (moderately agree); 4 equals (mildly agree); 3 equals (mildly disagree); 2 equals (moderately disagree); and 1 equals (strongly disagree). The scores for each respondent were then summed, which produced a response score that could range from 288 to 48 using the 48 item scale; where 288 indicated a high level of self-comfort and 48 a low level of self-comfort. The six point response range was selected to increase variability in response and maximize data response (Dawis, 1987). The ‘not applicable’ or ‘neutral’
response was removed to maximize data response. Converse and Presser (1986) suggested not offering a middle category since a middle position made less of a difference to individuals who felt strongly about an issue than to those who did not.

Further, Converse and Presser (1986) noted that specific and concrete wording was more apt to communicate a uniform meaning.

*Scale evaluation.* Each of the scale items were evaluated in two ways by content experts. For the purposes of this study, content experts were defined, as individuals who had a working knowledge of the acquisition of an alternative sexual identity, or were experienced in working with youth or young adults with alternative sexual identities. Individuals working in the capacity of executive director, or as faculty advisors in an educational facility were desirable. Individuals were selected from the geographic region from which potential respondents were to be recruited, thereby increasing the chance of identifying inappropriate colloquial terms and decreasing the chance of developing an instrument viewed as irrelevant or threatening to the population in question (Grant & Davis, 1997). Lists of potential experts were compiled by reviewing GLB service sites and social organizations. These individuals were later approached with a request for their assistance with this project (Appendix C: Request for Assistance).

The SSIQ was initially sent to three identified experts, however, only one of the assessments was returned. A second group of four experts was identified and the SSIQ was once again mailed. Of the four individuals contacted, one returned the questionnaire stating that his past experiences were still ‘too painful’ to allow him to review the scale. A total of four SSIQ surveys were eventually returned with limited comments and suggestions included.
Content experts were asked to judge the content relevance of each item using a four point rating scale (Lynn, 1986). Each expert was asked to circle the response that most closely matched their evaluation of the item’s representativeness. Secondly, the experts were asked to judge whether each item was congruent with the particular attributes to which the items were paired, using a yes or no response. If areas were omitted or suggestions for improvement or clarification were noted, the experts were asked to include this information with their feedback (Grant & Davis, 1997) (Appendix B: Content Validity Questionnaire).

Suggestions with the returned surveys included: the need to define the words ‘identity’ and ‘sexual orientation’ reasoning that the terms may hold different meanings to study respondents, and limiting the use of the word ‘choice’. Reasoning that in using the word ‘choice’ on an instrument assessing self-comfort with sexual identity there may be implications that the instrument assumes ‘choice’ and supports the idea that heterosexuality, not homosexuality, is a sexual preference (choice) versus sexual orientation (biological). Both suggestions were incorporated following the computation of the content validity index (CVI).

*Content validity.* Lynn (1986) recommended a two-stage process to determine the content representativeness or relevance of scale items. The first or creative stage included domain identification, item generation, and the assimilation of items into a useable form. The identification of the variable domain, the completion of a concept analysis, the use of the taxonomic structure, and the formatting of question stems were steps completed toward this goal. Judgment-quantification stage, the second stage of the process, entailed the confirmation of items and the entire instrument as content valid by a minimum of
three experts (Lynn, 1986). For this study, four individuals were identified as experts; each of the participants met the expert criteria previously described.

Content validity index (CVI). The content validity index (CVI) is the proportion of items rated as “very relevant and succinct” by the panel of experts. This value was calculated from the number of responses contained on returned surveys which were converted into a percentage (Lynn, 1986; Waltz, et al., 2005). The mean percentage from the four panelists was used to obtain an average “very relevant and succinct” percentage. An average of 90% or greater was considered excellent (Waltz, et al., 2005; DeVellis, 2005). For this study, the average mean percentage for this study was 44.78%. This less than optimal result prompted the incorporation of the preceding suggestions, the reconstruction of individual items, clarification of the formulated meanings assigned to the attributes, and a reduction in the total number of scale items. The revised SSIQ would now contain 44 items of which 28 were positive and 16 negative.

Scale revisions. The Q sort methodology is a self-directed process that extracts subjective opinions by rank-ordering of a set of statements (Brown, 1996). The purpose of this methodology is to reveal subjective structures, attitudes, and perspectives from the standpoint of the person or persons being observed (Brown, 1996). Using the premise of ordering a set of statements to reveal subjective structures and recognizing the need to assure clarity, appropriateness, simplicity, and applicability of the attributes of self-comfort, a random number of survey items thought to represent the attributes of self-comfort were presented to twenty volunteer graduate level nursing and psychology students. Students were asked to categorize the survey items with the identified attributes of self-comfort using a grid like format. Twenty three survey items were arbitrarily...
selected. Students were asked to align the survey items with the presented definitions for each of the attributes and to include any suggestions or problems encountered in completing the exercise. The goal of the exercise was to determine if a level of clarity and applicability was conveyed between the identified attributes and questionnaire items (Cross, 2005). The findings revealed a nearly 57% agreement rate (Appendix D: Categorization project). Based on these findings, survey items were again reviewed, revised, reworded, or shortened.

Study Respondents

The acquisition of an alternative sexual identity and the role of self-comfort in this acquisition process of an alternative sexual identity form the foundation of this study, to accomplish this goal, it is necessary that the participating individual feel unthreatened. To assist in this process and to lessen barriers associated with disclosure, a waiver of written consent was requested and received from the Institutional Review Board (IRB) of the University of Akron. Including the waiver acknowledged the sensitivity of the subject matter and provided additional protection to study participants (Appendix F: Human Subjects Approval; Appendix E: Informed Consent).

Sample

Two hundred ninety-eight (298) requests for participation were sent to GLB organizations throughout the continental United States, canvassing efforts resulted in a response from 254 individuals. As suggested by Crocker and Algina, (1986) and Nunnally, (1978), an adequate sample size which would permit data evaluation using factor analysis required five times as many subjects as questionnaire items. The SSIQ contains 44 items making a minimal sample size of 220 participants appropriate.
Inclusion criteria. Inclusion criteria for the sample included: (a) individuals greater than 18 years of age; (b) fluency in the English language; (c) self-identification as having an alternative sexual identity that included: gay, lesbian, bisexual, or unsure of their sexual identity; (d) members of any nationality or ethnicity capable of reading English and using a computer, and (e) having online access. For inclusion purposes, sexual questioning was defined as: a series of internal processes by which the individual assessed, recognized, and interpreted features of their personal experience that violated heterosexual norms (Savin-Williams & Diamond, 1998) (Appendix I: Glossary of Terms).

Exclusion criteria. Exclusion criteria included: (a) individuals less than 18 years of age; (b) involvement as an offender in the criminal justice system; (c) requiring assistance to complete the questionnaire; (d) self-identification as a transvestite, and (e) not having self-identified as having an alternative sexual identity that included gay, lesbian, bisexual, or questioning. For exclusion purposes, the term transvestite is used to refer to individuals who wore clothing of the opposite gender and derived pleasure from this action. Identification as a transvestite is not an indication of one’s sexual orientation but of gender. Therefore, data related to gender or gender issues were removed from data analysis for this study (American Academy of Pediatrics Paper, 1993) (Appendix I: Glossary of Terms).

Following approval by the Institutional Review Board (IRB), permission was sought from Executive Director(s) and/or Advisor(s) from selected GLB organizations. Criteria for the selection of organizations included: (a) having an organizational purpose of service to the GLB population; (b) service to recipients greater than 18 years of age,
(c) online accessibility, and (d) a desire to participate in the study. Organizational involvement offered the possibility of snowball or networking with friends or relatives associated with group members and increased the probability of contacting the population of interest (Polit & Beck, 2004).

Invitations to participate in the study were initially sent to GLB organizations affiliated with or located on college campuses in Northeast Ohio. The information provided contained the purpose of the study, addressed the issue of informed consent, and requested permission to use the organization's listserv to provide access to the SSIQ. The letter included an e-mail address to contact the researcher if any additional concerns or questions emerged. Documentation from the IRB and an agreement to share the aggregate findings through publications were included. Recruitment was later expanded to include organizations throughout the state of Ohio and the continental United States. Participation in the study was voluntary and no incentives were offered.

The survey sought individuals who wished to share their experiences through the completion of the survey. Participants were encouraged, if they wished, to include narrative comments. Since the acceptance of an alternative sexual identity included the achievement of a sense of self, participants in the study had previously acknowledged, accepted, and integrated their sexual identities. This integration of self allowed them to interact with others in an open and honest manner (Coleman, 1982).

*Risks and Benefits.* Although the perceived risks related to study participation were minimal, the potential for developing an emotional response to acknowledging or identifying an alternative sexual identity existed. To address this risk, downloadable lists of mental health and health care agencies were made available to study respondents. The
perceived benefits of participation in this study included: (a) an opportunity to partake in a research process directed towards the GLB population, (b) an opportunity to add correct and truthful information to the limited knowledge base regarding the GLB population in nursing, (c) an opportunity to give voice to the struggles associated with the assumption of an alternative sexual identity, and (d) an opportunity to contribute to the identification of events related to the formation of an alternative sexual identity and the acquisition of a level of self-comfort with that identity.

*Confidentiality.* The anonymity of study respondents was protected in the following ways: (a) no identifiable information or characteristics were collected by the online survey, (b) a waiver of signed informed consent was received for the study, and (c) collected data were directly transferred to the SPSS statistical software program, limiting the possibility of data exposure and contamination. Data were stored on two compact discs, one for immediate use and another as backup. Both discs were kept, when not in use, in a locked file cabinet and will be destroyed in accordance with recommended procedures for destruction of electronic data. Data access was limited to the principal investigator and statisticians working with the data.

*Demographic data.* Collected demographic data were based on information cited as significant in the literature regarding recognizing, accepting, and expressing an alternative sexual identity. The information was used to describe the target population and to provide a clearer more precise picture of the social circumstances in which GLB persons live and socialize (Appendix G: Demographic Collection Tool).

*Dissemination of findings.* Completion of this study fulfills the partial requirements for the completion of a Doctorate in Philosophy (PhD) for the College of
Nursing, the University of Akron. The results of the study will be prepared for publication and presentation in professional journals and used as the beginning work in a program designed to bring a better understanding to the perils of those currently struggling with their sexual identities. Such information may assist in improving the quality of health services for those at high risk of adverse behaviors, and improving the quality of life by supporting committed same-sex relationships. This study represents the foundation of a program of research focused on the construct of the self-comfort.

Online Survey Techniques

As an online survey, the SSIQ incorporated many of the strengths suggested by Birnbaum (2000): (a) the ability to complete the survey at one's leisure and in the privacy of one's home. A capacity that greatly reduced the probability of harm or anticipated discomfort encountered with discovery of one’s sexual identity, (b) the ability to display questionnaire items as a single page or on separate pages. An approach which made it impossible or difficult for subjects to go back to previous questions; an important option for within-subject designs; (c) the ability to improve the transfer the collected data to a statistical program for processing, an approach that limited random error associated with data entry, (d) the ability to design the questionnaire to permit participants to return to complete the questionnaire at a later time, and (e) the increased standardization of responses by having the option to control the respondent’s ability to preview, review, skip items, or change responses in an attempt to maintain consistency.

Several limitations were inherent with the use of online questionnaires: the lack of access to a computer or on-line services, the inability or lack of experience with a computer, and the absence of one-to-one interviews (Birnbaum, 2000).
Data Analysis

The Statistical Package for the Social Sciences (SPSS, version 15.0) statistical software program was used to process the collected data. Statistical guidance and advice for this project were provided by Dr. Richard Steiner, a Biostatistic Professor in the College of Arts and Sciences at the University of Akron and a member of the dissertation committee. Items were assessed for reliability, corrected item-total correlations, squared multiple correlations, and coefficient correlations (Ferketich, 1991). Factor analysis was used to assess the construct validity of the instrument and factors were examined for meaning, loadability, and items for possible future deletion (Kerlinger & Lee, 2000; Waltz et al., 2005).

Reliability of the SSIQ

Internal consistency reliability is concerned with the homogeneity and uniformity in performance of individual items on a single measure and as such is used as an indicator of the extent to which the items on the scale are intercorrelated (DeVellis, 2003). Though used in cognitive measures that assess knowledge or achievement in a specific content area, internal consistency reliability suggests that all items measure the same attribute (DeVellis, 2003; Waltz, et al., 2005). Internal consistency reliability is generally equated with Cronbach’s coefficient alpha \( \alpha \), the preferred index of internal consistency reliability (DeVellis, 2003). The coefficient alpha can be affected by the number of items on the scale and the inter-item correlations among the scale items (Ferketich, 1990; Cronbach, 1951).

Guidelines consider an alpha coefficient of .70 to be adequate for an instrument in the early stages of development, while a coefficient of .80 is considered to be adequate
for more developed instruments (Nunnally, 1978). A high alpha coefficient in the test development stage may indicate redundancy of test items and a need for further assessment using the inter-item correlation matrix. An inter-item correlation consistently above .70 or below .30 may also be used as an indicator of excessive redundancy or a lack of substantive relations among the items measuring the construct (Waltz et al., 2005).

As a necessary perquisite for validity; reliability is the property not of the instrument but of the instrument when administered to a particular sample under certain conditions (Polit & Hungler, 1995). Factors viewed to affect the degree of consistency (reliability) include: (a) the manner in which the measure is scored; (b) the characteristics of the measure itself; (c) the physical or emotional state of the respondents at the time of administration, (d) the environment in which the measure is administered, and (e) social desirability (Polit & Hungler, 1995). As a self-administered online survey, the physical or emotional state of the respondents, the environment is which the survey is taken, and social desirability could impact the reliability of the SSIQ.

Reliability represents the precision, reproducibility, and predictability of a measuring instrument and is defined through the extent that measurement error is minimized (DeVellis, 2003; Engstrom, 1988). Error in the measurement process is classified as being constant or systemic (affecting each in the same way); or random error (unpredictable and varying) (Kerlinger & Lee, 2000). Constant error in social science research may be of two general types: social desirability (the desirable social response) and response bias (consistent agreeing or disagreeing) (DeVellis, 2003). Social desirability evokes a tension between the claim to be honest and a fear of disclosing
secret information; it is a function of the individual’s perception to sensitive questions. As a function of anonymity, social desirability is lessened when anonymity is assured (Bradburn & Sudman, 1979). To address these concerns, this study incorporated a web based platform designed to: (a) limit evoked tension and (b) to assure confidentiality (Lautenschlager & Flaherty, 1990).

