

Extension of the Rejection Sensitivity Construct to the Interpersonal Functioning of Gay Men

John E. Pachankis and Marvin R. Goldfried
State University of New York at Stony Brook

Melissa E. Ramrattan
State University of New York at Albany

On the basis of recent evidence suggesting that gay men are particularly likely to fear interpersonal rejection, the authors set out to extend the *rejection sensitivity* construct to the mental health concerns of gay men. After establishing a reliable and valid measure of the gay-related rejection sensitivity construct, the authors use this to test the mediating effect of internalized homophobia on the relationship between parental rejection of one's sexual orientation and sensitivity to future gay-related rejection. The present data support this mediational model and also establish rejection sensitivity's unique contribution to unassertive interpersonal behavior in the context of internalized homophobia and parental rejection. The authors conclude that gay-related rejection sensitivity is a useful construct for clinicians working with gay men given the impact that past gay-related rejection can have on their gay clients' present cognitive-affective-behavioral functioning. The authors discuss the possibility of revising rejection-prone schemas in clinical work with gay men. Future research is necessary to further examine the internal processing and interpersonal functioning of gay men by using existing constructs (or modifications of them) that are likely to be particularly relevant to the unique concerns of this population.

Keywords: gay, social anxiety, rejection sensitivity, parents, assertiveness

Recent studies have established that gay men are more likely than heterosexual men to experience symptoms of social anxiety, such as fear of negative evaluation and social avoidance and distress. In one study, gay male undergraduate students reported a higher fear of negative evaluation and greater social interaction anxiety than did heterosexual students (Pachankis & Goldfried, 2006), especially in situations involving heterosexuality and male-stereotypic behavior (e.g., family gatherings, sports). Similarly, Safren and Pantalone (2006) found higher rates of social anxiety in a sample of mostly ethnic minority lesbian and gay youths than in a comparable sample of heterosexual youths. They determined that social anxiety in gay and lesbian youths was associated with dissatisfaction with social support, which in turn predicted depression and suicidality. When sexual minority individuals show more signs of psychological distress than shown by heterosexuals, it is most often in domains consistent with the unique stressors they

face as devalued, sometimes rejected, members of society (Meyer, 2003).

Social anxiety shares many features with the more recently established construct of rejection sensitivity within social psychology (cf. Downey & Feldman, 1996). Rejection-related cognitive biases, heightened emotional arousal in specific interpersonal situations, and behavioral outcomes such as interpersonal difficulties underlie both social anxiety (e.g., Goldfried & Sobocinski, 1975; Kuperminc & Heimberg, 1983; Morrison & Bellack, 1981; Smith & Sarason, 1975) and rejection sensitivity (e.g., Downey & Feldman, 1996; Downey, Freitas, Michaelis, & Khouri, 1998). Yet, the two constructs also differ. Social anxiety draws on cognitive models specifically related to self-presentation and self-doubts of one's ability to make a positive impression in social situations (D. M. Clark & Wells, 1995). Rejection sensitivity, on the other hand, draws on attachment theory and models of the relational self primarily to understand problematic interpersonal functioning in important relationships (Downey & Feldman, 1996). Still, it is possible that rejection sensitivity could be a proxy for social anxiety disorder, although this remains to be empirically established. Rejection sensitivity in particular has proven to be a useful construct for understanding some of the unique difficulties that members of a devalued group face. Mendoza-Denton, Purdie, Downey, and Davis (2002) have recently elucidated the impact of rejection sensitivity on the interpersonal functioning and mental health of African American individuals. For example, they found that African American students high in race-related rejection sensitivity reported greater discomfort during their transition to college, less trust in the university, declines in grades, and fewer White friends relative to students who reported lower levels of race-related rejection sensitivity.

Preliminary evidence also suggests that gay men may similarly experience cognitive-affective-behavioral symptoms related to

John E. Pachankis and Marvin R. Goldfried, Department of Psychology, State University of New York at Stony Brook; Melissa E. Ramrattan, Department of Psychology, State University of New York at Albany.

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Correspondence concerning this article should be addressed to John E. Pachankis, Department of Psychology, State University of New York at Stony Brook, Stony Brook, NY 11794-2500. E-mail: John.pachankis@sunysb.edu.

potential rejection—including heightened sensitivity to interpersonal cues and motivation to hide aspects of their identities—in addition to fears of negative evaluation (Frable, Blackstone, & Scherbaum, 1990; Hetrick & Martin, 1987). These difficulties may arise from the precariousness of developing a nonheterosexual identity in a threatening social context. Despite increased positive societal attitudes toward sexual minority individuals in the U.S., homosexuality still occupies an equivocal place in American society. Mays and Cochran (2001) found that lesbian, gay, and bisexual (LGB) individuals report more frequent discrimination in important domains of life, such as being fired from jobs, denied scholarships, hassled by police, and receiving inferior medical care, than do heterosexuals. They also found that LGB individuals are more likely to perceive day-to-day discrimination such as being harassed or insulted; being treated as inferior; and being regarded with mistrust, fear, and disrespect. This perceived discrimination has been shown to account for a significant amount of the association between sexual orientation and mental health problems (Mays & Cochran, 2001).

Clearly, expectations of negative reactions from others can have adverse consequences for the behavior of LGB individuals. As Mendoza-Denton and colleagues (2002) have demonstrated for African American college students, rejection sensitivity may lead to decreased support-seeking and decreased contact with majority group members. A similar process may exist for gay men. In addition to motivating the concealment of one's sexual orientation—which in itself has been shown to be associated with a host of cognitive-affective difficulties (Pachankis, 2007)—rejection sensitivity may also prevent assertive interpersonal behavior. Specifically, if individuals expect to be rejected as a result of their sexual orientation, they are unlikely to assert their needs in interpersonal situations (e.g., approaching others, correcting false rumors, asking for clarification, responding to rudeness). Decades ago, researchers clearly established that irrational, rigid expectations of rejection produced unassertive interpersonal behavior (e.g., Alden & Safran, 1978; Hammen, Jacobs, Mayol, & Cochran, 1980; Linehan, Goldfried, & Goldfried, 1979). Therefore, in addition to experiencing distressing cognitive-affective processing, gay men may also suffer behaviorally.

