

Parents' Homophobia and Childrearing Gender Role Beliefs: Correlates in a Local Population

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Individuals' perceptions of gender roles continue to be a prevalent research topic in the field of psychology. Sex and gender are part of the initial identifying factors we notice about others and constitute a primary category for differentiating between types of individuals. Gender identity is the sex a person recognizes themselves as being, either female or male, and it is one of the most significant and earliest aspects of self-identity (Baron, & Byrne, 1994). There are many theories of gender, how and why women and men are different from one another in ways other than physical reproductive differences. Although gender roles and expectations for males and females have changed significantly over the last century, it is no secret that girls and boys in the United States today are treated differently.

There is still substantial debate over the relative influences of nurture and nature in gender development. Although few people agree exclusively with either factor, many lean toward evidence favoring one influence over the other. The arguments for environmental and biological factors in female and male differences have become increasingly complex. Sternberg (1993) asserts that as we pose the question of the relation between gender, environment, and biology in increasingly intricate ways, our answers become more sophisticated and further removed from the idea that there is a single, definitive answer to the gender question.

The answers to gender issues that are reached by the scientific community can have wide-reaching personal, political and social implications in the real world. Gender roles have shifted considerably in the past century, with broadening approval for women and girls to pursue opportunities previously reserved for men. Accumulating evidence shows androgynous individuals (those who possess many traits and skills traditionally considered both feminine *and* masculine) fare better on various measures of psychological adjustment. Although girls and women have increasingly been allowed expanded expression of traditionally masculine behaviors, boys and men have been discouraged from exploring behaviors and activities considered feminine. In spite of the growing evidence that points to the positive effects of broadened gender roles, stiff penalties continue to be meted out to males who exhibit gender-typed behaviors that do not match their biological sex.

Children learn quickly to play with gender appropriate toys and believe that parents, especially fathers, will think cross-gender-typed play is "bad" (Raag & Rackliff, 1998). Why do observations that girls like to play with dolls and boys like to play with trucks turn into attitudes that girls *must* play with dolls and boys *must* play with trucks? It may be, in part, due to homophobia. In one study of early childhood teachers, attitudes toward lesbians and gay men were strongly related to child rearing gender role beliefs (Cahill & Adams, 1997).

Research on the relationship between gender role attitudes and homophobia is limited and there is a need for more information, given the significance of gender in everyday life. Gender identity is an important feature of children's development and the consequences for those who do not, or cannot live up to prescribed gender-typed behavior are often extremely negative. There are many agents of gender socialization,

including media sources, teachers, peers, and extended family members (Fisher-Thompson & Burke, 1998; Miller, 1987). Parents are arguably their children's first and most influential teachers of gender roles (Bohannon & Blanton, 1999; Campenni, 1999), and their child rearing sex role attitudes merit closer inspection. In this preliminary study, I will test the hypothesis that homophobia is correlated with gender stereotypes about children in a local population of parents. I will continue to explore the relationship between homophobia and gender role beliefs by examining gender theories and the related areas of sexual identity, homophobia, and heterosexism. I will conclude with the data obtained from the study of parental attitudes, a discussion of the research results, and recommendations for positive social change.

Gender

Gender Acquisition

While gender identity is a relatively stable component of self-identity, gender roles tend to vary significantly by culture and over time. Developing gender identity is the process by which children arrive at the belief that they are either male or female (Lewis, 1987). Gender roles may be defined as "expectations about what is appropriate behavior for each sex" (Weiten, 1997, p. 325). Gender roles also include other expectations for how women and men, as well as girls and boys, should behave and look. Components of gender roles include what is acceptable for females and males in their activity choices, interests, dress, skills, and sexual partner (Kessler and McKenna, 1978). Indeed, there are few facets of life that are not categorized and polarized by gender.

When a person accepts a gender role, whether cognizant of the decision or not, one is choosing to align his or her behaviors with the prescriptions specified by society as appropriate for one's sex. However, gendered behavior is assumed and expected by others long before one is capable of choosing to accept or reject a gender role. The social world in which children grow up is ubiquitously gender-typed. In fact, research suggests that gender role socialization begins at the moment of an infants' birth (Seavey, Catz, & Zalk, 1975; Birns, 1976) or even prior to the child's birth (Pomerleau et al., 1990). With the advent of amniocentesis and ultrasound technology, we may know the sex of a fetus earlier than ever before. The first questions asked of new parents most often center around the baby's sex and reveal the prominence gender plays in how we relate to the youngest of persons. Consequentially, it is critical to examine how the process of gender identity operates and how gender roles are acquired.

Around the age of two, children are able to label themselves as either a "girl" or a "boy." There is evidence that strong parental affective response to their children's gender-typed behaviors, between the ages of 18 and 27 months, is related to earlier development of gender-typed cognition and behaviors (Fagot, & Leinbach, 1989). Children also begin to develop an awareness of gender role stereotypes by the young ages of 2½ to 3½ (Kuhn et al., 1978), which include knowledge of stereotyped activities, interests, personality traits, dress, and occupations. Between the ages of four and seven, children acquire gender stability and constancy, when they understand that an individual's gender stays the same over time or when external attributes such as behavior or clothing change. When there is a mismatch between a person's gender identity and the external indicators they exhibit, children (and many adults) may find it amusing or even upsetting. There are various explanations of gender typing, which

Rathus et al. (1998) describe as "the process by which children acquire behavior that is deemed appropriate to their gender" (p.122). There are many theories of how gender operates; these theories fall under the broad categories of biological, cross-cultural, and psychological perspectives, examined in the next section. For more detailed analyses of various gender theories, see Beall & Sternberg (1993).