Nunnally and Bernstein (1994) defined response bias as a measurement artifact that emerges from the context of a situation that affects one or more persons. Strategies suggested by Nunnally and Bernstein (1994) to reduce the influences of response bias include: avoidance of the suggestion that one response is preferred; making all responses of equal effort; paying closer attention to the wording of items; using tasks that minimize bias; making instructions clear, and assessing independently for biases. In an attempt to reduce the influence of response bias, the SSIQ incorporated a web based platform which integrated many of these suggestions.

Common Factor Analysis

Common factor analysis (CFA) with principal axis factoring (PAF) was the method of extraction used to determine the factor solution and whether the factor loadings on the measured variables corresponded with the predicted theoretical framework. CFA is a form of factor analysis that seeks the least number of factors which can account for the common variance of a set of variables. CFA was used to test the hypothesized properties, specifications, and determine how well the defined measurement model fit the observed data (Munro, 2001). Generally, two assumptions are common with CFA: factors are estimated from common variance and not total variance, and the communalities are < 1.00 with fewer extracted factors. By contrast, the principal
component analysis (PCA) method of extraction seeks to find the set of factors that accounts for both the common and unique variance in a set of variables.

Although several methods are used in common factor analysis (maximum likelihood, unweighted least squares, and generalized least squares). Principle Axis Factoring (PAF) is preferred when the research purpose is to detect data structure or causal modeling. PAF was used to determine the factor solution (Pett, Lackey & Sullivan, 2003). This method allowed the examination of indicator variables to determine if they loaded on factors as predicted by the model. PAF method of extraction was used to determine the initial communalities, which accounted for the maximum amount of common variance with the remaining factors being extracted from the residual correlation matrix. Examination of the square multiple correlations for each item provided an indication of the strength of the linear relationship among the items. Higher values indicated stronger associations among the items (Pett, Lackey & Sullivan, 2003).

Using the PFA method of extraction with a varimax rotation, a factor analysis was completed with the total sample using items with factor loadings >.40. Items with factor loadings < .40 were suppressed with four factors being extracted in 7 iterations. The residual matrix displayed with the reproduced correlation matrix, showed the differences between the estimated and observed correlations between the pairs of variables. Values in the residual matrix indicate how well the extracted factors reproduced the correlation matrix (Pett, Lackey & Sullivan, 2003). If a sufficient number of factors were extracted, the residuals values displayed were small. The presence of moderate (.05-.1) or large residuals those >.10 suggested that more factors could be extracted (Tabachnick & Fidell, 2001). For this study, an examination the reproduced
correlation matrix revealed the presence of 380 (40%) nonredundant residuals with absolute values >.05. This would indicate the existence of residual values > .10 for pairs of variables and suggest the presence of additional factors that could be extracted. However, the number of factors to be extracted was determined consistent with the identified attributes and the conceptual framework for the concept of self-comfort and therefore a priori set at 4.

Chapter summary

Steps in the development of a new instrument were addressed in this chapter. Scale items were designed to demonstrate a relationship among the scale items and reflect the latent variable. Items were written to represent the concerns cited in the literature and to be representative of the identified attributes. Additionally, scale items were evaluated by content experts, categorized by groups of graduate level students, and revised following each assessment to increase clarity and consistency. Participants for the online study were sought through GLB organizations affiliated with or located on college campuses. Data analyses were selected to evaluate the instrument’s reliability and validity as well as to support the psychometric properties of the instrument. The SSIQ was expected to demonstrate strong psychometric properties.

It is anticipated that by establishing baseline levels of self-comfort with an alternative sexual identity using those who have accepted their alternative sexual identity would better enabled health care professionals to identify and develop specific interventions designed to meet the needs of at risk individuals. Information attained through the exploration of the concept self-comfort can be used to expand our knowledge and understanding regarding the acquisition and consequences experienced by
individuals that result from societal limitations. Understanding this aspect of alternative sexual identity acquisition could provide empirical information supportive of more humane treatment and social policies.
CHAPTER IV

FINDINGS

In this chapter, study findings are reviewed and discussed as they relate to each of the research questions. Concerns associated with missing data and sample demographics are presented. While internal consistency is evaluated using Cronbach’s alpha and item analyses, the interrelationships among a large set of observed variables are examined with factor analysis and through data reduction grouped into factors with common characteristics (Nunnally & Bernstein, 1994). Finally, common factor analysis (CFA) was used to: (a) determine how well the hypothesized model fit the theoretical model, and (b) to compare factor structures across groups.

The Self-Comfort with Sexual Identity Questionnaire (SSIQ), a 44 item Likert formatted survey, was designed to measure the intensity of self-comfort by summing the scores of each of the items contained in the four subscales. Items were scored using a 6 to 1 response score, where 6 indicated (strongly agree) and 1 indicated (strongly disagree). As an online questionnaire, the SSIQ was first made available to college based GLB organizations that provided services to the GLB population in Northeast Ohio. Subsequently, recruitment was expanded to include the entire state of Ohio and eventually the continental United States. Group contact through faculty advisors was made, they were informed of the presence of the online survey and asked if members would be interested in participating in an online study investigating self-comfort.
Missing Data

Two hundred forty-five individuals responded to the SSIQ; the completeness of their individual responses varied however on any particular item across subjects. Summary descriptive statistics were used to allow the researcher to ascertain the presence or absence of a response to any survey item. Missing responses were found to be randomly distributed across all cases and unrelated to other variables or factors. No distinguishable or systematic pattern of missing data was discernable (Hair, Anderson, Tatham & Black, 1998). Therefore, it was concluded that data were missing in a completely at random manner.

Musil, Warner, Yobas, and Jones (2002) suggested data missing in a random pattern introduced a minimal likelihood of bias. In addition, Cohen and Cohen (1983) recommended that 5-10% of missing data on a variable be considered a small percentage of cases with missing data. An examination of the SSIQ data demonstrated the percentage of missing data ranged from 4.8% (12 items) to 13.6% (33 items). One variable, I am accepted by my Higher Power had greater than 10% missing data.

The decision to handle missing data by pairwise deletion was made. In utilizing this method, cases with missing data were eliminated only from individual statistical calculations on items having missing data (Wasylyshyn & El-Masri, 2005). The effect of this decision resulted in a pool of complete data sets that ranged from 233 to 212. Completing a factor analysis for this study required a minimal sample of 220 participants, five respondents per item as suggested by Crocker and Algina (1986) and Nunnally (1978). The number of completed data sets that resulted from using pairwise deletion method satisfied the requirements for this statistical analysis.
Fifteen of the 44 items on the SSIQ were reverse coded to correspond with the implied negative meaning of the individual items. Those items were: *I question my sexual identity, no one is aware of my sexual preference(s), I feel tormented by my sexual attraction to those of my same sex; my family rejects me because of my sexual preference(s); I use drugs to help me cope with my sexual identity, I use alcohol to help me cope with my sexual identity, I avoid social events because I feel uneasy; I have sex with strangers because of my fears; I feel I am judged negatively because of my sexual choice(s); my past experiences are still very painful to me; I am excluded from events because of my sexual choice(s); my inclusion in activities is dependent on my sexual identity, I would choose not to be homosexual, if I could; my life choices are limited by my sexual preference(s), and I look and act like everyone else, but I know I am different.*

Sample Characteristics

The SSIQ survey was completed by 245 respondents, the majority of the participants were Caucasian (78.8%); less than 7% represented other minority groups. Eighty-seven respondents (38%) were men; 132 (53.9%) women, twenty individuals did not indicate sex as part of their demographic information. Seventy-eight or (31.8%) self-identified as being gay; 75 (30.6%) as lesbian; and 51 (20.8%) as bisexual. Educationally, 58% (142) of the participants had completed or were pursing college; 27.8% (68) had a post college education, and 4.1% (10) had either a high school or technical school education.

The survey targeted GLB persons in college, who were between the ages of 18 to 23 years. However, a review of the study data revealed that respondents ranged in age from 18 to 75 years, with a mean age of 29.34 years, a mode of 21 years, and a standard
deviation (SD) of 11.67 years. This diversity of age offered an opportunity to compare study findings in multiple ways: using the total sample, the target population (18 to 23 years), and those who fell outside the initial target population (24 years and older). The groups were later categorized as: the ‘total sample’, the ‘younger’ group, and the ‘older’ group.

The ‘younger’ group was comprised of individuals between the ages of 18 to 23 years, (N=101). The mean age of this group was 20.41 years, with a mode of 21 years, SD 1.45 years. The ‘older’ group consisted of individuals between the ages 24 to 75 years, (N=128), this group had a mean age 36.58 years and a mode of 26 years, SD 11.30 years. These designations permitted the evaluation of theoretical and internal consistencies and allowed the comparison of factor structures across groups. Additional characteristics of the study sample are shown in Table 4.1., Demographic Characteristics of Study Sample. Twenty-seven participants did not include age as part of their demographic information.
Table 4.1 Demographic Characteristics of Study Sample

<table>
<thead>
<tr>
<th>Categories</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ethnicity (N=245)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>193</td>
<td>78.8%</td>
</tr>
<tr>
<td>African American</td>
<td>16</td>
<td>6.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>8</td>
<td>3.3%</td>
</tr>
<tr>
<td>Asian descent</td>
<td>7</td>
<td>2.9%</td>
</tr>
<tr>
<td>Native American</td>
<td>2</td>
<td>&lt;1.0%</td>
</tr>
<tr>
<td>Island Pacific</td>
<td>1</td>
<td>&lt;1.0%</td>
</tr>
<tr>
<td>Not Specified</td>
<td>18</td>
<td>7.3%</td>
</tr>
<tr>
<td><strong>Sex (N=245)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>93</td>
<td>38.0%</td>
</tr>
<tr>
<td>Female</td>
<td>132</td>
<td>53.9%</td>
</tr>
<tr>
<td>Not Specified</td>
<td>20</td>
<td>8.2%</td>
</tr>
<tr>
<td><strong>Sexual Orientation (N=245)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gay</td>
<td>78</td>
<td>31.8%</td>
</tr>
<tr>
<td>Lesbian</td>
<td>75</td>
<td>30.6%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>51</td>
<td>20.8%</td>
</tr>
<tr>
<td>Undeclared</td>
<td>21</td>
<td>8.6%</td>
</tr>
<tr>
<td>Missing</td>
<td>20</td>
<td>8.2%</td>
</tr>
<tr>
<td><strong>Education (N=245)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College</td>
<td>142</td>
<td>58.0%</td>
</tr>
<tr>
<td>Post College</td>
<td>68</td>
<td>27.8%</td>
</tr>
<tr>
<td>High School/Technical School</td>
<td>20</td>
<td>8.2%</td>
</tr>
</tbody>
</table>
Table 4.1 Demographic Characteristics of Study Sample (continued)

<table>
<thead>
<tr>
<th>Family awareness of Sexual Preferences:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>62.9%</td>
</tr>
<tr>
<td>No</td>
<td>14.3%</td>
</tr>
<tr>
<td>Unsure</td>
<td>16.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First told:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>21.2%</td>
</tr>
<tr>
<td>Father</td>
<td>5.3%</td>
</tr>
<tr>
<td>Sister</td>
<td>15.5%</td>
</tr>
<tr>
<td>Brother</td>
<td>5.7%</td>
</tr>
<tr>
<td>Best friend</td>
<td>23.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationships:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Single ongoing</td>
<td>45.7%</td>
</tr>
<tr>
<td>Not involved</td>
<td>23.7%</td>
</tr>
<tr>
<td>Date frequently</td>
<td>7.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Violent relationship:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>11.0%</td>
</tr>
<tr>
<td>No</td>
<td>82.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preferred age of partners:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Older</td>
<td>22.4%</td>
</tr>
<tr>
<td>Younger</td>
<td>13.5%</td>
</tr>
<tr>
<td>Same as self</td>
<td>55.9%</td>
</tr>
<tr>
<td>No response</td>
<td>8.2%</td>
</tr>
</tbody>
</table>

The research questions which guided this study were:

1. What are the psychometric properties of an instrument designed to measure self-comfort in a sample of adults with an alternative sexual identity?

2. Is the theoretical factor structure of the self-comfort instrument confirmed by factor analysis?
Psychometric Properties of the SSIQ

Psychometric properties are concerned with the reliability, validity, and internal consistency of an instrument, these areas that will be explored individually as the discussion progresses.

Reliability

Internal consistency is concerned with the degree to which the items represent the concept and the correlation among the items designed to measure the concept. The internal consistency for the 44 item SSIQ (total sample with 16 reversed coded items) was .907 unstandardized and .917 standardized. The internal consistency for the individual groups (younger) and (older) were .890 and .920 (unstandardized) respectively. Individual reliability scores for each of the four extracted factors were later calculated and found to be .838, .865, .814, and .410, for factors 1 thru 4, respectively.

Procedures used to determine which items were statistically weak included the examination of the study findings coupled with the knowledge of how the individual items fit together. Item analyses included an examination of the corrected item-total correlation, square multiple correlations, and coefficient alpha if deleted. Incorporated in this process was an examination of the correlation matrix. An overview of these findings are presented; followed by a more in depth discussion of the item analyses.

Item scores on the SSIQ ranged from 6 to 1. A summary of the item statistics, correlation matrix, item-total, and summary item statistics revealed the following regarding the total sample. The item mean was 4.625 with a range of 2.995 to 5.455, a standard deviation range of .773 to 1.917 and a variance of .422; an indication that item responses were more agreeable than disagreeable. Inter-item correlations ranged from
-.242 to .856, with a variance of .027, with a mean of .200, indicating the presence of items not correlated to those that were well correlated. The closer the variance is to 0, the more consistency there is among the inter-item correlations (Pett, Lackey & Sullivan, 2003). Item variances ranged from .598 to 3.678 with a mean of 1.886. Two items demonstrated an inter-item correlation >.80 suggesting a replication (Pett, Lackey & Sullivan, 2003). Multiple negative correlations were present in the correlation matrix; however they were widely dispersed throughout the matrix.