Research has shown that some variables moderate the association between gay-related stressors and negative mental health outcomes. Parental acceptance/rejection is one clear moderator of this relationship. Hershberger and D'Augelli (1995), for example, found that participants' ratings of degree of family support, including degree of family acceptance of one's sexual orientation, significantly reduced the negative mental health outcomes resulting from gay-related victimization in a sample of LGB youths. Indeed, a larger body of research attests to the impact of overall parental acceptance or rejection on mental health functioning. Parental acceptance/rejection clearly impacts later views of self, others, and relationships (Bartholomew & Horowitz, 1991; Blatt & Maroudas, 1992; Bowlby, 1969, 1973). Children and adults who perceive parental disapproval, especially of their *selves* as opposed to their *behavior*, are more likely to develop views of themselves as bad, shameful, or unlovable (Rohner, 2004; K. L. Rosenberg, 1998). Resulting interpersonal schemas can become rigid and inaccurate guides for interpreting interpersonal situations, such that individuals approach new or ambiguous social situations with expectations of rejection and perceptions of hostility in others

(Cloitre, Cohen, & Scarvalone, 2002; Safran, 1990; Scarvalone, Fox, & Safran, 2005). This may in part account for why research has shown parental rejection to be related to depression, borderline personality disorder, social anxiety disorder, and sensitivity to future rejection, largely through the distortion of perceptions and expectations of others (Benjamin & Wonderlich, 1994; Feldman & Downey, 1994; Lieb et al., 2000; Rohner, 2004).

If parental rejection indeed distorts an offspring's interpersonal cognition as the above research suggests, then LGB individuals are at particular risk of distorted interpersonal processing, as their parents are a frequent source of rejection-related stress (Radkowsky & Siegel, 1997). Unlike individuals who are stigmatized because of their racial or ethnic identities, sexual minorities typically do not share their minority group status with their parents. In their review of research on the relationships between sexual minorities and their parents, Radkowsky and Siegel (1997) found that the disclosure of one's sexual orientation frequently prompted parental rejection, at least initially, and nondisclosure was frequently motivated by fears of parental rejection. In a national survey of LGB adults, Corliss, Cochran, and Mays (2002) found that self-identified homosexual and bisexual men reported higher rates of childhood emotional and physical maltreatment by parents than did heterosexual men (e.g., being kicked, hit, beat, choked, burned), possibly because the homosexual and bisexual participants were more likely to exhibit gender atypical behaviors during childhood. Parental responses that are not outright abusive may still convey rejection of their offspring's sexual orientation through confusion, sadness, shame, or anger (Goldfried & Goldfried, 2001; Henderson, 1998). This rejection puts LGB individuals at risk for various psychological difficulties.

Parents' and society's negative views of nonheterosexual orientations can also produce internalized homophobia in LGB individuals (Herek, 2004). Internalized homophobia operates as an interpersonal schema that guides interpersonal perceptions and interpretations in ambiguous situations. Gay individuals may see themselves and other gay men as inferior, morally unacceptable, or shameful and may perceive that their sexual orientation has a negative impact on others (Shidlo, 1994). In this way, internally homophobic gay men reject their own sexual orientation. Not surprisingly, internalized homophobia is associated with a variety of psychological difficulties. Meyer (1995) found that internalized homophobia was related to demoralization, guilt, suicidality, sexual problems, traumatic response to HIV-related stress, and a more severe negative impact of antigay violence and discrimination.

Yet, no research to date has examined the relationship of internalized homophobia with both past experiences of gay-related rejection and anxious expectations of future gay-related rejection. The rejection sensitivity construct seems to particularly benefit an examination of the interpersonal concerns of gay men given (a) the role of internalized homophobia as an organizing schema that may guide the interpersonal expectations and perceptions of gay men in interactions with heterosexual others; (b) the utility of the rejection sensitivity construct for understanding the difficulties faced by other stigmatized groups; and (c) the frequency of identity-related rejection in gay men, especially by close others such as parents.

In order to examine gay-specific rejection sensitivity, it is first necessary to establish a psychometrically sound assessment of this construct. Researchers have previously conducted analyses of interpersonal situations that are particularly distressing and uncom-

fortable for gay men (i.e., Cole, Kemeny, & Taylor, 1997; Pachankis & Goldfried, 2006), but neither examined *anxious expectations* of rejection, including the perceived *likelihood* of being rejected, in those situations. After attempting to establish a measure of gay-related rejection sensitivity that demonstrates a coherent factor structure as well as convergent and discriminant validity, we then use the measure to elucidate the mental health concerns of gay men. Specifically, we propose a mediational relationship whereby internalized homophobia mediates the relationship between parental rejection and rejection sensitivity. We also test rejection sensitivity's unique contribution to unassertive interpersonal behavior in the context of internalized homophobia and parental rejection.

We focus solely on gay men, as opposed to lesbians or bisexual individuals, as the sexual-orientation-related experiences of men are probably quite different from the sexual-orientation-related experiences of women (Diamond, 2003). Further, men who violate gender and sexuality norms are more likely to face hostility than are women who demonstrate nontraditional behavior in these domains (Herek, 1988). We also limit our focus to the degree of acceptance/rejection by one's parents. In doing so, we do not deny the impact of other types of rejection (e.g., from peers, religious organizations, society at large) in shaping either the rejection of one's own sexual orientation or the behavioral outcomes of that internalized rejection. However, given the particularly central role that parents' responses often play in shaping their offsprings' views of themselves and their standings in the world, and given the uncommon opportunity to study parental rejection in a group of individuals who often do not share their stigmatized status with their parents, we begin this research endeavor by focusing on the particular risk posed by parental rejection.

Method

Preliminary Data Collection for Development of the Gay-Related Rejection Sensitivity (RS) Scale

In order to generate items for the RS scale, 75 male participants were recruited from predominantly gay venues (e.g., beach, coffee shop) in the New York City metropolitan area during the summer of 2005. Participants, from whom written informed consent was obtained after the research assistants' brief introduction and study description, were asked to complete a short demographic questionnaire and to list specific situations in which they have felt uncomfortable because of the possibility of being rejected as a result of their sexual orientation. Their names were entered into a lottery drawing for \$50.

Participants were asked to identify their sexual orientation, age, ethnicity, education, income, and openness and comfort being gay. Participants indicated their sexual orientation among the following choices: *gay; bisexual, but mostly gay; bisexual, equally gay and heterosexual; bisexual, mostly heterosexual; heterosexual; uncertain, don't know for sure; queer*. Of the 75 participants, the breakdown of sexual orientation was gay ($n = 72$); bisexual, mostly gay ($n = 2$); bisexual, equally gay and heterosexual ($n = 1$). No participants indicated being heterosexual or bisexual, mostly heterosexual.