Theories of Gender

Biological Theories. Biology was the first and historically unquestioned rationale to explain any differences between the sexes. Biologically based theories of gender assert that women and men are essentially different because their bodies, brains and hormones differ. Contemporaneous research tends to focus on the role genetics and prenatal influences play in predisposing men and women to gender-linked behavior patterns.

Researchers have looked to the organization of the brain and prenatal differentiation in their search for the origins of gender-typed behaviors. Brain research suggests that there are differences in how women and men use the two hemispheres of their brains and that sex hormones are responsible for prenatal differentiation of the gender-related structural differences in the hypothalamus of the developing fetal brain. Some theorists assert that prenatal sex hormones may feminize or masculinize the brain by producing tendencies toward behaviors that are consistent with gender-role stereotypes, such as aggressive behavior in males and females' interest in babies (Collaer & Hines, 1995).

Sociobiologists propose that gender differences arose as an evolution of the division of labor, which increased humans' ability to survive and produce viable offspring. They suggest that the genes that lead to beneficial social behavioral attributes are transmitted to future generations. We thus possess the universal genetic remnants of traits that allowed our ancestors to survive and reproduce (Bjorklund & Kipp, 1996). Sociobiology has given rise to familiar gendered "hunter/gatherer" dichotomous roles attributed to prehistoric men and women, that are evinced as operating today in contemporary men and women's gender role tendencies.

Critics of sociobiology contend that "...the sociobiological explanations of the evolution of human behavior are like Rudyard Kipling's *Just So* stories of how the camel got his hump and how the elephant got his trunk. They are just stories..." (Lewontin, 1991, p. 100). Others contend that sociobiology theories justify stereotypical gender roles as the natural order of things and argue that biology is not destiny.

Cross-Cultural Theories. Other theorists use evidence of cross-cultural trends to point to the common sources of gendered behaviors. Kenrick & Trost (1993) admit that there are diverse cultural differences in the manifestation of gender, but point to the underlying consistencies in behavior patterns across societies. They assert that men tend to be more aggressive and homicidal, more dominant and competitive, and more inclined toward promiscuity and polygamy; women tend to be less inclined to homicidal violence, less likely to achieve high levels of social dominance, and more interested in older partner with material resources.

Even given these common trends in gender differences, gender roles vary widely from one culture to the next, even in neighboring cultures. In a classic study, anthropologist Margaret Mead (1935) lived among several tribes of New Guinea, and

reported startling variations in the gender roles of three tribes. The Mundugumor were a cannibalistic tribe of headhunters in which both men and women were warlike and aggressive. The women scorned childbearing and raising children because it interfered with their ability to participate in fights with neighboring villages. In contrast, the people of the Arapesh tribe were peaceful and gentle, and both women and men cared for and nurtured their children. The women and men of the Tchambuli tribe were even more unusual in regard to what is stereotypical gendered behavior in Western culture.

Tchambuli women brought home the daily catch of fish and were more aggressive, while the men spent most of their time caring for children. Thus, there is evidence for both "nature" and "nurture" in cross-cultural gender differences between women and men and a complex interaction between them.

Psychological Theories. Psychologists have attempted to examine the interplay of biological and environmental influences to explain how children acquire knowledge about gender and why they adopt stereotypical patterns of behavior. Most psychological theories suggest that biological influences on gender differences are minimal and tend to focus on the social and learned aspects of gender. Rathus et al. (1998) described four major psychological theories of gender: psychoanalytic, social learning, cognitive-developmental, and gender schema theories.

The major figure associated with psychoanalytic theory is Sigmund Freud, who explained appropriate gender typing in terms of a child's successful resolution of the Oedipus or Electra complex and subsequent identification with their same-sex parent. In Freud's view, after children forsake their incestuous desires for the parent of the other gender, they begin to associate themselves with the parent of the same gender. As girls come to identify with their mothers and boys with their fathers, they develop gender-

typed behaviors that are typically identified with that gender. There are many criticisms of Freudian theory, including evidence which suggests that children show stereotypical gendered behavior earlier than his theory would predict.

Social learning theorists, alternately, explain the acquisition of gender-typed behaviors in terms of processes such as socialization and observational learning. Socialization is theorized to play a large role in gender acquisition. V. L. Zammuner (1987) details some of the areas to which gender-typing for children extends:

Starting with linguistic labels – including, usually, the child's own name – and continuing to toys, clothes, hairstyles, parents' socialization practices, the content of children's books, television programs, advertisements, school teachings and socialization efforts, and peer socialization, gender differentiation is everywhere.... (p. 273)

According to observational learning models of gender acquisition, children learn what is considered feminine or masculine by watching adult role models. Children become gender-typed boys and girls by imitating the gender-typed men and women around them. Even when adults' expressed preferences are arbitrary, children's choices tend to match same-gender adult choices, (Perry & Bussey, 1979). Some research suggests that stereotypes of boys and girls may be even more extensive than those for men and women (Martin, 1995). These roles are later reinforced by self and others, as gender-coded expectations in social interactions bring about a "self-fulfilling prophecy" for behaviors considered to be gender appropriate (Geis, 1993).