Corrected item-total correlations

The corrected item-total correlations are viewed as the correlation between the given item and the total scale score having removed the given item from the total score (Pett, Lackey, & Sullivan, 2003). If internally consistent, the items would demonstrate strong positive correlations with the total scale score (Pett, Lackey & Sullivan, 2003). Negative item-total correlations generally suggest that the item is measuring a different construct; while correlations with values close to zero imply no relationship between the given item and those items loading on the factor (Pett, Lackey, Sullivan, 2003). Ferketich (1990) suggested that items with low total scores also demonstrate low positive correlations, an element that would be reflected in the coefficient alpha and in the reliability of the overall scale. Nevertheless, correlations >.30 were considered good (Nunnally, 1978).

Corrected item-total correlations for the total sample included three negative correlations -.041 (my sexual preference(s) differ from that of my friends), -.328 (my life choices are limited by my sexual preference(s)), and -.022 (I look and act like everyone else, but I know I am different). Although each of these items examined different aspects
of alternative sexual identity development, the items demonstrated the lowest item scale correlations. As a result, each item was considered as a potential candidate for elimination from the final scale and therefore placed on the delete list (DeVellis, 2003).

Square-multiple correlations represent the proportion of the variance in the item shared with other items, for the total sample these values ranged from .323 to .835. Pett, Lackey and Sullivan (2003) suggested that these values normally range between 0 and 1.00, with higher values indicating a greater consistency among the items. Items such as my life choices are limited by my sexual preference(s) and I use drugs to help me cope with my sexual identity, (.397) 39.7% and (.835) 83.5% respectively, represent the item’s variance shared with other items. Items with the lowest squared multiple correlations should therefore be excluded from the scale (DeVellis, 2003). A sampling of the items would include: names like ‘faggot’, ‘queer’ do not describe who I am, my sexual preference(s) differ from that of my friends, and I look and act like everyone else, but I know I am different.

The last of the categories, alpha if deleted, were reviewed to identify items that if eliminated would increase the overall Cronbach’s alpha and thus the scale’s internal consistency or reliability. The overall scale alpha was used in determining if alpha would increase if a particular item were deleted. Of interest were two of the three negative corrected item-total correlations; deletion of either item would cause an insignificant increase in alpha from .907 to .910. Deletion of the third item would reduce alpha to .906, neither change was viewed as noteworthy.
Correlation matrix

The correlation matrix for the total scale was examined to determine the presence of items that were either highly correlated ($r \geq .80$) or not sufficiently correlated ($r \leq .30$) (Pett, Lackey, & Sullivan, 2003). The presence of either could influence the level of reliability. Relatively few items were highly correlated ($r \geq .80$) (I use drugs to help me cope with my sexual identity and I use alcohol to help me cope with my sexual identity) both correlations were .856. Several items, however, met the criteria of not sufficiently correlated ($r \leq .30$), items included I am strengthened by my Higher Power and I am aware of my sexual attraction(s) towards some members of my sex (-.169).

There were a significant number of correlations that ranged from -.287 ($p = 0.01$, 2-tailed), I question my sexual identity (reversed coded) and my sexual preference(s) differ from that of my friends, indicating no relationship to .875, I use drugs to help me cope with my sexual identity and I use alcohol to help me cope with my sexual identity indicating a strong relationship between the two scale items. Polit and Beck (2004) referred to a negative or inverse relationship as the correlation coefficient that quantitatively described the magnitude and direction of the relationship between two variables. Correlations between .00 to -1.0 expressed such a relationship. For this study, a correlation of -.287 would probably indicate a modest conflict between having the awareness of a sexual preference(s) which differs from that of one’s friends and continuing to question one’s sexual identity.

While the correlation matrix summarized the interrelations among the set of variables, the item means for the variables ranged from 2.965 to 5.369 with a standard deviation range of .883 to 1.864. The response format for the items ranged from 6
(strongly agree) to 1 (strongly disagree). The mean of the items was 4.167 which would lie to the left of midpoint. This finding suggests that respondents were more agreeable than disagreeable to the scale items.

Factor Analysis

In order to evaluate the second research question, evaluate the factor structure of the SSIQ instrument, factor analyses were employed. To address this research question, an evaluation of the factorability, correlation matrix, factor extraction, and interpretation of factor loadings were completed. Factorability of the study data were evaluated using the following criteria: (a) the Bartlett’s test of sphericity, (b) the Kaiser-Meyer-Olkin test (KMO), and (c) measures of sampling adequacy (MSA).

Factorability of data

The Bartlett’s test of sphericity (Bartlett, 1950) examined the hypothesis that the correlation matrix was an identity matrix. The presence of an identity matrix would suggest that variables were unrelated and suitable for structure detection, an indication of factorability. Although influenced by sample size, Pedhazur and Schmelkin (1991) suggested that use of the Bartlett’s test of sphericity is considered as a minimum standard for assessing the quality of the correlation matrix. The test of sphericity for the 44 item correlation matrix had a value of $\chi^2 = 4757.412$ with $df = 946$. This was interpreted as being highly significant ($p < .000$) and an indication that the correlation matrix as not an identity matrix (a positive finding).

The Kaiser-Meyer-Olkin test (KMO) used the partial correlation coefficient and compared the magnitude of the calculated correlation coefficients to the magnitude of the partial correlation coefficients (Pett, Lackey, & Sullivan, 2003). This value can range
between 0 and 1. Larger values indicated a greater difference between the zero-order correlations to the partial correlations or the amount of variance within the data that could be explained by the factors (Pett, Lackey & Sullivan, 2003). Higher values are an indication that a factor analysis would be useful with the data. As a measure of factorability, a value of 0.5 would be considered poor and 0.6 acceptable; while values close to 1.0 are desirable (Brace, Kemp & Snelgar, 2003). The KMO statistic for the SSIQ was .877 which met Kaiser’s (1974) “meritorious” criteria; suggesting a sufficient sample size relative to the number of items on the scale (Pett, Lackey & Sullivan, 2003).

The measures of sampling adequacy (MSA) were examined to determine if the correlations among the individual items were strong enough to suggest that the correlation matrix was factorable (Pett, Lackey & Sullivan, 2003). The individual MSAs for the total sample ranged from .597 to .935. No negative values were recorded in the anti-image correlation matrix, nor were any values less than .50. Criteria similar to that used to interpret the KMO are applied to the individual MSAs (Brace, Kemp & Snelgar, 2003). Ratings less than .60 were considered “mediocre” while ratings .70 to .90 were “middling” to “marvelous” (Kaiser, 1974, p.35). The relatively high values of the SSIQ indicated that the correlations among the individual items were strong and that the correlation matrix was factorable (Pett, Lackey & Sullivan, 2003).

Factor loadings

Using the principal component analysis (PCA) method of extraction with a varimax rotation, a factor analysis was completed; four factors were extracted with factor loadings > .40 evaluated. The factors were named (a priori) to correspond to the identified attributes of self-comfort: autonomy, identity, relationship, and transcendence.
Thirty-nine of the original 44 scale items met this standard. Factor loadings were more readily identified and enhanced with an evaluation of the rotated component matrix where loadings < .40 were suppressed. Scale items loading onto each identified factors suggested aspects of that individual attribute with all attributes being represented. The number of extracted factors in the factor analysis was forced at four, to conform to the theoretical framework for the study. This four factor solution accounted for 46.4% of the total variance explained. Comrey and Lee (1992) suggested that with an orthogonal rotation items loading < .30 should not be included in defining a factor because it represented less than 9% of the variance shared with the factor. Further, items that loaded at .45 shared 20% of the shared variance and were considered only fair indicators when defining the factor (Comrey & Lee, 1992). Using this criteria and the guidelines for item-to-factor loadings in an orthogonal solution, loadings between .45 (20% shared variance) and .71 (50% of the shared variance) were selected. These items accounted for 53.7% of the variance and reliabilities of .900 and .910 standardized. This decision was strengthened by the examination of the scree plot. The presence of a four factor solution was affirmed by the distinct break in the slope of the line noted between factors 4 and 5 (Cattell, 1966). This finding showed consistency with and supported the a priori decision to extract four factors. In addition, the four factor solution was consistent with the theoretical framework for the study.

Interpretation of specific factor loadings

To evaluate factor loadings, item-to-factor correlations were examined particularly strong factor loadings, negative loadings, and items loading on multiple factors. Items were also evaluated for semantic meanings consistent with the attributes.
For groups of items, Cronbach’s alphas were calculated to facilitate best placement of an item when strong loadings on several factors occurred. Items with multiple loadings were placed with those factors to which they were conceptually related regardless of empirical strength. Adjusting for whether the item was negative or positive in meaning. Negative loadings were interpreted as an indication that the items measured a different concept than self-comfort. Examples of high negative loadings were: *I look and act like everyone else, but I know I am different*, which loaded on factor 3 or Relationship at -.423. *I am strengthened by my higher power, and I am accepted by my Higher Power* which loaded at -.586 and -.496 respectively on factor 4 or Transcendence.

Thirteen items in the total sample with factor loadings >.40 loaded on the first factor named *a priori* Autonomy. The attribute of Autonomy was conceptually defined as having ownership, an unique awareness of one’s own self, being for and about oneself. Items loading onto this factor exemplified the distinctiveness of the conceptual definition for this attribute. Items included: *I question my sexual identity; no one is aware of my sexual preference(s); I feel tormented by my sexual attraction to those of my same sex; my life choice(s) are limited by my sexual preference(s); my family rejects me because of my sexual preference(s); I use drugs to help me cope with my sexual identity; I use alcohol to help me cope with my sexual identity; I avoid social events because I feel uneasy; I have sex with strangers because of my fears; I feel I am judged negatively because of my sexual choice(s); I am excluded from events because of my sexual choice(s); my inclusion in activities is dependent on my sexual identity, and my past experiences are still very painful to me.* Factor loadings ranged from .435 (*I question my*
sexual identity) to .796 (I use alcohol to help me cope with my sexual identity). The coefficient alpha for Autonomy or factor one was determined to be .893 unstandardized.

Ten items with factor loadings >.40 loaded on factor 2, named Identity. Factor loadings ranged from .441 (I like who I have become) to .775 (my family is aware of my sexual identity). I like who I have become which also had high loadings (.531) on factor 3, named Relationship. The coefficient alpha for the factor Identity was .865 unstandardized. Identity was conceptually defined as an awareness of the single nature or characteristic reflective of who one is or is known by. Items with high correlations loading on Identity included my family is aware of my sexual identity; I am able to discuss my choice(s) of sexual partner(s) with my family, and I am able to discuss my choice(s) of sexual partner(s) with my friends loading at .775, .749 and .687 respectively. Additional items that loaded on this factor, characteristic of the conceptual definition included: my friends respect my sexual choice(s); I am able to discuss my choices(s) of sexual partner(s) with my family; I am able to discuss my choice(s) of sexual partner(s) with my friends; my family is aware of my sexual identity; I am at peace with my sexual choice(s); I can help others who struggle with their sexual identity; I am comfortable sharing personal information with my health provider(s); I am uneasy talking about my sexual partner(s) with my family, and I am comfortable sharing my thoughts about my sexual identity with others.

Thirteen items loaded on factor 3, named Relationship. Factor loadings ranged from -.423 (I look and act like everyone else, but I know I am different) to .672 (I am a responsible sexual partner). Two loadings on this factor also loaded on the second factor, Identity, and the fourth factor, Transcendence. I like who I have become loaded at .441
onto Identity and I am accepted by my Higher Power loaded negatively (-.496) onto factor 4, Transcendence. This factor had an additional negative loading: I look and act like everyone else, but I know I am different (-.423). The coefficient alpha, including the negative items for this factor was .784 unstandardized. Relationship was conceptually defined as the blending of aspects of me and myself with others, sharing of one’s internal and external selves with others in a physical, emotional or spiritual manner. The following items loaded on this factor and were representative of the conceptual definition: I don’t have to be heterosexual to be normal; my choice of sexual partner(s) is completely normal; I am different only by someone else’s rules; having positive role models helps me; I am a responsible sexual partner; I like who I have become; I can be anything I want; I am not defined by my sexual identity; I am accepted by my Higher Power; I make good choices about my health, and I practice safe sex. The coefficient alpha for these 13 items which included I like who I have become unstandardized was .814, .838 standardized. Removal of I like who I have become lowered the alpha to .790 from .814. Removal of I am accepted by my Higher Power changed alpha from .814 to .834.

The inter-item correlations for the factor Relationship ranged from -.201 (I look and act like everyone else, but I know I am different) with (I am different only by someone else’s rules) to (I don’t have to be heterosexual to be normal) and (my choice(s) of sexual partner(s) is completely normal) .607. I look and act like everyone else, but I know I am different represented only 12.4% of the shared variance, whereas, I don’t have to be heterosexual to be normal represented 45.4% of the shared variance.
Finally, five items loaded on factor 4, or Transcendence. Two of the loadings were negative, loading at -.496 (I am accepted by my Higher Power) and (I am strengthened by my Higher Power) -.586, respectively. The coefficient alpha for the items loading on this factor, including those loading negatively was .410, unstandardized. Transcendence was conceptually defined as the process of rising above distress, pain, or discomfort, which resulted in a strengthening process. Items that loaded on this factor included: I am aware of my sexual attractions toward some members of my sex; I find members of my sex more physically attractive; I am strengthened by my Higher Power; hurting myself is not the solution to my sexual attraction, and I am accepted by my higher Power. Items that loaded negatively on this factor accounted for 36.6 and 34.9% of the shared variance, respectively. Deleting these items would change alpha from .410 to .401.

Weak associations. Items suggestive of weak associations in the rotated component matrix consistent with the item-total and square multiple correlations which loaded <.40 included: I am at peace with my sexual choice(s) (item-total correlation .396; square multiple correlation .286); I look and act like everyone else, but I know I am different (.124 item-total correlation ; -.156 square multiple correlation); I am accepted by my Higher Power (.155 item-total correlation; square multiple correlation .114); hurting myself is not the solution to my sexual attraction(s)(.165 item-total correlation; square multiple correlation .240), and I am strengthened by my Higher Power (.170 item-total correlation; square multiple correlation .366).