The average age of the participants was 40.85 ($SD = 9.72$). Their ethnicity was as follows: Black or African American ($n = 2$,

2.7%), White or Caucasian American ($n = 64$, 85.3%), Latino or Hispanic American ($n = 6$, 8.0%), and Asian American ($n = 3$, 4.0%). Participants were also asked to indicate their education by using the following scale: 1 (*did not finish high school*), 2 (*high school degree or GED*), 3 (*Associate's degree*), 4 (*Bachelor's degree*), or 5 (*graduate degree*). The mean level of education was 4.16 ($SD = 1.03$). Participants' incomes were also measured on a 5-point scale: 1 ($< \$9,999$), 2 ($\$10,000$ – $\$29,999$), 3 ($\$30,000$ – $\$50,000$), 4 ($\$50,000$ – $\$99,999$), 5 ($> \$100,000$). The mean income score for this sample was 4.09 ($SD = 1.09$).

Additionally, participants rated their level of openness being gay on a 7-point Likert-type scale ranging from 1 (*sexual orientation completely hidden from others*), to 4 (*sexual orientation not quite hidden but not quite open*), to 7 (*completely open with others about sexual orientation*). Comfort with being gay was measured on a 5-point Likert-type scale ranging from 1 (*very uncomfortable being gay*) to 5 (*very comfortable being gay*). The mean openness score was 6.17 ($SD = 1.04$). The mean comfort score was 4.66 ($SD = 0.74$).

After completing the demographic questionnaire, participants were asked to describe problematic situations related to their sexual orientation. They were told that their responses should include specific situations in which they have felt uncomfortable because of the possibility of being rejected as a result of their sexual orientation. Participants were told that it was unimportant whether or not rejection actually occurred, only whether or not the participant was concerned that rejection was possible. They were also given an example of the level of specificity required. Thus they were told that the statement, "going to a job interview," would be too general and that instead they should provide a level of specificity such as "I'm at a job interview that is going great and, then, the straight interviewer asks me if I'm married." In order to facilitate recall of these situations, we provided prompts for participants to generate situations in various interpersonal domains, namely, work, medical/health, family, leisure/recreation, social, and other. Because we had no a priori assumptions about the types of situations in which gay men would be most sensitive to rejection (e.g., close others or strangers), the domains for which we prompted span the closeness–stranger range.

The 75 participants provided 298 situations in all. Each participant provided, on average, 3.97 situations ($SD = 1.31$). The division of situations by each domain was as follows: work ($n = 67$), medical/health ($n = 54$), family ($n = 62$), leisure/recreation ($n = 45$), social ($n = 58$), and other ($n = 12$).

To narrow the item pool, three independent coders each formed clusters of items within each of the six domains. For example, clusters within the family domain for one coder included religion, dating/marriage, children, special occasions (weddings, birthdays), and extended family. After independently generating item clusters, the coders attempted to arrive at a consensus regarding the representative clusters. The coders agreed on 14 clusters of items and were instructed to create one item representing each cluster. They were given instructions that (a) the final list of situations should reflect each of the clusters, (b) all gay men should be able to easily imagine themselves in these situations even if they have never experienced the situation, and (c) situations should be likely to elicit a variety of responses from gay men (i.e., from neutral to anxious expectation of rejection). The resulting measure consists of 14 items (see Table 1).

Table 1
Gay-Related Rejection Sensitivity (RS) Scale Items and Factor Loadings

Item number	Item	Factor loading
Item 11	You go to a party and you and your partner are the only gay people there. No one seems interested in talking to you.	.786
Item 12	You are in a locker room in a straight gym. One guy nearby moves to another area to change clothes.	.775
Item 13	Some straight colleagues are talking about baseball. You force yourself to join the conversation, and they dismiss your input.	.762
Item 10	You and your partner are on a road trip and decide to check into a hotel in a rural town. The sign out front says there are vacancies. The two of you go inside, and the woman at the front desk says that there are no rooms left.	.730
Item 7	You go get an STD check-up, and the man taking your sexual history is rude towards you.	.724
Item 14	Your colleagues are celebrating a co-worker's birthday at a restaurant. You are not invited.	.722
Item 6	You go to donate blood and the person who is supposed to draw your blood turns to her co-worker and says, "Why don't you take this one?"	.697
Item 9	Only you and a group of macho men are on a subway train late at night. They look in your direction and laugh.	.690
Item 4	You go to a job interview and the interviewer asks if you are married. You say that you and your partner have been together for 5 years. You later find out that you don't get the job.	.680
Item 8	You bring a guy you are dating to a fancy restaurant of straight patrons, and you are seated away from everyone else in a back corner of the restaurant.	.667
Item 3	You've been dating someone for a few years now, and you receive a wedding invitation to a straight friend's wedding. The invite was addressed only to you, not you and a guest.	.598
Item 2	A 3-year old child of a distant relative is crawling on your lap. His mom comes to take him away.	.580
Item 5	You are going to have surgery, and the doctor tells you that he would like to give you an HIV test.	.574
Item 1	You bring a male partner to a family reunion. Two of your old-fashioned aunts don't come talk to you even though they see you.	.470

Participants

Participants ($n = 150$) were recruited from a predominantly gay public park in New York City during the spring and summer of 2006. One participant indicated that he was heterosexual and was therefore dropped from all analyses. Of the remaining 149 participants, the breakdown of sexual orientation was gay ($n = 140$); bisexual, mostly gay ($n = 7$); and queer ($n = 2$). No participants identified as bisexual, equally gay and heterosexual; bisexual, mostly heterosexual; or uncertain.

The average age of the participants was 35.46 years ($SD = 10.15$), and their ethnicity was as follows: Black or African American ($n = 7, 4.7\%$), White or Caucasian American ($n = 116, 77.9\%$), Latino or Hispanic American ($n = 9, 6.0\%$), Asian American ($n = 11, 7.4\%$), and Other Ethnicities ($n = 6, 4\%$). They were also asked to indicate their education by using the following scale: 1 (*did not finish high school*), 2 (*high school degree or GED*), 3 (*Associate's degree*), 4 (*Bachelor's degree*), 5 (*graduate degree*). The mean level of education was 4.09 ($SD = 0.97$). Participants' incomes were also measured on a 5-point scale ranging from 1 (< \$9,999), 2 (\$10,000–\$29,999), 3 (\$30,000–\$50,000), 4 (\$50,000–\$99,999), to 5 (> \$100,000). The mean income score for this sample was 3.62 ($SD = 1.08$).

Participants also rated their level of openness being gay and comfort with being gay by using the scales described above. The mean openness score was 5.98 ($SD = 1.19$), and the mean comfort score was 4.58 ($SD = 0.85$).