Gender development, from a cognitive development perspective, occurs in stages that are associated with general cognitive development. Kohlberg (1966) proposed that the emergence of concepts of gender identity, stability, and constancy, discussed previously, allow for gender-typing to occur. According to Kohlberg's theory, once they have established these concepts, children are motivated to behave in gender

appropriate ways. They actively seek to obtain information about what things and behaviors are considered “feminine” and “masculine” and then imitate patterns to match that gender identity. The cognitive approach to gender claims that the most important aspects of the difference in the behavior of men and women can be linked to how gender is mentally represented and to how we give it meaning (Cross & Markus, 1993).

Another major psychological theory of gender development is gender schema theory, which combines aspects of social learning and cognitive development theories. Gender schema theory proposes that young children develop a cognitive framework that serves to organize their perceptions of the world based on mental representations of feminine and masculine behaviors, physical attributes, and personality characteristics. Bem (1981) proposed that as children build a gender schema, they begin to blend their developing self-concepts with the prominent feminine or masculine gender schema of their culture.

Gender Variations

Our everyday experiences with those around us suggest that there are real differences in the way women and men, and girls and boys behave. Sternberg (1993) believes that “as we pose the question of the relation between biology and environment in increasingly complex ways, our answers become increasingly sophisticated and removed from the idea that there is ‘an answer’ to the question of how gender is influenced...” (p. 5). Research has consistently found differences between girls and boys in many areas such as cognitive aptitudes, personality, and play behaviors.

It is critical to bear several factors in mind when examining gender differences. In most cases, the differences between the genders are small (Hyde & Plant, 1995;

Maccoby, 1990) and they are group differences. Variations in all areas are larger within than between gender groups; the sexes are much more alike than they are different. If girls and boys were simply treated differently but equally, it is probable there would be much less attention devoted to gender issues. However, there is extensive evidence that the feminine and masculine gender roles are not equally or even symmetrically valued in American society.

While women and girls have historically been on the losing end of the gender gap (see Ruth, 1998, for discussions of the historical and contemporary effects of sexism), new arguments point to the deleterious effects that gender stereotypes have on boys and men as well (Karniol & Aida, 1997; Pollack, 1998; Sobieraj, 1998; Thompson, 1995). Girls have increasingly been allowed more experimentation and variation in their gender roles while boys continue to experience strong pressure to conform to traditional masculine roles. However, some experts suggest that the greater latitude in gender expression girls experience may only last until adolescence and the onset of puberty, when much stricter gender roles begin to be enforced (Cantwell, 1996; Pipher, 1994). Although gender is not inherently detrimental, rigid gender roles appear to have many negative psychological consequences for both sexes. Are there alternatives to the feminine/masculine gender role dichotomy?

There are great demands to comply with stereotyped gender expectations; however, accumulating evidence suggests psychological androgyny is in many ways healthier than any other gendered classification (undifferentiated, masculine, or feminine). In addition, Stark's (1991) findings present evidence of the negative effects for those who espouse traditional gender roles. Proponents of androgyny contend that people who exhibit a broad range of traits and behaviors traditionally considered both

feminine *and* masculine may be capable of calling upon any number of behaviors, depending on what the situation calls for.

Androgynous individuals tend to have higher self-esteem, are more comfortable with their sexuality, are more popular with their peers, and are more interpersonally satisfied (Baron & Byrne, 1994). There is some evidence that the benefits of androgyny are related only to the presence of the more culturally valued masculine traits, rather than to a combination of traits. Others point to indications that feminine traits appear to predict success in intimate relationships for men as well as for women (Rathus, et al., 1998). Some feminists have criticized psychological androgyny on the grounds that it is defined in terms of masculine and feminine gender roles, and thus perpetuates beliefs in the existence of such concepts (Bem, 1993). Bem suggests that ideally, true freedom would come when the fact of being female or male would no longer be at the core of individual identity and sexuality. Whether androgyny or complete eradication of the sex-gender system is ideal remains to be determined. However, it is clear that the current reality for those who step outside of prescribed gender roles, especially boys, is nearly always extremely negative.

There is convincing support for the observation that most children strongly prefer gender-appropriate toys, activities, and clothes; they also overwhelmingly choose same-sex playmates who also adhere to traditional gender roles (Huston, 1983). Parents and other caregivers continue to reward and punish girls and boys for distinct (and often opposing) behaviors, even when they believe they treat boys and girls in the same way. Although parental roles in gender typing are changing, adjustments in attitudes may not translate as quickly into actual child-rearing practices (Burge, 1981).