Summary of Factor Analysis

In comparing factor loadings using the PCA and PAF method of extraction, items were found to load in a similar manner. Multiple loadings were present with each of the
first three factors with fewer loadings present on factor four. Factor loadings for Autonomy or the first factor were identical in both extraction methods. With the exception of one loading, items loaded in a similar manner on Transcendence, the fourth factor. Unlike Autonomy, Identity and Relationship shared some loadings but not all. The reliability alphas calculated for each method of the extraction methods using a varimax rotation for the total sample were .907 (PCA) and .914 (PAF) unstandardized, respectively.

Examining the inter-item correlations using the PCA extraction method, correlations for Autonomy ranged from .232 (my life choices are limited by my sexual preference(s)) and (I question my sexual identity) to .671 (I feel tormented by my sexual attraction to those of my same sex) and (no one is aware of my sexual preference(s)). Means for the items range from 3.51 to 5.16, with a standard deviation range of 1.19 to 1.65, there were no negative items, and no items loaded on multiple factors. The corrected inter-item correlations ranged from .396 to .783 and multiple square correlations from .286 (28.6% shared variance) (I am at peace with my sexual choice(s)) to .806 (80.6% shared variance) (I use drugs to help me cope with my sexual identity). A change in alpha between 12 and 18 points were noted with the deletion of (no one is aware of my sexual preference(s)); I use drugs to help me cope with my sexual identity and I feel tormented by my sexual attraction to those of my same sex), respectively.

Although the same items loaded on this factor using the PAF method of extraction, the actual loadings varied in strength with some items loading stronger while others had smaller loadings than realized with the PCA method. These differences were also noted
in the corrected item-total and square multiple correlations, the same items offered a similar spread in point differences in alpha, if the items were deleted.

Though there were a number of differences between the two methods: the total number of items loading onto each factor, the number of multiple loadings, and the number of negative loadings. Ease of interpretation and higher factor loadings for each factor contributed to the decision to use the PCA method. For a complete comparison of the two methods for the total population see Comparison of Principal Components Analysis (PCA) With Varimax Rotation and Principal Axis Factoring (PAF), (Appendix H).

Factor Loadings and Group Comparisons

The factor loadings for the various groups (younger, older, and total) were compared. Rotated component matrices were examined using the PAC method of extraction, loadings less than .40 were suppressed and four factors were extracted factor. The comparisons centered on the similarities of factor loadings between the two groups (younger, older) and those obtained from the total sample.

In comparing the three populations, the total sample and the older sample had a numerous items that loaded in the same manner on factor one, Autonomy (13 items). Where the younger group had more items that loaded on factor two, Identity (8 items) in common with the total group; neither population shared common items on factor three, Relationship. For the last factor, factor 4 or Transcendence the older group shared only three items in common with the total population.

Interestingly, items like (I look and act like everyone else, but I know I am different and I am excluded from events because of my sexual choice(s)) which were
reversed coded continued to load as a negative item or failed to load. Unlike items such as \(I am strengthened by my Higher Power\) and \(I am accepted by my Higher Power\) which either loaded as a negative item in the total population or loaded as a positive item in the younger sample on the same factor. In the older group, \(I am strengthened by my Higher Power\) loaded as a negative item on Transcendence but \(I am accepted by my Higher Power\) loaded on Identity, the third factor but not on the fourth factor (Transcendence). Further examples of items loading simultaneously in their respectively groups are offered in Table 4.2 Comparison of Simultaneous Loadings.

Table 4.2 Comparison of Simultaneous Loadings

<table>
<thead>
<tr>
<th>Items</th>
<th>Total sample</th>
<th>Younger</th>
<th>Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>I use drugs to help me cope with my sexual identity</td>
<td>.771</td>
<td>.536</td>
<td>.846</td>
</tr>
<tr>
<td>I use alcohol to help me cope with my sexual identity</td>
<td>.796</td>
<td>.445</td>
<td>.842</td>
</tr>
<tr>
<td>I have sex with stranger because of my fears</td>
<td>.726</td>
<td>.608</td>
<td>.795</td>
</tr>
<tr>
<td>I can help others who struggle with their sexual identity</td>
<td>.606</td>
<td>.597</td>
<td>.434</td>
</tr>
</tbody>
</table>

Note: PCA extraction method with Varimax rotation

The Cronbach’s alphas for all populations were: .911 (total sample); .890 (younger), and .916 (older) unstandardized. Unlike the younger group which had several items that loaded on multiple factors, the older group shared only one item \(I am uneasy talking about my sexual partner(s) with my family\) which loaded on both Autonomy (factor 1) and Relationship (factor 3). For a complete table of comparisons of one
population on one factor see Table 4.4 Comparison of Principal Components Analysis (PCA) With Varimix Rotation and Principal Axis Factoring (PAF), Appendix H.

Scree plots for each of the populations (total, younger, and older) consistently showed a less distinct break in the slope of the line between factors 4 and 5. The percent of variance explained in the three populations for four factors extracted varied only slightly 46.41%, 46.54%, and 48.79% respectively.

Study findings

A review of the statistical data for the study supported the following findings: (a) the SSIQ was found to be internally consistent, (b) the theoretical framework composed of four subscales were supported by internal consistency and factor analysis (c) the dynamic nature of self-comfort was empirically demonstrated by factor analysis, and (d) the construct of self-comfort may varied according to age across items and identified attributes.

Qualitative Data

Unsolicited qualitative data contributed by some study respondents substantiated the significance of the negative loadings; these comments commonly were related to religion. “I knew I was a lesbian way before I knew I could be Christian. Accepting both and knowing God accepts me as He created me to be . . . has been a bondage-breaking experience” offered by a 27 year old, lesbian respondent. This response contrasts with that offered by a gay, 20 year old male who wrote: “I define myself as completely atheist/secular humanist personal responsibility theory-I am responsible for what I do, be it good or bad.” Spirituality emphasizes a deeper understanding of life and values that are consistent with the psychosocial developmental stages (Erikson, 1968) and the
conceptual definition of the attribute upon which the individual scale item loaded. These comments offer a speculative insight into a correlative relationship with a Higher Power, this relationship may aid in explaining the relatively high percentage (13.49%) of missing responses for this variable.

Supportive qualitative comments were found in the unsolicited remarks submitted by study participants: “I experienced a lot of brutality and homophobia when I was growing up, and my mother was extremely unsupportive of my sexual identity. As a result I experienced years of depression, anxiety, and PTSD symptoms. Cognitive-behavioral therapy and medication helped me to end the depression . . . and now I choose to associate with people who do not judge me for my sexual orientation, and life is a lot better [sic],” written by a 26 year old bisexual female.

Or words offered in explanation of their particular situation as the comments written by a 21 year old lesbian: “I am out to my immediate family (mom, dad, siblings) but totally not out to the rest of my family and they would have a cat if they knew. I suspect my grandparents would disown me. Anyway, it’s hard to express that with just one box about family reaction. It’s also complicated because my parents are supportive of me, but worried that my sexual orientation will mess up their relation with the extended family”. This example is interesting since there is evidence of awareness, ownership, and ambivalence. It is doubtful however, that a level of self-comfort with their sexual identity has been achieved by this person since a balance of the attributes is not readily apparent in their comments.

For others social stigmatization, cognitive dissonance, or self-hatred contributed to the difficulties in managing an alternate sexual identity. “Although I am at a very
healthy place in my sexual identity currently, the struggle to get there was very difficult for me. When I began to be aware of same sex feelings in my early teens I began to drink heavily and use substances to deal with all of the stress I was facing also to cope with the double life I was leading to try to hide my queerness from my family. What helped me the most...... was the availability and love/care of older adult queer mentors who stepped in when my parents were being so horrible to me (cycles of disowning, etc)......[sic],” written by a 25 year-old, lesbian.

“It is wrong for others to make me who I am not, and treat me differently. It is no one’s business but my own what kind of relationship I choose to have. I find men more attractive than women, so what! I do not condemn anyone for choosing a different lifestyle, and neither should anyone else,” comments written by a 24 year old gay male.

“The struggles of the gay community are shocking, even more shocking that we live in a free nation. I have been ridiculed and beat up for my sexual preference and I want it to end and it will with the hard work of the gay community,” written by a 20 year old gay male. “I find myself in a constant battle between being an honorable person and being a gay person. It seems that the two don’t go hand in hand in America. Male homosexuality is often plagued with promiscuous lifestyles, short-lived relationships, and a lifestyle of complete self-indulgence and decadence. There is little or no stability in the gay male community in America, and I’m growing increasingly dismayed at the fact that even if I wanted a ‘normal’ life as a gay man, it would be hard to find one,” written by a 25 year old, African American, gay male.

These responses express turmoil and recovery during the transition to an alternative sexual identity, “Although, I am at a very healthy and happy place with my
sexual identity currently, the struggle to get there was very difficult for me. When I began
to be aware of same-sex feelings in my early teens I began to drink heavily and use
substances to deal with all of the stress I was facing—also to cope with the double life I
was leading to try to hide my queerness from my family.” a 25 year old, female lesbian.
“I struggle everyday,” 45 year old gay male.

Chapter summary

This chapter presented the statistical data relative to the research questions.

Statistical findings: coefficient alphas, inter-item correlation, and square multiple
loadings were reported. In addition, unsolicited narrative remarks collected in
conjunction with this study were reviewed. Some offered support to the negative loadings
of some factors; others offered insight into the plight of acquiring an alternative sexual
identity. This data provided insight for interpretation, future research, and policy
development.
CHAPTER V

DISCUSSION AND SUMMARY

The principal goals of this study were the design, refinement, and testing of an instrument intended to measure self-comfort and the attainment of supportive psychometric properties. This chapter will discuss similar concepts, item deletion, future research and testing, future reliability and validity markers, and study limitations. As a previously undefined concept, the completion of a concept analysis identified the critical attributes and contexts of self-comfort (Glaude, 2004, unpublished). The concept analysis confirmed the unique adaptability of the concept and through the incorporation of the taxonomic structure salient items were constructed resulting in the formation of the Self-comfort with Sexual Identity Questionnaire (SSIQ). The 44 item, Likert formatted online survey was available from February to December 2007 and was completed by 245 participants.

The SSIQ contained four subscales named \textit{a priori} which resulted from forcing a four factor solution in factor analysis. This factor solution represented the critical attributes identified in the concept analysis, was consistent with the theoretical framework for the study, was supported by the scree plot, and represented at least 5% of the total variance. The subscales: autonomy, identity, relationship, and transcendence demonstrated Cronbach’s coefficient alphas of .838, .865, .814, and .410, respectively. The subscale transcendence displayed a comparatively lower Cronbach’s alpha,
contained fewer items in comparison with the other subscales, and contained two relatively high negative factor loadings: *I am strengthened by my Higher Power* and *I am accepted by my Higher Power* (-.586, -.496). Components that limit the extent of item covariation are reflected in alpha (DeVellis, 2003). Transcendence is conceptually defined in terms of rising above pain or discomfort associated with the assumption of an alternative sexual identity resulting in a strengthening process. Transcendence aptly describes the resolve associated with the arduous task of coming to terms with an alternative sexual identity. A lofty idea to those not well adjusted or not experiencing massive environmental stresses related to their alternative sexual identity status.

Unexpectedly, the negative loadings were influenced by age, with both items loading as negative items in the total sample. Conversely, in the older group (24 years and older) as a single negative item (*I am strengthened by my Higher Power*) and as two strongly positive items in the younger group (18 to 23 years). The explanation for these differences were not immediately determined but may simply entail how the words ‘strengthen’ and ‘accepted’ were interpreted by the respondents.

Webster (2005) broadly defined spirituality as a personal relationship that entails the commitment to certain values or a personal connection to a state of mind, being, or place that places emphasis on a deeper understanding of life and the sacred. Spirituality may be viewed as a part of or independent of a particular religion. Religiosity, on the other hand, refers to the numerous aspects of religious activity, dedication, and beliefs. In its narrowest sense, religiosity deals with how religious the individual is and has less to do with how a person is religious (Orel, 2004). These
variations are supported by the psychosocial developmental stages delineated by Erikson (1968). For example, individuals between the ages of 18 to 23 years are in the identity versus role confusion stage, where the quest for personal identity is viewed as a continuing process (Erikson, 1968). In this stage, rapid growth and striking physical changes result in a disturbed body image and an increased preoccupation with how one appears in the eyes of others (Erikson, 1968). The formation of a negative identity is made possible when self-images provided by society are contrary to the values of the community (Wong, Hockenberry, Wilson, Perry & Lowdermilk, 2006). The danger of this stage, according to Erikson (1963), is the confusion related to the role the individual is to play, which is based on prior doubts regarding their sexual identity.

As individuals emerged from the search for identity, they experience a desire to fuse their identity with that of another (Erikson, 1963). This readiness for intimacy mixed with the ability to commit to affiliations and partnerships are accompanied by a moral capacity to abide by those commitments (Erikson, 1963). These characteristics are reflective of the psychological resiliency, the gender role flexibility, and the maintenance of social and emotional attachments found in older GLB persons and suggestive of the psychosocial developmental differences associated with age (Alderman, 1990, Friend, 1990, Orel, 2004, Erikson, 1963).

Regardless of the coefficient alpha associated with this subscale, the presence of positive and negative factor loadings, or the influence of age, transcendence represents the culmination of self-comfort. The dynamic process of transcendence is endorsed though not statistically by the study findings with outcomes that warrants
the inclusion of the subscale. The realization of self-comfort is in its strengthening processes, as such the subscale of transcendence an essential component of the total scale.

Similar Concepts

As a holistic instrument, the SSIQ was designed to acknowledge internal differences and indicators of positive adaptations related to the acceptance of an alternative sexual identity. Other concepts in the literature used to describe adaptation include: self-concept, self-acceptance, and self-esteem. Franken (1994) defined self-concept as the notions, beliefs, or convictions that constitute a person’s self-knowledge which influences their relationships with others. As a cognitive aspect of self, self-concept is learned through internal experiences, relationships, and interactions with the outer world (Brigham, 1986). Purkey (1988) considered self-concept as the totality of a complex, organized system of learned beliefs, attitudes, and opinions held by the individual as being true about their personal existence, which may be modified or changed through reflection. Self-acceptance refers to an individual’s satisfaction or happiness with himself and thought to be essential for good mental health (Rogers, 1951). It involves self-understanding, a realistic albeit subjective awareness of one’s strengths and weaknesses, and value for one’s self (English & English, 1958). Self-acceptance acknowledges the importance of accepting oneself regardless of the approval of others (Ellis, 1997)

Self-esteem is the affective or emotional aspect of self; Rosenberg (1965) defined self-esteem as the degree to which a person accepts and values themselves which results in a basic feeling of self-worth. Self-esteem evolves from the self and
others and is first a function of being loved and gaining respect of others (Franken, 1994). Multiple behavioral problems may evolve from feelings of low self-esteem such as helplessness, hopelessness, feelings of self rejection, and hate.

