

Sexual Orientation Identity Formation

A Western Phenomenon

Vivienne Cass, Ph.D.

In the past 25 years concepts such as “lesbian identity,” “gay identity,” “bisexual identity,” and “coming out” have become an established part of the Western mental health practitioner’s vocabulary. Without question we now assume that being lesbian, gay, bisexual, or heterosexual is a real event or experience, that being heterosexual is the default identity, and that homosexual and bisexual identities emerge after a unique process of psychological development.

These assumptions have been reinforced by a now considerable body of literature that has focused on the process by which individuals acquire a lesbian or gay identity (Ponse 1978; Raphael 1974; Schafer 1976, drawing on a sociological career-path approach; Plummer 1975; Troiden 1979; Weinberg 1983, drawing on symbolic interactionism; Cass 1979, 1984, 1985, 1990; Coleman 1981–2; Malyon 1982; Minton

and McDonald 1983-4; Schippers 1989, taking a psychological perspective). Some of these models of homosexual identity formation have been adopted by mental health professionals as a useful tool in helping clients "find themselves," "feel better about being lesbian, gay, or bisexual," "come to terms with a lesbian or gay sexual orientation," "find their true selves," and so on.

However, many mental health professionals (as well as theorists and researchers, unfortunately) have taken an ethnocentric viewpoint, making the incorrect assumption that all these concepts and processes are universal "truths" or "facts" that may be found in the psychology of all people, regardless of culture and social background. This viewpoint has been called the "essentialist approach" (see Chapter 6 by Stein; E. Stein 1992).

As a result of anthropological and historical evidence published in the last decade, we now know that many non-Western cultures take quite different viewpoints. Concepts such as sexual preference and orientation, sexual identity, coming out, homosexual identity formation, and bisexual identity, as well as some of the behaviors that (from a Western perspective) express these notions, do not exist in many of the world's sociocultural contexts. We also know that these concepts have not always existed in Western settings. From this it must be concluded that our ideas on sexual orientation and identity are specific to Western cultures at this particular period in our history (or to cultures that have been influenced by modern Western cultures). Such conclusions represent the social constructionist approach.

It is important for Western mental health practitioners to understand this broad context as they work with clients on issues of homosexual and bisexual identity formation. Several important implications arise from the constructionist understanding, such as the need to be aware of imposing our cultural norms on people from different sociocultural contexts and the need to recognize that ideas of sexual orientation, identity, and identity development may alter over time and hence may lead to changes in behavior.

Nevertheless, we cannot ignore the fact that practitioners regularly encounter clients who exhibit essentialist attitudes and behaviors—believing, for example, that their sexual attractions are a fixed part of their inner psychology and believing that the development of a lesbian, gay, or bisexual identity is a logical extension of this orientation. Hence, Western mental health professionals are required to work within a framework that accommodates the essentialist thinking

of their clients, while recognizing the constructed nature of the issues on which their work is based.

The author's theory of lesbian and gay identity formation, described in this chapter, lies within such a framework. Known as *social constructionist psychology* (Bond 1988; Gergen 1985; Semin and Gergen 1990; Shotter 1991; Shweder and LeVine 1992; Stigler et al. 1992), this perspective seems most able to integrate these seemingly contradictory perspectives.

Social Constructionist Psychology and Sexual Orientation Identity Formation

Constructionist psychology, although neither antiuniversalist nor antirelativist, has identified broad-based support for its basic premise that *much of psychological functioning and human behavior is specific to the sociocultural environment in which people live, rather than the result of inner psychological mechanisms that can be found universally in all human beings.* (The latter view epitomizes the traditional psychology perspective in which most mental health practitioners have been trained.)

Within each sociocultural environment, setting, or world there exists an *indigenous psychology* (Heelas and Lock 1981), a system of psychological knowledge that forms part of the culture in which it resides. This system contains everything each world holds as the truth about human psychology (why human beings act the way they do) and is so integrated within the culture as to be taken for granted, that is, simply accepted as "the way things are." The indigenous psychology includes information about what constitutes a psychological concept; the kinds of psychological processes that occur; the behaviors that define these concepts and processes; and even the psychological problems, explanations, and solutions that exist in that culture. Indigenous psychologies direct and constrain the way individuals act, feel, think, and talk about themselves and others. In other words, each indigenous psychology defines a specific psychological reality for its people, a reality that is intricately linked with the ideological, moral, and historical foundations of the sociocultural setting.