Past research found overwhelming evidence that fathers, especially, play a large role in their children's gender role development (Weinraub et al., 1984). Fathers tend to have more traditional gender role expectations for their daughters and sons, and are more likely to encourage gender-typed activities for their children (Langlois & Downs, 1980; Lytton & Romney, 1991). However, more current research into parents' roles in their children's gender role development is suggesting changing relationships in this area. Interestingly, results from Caldera & Shiaraffa's (1998) study, in which fathers with sons initiated high rates of caretaking and nurturing behaviors with a toy doll, indicate that fathers can be important socializing agents for their sons' feminine play. Devlin & Cowan (1985) also contend that a "warm and nurturing father may lessen the rigidity and severity of the male sex role expectations" a boy assimilates (p. 468). It is important to consider that although parents have been found to select "gender-appropriate" toys and activities for their children, parents overall are more flexible and less gender-stereotyped in their ratings of feminine, masculine, and neutral toys than their non-parent counterparts (Campenni, 1999).

As a group, parents tend to believe there is a wide discrepancy between behaviors and characteristics typical for girls and boys, and that these are essential differences (e.g., boys are naturally noisy and rough while girls are naturally clean and cry easily). Antill (1987) found that parents acknowledged sex differences in interests more readily than in personality traits. However, parents report few sex differences in ideal behaviors for their children. This led Maccoby & Jacklin (1974) to speculate that while parents believe that each sex has a different set of "natural assets and liabilities," they may be attempting to mitigate the extremes of stereotypical femininity and masculinity by raising both girls and boys toward common traits of healthy adults.

Although parents may say that they want their female and male children to act the same way, they often do not act accordingly, rewarding and punishing different sets of behaviors for girls and boys.

Parents generally prefer that their children exhibit traditional gender-role behaviors, and are concerned when they do not (Martin, 1990). However, the implications for nontraditional girls and boys are strikingly dissimilar. Many studies have found that cross-gender boys are viewed much more negatively than cross-gender girls (Green, 1975; Antill, 1987; Martin, 1995; Sandnabba & Ahlberg, 1999). Even the common terms used to describe nontraditional children carry different connotations; "sissy" is a culturally pejorative term, while "tomboy" is considered neutral or positive.

Why are gender-atypical behaviors in girls so much more accepted than in boys? Sandnabba & Ahlberg (1999) assert that this difference in attitudes is due to fear of future outcomes, citing results in which cross-gender boys were predicted to remain more feminine and less masculine than their "typical" peers and to be less psychologically well-adjusted as adults. Cross-gender girls were expected to be somewhat more masculine than their typical peers; however, they were also predicted to have grown out of masculine characteristics by adulthood.

Several other explanations have been offered to account for this difference. Feinman's (1981) status differential hypothesis suggests that a female's movement into the more highly valued male role is more acceptable than a male's movement into the less valued female role. Green (1975) proposed that differing evaluations are the result of the belief girls, but not boys, will eventually "grow out" of their cross-sex behaviors. Pogrebin (1980) theorized that there is an assumed relationship between gender roles and future sexual orientation, and given the cultural standard of homophobia, this belief

has inhibited adults from allowing children more latitude in their gender role expressions.

Martin (1990) has studied extensively the attitudes and beliefs about children considered "tomboys" or "sissies." She found that adults believed boys who engaged in nontraditional gender behaviors might grow up to be homosexual, whereas nontraditional girls aroused little concern of future homosexuality. Martin and others have speculated on whether parental beliefs in societal stereotypes regarding gender atypical behaviors and future homosexuality accurately reflect true predispositions.

Homosexuality, Homophobia, and Heterosexism

Sexual Orientation and Gender Non-Conformity

As with gender, sexual orientation is a complex area that has become the subject of much theory and research. There remains a common assumption that there is a causal relationship between sex, gender, and sexual orientation. People who do not fit into the accepted model of gendered development have been subjected to speculation about the root causes of their non-conformity that has ranged from curiosity and concern to disgust and fear.

It has long been suspected that there is a link between extreme atypical gender behaviors in childhood and adult homosexuality, especially for highly effeminate boys (Green, 1987). These beliefs are widely held despite research which reports that gender role behaviors alone in children do not determine sexual orientation; however, retrospective studies have confirmed that childhood gender non-conformity is a strong predictor of same-sex partner preference in adulthood. Fewer studies have been

conducted with women than with men, but lesbians describe themselves as having masculine interests, or as being tomboys while growing up (Bell et al., 1981).

Martin (1990), after reviewing the evidence of atypical gender behavior in childhood and future outcomes, concludes that "adults' beliefs about boys appear to have a kernel of truth: sissies are more likely to grow up to be homosexual than typical boys" (p. 162). Although atypical girls were predicted as more likely to grow up to be homosexual than either typical boys or girls, parents seemed to be much less concerned about tomboys, perhaps because the link to future homosexuality is weaker for gender non-conformant girls than boys. Parents' concerns may also mirror generally less negative attitudes toward lesbians than toward gay men. Savin-Williams & Diamond (1999) have theorized that prenatal hormones may be instrumental in the development of those who display atypical gender behaviors in childhood, whereas lesbian, gay, and bisexual individuals who were more gender-typical children may have been more influenced by psychosocial factors. Parents' greater concern for sissies may reflect that gay and bisexual men report that they believed they had been born with that sexual orientation, while lesbians tend to allow a greater role for choice in their sexual identification (Savin-Williams & Diamond, 1999).