Similarities of the concepts: (a) the belief that one’s self-knowledge influences their relationships with others; (b) that the sum of a complex, organized system of learned beliefs, attitudes, and opinions are experienced through internal encounters, relationships, and interactions with the outer world, and (c) that one’s personal reality may be modified or changed. Not unlike these concepts, self-comfort is a private internal process. Unlike the other concepts, the attainment of self-comfort is not predicated on the approval of others. Self-comfort is an immediate state that represents one point in time and is subject to change over time. As an internal process self-comfort requires ownership, the blending of aspects of self with others that results in an empowering or strengthening possess. Although similar facets exist among the various concepts, it is important to remember that change in one’s level of self-comfort is brought about by rising above the experienced discomfort or pain. This rising above represents the strengthening process that is self-comfort.

Item Deletion and Future Research/ testing

The decision to delete scale items was based on the corrected item-total, item-total correlations, and alpha if deleted values. An item that did not correlate well with other items or was not measuring the concept under investigation (negative loadings) or failed to load on any factor resulted in the item being placed on the ‘delete list’ for future use. An example, I look and act like everyone else, but I know I am different loaded as a negative item in the total sample and demonstrated an unacceptably low
corrected item-total correlation (-.022). Its total correlation was (.030) and the squared multiple correlation (.323). This item did contribute to the overall reliability of the total sample, where alpha if deleted increased from .907 to .910. However, the decision to delete the item was related to the presence of poor corrected item-total correlation, poor square multiple correlations, and the item’s inability to contribute to the overall to the scale despite of the minimal increase in alpha if deleted (.907 to .910, total sample).

Some items though supported by qualitative data failed to load in a consistent manner; this inconsistency contributed to the unreliability of the total instrument and justified the decision to delete item(s) from the scale. Items recommended for deletion from the survey included: My inclusion in activities is dependent on my sexual identity;, I can be anything I want; I am excluded from events because of my sexual choice(s); Names like “faggot”, “queer” do not describe who I am; My life choices are limited by my sexual preference(s); and My sexual preference(s) differ from that of my friends. The removed items collectively represented concerns cited in the literature as important for the content domain and as such may be reevaluated for inclusion at a later time.

Future reliability measures

The consistency, stability, and dependability of a scale item influence the reliability of the instrument and therefore the replication of study findings, if used again under similar circumstances (Burns & Grove, 1997). Reliability is the proportion of variance attributed to the true score of the latent variable or the extent to which the scores on an instrument are free from measurement error (DeVellis, 2003;
Pett, Lackey & Sullivan, 2003). As a type of reliability, internal consistency is based on the correlations among the variables that comprise the scale items and is used to describe how well items contained on the instrument fit together (Polit & Beck, 2004; DeVellis, 2003). As a single estimation of internal reliability, Cronbach’s alpha is based on the correlations among the variables with greater internal consistency being synonymous with alpha scores closer to 1.0 (Polit & Beck, 2004; DeVellis, 2003). The internal consistency reliability for the SSIQ total sample was .907.

Using the SPSS statistical software multiple types of reliability may be computed. Those identified as appropriate for this study in addition to Cronbach’s alpha would include split-half reliability where strong correlation between the two halves would imply the scale is internally consistent. The other appropriate measure could include the test-retest estimate of reliability attained by performing the same survey with the same participants at different moments of time (Pett, Lackey & Sullivan, 2003). Reliability is the property of the instrument when administered to a sample under certain conditions (Polit & Beck, 2004). An important aspect in maintaining reliability, in a study which employed an online format, is controlling the frequency of individual participation without compromising anonymity of the respondent. Schmidt (1997), Smith and Leigh (1997) suggested identifying duplicate surveys by date, time, and origin of submission using Internet addresses. The incorporation of such controls to limit duplication of data is a consideration for the design of future studies.
Future validity markers

Carmines and Zeller (1979) and Messick (1989b) collectively defined validity as the overall evaluative judgment of the degree to which empirical evidence and theoretical rationales support the adequacy and appropriateness of interpretations and actions based on test scores. Carr (1938) simply defined validity as the degree which the test measures that which it purports to measure. Campbell and Stanley (1963) delineated two types of validity, internal or the confidence with which one makes statements about relationships between variables and external, the generalizability of the treatment to other populations. Since it is the interpretation and implications surrounding scores that underlie the importance of validity, the adequacy of the scale as a measure of the variable is an issue in instrument development (DeVellis, 2003).

Three types of validity are addressed in this study: content, criterion-related, and construct validity. Content validity was extensively reviewed in Chapter Three. The reader is referred to this chapter for additional details. Issues and concerns regarding criterion related and construct validity are addressed in this discussion.

*Criterion related validity.* The extent of how much of some behavior is displayed or possessed is an important concern in establishing criterion-related validity (Messick, 1975). Carmines and Zeller (1979) noted the only relevant evidence for criterion-related validity is the degree of correspondence between the test and the criterion. As an abstract and previously undefined concept, self-comfort is supported by a theoretical base that endorsed the formation of clear, operational definitions. The use of a taxonomic structure facilitated the development of salient scale items consistent with the critical behaviors descriptive of its defining attributes.
The availability of reliable and valid criterion with which to compare measures of self-comfort are however, limited. This limitation sanctions the use of similar criterion based measures, for instance the use of the concepts self-acceptance, self concept, and measures designed to examine the concept of coming out. The self-acceptance subscale of Shostrom’s *Personal Orientation Inventory* (1966), intended to measure affirmation or acceptance of self in spite of weaknesses or deficiencies. Similarly, the self-satisfaction subscale of the *Tennessee Self Concept Scale* (Fitts, 1965) designed to measure how one feels about the self one perceives are possible measures. In addition, selecting reliable and valid criterion to measure ‘coming out’ or the outward expression of one’s sexuality in the gay, lesbian, and bisexual population and correlating scores from the specific populations with those of similar concepts and the SSIQ. Coming out is generally thought to consist of involvement in gay/lesbian activities; attitudes toward homosexuality; comfort with the homosexuality identity, and self disclosure of sexual identity to others (Rosario, Hunter, Maquen, Gwaaz & Smith, 2001). These measures could assist in the establishment of an empirical relationship with other concurrently administered, valid, criterion-based measures. Measures with similar criterion, a requirement for establishing criterion related validity. A minimum validity coefficient of .70 is generally considered an acceptable level of construct or criterion-related validity (Polit & Beck, 2004).

*Construct validity.* The significance of construct validity lies in its linkage with theory and testing theoretical relationships (Polit & Hungler, 1995). Multiple approaches (contrasted groups, hypothesis testing, multitrait-multi-method) may be
used to determine construct validity. However, for this study factor analysis was selected (Waltz, et al., 2005). Factor analysis was completed to: (a) determine the factor solution, (b) reduce the large number of variables, (c) determine whether the factor loadings responded as predicted for the latent variable of self-comfort, (d) establish construct validity by defining the internal structure for a set of items, and (e) group the items into factors according to a theoretical framework.

Study Limitations

The following study limitations will be discusses: limits associated with the cross-sectional design of the study; survey flexibility, and convenience sampling. The acquisition of an alternative sexual identity is a dynamic, multifaceted process that involves indecisiveness and vacillations that occur during the stages of sexual identity development. As evident in the stage and life span sexual developmental models that represent this occurrence (Cass, 1979; Troiden, 1988; D’Augelli, 1994). This progression however, makes the identification of a precise response at an exacting time very difficult. Responses to questions like: I question my sexual identity, or I feel tormented by my sexual attraction to those of my same sex depend on where in the developmental continuum the individual is at the time of response. Understanding this fluctuation is important in the formatting an instrument. The goal is to capture the fluidity of this experience while permitting the collection of richer, more comprehensive data. The incorporation of an online survey permits the study respondent to respond without the threat of violation. In addition, the use of longitudinal, time interval studies based on developmental theories may address this weakness. However, an instrument capable of incorporating adaptations that would
permit study respondents to tailor their specific experiences would also need to standardize these responses. Future studies would therefore be challenged to identify appropriate colloquial terms, use standardized terms, and prepare a culturally sensitive formatted research tool.

Recruitment represented the most challenging obstacle in this study; efforts were directed towards self-identified GLB college students between the ages of 18 to 23 years. Organizations were identified that provided services to the GLB population. Study respondents were sought through the organizations to ensure a quality sample, provide authentication of the instrument, and provide a venue to contact non-group members with shared similar interests. The hesitancy of some contacted organizations could not have been anticipated; establishing a rapport with the prospective organizations took considerable time. This consideration needs to be factored into the overall time table for the study. This study offered no incentives for participation however, recruitment efforts may be enhanced by the use of incentives, this consideration merits further investigation.

The lack of minority representation is a commonly cited weakness of research studies. Like previous studies, the lack of minority participation in this study was evident. Although various groups were identified and recruited, engaging the groups in meaningful dialog was unsuccessful. This failure may be attributed to the inability of the groups to visually identify with the researcher because of the online survey. This survey incorporated a nationwide sample, made possible through the use of an online survey. Numerous benefits accompanied the use of the online survey. However, convenience may hinder recruitment efforts by contributing to the lack of
genuineness perceived by potential respondents and points to the need to discover ways to promote the establishment of a dialog with groups. Therefore, consideration should be given to developing a profile of the researcher, which could be included with study related materials as a way of introducing familiarity with the researcher and the study. This may enhance the establishment of relationships with contacted organization, improve recruitment efforts, and thus increase the collection of data.

Sexual minorities in this study were fairly open about their sexuality; many provided partial explanations about their feelings of mastery and self-esteem through the numerous narratives included with the completed surveys. Other limitations of the study include the use of a convenience sample and the collection of data through self-report factors which limited the generalizability of the collected data (Polit & Hungler, 1995).

The underlying premise of this study was the examination of sexual orientation or the affectional attraction of one person to another. Nonetheless, the inclusion of individuals with gender identity concerns, an area largely unstudied by nursing, presents an area of interest. The needs of these individuals are uniquely different and research would benefit from the inclusion of this population.

Conclusion

The SSIQ received support as a promising measure in its early stages of development. This survey differs from other measures because it allows for (a) the measurement of an immediate outcome, (b) the adaptation to multiple populations, and (c) the capturing of the multifaceted and dynamic process of sexual identity development in GLB persons. A reduction in scale items followed psychometric
testing; the SSIQ is a composite of four dimensions: autonomy, identity, relationship, and transcendence all supported by PCA, intercorrelations, and reliability estimates. As a multifaceted holistic construct supported by a theoretical framework, further examination of the reliability and validity in other populations is needed. Continued testing of the 39 item SSIQ in regard to the stability of the factor structure and its discriminant and predictive validity in populations of specific age groups is necessary. Consideration regarding the inclusion of items to assess social problems (same sex marriage, aging, parental and elder care, and extended care) are issues that must be investigated. Each area of concern has the potential to explore the self-comfort needs related to sexual identity which has not previously been explored. The concept of self-comfort is applicable to multiple populations; efforts here resulted in the development of the Self-Comfort with Sexual Identity Questionnaire (SSIQ).

The potential usefulness of this instrument and other related instruments in measuring the level of self-comfort with an alternative sexual identity are undeniable. The emotional reactivity of nurses to the subject of sexuality particularly in the relation to the adoption of an alternative sexual identity has followed the taboo previously provoked by the inquiry of physical abuse in women. The potential of increased awareness, improved quality of care, recognition of needs, feelings of acceptance of sexual minorities seeking healthcare will supplement the competent responses of nursing. These needs were appropriately summarized in a response offered by a study respondent “I am a human, I am a woman and I am no different from any other woman seeking health services. If I go to you for women's health services (ob/gyn) and tell you that I am a lesbian and I don't need contraceptives,
don't offer them to me again after that (unless I'm having a menstrual irregularity that would merit it). You should have on hand information about safer sex practices between women who have sex with women: we are just as likely to contract STDs and AIDS as heterosexual women... especially because our partners are sometimes not explicitly "lesbian" but "bisexual" instead [sic] ”.

Lastly, clarifying and establishing validity, attaining comparative data to establish norms, and testing differences between and among groups are needed. Initiating longitudinal studies would permit assessment of stability in the measure over time and would permit the incorporation of path analysis, linear structural relations, and regression techniques to investigate the predictability of interventional outcomes. Data attained in this and subsequent studies will assist in the quest to provide more humane and equitable public policies.


Hicks, T.J. (1999). Spirituality and the elderly: Nursing implications with nursing home residents. Geriatric Nursing, 20, 144-146.


Safe Schools Coalition of Washington. (1999, May). *Eighty-three thousand youth selected findings of eight population-based studies: As they pertain to anti-gay harassment and the safety and well-being of sexual minority students.*


APPENDICES
APPENDIX A

SELF-COMFORT WITH SEXUAL IDENTITY QUESTIONNAIRE (SSIQ)
SELF-COMFORT WITH SEXUAL IDENTITY QUESTIONNAIRE

This questionnaire is designed around issues related to sexual orientation and is open to those who are 18 years and over, Thank you.