Measures

RS scale. By using the framework of Mendoza-Denton et al. (2002), we presented the 14 situations of our gay-related rejection sensitivity measure to participants followed by two response stems. Participants first indicated how concerned or anxious they would be that the situation occurred because of their sexual ori-

entation. They then indicated the likelihood that this situation occurred because of their sexual orientation. For example, Situation 1 ("You bring a male partner to a family reunion. Two of your old-fashioned aunts don't come talk to you even though they see you") was presented to participants followed by the questions, "How *concerned* or *anxious* would you be that they don't talk to you because of your sexual orientation?" (1 = *very unconcerned*, 6 = *very concerned*) and "How *likely* is it that they didn't talk to you because of your sexual orientation?" (1 = *very unlikely*, 6 = *very likely*).

Past conceptualizations have viewed status-based rejection sensitivity as a cognitive-affective processing dynamic (Downey & Feldman, 1996; Mendoza-Denton et al., 2002; Mischel & Shoda, 1995) and have therefore measured it as a conflation of the likelihood of perceiving rejection and the anxiety generated by this perceived rejection. As we found a similar pattern of association with other measures for the Likelihood subscale, the Anxiety subscale, and the combined scale (see Table 2), we followed the lead of Mendoza-Denton et al. (2002) in combining the perception likelihood score and anxious responding score into a Likelihood \times Anxiety combined score. To arrive at this score, we derived the product of the Likelihood and Anxiety subscales for each item and divided the sum of the 14 resulting scores by 14. The statistical and theoretical rationale for combining these two subscales in this manner is described by Mendoza-Denton et al. (2002) for their measure of status-based rejection sensitivity in African American university students.

Because no a priori assumptions guided the possible factor structure of this measure, we conducted an exploratory principal components factor analysis to determine the underlying structure of the 14 items. Factor analysis was deemed appropriate as the correlations of all items with each other were moderate to high and the partial correlations (the correlations between each pair of variables partialing out all other variables) were typically lower, as

Table 2
Zero-Order Correlations Between the 14-Item Gay-Related Rejection Scale and Related Measures for Likelihood of Perceiving Rejection, Anxiety That Sexual Orientation Was Targeted, and Interaction of Likelihood of Perceiving and Anxiety (n = 149)

Measure	Likelihood	Anxiety	Likelihood × Anxiety
Brief Fear of Negative Evaluation Scale	.31**	.44**	.39**
Rosenberg Self-Esteem Scale	-.14	-.24**	-.22**
Rathus Assertiveness Schedule	-.23**	-.34**	-.30**
Perceived Gay Discrimination	.31**	.34**	.34**
Internalized Homophobia Scale—Total	.24**	.26**	.26**
Public Identification as Gay	.12	.16	.14
Perception of Gay Stigma	.36**	.31**	.35**
Social Comfort With Gay Men	.16	.20*	.21*
Moral/Religious Acceptability of Being Gay	-.02	.03	-.02
Interpersonal Sensitivity Measure—Total	.38**	.42**	.42**
Interpersonal Worry and Dependency	.37**	.45**	.43**
Low Self-Esteem	.17*	.17*	.16*
Unassertive Interpersonal Behavior	.22**	.30**	.29**
Parental Rejection of Son's Sexual Orientation ^a	.27**	.17	.24*

^a Only 112 participants reported disclosing their sexual orientation to at least one of their parents; therefore, for this item, $n = 112$.

* $p < .05$. ** $p < .01$.

indicated by the Kaiser–Meyer–Olkin index of .88. An examination of the scree plot of eigenvalues indicated that the data were adequately fit with a one-factor solution accounting for 46.35% of the variance. The first 10 eigenvalues were 6.49, 1.36, 1.15, .75, .68, .63, .59, .48, .46, and .40. Table 1 orders the 14 items by factor loading.

Individual item distributions were examined in order to eliminate those items that were highly skewed or otherwise imbalanced (L. A. Clark & Watson, 1995). The highest absolute value of skewness across all items was 1.69 ($SE = .20$). Means for the 14 items ranged from 7.63 to 17.03. The standard deviations for the items ranged from 8.09 to 11.58. No item was sufficiently skewed to merit elimination from the scale, and each item generated a sufficient variance in responses. The internal consistency of the 14 scale items as indexed by Cronbach's alpha was .91. The mean inter-item correlation of these items was .42, which is sufficient for a scale measuring a narrow-band construct such as gay-related rejection sensitivity (L. A. Clark & Watson, 1995).

By using the 14 items derived as described above, we then established the convergent and discriminant validity of the RS scale. We expected that the measures that are seemingly most closely related to the RS scale (e.g., those assessing fear of negative evaluation, assertiveness, perceived gay discrimination, internalized homophobia, and interpersonal sensitivity) would yield moderate correlations with the RS scale. We also examined the pattern of correlations between the RS scale and the subscales of the Internalized Homophobia Scale (IHS) and the Interpersonal Sensitivity Measure (IPSM). We expected that the RS measure would demonstrate higher correlations with theoretically related subscales of related measures (e.g., Perception of Gay Stigma, Interpersonal Worry and Dependency) than with unrelated subscales of those measures (e.g., Low Self-Esteem, Public Identification as Gay, Moral/Religious Acceptability of Being Gay).

Correlations between our measure and related measures were examined (see Table 2). As expected, we found that the RS scale

was moderately correlated with the Brief Fear of Negative Evaluation Scale, the Rathus Assertiveness Schedule, the Perceived Gay Discrimination scale, the IHS, and the IPSM. The RS scale produced a small but significant correlation with the Rosenberg Self-Esteem Scale. The measure and subscale that are most closely related to the RS scale—the IPSM and the Perception of Gay Stigma subscale of the IHS—produced moderate correlations, which suggests that these measures are not interchangeable with the RS scale, that there is a substantial amount of remaining variance in relevant criteria variables to be accounted for by the RS scale, and that this variance is not accounted for by a broader tendency toward interpersonal sensitivity or toward perceiving gay stigma.