It remains to be seen how well reality fits the stereotype of the sissy boy who inevitably grows up to be gay and the tomboy who is at risk of becoming a lesbian. These generalized beliefs may stem from exaggerated stereotypes of the historically more visible "butch" lesbians and highly effeminate gay men; as with gender stereotypes of feminine and masculine behaviors, no one completely fits the gay and lesbian stereotypes. There is a broad range of characteristics within gay and lesbian populations as well as an overlap between the gender characteristics of pre-

homosexual and pre-heterosexual children (LeVay, 1996). Parents may discourage any gender-atypical behavior when it is not clear that this will *prevent* future homosexuality, and may be unhealthy for their children's budding gender identities and range of expression. This is not unusual given the current climate of disapproval of homosexuality and the connections historically construed between gender-atypical behaviors and homosexual behaviors.

History

After much debate and controversy, the American Psychological Association removed the classification of homosexuality from the second edition of the *Diagnostic and Statistical Manual of Psychiatric Disorders*, known as *DSM-II*, in 1973 (see Herman, 1995, for a history of the psychological field's grappling with homosexuality). The belief, perpetuated by scientific inquiry into the "causes" of homosexuality, that some factor (hormones, genetics, home environment, overbearing mother, etc.) has made an assumed heterosexual child turn homosexual continues to prevail. While it is likely that the exact combination of biological, cultural, social, and psychosocial factors responsible for sexual orientation varies across individuals, fears of homosexuality and attempts to avert it have many implications for parents and their children.

Although homosexuality is no longer recognized as a mental disorder, lesbians, gay men, and other sexual minorities continue to suffer as an oppressed group. LeVay (1996) writes that while "Ego-dystonic homosexuality was removed from the *DSM* in 1987, 'gender identity disorder of childhood' – now known to be, in most cases, a precursor to normal homosexuality – *is still listed*" (p. 229). The continued inclusion of childhood gender identity disorder may reflect beliefs that homosexuality is immoral or

sick, even though many experts have presented persuasive evidence that it is the stigma and prejudice that sexual minorities encounter which may lead to problems, rather than an inherent deficiency (Friend, 1998; Herman, 1995).

Despite proof that the majority of lesbians and gay men live fulfilling lives and contribute positively to society, most parents continue to abhor the idea that their child may be homosexual. Parents of homosexuals, especially mothers, blame themselves for their child's homosexuality and report feelings of guilt (Cantwell, 1996). This tendency to blame parents may reflect a holdover of psychoanalytic theories which asserted that homosexuality was a mental illness caused by pathological parenting, especially a disturbed mother-infant relationship (Herman, 1995). Some theorists who maintained that homosexuality was a curable disorder believed that the family characteristics most likely to produce a homosexual son were a withdrawn or hostile father and a "close-binding, intimate, seductive mother who is a dominating, minimizing wife" (Bieber, in Bem, 1993). Although Freud's theories, previously, did not pathologize homosexuality, his views nonetheless privileged reproductive sexuality and implicated parents in their children's abnormal psychosexual development (Bem, 1993).

Parents' negative attitudes toward homosexuals may have some of their roots in theories of the past, which also tended to blame mothers for male, and to a lesser extent, female homosexual orientations. While the beliefs concerning homosexuality and its links to gender-atypical behavior in children have some support, contemporary research has focused less attention on the causes of homosexuality and has turned its attention to the effects and causes of homophobia.

Definitions

Homophobia has numerous negative consequences, not only for gay men and lesbians, but also for homophobic heterosexuals as well (Stark, 1991). Homophobia was originally defined by Weinberg (1973) as "the dread of being in close quarters with homosexuals." It is an affective response of personal discomfort and fear of lesbians, gay men, and other sexual minorities, but homophobia is not a true phobia. Some researchers have chosen to use the term "anti-gay prejudice," and argue that it is a more accurate description of the attitudes and actions involved in homophobia (Stevenson & Medler, 1995). The term homophobia will continue to be used in this research paper, because it is the terminology used in the attitudinal measure and since "gay" is usually understood as referring to homosexual men, thus rendering lesbians invisible. Others have also included the prejudice, discrimination, harassment, and acts of violence against sexual minorities within the construct of homophobia (Sears & Williams, 1997). Pharr (1988) defines homophobia as the "irrational fear and hatred of those who love and sexually desire those of the same sex," and argues that homophobia functions as a "weapon of sexism" when it is joined with heterosexism.

Heterosexism is the systematic process of privileging heterosexuality relative to homosexuality and it contains the assumption that everyone is, or should be, heterosexual (Friend, 1998). Cultural heterosexism, the legally sanctioned stigmatization or denial of homosexuality in societal institutions, and psychological heterosexism, the personal internalization of this world view, are two categories of heterosexism described by Herek (1990). There have been many connections made between homophobia, heterosexism and sexism. Homophobia, coupled with

heterosexism, has been used effectively to keep women and men afraid to step outside of the confines of gender roles and identities (Pharr, 1988).

Gender Roles and Homophobia

Some researchers have suggested that homosexuality is stigmatized because it is seen as a threat to traditional gender roles (Schneider, 1993) and that homophobia is a strong technique that is utilized for the maintenance of narrow sex roles (Sattel, Keyes, & Tupper, 1997). Wells (1991), found that labeling individuals as either sex-role incongruent or homosexual revealed similar gender fears and Weinberger & Millham (1979) identified the "need to maintain traditional distinctions between the sexes" (p. 238) as one component of homophobia. Pharr (1988) contends that if both sexism and gender roles were eliminated, homophobia would no longer exist.