6 = Strongly agree
5 = Moderately agree
4 = Mildly agree
3 = Mildly disagree
2 = Moderately disagree
1 = Strongly disagree

1. I question my sexual identity 6 5 4 3 2 1
2. I am aware of my sexual attraction(s) towards some members of my sex 6 5 4 3 2 1
3. I find members of my sex more physically attractive 6 5 4 3 2 1
4. My sexual preference(s) differ from that of my friends 6 5 4 3 2 1
5. My friends respect my sexual choice(s) 6 5 4 3 2 1
6. No one is aware of my sexual preference(s) 6 5 4 3 2 1
7. I feel tormented by my sexual attraction to those of my same sex 6 5 4 3 2 1
8. My life choices are limited by my sexual preference(s) 6 5 4 3 2 1
9. My family rejects me because of my sexual preference(s) 6 5 4 3 2 1
10. Names like ‘faggot’, ‘queer’ do not describe who I am 6 5 4 3 2 1
11. I am able to discuss my choice(s) of sexual partner(s) with my family 6 5 4 3 2 1
12. I am able to discuss my choice(s) of sexual partner(s) with my
friends

13. I am strengthened by my Higher Power

14. My family is aware of my sexual identity

15. I don’t have to be heterosexual to be normal

16. I use drugs to help me cope with my sexual identity

17. I use alcohol to help me cope with my sexual identity

18. Hurting myself is not the solution to my sexual attraction(s)

19. My choice(s) of sexual partner(s) is completely normal

20. I am at peace with my sexual choice(s)

21. I can help others who struggle with their sexual identity

22. I am comfortable sharing personal information with my health provider(s)

23. I avoid social events because I feel uneasy

24. I am uneasy talking about my sexual partner(s) with my family

25. I have sex with strangers because of my fears

26. I feel I am judged negatively
<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>27. I am different only because of my sexual choices(s)</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>28. Having positive role models helps me</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>29. I am a responsible sexual partner</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>30. I like who I have become</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>31. My past experiences are still very painful to me</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>32. I socialize with those who accept me</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>33. I have always felt different</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>34. I am OK with being different</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>35. I am excluded from events because of my sexual choice(s)</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>36. I am comfortable sharing my thoughts about my sexual identity with others</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>37. I can be anything I want</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>38. I am not defined by my sexual identity</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>39. I look and act like everyone else, but I know I am different</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>40. I am accepted by my Higher Power</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>41. I make good choices about my health</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>
42. I practice safe sex

6  5  4  3  2  1

43. My inclusion in activities
    is dependent on my
    sexual identity

6  5  4  3  2  1

44. I would choose not
    to be homosexual, if I could

6  5  4  3  2  1

Thank you for completing this survey, we appreciate your honesty
APPENDIX B

CONTENT VALIDITY QUESTIONNAIRE
The Self-comfort with Sexual Identity Scale has been developed to assess the self-comfort level of Gay, Lesbian, and Bisexual (GLB) young adults with their emerging sexual identity. The items for this scale were drawn from the literature. The actual instrument has been designed to be completed online; the questions contained here are an exact representation of those to be completed by the respondent.

You are asked to evaluate each of the items in two different ways. First, you are asked to judge the content relevance of each item to self-comfort in GLB persons. Using the four point rating scale provided, simply circle the response that most closely matches your evaluation of how well the item conveys the concept of self-comfort in GLB persons with their sexual identity. Please focus on any areas that you think have been left out of the scale, as you will be asked to provide those at the completion of the evaluation. If you feel an item is in need of revision or you simply have a suggestion you would like to make, space has been provided next to the rating scale. Please feel free to suggest any improvements or clarifications that may occur to you.

In the second part of the evaluation, you are to judge whether or not each item is congruent with the particular attribute it has been paired with. These attributes were derived from a concept analysis of self-comfort. Using a simple yes or no response, please judge whether or not the item reflects the attribute identified.

Finally, you are asked to indicate if suggestions made are the result of personal experience or readings you may have done.

Thank you for your assistance.
<table>
<thead>
<tr>
<th>Item</th>
<th>Content Relevance</th>
<th>Attribute Congruence</th>
</tr>
</thead>
</table>
| I question my sexual identity.                                       | 1 = Not relevant  
2 = Unable to assess relevance or in need of such revision that it would no longer be relevant  
3 = Relevant but needs minor revision  
4 = Very relevant and succinct                                      | Autonomy ___yes ___No |
| I am physically attracted to others who are the same sex as myself.  | 1 = Not relevant  
2 = Unable to assess relevance or in need of such revision that it would no longer be relevant  
3 = Relevant but needs minor revision  
4 = Very relevant and succinct                                      | Autonomy ___yes ___No |
| I find people who are the same as my sex more physically attractive than people who are of the opposite sex. | 1 = Not relevant  
2 = Unable to assess relevance or in need of such revision that it would no longer be relevant  
3 = Relevant but needs minor revision  
4 = Very relevant and succinct                                      | Autonomy ___yes ___No |
| My sexual identity differs from that of my friends.                 | 1 = Not relevant  
2 = Unable to assess relevance or in need of such revision that it would no longer be relevant  
3 = Relevant but needs minor revision  
4 = Very relevant and succinct                                      | Identity ___yes ___No |
| My friends understand my sexual identity.                           | 1 = Not relevant  
2 = Unable to assess relevance or in need of such revision that it would no longer be relevant  
3 = Relevant but needs minor revision  
4 = Very relevant and succinct                                      | Identity ___yes ___No |
| I have told no one about my sexual identity.                        | 1 = Not relevant  
2 = Unable to assess relevance or in need of such revision that it would no longer be relevant  
3 = Relevant but needs minor revision  
4 = Very relevant and succinct                                      | Relationships ___Yes ___No |
| I feel guilty about being attracted to others who are the same sex as myself. | 1 = Not relevant  
2 = Unable to assess relevance or in need of such revision that it would no longer be relevant  
3 = Relevant but needs minor revision  
4 = Very relevant and succinct                                      | Identity ___yes ___No |
<table>
<thead>
<tr>
<th>Item</th>
<th>Content Relevance</th>
<th>Attribute Congruence</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am open about my sexual choices with my friends.</td>
<td>1 = Not relevant&lt;br&gt;2 = Unable to assess relevance or in need of such revision that it would no longer be relevant&lt;br&gt;3 = Relevant but needs minor revision&lt;br&gt;4 = Very relevant and succinct</td>
<td>Autonomy ____Yes ____No</td>
</tr>
<tr>
<td>I suffer over my attraction to those who are the same sex as myself.</td>
<td>1 = Not relevant&lt;br&gt;2 = Unable to assess relevance or in need of such revision that it would no longer be relevant&lt;br&gt;3 = Relevant but needs minor revision&lt;br&gt;4 = Very relevant and succinct</td>
<td>Autonomy ____Yes ____No</td>
</tr>
<tr>
<td>I am rejected by my friends.</td>
<td>1 = Not relevant&lt;br&gt;2 = Unable to assess relevance or in need of such revision that it would no longer be relevant&lt;br&gt;3 = Relevant but needs minor revision&lt;br&gt;4 = Very relevant and succinct</td>
<td>Autonomy ____Yes ____No</td>
</tr>
<tr>
<td>I am rejected by my family.</td>
<td>1 = Not relevant&lt;br&gt;2 = Unable to assess relevance or in need of such revision that it would no longer be relevant&lt;br&gt;3 = Relevant but needs minor revision&lt;br&gt;4 = Very relevant and succinct</td>
<td>Autonomy ____Yes ____No</td>
</tr>
<tr>
<td>I feel unwelcome because of my sexual choices.</td>
<td>1 = Not relevant&lt;br&gt;2 = Unable to assess relevance or in need of such revision that it would no longer be relevant&lt;br&gt;3 = Relevant but needs minor revision&lt;br&gt;4 = Very relevant and succinct</td>
<td>Identity ____yes ____No</td>
</tr>
<tr>
<td>Terms like “faggot, queer” do not describe who I am.</td>
<td>1 = Not relevant&lt;br&gt;2 = Unable to assess relevance or in need of such revision that it would no longer be relevant&lt;br&gt;3 = Relevant but needs minor revision&lt;br&gt;4 = Very relevant and succinct</td>
<td>Identity ____yes ____No</td>
</tr>
<tr>
<td>I am open about my sexual choices with my family.</td>
<td>1 = Not relevant&lt;br&gt;2 = Unable to assess relevance or in need of such revision that it would no longer be relevant&lt;br&gt;3 = Relevant but needs minor revision&lt;br&gt;4 = Very relevant and succinct</td>
<td>Autonomy ____Yes ____No</td>
</tr>
<tr>
<td>Item</td>
<td>Content Relevance</td>
<td>Attribute Congruence</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td><strong>My God is helping me to understand my sexual identity.</strong></td>
<td>1 = Not relevant 2 = Unable to assess relevance or in need of such revision that it would no longer be relevant 3 = Relevant but needs minor revision 4 = Very relevant and succinct</td>
<td>Autonomy ____ Yes ____ No</td>
</tr>
<tr>
<td><strong>My family is aware of my sexual identity.</strong></td>
<td>1 = Not relevant 2 = Unable to assess relevance or in need of such revision that it would no longer be relevant 3 = Relevant but needs minor revision 4 = Very relevant and succinct</td>
<td>Autonomy ____ Yes ____ No</td>
</tr>
<tr>
<td><strong>To be normal, I don’t have to be heterosexual.</strong></td>
<td>1 = Not relevant 2 = Unable to assess relevance or in need of such revision that it would no longer be relevant 3 = Relevant but needs minor revision 4 = Very relevant and succinct</td>
<td>Identity ____ yes ____ No</td>
</tr>
<tr>
<td><strong>To help me manage my sexual choices, I use drugs.</strong></td>
<td>1 = Not relevant 2 = Unable to assess relevance or in need of such revision that it would no longer be relevant 3 = Relevant but needs minor revision 4 = Very relevant and succinct</td>
<td>Identity ____ yes ____ No</td>
</tr>
<tr>
<td><strong>To help me manage my sexual choices, I use alcohol.</strong></td>
<td>1 = Not relevant 2 = Unable to assess relevance or in need of such revision that it would no longer be relevant 3 = Relevant but needs minor revision 4 = Very relevant and succinct</td>
<td>Identity ____ yes ____ No</td>
</tr>
<tr>
<td><strong>My sexual choices make me want to hurt myself.</strong></td>
<td>1 = Not relevant 2 = Unable to assess relevance or in need of such revision that it would no longer be relevant 3 = Relevant but needs minor revision 4 = Very relevant and succinct</td>
<td>Identity ____ yes ____ No</td>
</tr>
<tr>
<td><strong>I accept my sexual choices as normal.</strong></td>
<td>1 = Not relevant 2 = Unable to assess relevance or in need of such revision that it would no longer be relevant 3 = Relevant but needs minor revision 4 = Very relevant and succinct</td>
<td>Identity ____ yes ____ No</td>
</tr>
<tr>
<td>Item</td>
<td>Content Relevance</td>
<td>Attribute Congruence</td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>I am at peace with myself.</td>
<td>1 = Not relevant 2 = Unable to assess relevance or in need of such revision that it would no longer be relevant 3 = Relevant but needs minor revision 4 = Very relevant and succinct</td>
<td>Transcendence ___Yes ___No</td>
</tr>
<tr>
<td>My bond with my family is second to my bond with my partner(s).</td>
<td>1 = Not relevant 2 = Unable to assess relevance or in need of such revision that it would no longer be relevant 3 = Relevant but needs minor revision 4 = Very relevant and succinct</td>
<td>Identity ____yes ____No</td>
</tr>
<tr>
<td>I choose to withhold facts about my sexual choices from my health care provider(s).</td>
<td>1 = Not relevant 2 = Unable to assess relevance or in need of such revision that it would no longer be relevant 3 = Relevant but needs minor revision 4 = Very relevant and succinct</td>
<td>Relationships ___Yes ___No</td>
</tr>
<tr>
<td>I am uneasy talking with my health care provider(s) about my sexual choices.</td>
<td>1 = Not relevant 2 = Unable to assess relevance or in need of such revision that it would no longer be relevant 3 = Relevant but needs minor revision 4 = Very relevant and succinct</td>
<td>Relationships ___Yes ___No</td>
</tr>
<tr>
<td>I avoid health care because I am treated badly by the provider(s).</td>
<td>1 = Not relevant 2 = Unable to assess relevance or in need of such revision that it would no longer be relevant 3 = Relevant but needs minor revision 4 = Very relevant and succinct</td>
<td>Relationships ___Yes ___No</td>
</tr>
<tr>
<td>I feel uneasy talking to my family about my sexual partner(s).</td>
<td>1 = Not relevant 2 = Unable to assess relevance or in need of such revision that it would no longer be relevant 3 = Relevant but needs minor revision 4 = Very relevant and succinct</td>
<td>Relationships ___Yes ___No</td>
</tr>
<tr>
<td>Having sex with strangers controls my fears of being discovered.</td>
<td>1 = Not relevant 2 = Unable to assess relevance or in need of such revision that it would no longer be relevant 3 = Relevant but needs minor revision 4 = Very relevant and succinct</td>
<td>Relationships ___Yes ___No</td>
</tr>
</tbody>
</table>

Comments:
APPENDIX C
REQUEST FOR ASSISTANCE
Dear Advisor,

I am looking for GLBT young adults interested in completing a survey. The survey is designed to examine the relationship between acceptance of one’s sexual identity and the concept of self-comfort.

As a nurse and a graduate student, I feel nursing has done little to help GLB youth and their parents during their period of transition. It is time to acknowledge the special needs and concerns of this population. To help do so, I have prepared a survey which I hope will help examine and understand this vital process. This project has been approved by the IRB at the University of Akron.

I am asking for your help. Would you and/or your organization be interested in helping with this survey? It takes less than 10 minutes, and is done completely online. The link to the survey: http://survey.uakron.edu/Gamma/2wZNSPE/Link.html. Thanks for your help. Your comments regarding the survey may be sent to this e-mail.

Remember you must be 18 years of age to participate.

Again, thanks.