The pattern of correlations presented in Table 2 also supports the discriminant validity of the scale. In order to establish discriminant validity, we compared the pattern of correlations between our measure and the subscales of the IHS and IPSM. The RS scale was more highly correlated with theoretically related subscales of the IHS and IPSM (i.e., Perception of Gay Stigma, Interpersonal Worry and Dependency) than with unrelated subscales (i.e., Low Self-Esteem, Public Identification as Gay, Moral/Religious Acceptability of Being Gay). We then tested the differences of the correlations of RS with these related versus unrelated subscales by using Meng, Rosenthal, and Rubin's (1992) equation for comparing two correlations drawn from the same sample, sharing one variable. All of the following comparisons yielded significant differences (or differences that approached significance): Perception of Gay Stigma versus Low Self-Esteem ($Z = 1.95$, $p = .05$), Perception of Gay Stigma versus Public Identification as Gay ($Z = 2.26$, $p < .05$), Perception of Gay Stigma versus Moral/Religious Acceptability of Being Gay ($Z = 3.19$, $p < .001$), Interpersonal Worry and Dependency versus Low Self-Esteem ($Z = 3.23$, $p < .001$), Interpersonal Worry and Dependency versus Public Identification as Gay ($Z = 2.96$, $p < .01$), Interpersonal Worry and Dependency versus Moral/Religious Acceptability of

Being Gay ($Z = 4.11, p < .001$). We had no specific prediction for RS's pattern of correlations with the theoretically related subscales (i.e., Perception of Gay Stigma, Interpersonal Worry and Dependence) versus the Social Comfort with Gay Men and Unassertive Interpersonal Behavior subscales. We found that the correlations between the RS scale and the following pairs of subscales involving one of the two theoretically relevant subscales (i.e., Perception of Gay Stigma, Interpersonal Worry and Dependence) were not significantly different: Perception of Gay Stigma and Social Comfort with Gay Men ($Z = 1.36, p = .17$), Perception of Gay Stigma and Unassertive Interpersonal Behavior ($Z = 0.61, p = .54$), and Interpersonal Worry and Dependence and Unassertive Interpersonal Behavior ($Z = 1.78, p = .07$). However, the correlation with the RS scale was significantly higher for the Interpersonal Worry and Dependence subscale than for the Social Comfort with Gay Men subscale ($Z = 2.30, p < .05$).

Brief Fear of Negative Evaluation Scale (BFNE; Leary, 1983). Based on the original Fear of Negative Evaluation Scale (Watson & Friend, 1969), the BFNE measures concern about others' evaluations and distressing thoughts about incurring disapproval and criticism. The BFNE, for which we used a dichotomous response option for each of the 12 items (false = 1, true = 2), is a short version of the original 30-item Fear of Negative Evaluation Scale (Watson & Friend, 1969). The BFNE has strong psychometric properties (Leary, 1983). Cronbach's alpha of the BFNE in the present sample was .90. Examples of BFNE items include "I am afraid that others will not approve of me," "I am frequently afraid of other people noticing my shortcomings," and "I often worry that I will say or do the wrong things."

Rathus Assertiveness Schedule (RAS; Rathus, 1973). The RAS is a 30-item self-report measure of assertive behavior. It has moderate-to-strong test-retest and split-half reliability and is predictive of the impression that respondents make on others and of their ability to generate assertive responses in relevant situations. Participants respond on a 6-point Likert-type scale with the endpoints 1 (*very uncharacteristic of me*) and 6 (*very characteristic of me*). Cronbach's alpha of the RAS in the present sample was .89. Sample items of the RAS include "To be honest, people often take advantage of me," "I avoid arguing over prices with clerks and salesmen" (reversed scored item), and "I am open and frank about my feelings." The item "I often don't know what to say to attractive persons of the opposite sex" was replaced with "I often don't know what to say to attractive persons of the same sex."

IHS (Ross & Rosser, 1996). The IHS measures gay men's internalization of negative societal attitudes toward (or rejection of) homosexuality. Its 26-items assess public identification of being gay, perception of stigma associated with being gay, social comfort with other gay men, and the moral and religious acceptability of being gay. This measure demonstrates associations with length and satisfaction of personal relationships, disclosure of sexual orientation, participation in gay social groups, and proportion of time spent with other gay people. Participants rated each item by using a 5-point Likert-type scale with the following anchors: 1 (*strongly disagree*), 2 (*disagree*), 3 (*neutral*), 4 (*agree*), and 5 (*strongly agree*). Cronbach's alpha of the IHS in the present sample was .80. Sample items of the IHS include "Obviously effeminate homosexual men make me feel uncomfortable," "I would prefer to be more heterosexual," and "Even if I could change my sexual orientation, I wouldn't" (reverse scored item).

IPSM (Boyce & Parker, 1989). We measured non-gay-related interpersonal sensitivity by using the IPSM. This measure was created to measure hypersensitivity to interpersonal rejection, a trait that has been shown to be a risk factor for depression (Boyce et al., 1990) and to correlate with social anxiety disorder (Harb, Heimberg, Fresco, Schneier, & Leibowitz, 2001). This measure was deemed more appropriate than the Rejection Sensitivity Questionnaire of Downey and colleagues (Downey & Feldman, 1996), as the wording of items in the Rejection Sensitivity Questionnaire applies mostly to college-aged students. The IPSM, however, is well-suited for use in a community sample of adults. The IPSM demonstrates high reliability and validity in depressed individuals and individuals with social anxiety disorder.

Participants respond to the 36 items of the IPSM by using a 4-point Likert-type scale with the following anchors: 1 (*very unlike me*), 2 (*moderately unlike me*), 3 (*moderately like me*), and 4 (*very like me*). In addition to total scores on the scale, we examined participants' scores on the three subscales reported by Harb et al. (2001), namely the Interpersonal Worry and Dependency subscale, the Low Self-Esteem subscale, and the Unassertive Interpersonal Behavior subscale.

Sample items include "If other people knew what I am really like, they would think less of me," "I always notice if someone doesn't respond to me," and "I am always aware of how other people feel." Cronbach's alpha was .88 in the current sample.

Perceived Gay Discrimination (adapted from Garstka, Schmitt, Branscombe, & Hummert, 2004). We assessed perceived gay discrimination with four items by using a 1 (*strongly disagree*) to 7 (*strongly agree*) Likert-type scale adapted from the Perceived Age Discrimination scale of Garstka, Schmitt, Branscombe, and Hummert (2004). The items were as follows: "I feel like I am personally a victim of society because of my sexual orientation," "I consider myself a person who has been deprived of the opportunities that are available to others because of my sexual orientation," "Gay men as a group have been victimized by society," "Historically, gay men have been discriminated against more than heterosexual men." The mean of these four items was calculated, with higher values representing greater perceived discrimination against gay men. In this sample, Cronbach's alpha was .73.

Parents' attitudes toward son's sexual orientation. Participants were asked whether or not they had told their mother (closest female guardian) and father (closest male guardian) that they are not heterosexual. Those participants who indicated that they had disclosed their sexual orientation to their mother and/or father were asked, "How tolerant is she (he) towards your sexual orientation currently?" Participants answered this question with a 7-point Likert-type scale ranging between 1 (*completely tolerant and accepting*), 2 (*mostly tolerant and accepting*), 3 (*somewhat tolerant and accepting*), 4 (*neither accepting nor rejecting*), 5 (*somewhat hostile and rejecting*), 6 (*mostly hostile and rejecting*), and 7 (*completely hostile and rejecting*). Scores for maternal attitude and paternal attitude were averaged for each participant. For those participants who had disclosed their sexual orientation to only one parent, only the score for that parent's attitude was used. Thirty-seven participants had not disclosed their sexual orientation to either parent; therefore, they did not receive a score on this variable.