Part of Western indigenous psychology is a system of "sexual" knowledge that informs us of the existence of sexual orientations and of sexual orientation identities, identifying behaviors, processes, and

explanations that allow us to hold an understanding of what these concepts mean. We are acculturated with this knowledge, taking for granted a psychological reality that is assumed to have sexual orientations and related types or identities. Expressed in the language of essentialism, we perceive that lesbian, gay, bisexual, and heterosexual types of people exist and experience themselves as such; that development of a lesbian, gay, bisexual, or heterosexual identity occurs in a fairly predictable way; and so on. Hence some individuals are led by their Western indigenous psychology to experience *being* homosexual, bisexual, or heterosexual.

According to social constructionist psychology, *behavior (including actions, thoughts, and feelings) arises out of the relationship between individuals (both their biological and psychological capacities) and their sociocultural environments (including the indigenous psychology)*—a relationship that may be characterized as a process of *reciprocal interaction*, in which human beings simultaneously influence and are influenced by their environments during continual interchanges. Although biological and psychological capacities may include human processes that are universal as well as specific, the constructionist perspective recognizes that these factors can never be taken on their own as causes of behavior but must be seen as part of a larger process of reciprocal interaction.

According to this proposal, *lesbian, gay, or bisexual identity formation* is not a process of simply “finding an inner sense of self,” as it has been traditionally formulated. Rather, *it is one in which people translate the everyday understanding of lesbian, gay, or bisexual identity provided by the Western indigenous psychologies into knowledge, behaviors, beliefs, and experiences about themselves via the process of reciprocal interaction.*

This understanding of identity formation calls for a shift in the thinking of mental health practitioners who have previously adopted the traditional psychological approach that a lesbian, gay, or bisexual identity is the result of inner developmental processes. Rather than a focus solely on inner psychological processes, it is the relationship between individual and environment, represented often in patterns of interaction between people, that now requires our attention.

Constructionist psychology directs us to ask quite different questions: What are the processes by which people come to move from a third-person approach to homosexuality or bisexuality (“Some people are lesbian, gay, or bisexual”) to a first-person perspective (“I am a lesbian, gay, or bisexual”)? How is it that Western individuals come to translate societal knowledge about sexual orientation into self-knowledge,

making sense of and accounting for themselves by claiming the identity of lesbian, gay, or bisexual?

Lesbian, gay, or bisexual identity, in this sense, is a relatively constant understanding (perception, feeling, and experience) of self as "a lesbian," "a gay man," or "a bisexual" that arises (is constructed) out of constant and stable elements and processes within the interactional relationship between individuals and their environment.

However, against this understanding of the constructed nature of homosexual or bisexual identity formation, mental health practitioners must also recognize their clients' perceptions of what is happening. Derived from the indigenous psychology, the psychological reality for our clients is that they are "searching for identity," "finding myself," "needing to be a whole person." Their understanding draws on significant Western indigenous concepts such as personal growth, maturity, identity integration, and self-development to direct their needs and personal desires. We must give weight to these experiences. Hence practitioners, on the one hand, must acknowledge the formation of a lesbian, gay, or bisexual identity as a Western phenomenon that is guided by the directive of Western indigenous psychologies and constructed out of the reciprocal interaction process, and on the other hand, must simply accept their clients' psychological realities as real and significant experiences for them.

Stages in Lesbian and Gay Identity Formation

Within the lesbian and gay communities, the coming-out story is a widely held fact or truth. For the mental health practitioner, however, the question arises as to how this narrative becomes translated into feelings of identity. The following model describes this process, focusing on the evolving understanding of self as a lesbian or gay man that emerges as individuals confront and internalize notions of homosexuality and coming out that exist within their social environment.

Identity formation begins when someone first considers the possibility that the Western indigenous concept of homosexuality may be relevant to self ("There is something about my behavior that could be called homosexual, gay, or lesbian"). This awareness enters into the interactional relationship that exists between the individual concerned and his or her sociocultural setting. The ensuing sequences of interchange that result are never random but are constrained by the Western

indigenous psychology as well as by the biological and psychological capacities of human beings.

As a result of these constraints, it is possible in Western cultures to identify patterns of interaction that give rise to differing degrees of cognitive awareness, self-understanding, and sense of identity in relation to the concept of homosexual sexual orientation and the impact these levels of self-knowledge have on the management of social interchanges.

The author has described these patterns as the six stages of identity formation (Cass 1979). The markers for each stage are provided by different levels of self-understanding that indicate an increasingly first-person account of self as lesbian or gay. These stages of identity formation are titled as follows: Stage 1—Identity Confusion, Stage 2—Identity Comparison, Stage 3—Identity Tolerance, Stage 4—Identity Acceptance, Stage 5—Identity Pride, Stage 6—Identity Synthesis.