Others, citing evidence that the best predictor of future homosexuality is gender-atypical behavior in childhood (Bell, Weinberg, & Hammersmith, 1981; Green, 1987), propose that strict gender roles are enforced in attempt to avert homosexuality in adulthood. And although boys are most often the recipients of the most rigid gender behavior restrictions, anecdotal evidence suggests that the tolerance for girls' cross-gender behaviors wanes with the onset of puberty (Cantwell, 1996; Pipher, 1994). Kimmel (1997) identifies homophobia as an integral part of the masculine gender role, and suggests that for men,

...homophobia, the fear of being perceived as gay, as not a real man, keeps men exaggerating all the traditional rules of masculinity, including sexual predation with women. Homophobia and sexism go hand in hand. (p. 235)

Those who do not conform to prescribed gender roles, regardless of their actual sexual orientation, are often labeled as homosexual (Herek, 1990). Fear of such labeling leads most heterosexuals and homosexuals to carefully self-monitor their behaviors to avoid any appearance of gender nonconformity. While it has not been possible to conclusively determine a cause and effect relationship between homophobia, traditional gender roles, and sexism, many researchers have studied the correlations between these and related variables.

Correlates

While this research focuses attention on the relationship between parents' homophobia and their child-rearing gender role attitudes, others have documented many relationships between demographic and other variables and attitudes toward homosexuals. Individuals who are highly homophobic tend to be more conservative in many other areas such as sex roles, general sexuality, religion, and interracial attitudes (see Black, Oles, & Moore, 1998; Dunkle & Fracis, 1990 for comprehensive reviews of attitudinal correlates). Sears & Williams (1997), in a review of the relationships between homophobia and personal characteristics, generalize that those who harbor negative attitudes toward homosexuals are more likely to live in the Midwest or the South and to have grown up in small towns or rural areas. Homophobic individuals are more often male, older, and less educated than non-homophobic individuals. Raja & Stokes (1998) link homophobia to sexism and contend that sex-role stereotyping is central to both; individuals with strong sex-role stereotypes tend to hold negative and prejudicial beliefs toward women, and also tend to see homosexuality as a violation of traditional sex-

roles. The current research further examines the relationships between attitudes toward homosexuals and child-rearing gender role beliefs in a local population of parents.

Method

Subjects

Forty-three parents from north-central Minnesota volunteered to participate for this research. As expected, more mothers than fathers (28 women and 15 men) agreed to take part in the study. All of the participants were Caucasian and ranged in age from 18 to 52 years of age. Most of the parents were married (86%) and had a mean of 2.91 children. The largest group of parents had 1 child (34.9%). Most subjects (41.8%) reported yearly family incomes between \$30,000 and \$55,000. All education levels were well represented: high school degree or Graduate Equivalency Degree (20.9%), some college (30.2%), two-year degree (16.3%), four-year degree (30.2%), with the exception of those having advanced degree(s) (2.3%). In addition, all of the subjects described themselves as being heterosexual (or straight).

Procedure

The majority of the subjects were recruited through Early Childhood Family Education classes, with the cooperation of the parent facilitator. Each participant filled out a study packet which included a consent form, demographics information form, three questionnaires (presented in a counterbalanced manner), and a debriefing address. The packets took approximately 20-25 minutes to complete. After all participants in a class were finished, they were debriefed as a group and given the

opportunity to ask any questions. Participants were also allowed to discuss how gender role expectations and homophobia affect them and their children for the time remaining in the parent-education portion of the class.

Instruments

Children's Gender Roles. Gender role attitudes related to children and parents' child-rearing practices were measured by a 28 item Likert-style questionnaire (Burge, 1981). The Child-Rearing Sex Role Attitude Scale (CRSRAS) establishes an attitude measurement system based on a traditional/nontraditional gender-role continuum. The CRSRAS utilizes a five point scale, ranging from 1 (strongly agree) to 5 (strongly disagree). Items measured adult attitudes about children's gender appropriate activities (e.g., "I feel upset when I see boys play dress-up."), social interaction, career goals (e.g., "Math and science are as necessary for girls as boys."), and emotional expression. Item scores were summed and divided by the number of items completed to produce a total score that could range from 0 (very nontraditional/egalitarian) to 140 (very traditional). Construct validity was established when the CRSRAS was found to be significantly correlated with the Osmond-Martin Sex-Role Attitude Scale (Osmond & Martin, 1975) with a coefficient of .69 (Burge, 1981).

Homophobia. Parents' degree of comfort when in the presence of homosexuals was measured by Ricketts & Hudson's (1990) Index of Attitudes Toward Homosexuals (IAH). The IAH is a 25-item instrument designed to measure the magnitude of a problem a person may have with homophobia, the fear of being in close proximity with lesbians or gay men. Subjects answered items (e.g., "If I saw two men holding hands in public I would feel disgusted") using a five-point scale, ranging from 1 (strongly agree)

to 5 (strongly disagree). IAH items covered areas such as working and associating with homosexuals and sexual advances from homosexuals. Several items spoke directly to parents (e.g., "I would feel that I had failed as a parent if I learned that my child was gay or lesbian," and "I would feel comfortable if I learned that my daughter's teacher was a lesbian"). Scores on the IAH range from 0 to 100, with scores below 50 indicating an increasingly non-homophobic response and score above 50 reflecting increasing degrees of homophobic response. The IAH is not necessarily intended to measure a subject's personal or social problem; thus, high scores on the IAH are not indicative of a clinical disorder. The IAH is reported to have excellent construct, content, and factorial validity, with most validity correlations over .60; internal consistency alphas are in excess of .90.