Rosenberg Self-Esteem Scale (RSE; M. Rosenberg, 1965). The RSE measures how positively or negatively participants view

themselves. Participants complete the 10 items of the RSE by using a Likert-type scale with 4 points: 1 (*strongly agree*), 2 (*agree*), 3 (*disagree*), and 4 (*strongly disagree*). The scale generally has high reliability. Sample items include "I take a positive attitude toward myself" (reverse scored item), "I certainly feel useless at times," and "At times I think I am no good at all." Cronbach's alpha in the current sample was .85.

Procedure

Research assistants introduced themselves, asked participants to sign a consent form, and then provided participants with the packet consisting of the measures described above. Participants completed the measures described above at the recruitment location and received \$10.00 once they completed the packet.

Results

We attempted to establish preliminary evidence for the validity of the gay-related rejection sensitivity construct as measured by the RS scale. To do this, we tested the relationships among parental rejection of one's sexual orientation, the internalization of this rejection as an interpersonal schema that guides views of self and interactions with others as a gay man (i.e., internalized homophobia), and anxious expectations of future gay-related rejection. As noted earlier, parental rejection toward any child or adolescent, regardless of his or her stigmatized status, can produce distorted schemas of self and others, such as the internalization of negative self-views and sensitivity to future rejection from others (Feldman & Downey, 1994; Rohner & Rohner, 1980). The internalization of sexual-orientation-related rejection (as internalized homophobia) may at least partially mediate the association between parental rejection of sexual orientation and sensitivity to future gay-related rejection. Support for this mediation analysis would provide preliminary evidence for the utility of applying the rejection sensitivity construct to the rejection-related experiences of gay men and also evidence for the construct validity of the current measure.

Preliminary Analyses

Of the 149 participants, 37 indicated that they had not disclosed their sexual orientation to at least one parent. Therefore, for all remaining analyses involving parental reactions to participants' sexual orientation, $n = 112$. However, in order to determine whether those participants who had disclosed to parents differed from those who had not, we conducted a one-way multivariate analysis of variance with internalized homophobia and gay-related rejection sensitivity entered as dependent variables. This analysis revealed a significant effect for whether or not participants had disclosed to at least one parent (Wilks's lambda = .95, $\eta^2 = .05$), $F(2, 146) = 3.48, p < .05$, with the independent variable accounting for 5% of the variance in the set of dependent variables (1 – Wilks's lambda). Follow-up univariate analyses of the main effect of disclosure indicated significantly higher scores on the internalized homophobia measure ($\eta^2 = .04$), $F(1, 147) = 5.71, p < .05$, for those participants who had not disclosed to their parents. However, the difference between the groups on the gay-related rejection sensitivity measure only approached significance ($\eta^2 = .02$), $F(1, 147) = 2.83, p = .10$. The mean score on the scale of

parental attitudes toward their son's sexual orientation was 1.79 ($SD = 1.03$). Participants' scores ranged from 1.00 to 5.50.

Mediation of the Relationship Between Parental Rejection and Rejection Sensitivity by Internalized Homophobia

We hypothesized that the relationship between parental rejection and rejection sensitivity would be mediated by participants' levels of internalized homophobia. In order to test whether we had met the conditions for mediation (Baron & Kenny, 1986), we conducted a series of regression analyses. In the first regression analysis, we predicted rejection sensitivity from parental rejection. Parental rejection was significantly related to rejection sensitivity ($\beta = .24$), $t(110) = 2.53, p < .05$. We then conducted a regression analysis to test whether the predictor, parental rejection, was related to the mediator, internalized homophobia. This analysis was also significant ($\beta = .39$), $t(110) = 4.39, p < .0001$. Finally, to demonstrate that internalized homophobia was related to rejection sensitivity in the context of parental rejection, and that internalized homophobia mediates the relationship between parental rejection and sensitivity to future rejection, we conducted a regression analysis in which we entered parental rejection and internalized homophobia as the predictor variables and rejection sensitivity as the outcome variable. The results of this regression support our hypothesis. The relationship between parental rejection and sensitivity to future rejection dropped ($\beta = .15$), $t(109) = 1.47, ns$, in the context of internalized homophobia. Internalized homophobia, which was correlated .39 ($p < .01$) with parental rejection and .29 ($p < .01$) with rejection sensitivity, retained a significant relationship with rejection sensitivity ($\beta = .23$), $t(109) = 2.37, p < .05$, when parental rejection was included in the model.

In order to directly test the proposed mediation, we used Sobel's test as recommended by MacKinnon, Warsi, and Dwyer (1995) to test the significance of the joint path from parental rejection to internalized homophobia and from internalized homophobia to rejection sensitivity. The results of this test indicated that this joint path remained significant in the context of the direct path from parental rejection to rejection sensitivity ($Z = 2.08, p < .05$). These results support our hypothesis that internalized homophobia mediates the effect of parental rejection on rejection sensitivity.

To verify that an alternate mediational relationship could not better describe the association among the three variables tested above, we tested the possibility that rejection sensitivity mediated the relationship between parental rejection and internalized homophobia. Results of this analysis suggest that this is not the case. In the first regression, parental rejection was significantly related to internalized homophobia ($\beta = .39$), $t(110) = 4.39, p < .0001$. Parental rejection was also related to rejection sensitivity ($\beta = .24$), $t(110) = 2.53, p < .05$. The relationship between parental rejection and internalized homophobia did not substantially drop in the context of rejection sensitivity and remained significant ($\beta = .34$), $t(109) = 3.80, p < .0001$. The association between rejection sensitivity and internalized homophobia also remained significant ($\beta = .21$), $t(109) = 2.37, p < .05$, after controlling for the contribution of parental rejection. Further, Sobel's test did not yield a significant reduction for this mediation ($Z = 1.14, p = .25, ns$). This also supports our hypothesized association among these three variables—that is, that internalized homophobia mediates the link between parental rejection and rejection sensitivity, instead of

rejection sensitivity mediating the link between parental rejection and internalized homophobia. As we propose that parental rejection precedes the formation of problematic gay-related cognitive-affective processing (i.e., internalized homophobia, rejection sensitivity), we tested only the above two mediational analyses.