Sincerely,

Lydia Glaude

Doctoral Candidate
The University of Akron & Kent State University
College of Nursing
Mary Gladwin Hall 205
Akron, Ohio 44325-3701; 330-972-8654: Office
APPENDIX D

CATEGORIZATION PROJECT
<table>
<thead>
<tr>
<th><strong>Categorization Project Form</strong></th>
<th><strong>Autonomy</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Having ownership, an unique awareness of one’s own self; being for and about oneself</strong></td>
<td><strong>Identity</strong></td>
</tr>
<tr>
<td><strong>An awareness of the single nature or characteristic reflective of who one is or is know by</strong></td>
<td><strong>Relationship</strong></td>
</tr>
<tr>
<td><strong>Blending aspects of me and myself with others; sharing of one’s internal and external selves with others in a physical, emotional, or spiritual manner</strong></td>
<td><strong>Transcendence</strong></td>
</tr>
<tr>
<td></td>
<td><strong>The process of rising above distress, pain or discomfort; which result in a strengthening process</strong></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I question my sexual identity (1)</td>
<td></td>
</tr>
<tr>
<td>2. I question my sexual attraction towards some members of my sex (2)</td>
<td></td>
</tr>
<tr>
<td>3. My sexual preference(s) differ from that of my friends (4)</td>
<td></td>
</tr>
<tr>
<td>4. My friends respect my sexual choice(s) (5)</td>
<td></td>
</tr>
<tr>
<td>5. I have told no one about my sexual preference(s) (6)</td>
<td></td>
</tr>
<tr>
<td>6. I feel my life choices are limited by my sexual preference(s) (8)</td>
<td></td>
</tr>
<tr>
<td>7. My family rejects me because of my sexual preference(s) (9)</td>
<td></td>
</tr>
<tr>
<td>8. The terms ‘faggot’, ‘queer’ do not describe who I am (10)</td>
<td></td>
</tr>
<tr>
<td>9. I am able to discuss my choice of sexual partner(s) with my family (11)</td>
<td></td>
</tr>
<tr>
<td>10. My Higher Power helps me to understand my sexual preference(s) (13)</td>
<td></td>
</tr>
</tbody>
</table>

139
Categorization Project Form (continued)

<table>
<thead>
<tr>
<th>Autonomy</th>
<th>Identity</th>
<th>Relationship</th>
<th>Transcendence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having ownership, an unique awareness of one’s own self; being for and about oneself</td>
<td>An awareness of the single nature or characteristic reflective of who one is or is know by</td>
<td>Blending aspects of me and myself with others; sharing of one’s internal and external selves with others in a physical, emotional, or spiritual manner</td>
<td>The process of rising above distress, pain or discomfort; which result in a strengthening process</td>
</tr>
</tbody>
</table>

| 11. I don’t have to be heterosexual to be normal (15) | | | |
| 12. Drugs help me cope with my sexual identity (16) | | | |
| 13. Hurting myself is the solution to my sexual attraction(s) (18) | | | |
| 14. I am at peace with my sexual choices (20) | | | |
| 15. I have sex with strangers because I fear being discovered (26) | | | |
| 16. Having positive role models helps me to be more open about my sexuality (29) | | | |
| 17. I like the person I have become (32) | | | |
| 18. My past experiences related to my sexuality are still painful to me (21) | | | |
| 19. I have always known that i was different (22) | | | |
| 20. I practice safe sex (45) | | | |
Categorization Project Form (continued)

<table>
<thead>
<tr>
<th>Autonomy</th>
<th>Identity</th>
<th>Relationship</th>
<th>Transcendence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having ownership, an unique awareness of one’s own self; being for and about oneself</td>
<td>An awareness of the single nature or characteristic reflective of who one is or is know by</td>
<td>Blending aspects of me and myself with others; sharing of one’s internal and external selves with others in a physical, emotional, or spiritual manner</td>
<td>The process of rising above distress, pain or discomfort; which result in a strengthening process</td>
</tr>
</tbody>
</table>

21. If I could, I would choose not to be gay (47)  
22. I am not defined by my sexual identity (41)  
23. I am more comfortable with those who share my sexual Identity (38)
February 6, 2007

Lydia Glaude
1412 Forest Hills Blvd.
Cleveland, Ohio 44118

Ms. Glaude:

The University of Akron’s Institutional Review Board for the Protection of Human Subjects (IRB) completed a review of your application for continuing review entitled “Development and Reliability of an Instrument to Measure Self-Comfort with Sexual Identity in a Gay, Lesbian, Bisexual or Transgender Young Adult Population”. The IRB application number assigned to this project is 20061113-2.

The protocol qualified for Expedited Review and was approved on February 6, 2007. The protocol represents minimal risk to subjects and matches the following federal category for expedited review:

(7) Research on individual or group characteristics or behavior or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation or quality assurance methodologies

This approval is valid until December 12, 2007 or until modifications are proposed to the current project protocol, whichever may occur first. In either instance, an Application for Continuing Review must be completed and submitted to the IRB.

Enclosed is the informed consent document, which the IRB has approved for your use in this research. A copy of this form is to be submitted with any application for continuation of this project.

In addition, your request for a waiver of documentation of informed consent, as permitted under 45 CFR 46.117(c), is also approved.

Please note that within one month of the expiration date of this approval, the IRB will forward an annual review reminder notice to you by email, as a courtesy. Nevertheless, please note that it is your responsibility as principal investigator to remember the renewal date of your protocol’s review. If your project is funded, failure to comply with IRB requirements could jeopardize your continued funding. Please submit your continuation application at least two weeks prior to the renewal date, to insure the IRB has sufficient time to complete the review.

Please retain this letter for your files. If the research is being conducted for a master’s thesis or doctoral dissertation, you must file a copy of this letter with the thesis or dissertation.

Sincerely,

Sharon McWhorter
Interim Director

Cc: Katharine Kolcaba, Advisor
    Rosalie Hall, IRB Chair

The University of Akron is an Equal Education and Employment Institution
Development and Reliability of an Instrument to Measure Self-Comfort with Sexual Identity in a Gay, Lesbian, Bisexual or Transgender Young Adult Population

Informed Consent

You are invited to participate in a research project being conducted by Lydia Glaude, RN, PhD (c), a student in the Joint PhD Program in the College of Nursing, at the University of Akron.

The purpose of the study is to (a) use the identified attributes of the construct self-comfort to develop an instrument designed to measure the level of self-comfort with sexual identity in gay, lesbian, bisexual or transgender (GLBT) young adults, and (b) to determine the psychometric properties of the instrument. An estimated sample of 220 participants will be needed to complete this study.

You will be asked to complete two online questionnaires: (a) the Self-Comfort with Sexual Identity Questionnaire (SCSIQ), a 44 item survey, the proposed instrument, and (b) a demographic survey which will be used to describe study participants.

Exclusion criteria for this psychometric study will include: (a) individuals less than 18 years of age, (b) individuals requiring assistance to complete the online questionnaire, (c) individuals who consider themselves transvestites, and (d) individuals who have not self-identified as having an alternative sexual identity which includes gay, lesbian, bisexual or transgender. For the purposes of exclusion in this study, transvestite will refer to any individual who dresses in the clothing of the opposite gender and derives pleasure from this action. This is not an indication of one’s sexual orientation (AAP paper, 1993).

The perceived risk to study participants are minimal, however there is a potential of developing an emotional response to recognizing an alternative sexual identity. Printable referral lists of available mental health and health care agencies to assist the individual in addressing these potential problems will be provided through a referral link as part of the research packet. As added precaution participants will have the option of completing the questionnaire from any computer or creating a unique self-generated code that will allow you to return at a later time to complete the questionnaire. This code will be known only to the individual creating the code, instructions for doing this is included in the research packet.

You will receive no direct benefit from your participation in this study, but your participation may help health care providers better understand the struggle experienced by GLBT young adults in accepting and expressing their sexual identity. Your participation in this research is voluntary and you may refuse to participate, or may discontinue participation at any time, without penalty or loss of benefits to which you are otherwise entitled.
APPENDIX G

DEMOGRAPHIC COLLECTION TOOL
DEMOGRAPHIC COLLECTION TOOL

Are you: Male Female

I self identify as: (Circle all that apply)
Gay Lesbian Bisexual Transgender Undeclared

Ethnicity: (Circle all that apply)
Caucasian African American Island Pacific
Native American Hispanic Asian American

Religion: (Check if applicable)
Belief in a Higher Power ____
No belief in a Higher Power ____
Circle if applicable;
Catholic Baptist Methodist Presbyterian Jewish Islam

Education:
Less than High School High School
Technical School College
Post College

Living Conditions:
Live with parents ____ Live with friends ____
Live with partner ____ Homeless ____

Your perception of parental reaction to sexual preference:
Understanding/accepting ____ I don’t care ____
Anger/rejecting ____ Do not know/ will not tell ____
If aware, would be anger ____

Relationships:
Currently involved in ongoing single relationship ____
Not involved in ongoing relationship ____
**Date frequently with no commitments ____**

**Relationships: (continued)**

Do not date, no relationships ____
Currently have multiple relationships ____

**Domestic violence:**

Have you experienced any domestic violence in your relationships?

Yes_______, If so how many? ___________

Did you seek help?

Did not seek help________

Seen in the Emergency Room________

Sought help at rape crisis center _______

Reported to police __________

**Partners:**

I like my partners the: Same age as I ____ Younger than I ___ Older than I ___

Age of first same-sex awareness _______

Age first same-sex awareness shared with others _______

The person I first told about my same-sex attraction:

Mother____

Sister_____

Friend______

Brother_______

Father________

Other, specify____________

Is there anything else you would like us to know about your sexual identity?
APPENDIX H

COMPARISON OF PRINCIPAL COMPONENTS ANALYSIS (PCA) WITH PRINCIPAL AXIS FACTORING (PAF) METHOD
Comparison of Principal Components Analysis (PCA) With Varimax Rotation and Principal Axis Factoring (PAF) Total sample

Factor 1 Autonomy

<table>
<thead>
<tr>
<th>Items</th>
<th>PCA</th>
<th>PAF</th>
</tr>
</thead>
<tbody>
<tr>
<td>I question my sexual identity</td>
<td>.435</td>
<td>.411</td>
</tr>
<tr>
<td>I am aware of my sexual attraction(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I find members of my sex more physically attractive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My sexual preference(s) differ from that of my friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My friends respect my sexual choice(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No one is aware of my sexual preference(s)</td>
<td>.603</td>
<td>.596</td>
</tr>
<tr>
<td>I feel tormented by my sexual attraction to those of my same sex</td>
<td>.748</td>
<td>.750</td>
</tr>
<tr>
<td>My life choices are limited by my sexual preference(s)</td>
<td>.586</td>
<td>.526</td>
</tr>
<tr>
<td>My family rejects me because of my sexual preference(s)</td>
<td>.531</td>
<td>.493</td>
</tr>
<tr>
<td>Names like “faggot”, “queer” do not describe who I am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am able to discuss my choice(s) of sexual partner(s) with my family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am able to discuss my choice(s) of sexual partner(s) with my friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don’t have to be heterosexual to be normal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I use drugs to help me cope with my sexual identity</td>
<td>.771</td>
<td>.778</td>
</tr>
<tr>
<td>I use alcohol to help me cope with my sexual identity</td>
<td>.796</td>
<td>.800</td>
</tr>
<tr>
<td>Hurting myself is not the solution to my sexual attraction(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My choice(s) of sexual partner(s) is completely normal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am at peace with my sexual choice(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I avoid social events because I feel uneasy</td>
<td>.548</td>
<td>.513</td>
</tr>
<tr>
<td>I am uneasy talking about my sexual partner(s) with my family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have sex with strangers because of my fears</td>
<td>.726</td>
<td>.723</td>
</tr>
<tr>
<td>Hurting myself is not the solution to my sexual attraction(s)</td>
<td>.598</td>
<td>.543</td>
</tr>
<tr>
<td>My choice(s) of sexual partner(s) is completely normal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am at peace with my sexual choice(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I avoid social events because I feel uneasy</td>
<td>.548</td>
<td>.513</td>
</tr>
</tbody>
</table>

Note: Varimax with Kaiser Normalization Rotations converged in 6 iterations
Comparison of Principal Components Analysis (PCA) With Varimax Rotation and Principal Axis Factoring (PAF). (continued) Total sample

Factor 1 Autonomy

<table>
<thead>
<tr>
<th>Items</th>
<th>PAC</th>
<th>PAF</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have sex with strangers because of my fears</td>
<td>.726</td>
<td>.723</td>
</tr>
<tr>
<td>I feel I am judged negatively because of my sexual choice(s)</td>
<td>.598</td>
<td>.543</td>
</tr>
<tr>
<td>I am different only by someone else’s rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am a responsible sexual partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I like who I have become</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My past experiences are still very painful to me</td>
<td>.463</td>
<td>.404</td>
</tr>
<tr>
<td>I socialize with those who accept me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am OK with being different</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am excluded from events because of my sexual choice(s)</td>
<td>.700</td>
<td>.657</td>
</tr>
<tr>
<td>I am not defined by my sexual identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I make good choices about my health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I practice safe sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My inclusion in activities is dependent on my sexual identity</td>
<td>.593</td>
<td>.545</td>
</tr>
<tr>
<td>I would choose not to be homosexual, if I could</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Varimax with Kaiser Normalization Rotations converged in 6 iterations
Comparison of Principal Components Analysis (PCA) With Varimax Rotation and Principal Axis Factoring (PAF), (continued)  Total sample

Factor 2  Identity

<table>
<thead>
<tr>
<th>Items</th>
<th>PAC</th>
<th>PAF</th>
</tr>
</thead>
<tbody>
<tr>
<td>I question my sexual identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am aware of my sexual attraction(s)</td>
<td></td>
<td>.465</td>
</tr>
<tr>
<td>I find members of my sex more physically attractive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My sexual preference(s) differ from that of my friend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My friends respect my sexual choice(s)</td>
<td>.472</td>
<td>.453</td>
</tr>
<tr>
<td>I avoid social events because I feel uneasy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No one is aware of my sexual preference(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel tormented by my sexual attraction to those of my same sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My life choices are limited by my sexual preference(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My family rejects me because of my sexual preference(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Names like “faggot”, “queer” do not describe who I am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am able to discuss my choice(s) of sexual partner(s) with my family</td>
<td>.748</td>
<td></td>
</tr>
<tr>
<td>I am able to discuss my choice(s) of sexual partner(s) with my family</td>
<td></td>
<td>.687</td>
</tr>
<tr>
<td>My family is aware of my sexual identity</td>
<td>.775</td>
<td></td>
</tr>
<tr>
<td>I don’t have to be heterosexual to be normal</td>
<td></td>
<td>.520</td>
</tr>
<tr>
<td>I use drugs to help me cope with my sexual identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I use alcohol to help me cope with my sexual identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having positive role models helps me</td>
<td></td>
<td>.456</td>
</tr>
</tbody>
</table>

Note: Varimax with Kaiser Normalization Rotations converged in 6 iterations
Comparison of Principal Components Analysis (PCA) With Varimax Rotation and Principal Axis Factoring (PAF), (continued) Total sample