Within each stage several pathways of interaction have been outlined, although these can be mentioned only briefly in this chapter. Although not detailed here, the process of reciprocal interaction leading to identity formation is complex and multivariable as individual factors (such as needs, desires, and learned behaviors) interact with biological factors (such as level of sexual desire) and environmental variables (such as social class, race, and location).

Each stage brings with it the following changes: 1) increasing use of the concept of homosexual, lesbian, or gay to account for and understand self; 2) use of terms "lesbian" or "gay" as an explanation of self within an increasingly wider number of interpersonal interchanges; 3) development of increasingly positive feelings about *being* a lesbian or gay man; 4) increasing belief that one belongs to the lesbian or gay social group and strengthening social ties with other lesbians or gay men; 5) gradual acceptance of positive values about homosexuals as a social group; 6) increasing independence from heterosexual values; and 7) a gradual shift in use of the concept of homosexual, lesbian, or gay from a means of labeling self to description of an inner belief in self.

Several factors (also defined by Western indigenous psychology) motivate people to adopt an understanding of self that is viewed negatively by (some) others: the need to maintain consistency in who we are; the need to increase and maintain positive feelings about ourselves or enhance self-esteem; adherence to the implicit cultural theory that if we experience sexual or emotional attraction to someone of the same sex we must *be* a lesbian or gay man; belief in other cultural "truths"

about the importance of finding one's identity and being true to self; the imperative in some Western languages to describe persistent behavior by reference to a noun, for example, "I am a tennis player."

Because human beings are intentional creatures who have the capacity to act on as well as be acted on by their sociocultural context, some individuals will dynamically engage with their environment so as to prevent the acquisition of a lesbian or gay self-understanding. This process is termed "foreclosure."

In addition to individuals directing their actions toward foreclosure, the occurrence of homosexual identity formation processes will be restricted where there is an absence of those psychological capacities necessary to engage in the process of reciprocal interaction; for example, the ability to be self-aware; to learn and use language and meaning; to recognize actions for which one is held responsible; to be acculturated within the indigenous psychology; and to identify physical sensations, emotions, and cognitions as linked to homosexuality. Where such capacities are lacking—as may be seen in very young, developmentally disabled, mentally ill, and cognitively impaired individuals—identity formation and the maintenance of identity will not take place.

Although the following description applies to the development of lesbian and gay self-understanding, the psychological process of confronting personal information that relates to membership in a stigmatized social category is considered a generic one. Informal adaptations of the model have already been made to bisexual and cross-dressing individuals.

■ Prestage 1

Before the concept of homosexual, lesbian, or gay has acquired any personal relevance, Western individuals have already developed an understanding of themselves from previous engagement with the sociocultural setting: They assume their sexual orientation identity is that of "not lesbian/gay" or "not lesbian" or "not gay" and "heterosexual" or *supposed* to be heterosexual; they consider themselves more or less part of the majority group (heterosexuals) or recognize that they should be; and they understand that heterosexuality is desirable and acceptable and homosexuality is stigmatized and has minority status.

However, each individual also brings a uniqueness to the identity formation process. Differences exist in relation to personal and sociocultural factors such as the degree of negativity or positivity with

which homosexuality and heterosexuality are perceived, the specific personal needs of individuals, levels and types of social support, personal styles in conflict management and communication patterns, and gender- and race-related experiences.

■ Stage 1—Identity Confusion

Stage 1 is marked by the first attempt to translate the concept of homosexual, lesbian, or gay from a third-person to a first-person perspective. Individuals observe, "There is something about my behavior (acts, thoughts, and feelings) that could be called homosexual, lesbian, or gay." When the observation has strong impact or when the homosexual interpretation of behavior persists, there is a questioning of self: "Does this mean I may be a lesbian/gay man?" "Am I really heterosexual?" "Who am I?" These are powerful questions to ask in a society such as ours and result in emotional reactions ranging from curiosity, bewilderment, and confusion to extreme turmoil.

The primary focus at Stage 1 is to cope with the confusion about who one is, to resolve the inconsistency brought about by attaching homosexual meaning to one's own behavior, and to reduce the discomfort that arises if this meaning is seen as undesirable; in other words, to deal with the impact on personal interchanges of labeling one's own behavior as "lesbian" or "gay."