Unique Contribution of Rejection Sensitivity to Unassertiveness in the Context of Parental Rejection and Internalized Homophobia

Table 3 shows bivariate correlations, means, and standard deviations for parental attitudes, internalized homophobia, rejection sensitivity, and assertiveness. The strongest relationship was between parental rejection and internalized homophobia ($r = .39$, $p < .01$). Both of these variables had a moderate relationship with rejection sensitivity ($r_s = .24$, $p < .01$; and $.29$, $p < .01$, respectively), and assertiveness ($r_s = -.25$, $p < .01$; and $-.37$, $p < .01$, respectively).

We conducted a hierarchical regression analysis to determine if the addition of gay-related rejection sensitivity improved the prediction of unassertiveness over and above that committed by parental rejection and internalized rejection of sexual orientation. Table 4 displays R , R^2 , and the change in R^2 , as well as F , df , and β for each step of the analysis. R was significantly different from zero at the end of each step. At the second step, in which parental rejection was entered along with internalized homophobia, R^2 equaled $.15$, $F(1, 109) = 9.61$, $p < .0001$. After the third step, in which rejection sensitivity was added to parental and internalized homophobia, R^2 equaled $.19$, $F(1, 108) = 8.49$, $p < .0001$; yielding a $.04$ change in R^2 , $p < .05$. Addition of rejection sensitivity then makes a significant contribution to the ability to predict unassertive interpersonal behavior over and above parental rejection and internalized rejection of participants' sexual orientation (i.e., internalized homophobia).

Discussion

In order to examine the influence of rejection sensitivity on the cognitive-affective-behavioral functioning of gay men, we first established a measure for examining this construct as it applies to this population. The scale developed here seems to adequately represent the rejection-related concerns of gay men as its items represent a unitary factor and generate sufficient variance in our sample. Further, the scale demonstrates adequate convergent and

Table 3
Correlations Among Major Variables

Variable	1	2	3	4
1. Parental rejection ^a	—	.39**	.24**	-.25**
2. Internalized homophobia		—	.29**	-.37**
3. Rejection sensitivity			—	-.31**
4. Assertiveness				—
<i>M</i>	1.79	63.99	11.49	17.56
<i>SD</i>	1.03	11.89	6.86	27.88

^a Only 112 participants reported disclosing their sexual orientation to at least one of their parents; therefore, for analyses involving this item, $n = 112$.

** $p < .01$.

Table 4
Summary of Hierarchical Multiple Regression of Parental Rejection, Internalized Homophobia, and Rejection Sensitivity on Assertive Interpersonal Behavior

Variable	R_{total}	R^2_{total}	R^2_{change}	F_{change}	df	β
Step 1						
Parental	.25	.06	.06	7.28	1, 110	-.25**
Step 2						
Parental						-.13
Internalized	.39	.15	.09	11.25	1, 109	-.32**
Step 3						
Parental						-.09
Internalized						-.27**
Sensitivity	.44	.19	.04	5.47	1, 108	-.21*

* $p < .05$. ** $p < .01$.

discriminant validity when compared with other measures, suggesting that rejection sensitivity as assessed by the current measure represents a useful construct not already captured by other measures.

We then establish evidence for the utility of the gay-related rejection sensitivity construct in understanding the interpersonal concerns of gay men. Specifically, we found support for the predicted relationships involving rejection sensitivity and parental rejection, internalized homophobia, and unassertive interpersonal behavior. Clinical and empirical accounts of the experiences of gay men have long suggested that rejection-related concerns rank at the forefront of this population's presenting difficulties (D'Augelli, 1992; Martin, 1982; Radkowsky & Siegel, 1997; Roesler & Deisher, 1972). Clinicians working with gay men may recognize the impact of past gay-related rejection on their gay clients' present cognitive-affective-behavioral functioning. The present study offers empirical support for this clinical observation while also testing the mediating effect of the internalized rejection of one's own sexual orientation (i.e., internalized homophobia). Specifically, we found that internalized homophobia mediates the relationship between parental rejection of one's sexual orientation and sensitivity to future gay-related rejection. We also found that gay-related rejection sensitivity significantly predicts unassertive interpersonal behavior beyond the prediction afforded by parental rejection and internalized homophobia.

Clinically, the alleviation of distorted cognitive-affective processing, such as sensitivity to gay-related rejection, depends on incorporating a new understanding of self and others. The concept of *schema revision* has proven to be an important factor in many therapeutic approaches (Goldfried, 2003). The usefulness of schema revision rests on the premise that past experiences shape internal views of self and others. When these past experiences are traumatic or otherwise stressful, as is often the case for gay men who have experienced rejection of their sexual orientation, distorted schemas of self and others may become inaccurate and distressing. Although gay men's expectations of rejection may not always be inaccurate, rejection-sensitive gay clients may benefit from therapeutic techniques that have proven effective for promoting schema revision, especially if internalized homophobia drives their rejection sensitivity. First, for example, clinicians may need to help certain gay clients understand the processes by which the

attitudes of society, parents, and others become internalized. Beyond this, however, therapists may also promote corrective experiences both within and outside of therapy sessions to aid schema revision. For example, gay clients who expect to be rejected by a particular group of people (e.g., heterosexual men) may benefit from learning how to develop trusting relationships with accepting members of this group (including the therapist if he or she happens to be a member of this previously threatening group). In this way, gay clients accrue schemas of acceptance by others, which can eventually replace the more presently salient schemas of rejection by others. This may in turn lead to more satisfying mixed-orientation relationships as well as more satisfying same-sex relationships. Clinical evidence attests to the benefits of promoting this type of corrective experience for gay men (Haldeman, 2006).

As our findings also support the hypothesis that rejection sensitivity contributes to unassertive interpersonal behavior in gay men, future clinicians and researchers may wish to extend investigations of assertiveness training to this population. Clinicians and researchers in the 1970s fully recognized the implications of applying assertiveness training to the unique concerns of women (Goldfried & Davison, 1994). Indeed, assertiveness training was used to promote the development of a healthy female identity, awareness of the ways in which women internalized society's negative view of their gender, and success in interpersonal relationships at home and in the workplace. Today, given the similarly devalued status of gay men across many domains of society, assertiveness training for this group seems promising. The need for research in this area is particularly compelling, especially given the recent evidence of increased rates of social anxiety symptomatology in this population (Pachankis & Goldfried, 2006; Safren & Pantalone, 2006), the relationship between unassertiveness and social anxiety (see below), and the role of unassertiveness and social anxiety in unsafe sexual behavior (Hart & Heimberg, 2005; Weinhardt, Carey, Carey, & Verdecias, 1998).