Factor 2 Identity

<table>
<thead>
<tr>
<th>Items</th>
<th>PAC</th>
<th>PAF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hurting myself is not the solution to my sexual attraction(s)</td>
<td>.461</td>
<td></td>
</tr>
<tr>
<td>My choice(s) of sexual partner(s) is completely normal</td>
<td></td>
<td>.480</td>
</tr>
<tr>
<td>I am at peace with my sexual choice(s)</td>
<td></td>
<td>.558</td>
</tr>
<tr>
<td>I can help others who struggle with their sexual identity</td>
<td></td>
<td>.606</td>
</tr>
<tr>
<td>I am comfortable sharing personal information with my health provider(s)</td>
<td></td>
<td>.640</td>
</tr>
<tr>
<td>I avoid social events because I feel uneasy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am uneasy talking about my sexual partner(s) with my family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have sex with strangers because of my fears</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel I am judged negatively because of my sexual choice(s)</td>
<td></td>
<td>.584</td>
</tr>
<tr>
<td>I am different only by someone else’s rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am a responsible sexual partner</td>
<td></td>
<td>.705</td>
</tr>
<tr>
<td>I like who I have become</td>
<td></td>
<td>.533</td>
</tr>
<tr>
<td>My past experiences are still very painful to me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I socialize with those who accept me</td>
<td></td>
<td>.426</td>
</tr>
<tr>
<td>I am OK with being different</td>
<td></td>
<td>.491</td>
</tr>
<tr>
<td>I am excluded from events because of my sexual choice(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am not defined by my sexual identity</td>
<td></td>
<td>.454</td>
</tr>
<tr>
<td>I make good choices about my health</td>
<td></td>
<td>.451</td>
</tr>
<tr>
<td>I practice safe sex</td>
<td></td>
<td>.528</td>
</tr>
<tr>
<td>My inclusion in activities is dependent on my sexual identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would choose not to be homosexual, if I could</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can be anything I want</td>
<td></td>
<td>.544</td>
</tr>
</tbody>
</table>

Note: Varimax with Kaiser Normalization Rotations converged in 6 iterations
Comparison of Principal Components Analysis (PCA) With Varimax Rotation and Principal Axis Factoring (PAF), (continued) Total sample

<table>
<thead>
<tr>
<th>Factor 3 Relationship</th>
<th>PCA</th>
<th>PAF</th>
</tr>
</thead>
<tbody>
<tr>
<td>I question my sexual identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am aware of my sexual attraction(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I find members of my sex more physically attractive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My sexual preference(s) differ from that of my friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My friends respect my sexual choice(s)</td>
<td></td>
<td>.446</td>
</tr>
<tr>
<td>No one is aware of my sexual preference(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel tormented by my sexual attraction to those of my same sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My life choices are limited by my sexual preference(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My family rejects me because of my sexual preference(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Names like “faggot”, “queer” do not describe who I am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am able to discuss my choice(s) of sexual partner(s) with my family</td>
<td></td>
<td>.716</td>
</tr>
<tr>
<td>I am able to discuss my choice(s) of sexual partner(s) with my friends</td>
<td></td>
<td>.658</td>
</tr>
<tr>
<td>My family is aware of my sexual identity</td>
<td></td>
<td>.751</td>
</tr>
<tr>
<td>I don’t have to be heterosexual to be normal</td>
<td></td>
<td>.459</td>
</tr>
<tr>
<td>I use drugs to help me cope with my sexual identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I use alcohol to help me cope with my sexual identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having positive role models helps me</td>
<td></td>
<td>.492</td>
</tr>
<tr>
<td>Hurting myself is not the solution to my sexual attraction(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My choice(s) of sexual partner(s) is completely normal</td>
<td></td>
<td>.407</td>
</tr>
<tr>
<td>I am at peace with my sexual choice(s)</td>
<td></td>
<td>.506</td>
</tr>
<tr>
<td>I can help others who struggle with their sexual identity</td>
<td></td>
<td>.528</td>
</tr>
<tr>
<td>I am comfortable sharing personal information with my health provider(s)</td>
<td></td>
<td>.615</td>
</tr>
<tr>
<td>I avoid social events because I feel uneasy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am uneasy talking about my sexual partner(s) with my family</td>
<td></td>
<td>.512</td>
</tr>
<tr>
<td>I have sex with strangers because of my fears</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel I am judged negatively because of my sexual choice(s)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Varimax with Kaiser Normalization Rotations converged in 6 iterations
Comparison of Principal Components Analysis (PCA) With Varimax Rotation and Principal Axis Factoring (PAF), (continued) Total sample

<table>
<thead>
<tr>
<th>Items</th>
<th>PAC</th>
<th>PAF</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am different only by someone else’s rules</td>
<td>.586</td>
<td></td>
</tr>
<tr>
<td>I am a responsible sexual partner</td>
<td>.672</td>
<td></td>
</tr>
<tr>
<td>I like who I have become</td>
<td></td>
<td>.401</td>
</tr>
<tr>
<td>My past experiences are still very painful to me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I socialize with those who accept me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am OK with being different</td>
<td>.438</td>
<td></td>
</tr>
<tr>
<td>I am excluded from events because of my sexual choice(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am not defined by my sexual identity</td>
<td>.525</td>
<td></td>
</tr>
<tr>
<td>I make good choices about my health</td>
<td>.513</td>
<td></td>
</tr>
<tr>
<td>I practice safe sex</td>
<td></td>
<td>.579</td>
</tr>
<tr>
<td>My inclusion in activities is dependent on my sexual identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would choose not to be homosexual, if I could</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can be anything I want</td>
<td>.585</td>
<td></td>
</tr>
<tr>
<td>I look and act like everyone else, but I know I am different</td>
<td>-.423</td>
<td></td>
</tr>
<tr>
<td>I am accepted by my Higher Power</td>
<td>.464</td>
<td></td>
</tr>
</tbody>
</table>

Note: Varimax with Kaiser Normalization Rotations converged in 6 iterations
### Table 4.2 Comparison of Principal Components Analysis (PCA) With Varimax Rotation and Principal Axis Factoring (PAF), (continued) Total sample

**Factor 4 Transcendence**

<table>
<thead>
<tr>
<th>Items</th>
<th>PAC</th>
<th>PAF</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel I am judged negatively because of my sexual choice(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am different only by someone else’s rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am a responsible sexual partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I like who I have become</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My past experiences are still very painful to me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I socialize with those who accept me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am OK with being different</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am excluded from events because of my sexual choice(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am not defined by my sexual identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I make good choices about my health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I practice safe sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My inclusion in activities is dependent on my sexual identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would choose not to be homosexual, if I could</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can be anything I want</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I look and act like everyone else, but I know I am different</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am accepted by my Higher Power</td>
<td>-.496</td>
<td>-.491</td>
</tr>
</tbody>
</table>

**Note:** Varimax with Kaiser Normalization Rotations converged in 6 iterations
Comparison of Principal Components Analysis (PCA) With Varimax Rotation and Principal Axis Factoring (PAF), (continued) Total sample

Factor 4 Transcendence

<table>
<thead>
<tr>
<th>Items</th>
<th>PCA</th>
<th>PAF</th>
</tr>
</thead>
<tbody>
<tr>
<td>I question my sexual identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am aware of my sexual attraction(s)</td>
<td>.673</td>
<td>.541</td>
</tr>
<tr>
<td>I find members of my sex more physically attractive</td>
<td>.661</td>
<td>.521</td>
</tr>
<tr>
<td>My sexual preference(s) differ from that of my friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My friends respect my sexual choice(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No one is aware of my sexual preference(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel tormented by my sexual attraction to those of my same sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My life choices are limited by my sexual preference(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My family rejects me because of my sexual preference(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Names like “faggot”, “queer” do not describe who I am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am able to discuss my choice(s) of sexual partner(s) with my family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am able to discuss my choice(s) of sexual partner(s) with my friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My family is aware of my sexual identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don’t have to be heterosexual to be normal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I use drugs to help me cope with my sexual identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I use alcohol to help me cope with my sexual identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having positive role models helps me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am strengthened by my Higher Power</td>
<td>-.586</td>
<td>-.539</td>
</tr>
<tr>
<td>Hurting myself is not the solution to my sexual attraction(s)</td>
<td>.489</td>
<td></td>
</tr>
<tr>
<td>My choice(s) of sexual partner(s) is completely normal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am at peace with my sexual choice(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can help others who struggle with their sexual identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am comfortable sharing personal information with my health provider(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I avoid social events because I feel uneasy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am uneasy talking about my sexual partner(s) with my family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have sex with strangers because of my fears</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Varimax with Kaiser Normalization Rotations converged in 6 iterations
GLOSSARY

Adolescence: Period of time between the onset of puberty (approximately 10 to 14 years) and the exit from the parental home (generally between 18 and 23 years) (Newton, 1996).

Bullying: The repeated psychological or physical oppression of a less powerful person by a more powerful one (Farrington, 1993).

Cohesion: Refers to those forces that bind individuals together as a group and is recognized as having two components: social and task (Section 571, Pub.L.103-160, November 30, 1993; Belkin, 2003).

Comfort: The immediate experience of being strengthened by having needs for relief, ease, and transcendence addressed in four contexts physical, psychospiritual, sociocultural-political, and environmental (Kolcaba, 2003).

Coming out: The process undertaken by an individual of defining oneself as gay, lesbian, or bisexual to oneself or to others (Savin-Williams, 1990).

Content expert: Individuals having a working knowledge of the processes by which an alternative sexual identity is attained, or an individual experienced in working with youth or young adults with an alternative sexual identity.

Dynamic interactionism: Reciprocal change that is dependent on change at another level which suggests a possibility for alterations at any time or on any level (Lerner, 1984).
Ease: A state of calm or contentment (Kolcaba, 2003).

Embeddedness: Refers to key phenomena that exist in human life at multiple levels of being: biological, psychological, social network, or historical (Lerner, 1984).

Enhanced comfort: The state of being strengthened by having the needs for relief, ease, or transcendence addressed in the four contexts of comfort: physical, psychospiritual, sociocultural-political, and environmental (Kolcaba, 2003).

Environmental comfort: That which relates to external surroundings; home or community, conditions and influences (Kolcaba, 2003).

Gender: The concept of maleness and masculinity or femaleness and femininity (Diamond, 2002).

Gender identity: One’s sense of self as male or female and does not refer to one’s sexual orientation or gender role (Israel, 2005).

Gender roles: Behaviors and desires to act in certain ways that are viewed as masculine or feminine (Diamond, 2002).

Hate crimes: Crimes motivated by the offender’s bias towards the victims’ status. Hate crimes are designed to hurt, intimidate, and instill a fear which leaves the victim feeling vulnerable, helpless, alienated, and fearful (National Criminal Victimization Survey & Uniform Crime Reporting, November 2005).

Homophobia: A term used to describe hostility, prejudice, intense fear or loathing directed towards a homosexual individual and their behavior (Fleischer & Fillman, 1995).

Internalized homophobia: Refers to the negative attitudes that a lesbian, gay, or bisexual person develops regarding homosexuality. Internalized homophobia may
be manifested in the form of beliefs or actions which affect a person’s thoughts, feelings, and behavior; how the homosexual person interprets their daily life (Safren, Hollander, Hart, & Heimberg).

**Person as a producer of his or her own development:** Refers to the individual who helps to produce his or her own development by creating a distinct stimulus to others through (a) their capabilities as a processor, (b) through active behavioral agency, or (c) by behaviorally shaping or selecting their contexts (Lerner, 1991).

**Physical comfort:** That which pertains to bodily sensations and homeostatic mechanisms that may be related to specific diagnoses (Kolcaba, 2003).

**Plasticity:** Change

**Potential for intervention:** Implies that measures may be found to prevent or ameliorate undesired or non-valued developments or behaviors using a multidisciplinary approach (Lerner, 1984).

**Potential for plasticity:** The idea that change is constant and reciprocally dependent on change at another level; presenting the possibility of altering the status of any variable or process at any level (Lerner, 1984).

**Psychospiritual comfort:** That which gives life meaning for individuals and entails aspects of the self-esteem, self-concept, sexuality, and one’s relationship with a higher being or power (Kolcaba, 2003).

**Relief:** The experience of a patient who has had a specific comfort needs met (Kolcaba, 2003).

**Self-comfort:** Conceptually defined as an outcome or state that incorporates the consciousness of individuality, ownership of identity, and an integrated wholeness
occurring in physical, sociocultural-political, psychospiritual, or environmental contexts. Self-comfort results in growth, development, and enhancement of an integrated wholeness which allows the individual to become the agent for his/her behaviors (Glaude, unpublished; Kolcaba, 2003).

**Sex role:** Involves the acting out of one’s biological predisposition (Diamond, 2002).

**Sexual attraction:** A subjective state that includes feelings, desires, or fantasies about another person known or imagined. These feelings, desires, or fantasies are suggestive of psychophysiological arousal and are not routinely linked with sexual intimacy (Herdt & McClintock, 2000).

**Sexual identity:** The way one views him or herself as a male or female, an inner conviction of identification which usually mirrors one’s outward physical appearance and the typically sex linked role one develops and prefers or society attempts to impose (Diamond, 2002).

**Sexual orientation:** The persistent pattern of physical or emotional attraction to members of the same or opposite gender (Stevens & Morgan, 1999).

**Sexual questioning:** A series of internal processes by which the individual assesses, recognizes, and interprets features of their personal experience that violates heterosexual norms (Savin-Williams & Diamond, 1998).

**Social cohesion:** Refers to the nature and quality of the emotional bond of friendship and caring that occurs among members of a group (Belkin, 2003).

**Sociocultural-political comfort:** That which refers to interpersonal, family, societal, and political relationships (Kolcaba, 2003).
**Task cohesion:** Refers to the commitment shared by a group needed to achieve a goal which requires a collective group effort (Belkin, 2003).

**Transcendence:** The state in which one rises above problems or pain (Kolcaba, 2003).

**Transsexual:** Individuals who manifest gender and sexual identity disparities. Individuals may cross-dress to gain a sense of physical and emotional completeness rather than sexual excitement. The self image he or she has for him or herself is then solidified as that of the sex opposite to their anatomical sex (Diamond, 2002).

**Transvestite:** Refers to an individual who becomes sexually excited by dressing in the clothes of the opposite sex, which is, cross-dressing. This behavior is engaged in for the sole purpose of sexual excitement (AAP paper, 1993)