Three patterns or pathways of interaction can be described at this stage (Figure 14-1), leading to two alternative end points: *either* the claim, "I may be a lesbian or gay man; I may not be heterosexual" *or* the rejection of any homosexual meaning as being relevant to one's own behavior (foreclosure). *Pathway 1* occurs for those individuals who accept the meaning of homosexual, lesbian, or gay to be an accurate and desirable account of their behavior. Using strategies to neutralize society's negativity toward homosexuality, they are led to consider, "I may be a lesbian/gay man; I may not be heterosexual" and to view this self-image positively.

Pathway 2 takes place when individuals accept the correctness of the homosexual meaning they place on their behavior but find this meaning undesirable. They then engage in actions to stop all relevant behaviors and so remove this undesirable element. If successful, they can return to an account of their behavior as nonhomosexual (foreclosure). If unsuccessful, the possibility of being lesbian or gay is acknowledged, although from a negative perspective.

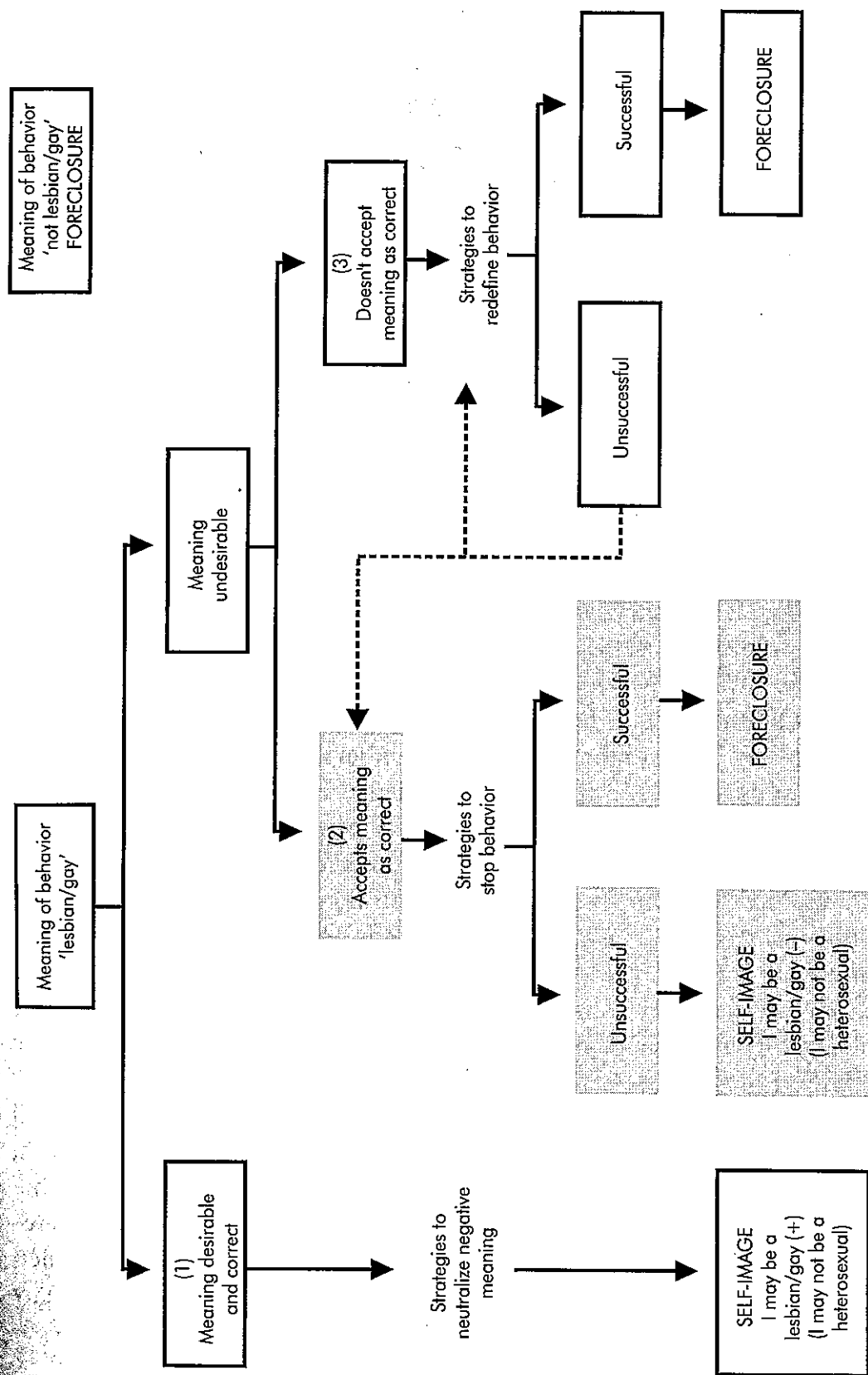


Figure 14-1. Stage 1 pathways of lesbian/gay identity formation.