Gender Role Schema. The Bem Sex Role Inventory (BSRI) – Short Form (Bem, 1981) was used to measure the extent to which parents identified with feminine and masculine gender attributes. Subjects marked how true each of 30 personality characteristics (10 masculine, 10 feminine, and 10 neutral) were in describing themselves. Using a seven-point scale, ranging from 1 (never or almost never true) to 7 (always or almost always true), subjects rated themselves on items such as "Independent" and "Eager to soothe hurt feelings." Subjects' differential T-scores were obtained by subtracting masculinity standard scores from femininity standard scores and converting to a Short Form Standard Score. T-scores range from a possible 12 (high masculinity, low femininity) to 88+ (high femininity, low masculinity). Subjects were also classified as feminine, masculine, androgynous, or undifferentiated on the basis of feminine and masculine median splits. Subjects with high feminine and low masculine scores were classified as feminine, while those with high masculine and low feminine scores were classified as

masculine. Subjects with high feminine *and* masculine scores were classified as androgynous, while those with low feminine *and* masculine scores were classified as undifferentiated. Median raw scores from Bem's 1974 normative sample were used to classify subjects, since the sample size in the present study was relatively small, and there were fewer male than female participants. Bem (1974) reported high test-retest reliability and internal consistency for the original form of the BSRI. Coefficient alphas computed for femininity and masculinity scales showed high reliability (Femininity alpha = .82; Masculinity alpha = .86). The BSRI – Short Form has been found to correlate highly (around .90) with the original form. In addition, recent research suggests that although gender role stereotyping appears to have decreased slightly when compared to Bem's 1974 sample, the BSRI remains a valid measure of gender role perceptions (Holt, 1998).

Results

Responses to the three measures were tabulated for each subject. A Pearson's *r* test for correlation was performed to examine the relationship between homophobia and gender role attitudes. As expected, a direct relationship was found between the two variables ($r = .51, p < .005$), with low scores on the IAH associated with low scores on the CRSRAS, and high scores on the IAH associated with high scores on the CRSRAS. When cases were split by sex, it was found that the relationship between IAH and CRSRAS was not significant for males ($r = .21, p = .45$), but remained highly significant for females, ($r = .58, p < .005$).

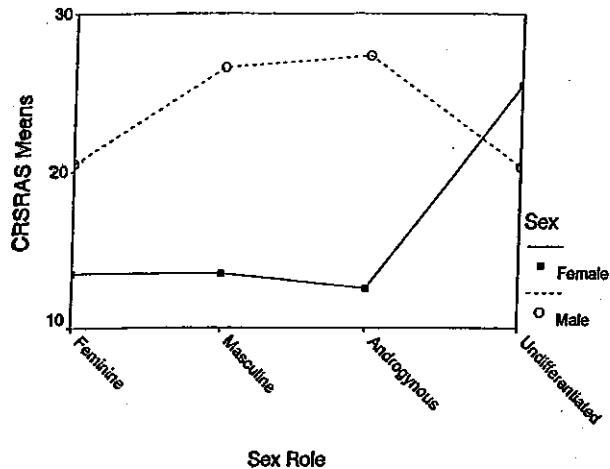
An independent samples t-test for sex reveal that females and males differed significantly on child-rearing sex role attitudes, $t(41) = -3.00, p < .001$, with females ($M = 15.68, SD = 8.09$) displaying lower (less traditional) CRSRAS scores and males ($M = 23.87, SD = 9.31$) displaying higher (more traditional) CRSRAS scores. T-tests by sex for homophobia ($t = -1.80, p = .08$) and masculinity - femininity sex role ($t = .89, p = .38$) were not significant at statistically acceptable levels.

One-way analysis of variance for homophobia revealed that education was related to IAH scores, $F(2, 40) = 3.41, p < .05$. A post-hoc test with Tukey's HSD was conducted to evaluate multiple comparisons. It showed that subjects who reported their highest level of education as a four-year or advanced degree had significantly lower levels of homophobia ($M = 45.21, SD = 20.79$) than either subjects whose highest level of education was a high school degree or less ($M = 60.56, SD = 17.67$) or those who had attended some college or had a two-year degree ($M = 58.55, SD = 12.21$). There was not a significant difference in IAH scores between subjects who had some college or a two-year degree and those with a high school degree or less.

One-way analysis of variance also indicated that parents' sex role classification (feminine, masculine, androgynous, or undifferentiated) affected their child-rearing attitudes, $F(3, 42) = 2.96, p < .05$. Post-hoc tests showed that masculine ($M = 22.86$) and undifferentiated ($M = 23.78$) subjects had significantly higher CRSRAS scores than subjects identified as either feminine ($M = 15.83$) or androgynous ($M = 15.53$). The differences between masculine and undifferentiated subjects and also between feminine and androgynous subjects were not significant. When a one-way ANOVA was conducted for homophobia, a similar trend for sex role groups emerged, in which androgynous subjects ($M = 50.00$) scored lower on the IAH than undifferentiated subjects ($M = 62.78$); however, these results were not significant ($p = .08$).