Expectations of rejection may lead not only to unassertiveness, as the present study suggests, but also to social anxiety. Many studies have established that unassertiveness and social anxiety are closely related constructs (e.g., Arrindell et al., 1990; Chambless, Hunter, & Jackson, 1982; Davila & Beck, 2002; Linehan & Walker, 1983). Rejection-prone beliefs about self and others and heightened emotional arousal in response to perceived rejection underlie both constructs (e.g., Goldfried & Sobocinski, 1975; Kuperminc & Heimberg, 1983; Morrison & Bellack, 1981; Smith & Sarason, 1975). Future research could test the relationship between rejection sensitivity and social anxiety by looking at the prevalence of rejection sensitivity in samples of socially anxious and non-socially anxious gay men. Studies of this type could refine the field's present conceptualization of social anxiety in stigmatized populations such that these individuals would not be diagnosed as socially anxious given the sometimes realistic and reasonable nature of their social fears and the incompatible *DSM-IV* (American Psychiatric Association, 1994) criteria for social anxiety disorder specifying that "the person recognizes that this fear is unreasonable or excessive" (p. 456).

Our study also found that over one-quarter of the present sample had not disclosed their sexual orientation to at least one parent. Analyses of the present data revealed that those men who had not disclosed to their parents reported significantly higher internalized homophobia than did those who had disclosed. Additionally, the

difference between these two groups on the gay-related rejection measure approached significance. These findings suggest that internalized homophobia or sensitivity to gay-related rejection may underlie decisions to reveal a nonheterosexual orientation to parents and, thus, may precede parental rejection. In fact, D'Augelli, Hershberger, and Pilkington (1998) suggested that gay individuals may avoid disclosure to parents because they expect their parents to reject them. Yet, it is also possible that rejection sensitivity, internalized homophobia, and nondisclosure to parents all share a common determinant, such as inhibited temperament.¹ Therefore, it is possible that rejection sensitivity may develop without parental rejection, as a result of factors such as behavioral inhibition, and that the avoidance of parental rejection (through the avoidance of disclosing) may also be explained by this inhibition.

Despite its strengths, the present research has limitations. Given its cross-sectional nature, the present study cannot definitely establish the causal influence of parental rejection on the development of internalized homophobia, anxious expectations of future rejection, or unassertive interpersonal behavior. Further, the study's cross-sectional approach cannot establish the temporal sequence required for true mediation. One could assume temporal mediation if one also assumes that parental rejection conceptually precedes internalized homophobia and rejection sensitivity. Yet, only a prospective approach to the present variables could test that hypothesis. The study's self-report nature also limits the strength of our conclusions. For example, parental rejection may be confounded with our measure of rejection sensitivity, such that those who self-report parental rejection are indeed more sensitive to rejection (and thus more likely to perceive rejection from their parents regardless of their parents' actual degree of rejection). The gay participants in this study may have drawn on their own rejection of their gay identity in ascertaining the attitude of their parents toward this identity.

The present research did not assess the relative importance of gay-related rejection in the context of the overall quality of the parent-son relationship. Therefore, it is possible that our measure of parental rejection of sexual orientation may have reflected overall parental rejection, which could have numerous consequences, only two of which are a negative view of one's own sexual orientation and anxious expectations of rejection. It will therefore be incumbent on future research to determine the relative impact of parental rejection of *sexual orientation* versus *broader* parental rejection. Future research might also test the relative contributions of rejection by parents versus rejection by others

¹ In his exotic-becomes-erotic theory, Bem (1996) suggested that temperamental styles like inhibition could even produce same-sex attraction. He argued that genes coding for certain temperamental characteristics, namely low aggression and low activity level, will produce sex-atypical behavior in boys, which eventually results in erotic attraction to same-sex peers. Specifically, Bem suggested that sex-atypical behavior leads boys to feel different from their same-sex peers, which results in autonomic arousal (eventually sexual arousal) in response to same-sex peers. Further, data suggest that inhibited temperament appears to predict sensitivity, especially in response to social cues, into adulthood (Schwartz, Wright, Shin, Kagan, & Rauch, 2003). These data together with Bem's theory suggest that temperament—in addition to contributing to rejection sensitivity, internalized homophobia, and nondisclosure of sexual orientation—could also explain the development of a homosexual orientation itself.

(e.g., peers, other family members), as parental rejection may not produce the same extent of distressing consequences if it occurs in the context of acceptance by others.

The participants in the present study were all men; were relatively educated, wealthy, and urban; and were predominantly White compared with the overall U.S. population. The participants were also likely to report being quite comfortable with and open about their sexual orientation. Despite the limitations of this somewhat unrepresentative sample, however, we still found support for the hypotheses of the present study. Nonetheless, it would be important to investigate the processes tested here in a more representative sample of LGB men and women. Future research may find that the intersection of multiple stigmatized identities (e.g., sexual orientation, race, socioeconomic status) establishes unique processes for multiply stigmatized individuals contending with rejection-related concerns. The present study, though, cannot support the operation of the gay-related rejection sensitivity construct in a more diverse sample, especially since the items in our rejection sensitivity measure do not reflect the experiences of all gay men (e.g., those who are unemployed may have difficulty responding to the "job interview" item). Further, one could assume that those gay men who do not possess a strong gay identity (e.g., because they are not open about being gay, are uncomfortable with being gay, do not have contact with other gay men, have other more central group-based identities) would not expect to be rejected because of their sexual orientation, as they do not use this aspect of themselves in organizing information directed toward them. Further, gay men with these attributes may also have difficulty imagining themselves in the situations included in our measure (e.g., being with a same-sex partner in public). Of course, one could make a case for why these men would be even more sensitive to rejection than would more open, comfortable gay men who possess a strong gay identity. The conceptual model set forth in this study, therefore, must be interpreted with caution when extrapolating to individuals who do not match the participants in our samples.

In sum, the present research draws on a cognitive-affective-behavioral paradigm to examine the process by which gay men experience rejection of their sexual orientation. We established a measure of the gay-related rejection sensitivity construct and found that it is a useful measure of the construct as it operates in our sample. More research of this type is needed that applies mainstream psychological constructs to examinations of the experiences of underrepresented groups. Examining mainstream paradigms in a unique group like gay men can potentially support or challenge our present understanding of assumed psychological processes. In this study, we applied the examination of rejection sensitivity to a group of individuals for whom rejection is quite common. As predicted, we found that rejection of an important aspect of one's self is associated with unfortunate internal and interpersonal consequences, potentially shifting someone's experience of self, others, and everyday life.

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