Figure 1

Child-Rearing Sex Role Attitudes as a Function of Parents' Sex and Sex Role Classification



A 2×4 (sex \times sex role) between subjects factorial ANOVA on child-rearing sex role attitudes revealed an interaction between parents' sex and their sex role identification, $F(3, 35) = 2.87, p < .05$. A post-hoc test with Tukey's test for unconfounded means showed that feminine ($M = 15.50$), masculine ($M = 13.50$) and androgynous ($M = 12.58$) females had less traditional attitudes, while undifferentiated females ($M = 25.50$) had more traditional attitudes. Undifferentiated males ($M = 20.33$), alternately, were less traditional than their masculine ($M = 26.60$) and androgynous ($M = 27.33$) counterparts. Feminine males ($M = 20.50$) had similar child-rearing attitudes as compared to undifferentiated males, but were still more traditional than feminine females. There was a significant main effect of sex, $F(1, 35) = 7.43, p < .05$. However, this effect is not meaningful in light of the interaction. Figure 1 above illustrates the relationship between sex and sex role classification on child-rearing sex role attitudes.

Discussion

This preliminary study tested the relationship between homophobia, gender roles, and child-rearing gender stereotypes about children in a local population of parents. The results are consistent overall with other research into these areas. There was a positive correlation between homophobia and sex role beliefs, with homophobic parents representing more traditional child-rearing sex role beliefs and non-homophobic parents representing less traditional (egalitarian/feminist) sex-role beliefs for their children. This correlation parallels numerous other studies that have found a strong relationship between attitudes toward homosexuals and gender role beliefs.

Interestingly, when cases were split by sex, this relationship held true for women but not for men. It is not clear why this gender difference emerged. However, caution is advised when interpreting this result, as the number of men in this sample is small. Fathers in this sample espoused more traditional child-rearing sex role beliefs than mothers did, which agrees with prior studies in this area. In addition, men in this sample were more homophobic than women, but this trend was not significant.

Homophobia also varied by educational level, which is consistent with the results of other homophobia research. Parents who had earned a four-year or advanced degree had lower levels of homophobia than those with two-year degrees or less education. This suggests that a liberal arts education with a broad base of study may contribute to less traditional views of homosexuality. It is also possible that those who had attended more college had more opportunities to meet and interact with open lesbians and gay men, which is considered a crucial means to reducing prejudice (Herek & Capitanio, 1996).

Analysis of results also indicated that a parent's gender role identification (feminine, masculine, androgynous, or undifferentiated) contributed to the attitudes in question. Those who were classified as either feminine or androgynous were less traditional in their child-rearing sex role attitudes than masculine or undifferentiated subjects. This may suggest that the presence of feminine characteristics is associated with less traditional child-rearing beliefs, while the absence of feminine traits characterizes more traditional gender role beliefs for children.

For the following analyses, small numbers for each group necessitate caution in interpreting these results. When subjects' sex was also factored into the analysis, interesting trends emerged. For the mothers in the sample, undifferentiated women were more traditional in their sex-role beliefs for their children than women identified as feminine, masculine, or androgynous. For the fathers, undifferentiated men were less traditional than undifferentiated women, while masculine, feminine and androgynous men were more traditional in their child-rearing sex role beliefs than their female counterparts. Feminine men were equally non-traditional with undifferentiated men, although still more traditional than feminine women. These results hint, that for men, the *absence* of a masculine identification may be related to less traditional sex-role attitudes for their children. The relationship in women may suggest that a weak identification with either gender role appears to result in an adherence to more traditional gender-role beliefs while a strong gender identity, feminine, masculine, or androgynous is associated with less traditional beliefs. A similar, but non-significant trend emerged for homophobia, with androgynous parents showing less homophobia than undifferentiated individuals. This may be associated with androgynous individuals' comfort in acknowledging traits within themselves that have traditionally been considered more appropriate to the other sex and thus "cross-gender."

Results for interactions with sex of child(ren) (parents with female only, male only, or both female and male children) were not significant. However, non-significant trends produced contradictory findings. Parents with male children only were *more* traditional in their child-rearing sex role beliefs and *less* homophobic than parents with female children only or with children of both sexes. It is possible that the presence of female children may challenge parents' traditional child-rearing gender-role beliefs. It is theorized that parents with only boys, without a female child to compare and contrast, may view all behavior as "masculine" behavior, so their suspicions of possible homosexuality and homophobia are not aroused by mild gender-atypical behavior (Sandnabba & Ahlberg, 1999).

Conclusion

While most results from this study confirm the findings of other research into homophobia and child-rearing sex role beliefs, several interesting results demand further study. More work needs to be done to untangle the relationships between the sex role identifications of mothers and fathers and their attitudes toward homosexuality and their children's gender behavior. Studies which take into account variables of children's actual atypical gender behaviors and the children's sex will also be necessary to obtain a more accurate picture. The outcome of this and other studies suggest that in order for our children to grow up with the widest possible range of desirable traits and skills, we must counter not only gender role stereotypes but also work to eliminate the homophobia and heterosexism that fuel them.

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