Pathway 3 occurs when the meaning of one's behavior is considered neither correct nor desirable. The focus then becomes one of redefining this behavior to mean nonhomosexual. This redefinition can be done by changing either the meaning of the actions engaged in ("It was just the kiss of loving friends") or the meaning of the situation in which the behavior occurred, so that a stance of personal innocence can be adopted ("I was taken advantage of"). If successfully done, the original meaning of "heterosexual" is regained (foreclosure). Individuals unable to redefine their behavior are forced to accept that the meaning of lesbian or gay is applicable, and so they continue along Pathway 2.

■ Stage 2—Identity Comparison

Emerging from Stage 1 are two groups of individuals expressing the first tentative shift toward a homosexual, lesbian, or gay account of themselves: those positively disposed toward the self-image of "may be homosexual and may not be heterosexual" and those feeling negatively. Both groups now begin to consider the implications of this potential identity. Given Western approaches to lesbians and gay men, concerns surface about being different, ostracized, part of a minority, and at odds with society. The weight of possible membership in a negatively valued minority group is strongly felt. Feelings of alienation and estrangement are experienced. Furthermore, because the previously assumed heterosexual identity is now questioned, there is growing recognition that all plans and expectations linked with the heterosexual sexual orientation—for example, having children—may no longer apply. The continuity among past, present, and future is gone, leaving a sense of loss. Responses vary from intense feelings of rejection and grief to a sense of comfort as previous feelings of being different from others become clarified by the new self-understanding.

Individuals at Stage 2 engage in behaviors aimed at coping with the loss of direction, managing feelings of alienation and difference, and dealing with the incongruency provided by these events ("My behavior is lesbian/gay; I may be lesbian/gay but others see me as heterosexual"). Most pertinent to the way social interchanges are now handled is the degree to which individuals see the holding of a lesbian or gay self-image as bringing more positive consequences for them than negative ones (that is, more rewards than costs).

Four pathways of social interchange can now be described taken by those with 1) positive evaluation of self-image and perceived high

rewards relative to costs; 2) positive evaluation and perceived low rewards; 3) negative evaluation and perceived high rewards; and 4) negative evaluation and perceived low rewards (Figure 14-2). The end point of these processes, when foreclosure does not occur, is the acceptance of the self-image: "I probably am a lesbian/gay man" (accompanied by positive or negative affect).

In *Pathway 1* the positive outlook and perceptions allow individuals to begin to recognize the personal value of lesbians and gay men and homosexuality, and correspondingly, the lack of personal relevance of heterosexuality. This leads to the understanding of self as "I probably am a lesbian/gay [positive evaluation]/probably am not heterosexual." However, those people with positive feelings toward themselves who anticipate costly results from holding a lesbian or gay account of self (*Pathway 2*) attempt to inhibit those overt and covert behaviors considered lesbian or gay in order to be able to reject the self-image of "may be a lesbian" or "may be a gay man." When this is difficult to do, the help of mental health practitioners may be enlisted. If successful, foreclosure will occur. If unsuccessful, the individual will conclude, "I probably am a lesbian/gay man [some degree of negative evaluation]" and adopt strategies to discount or lessen personal responsibility for his or her actions.

In *Pathway 3* attempts are made to deal with this personal conflict by finding ways of making the lesbian or gay account of themselves more palatable. This is done by placing the self-image of "may be a lesbian" or "may be a gay man" into frameworks that allow for an assessment of self as *potentially* heterosexual. There are four such frameworks: *special case* ("If not for this special person whom I love, I would be heterosexual"); *bisexual* ("I can also enjoy relationships with members of the opposite sex if I meet someone I really like"); *temporary* ("I'm just thinking or acting this way [homosexual] for now"); and *personal innocence* ("It's not my fault I've been made this way; with help I could be heterosexual"). *Bisexual* is used in this context as a strategy for reducing the sense of alienation and is distinct from the process of bisexual identity formation. If any of these strategies are successfully carried out, individuals make a partial commitment to the self-image: "I probably am (*partly*) a homosexual/probably not (*entirely*) heterosexual," and they feel less negative about the lesbian or gay account of themselves. If unsuccessfully applied, individuals are forced to move toward acceptance of the self-understanding, "probably a homosexual/probably not heterosexual," with accompanying negative affect.

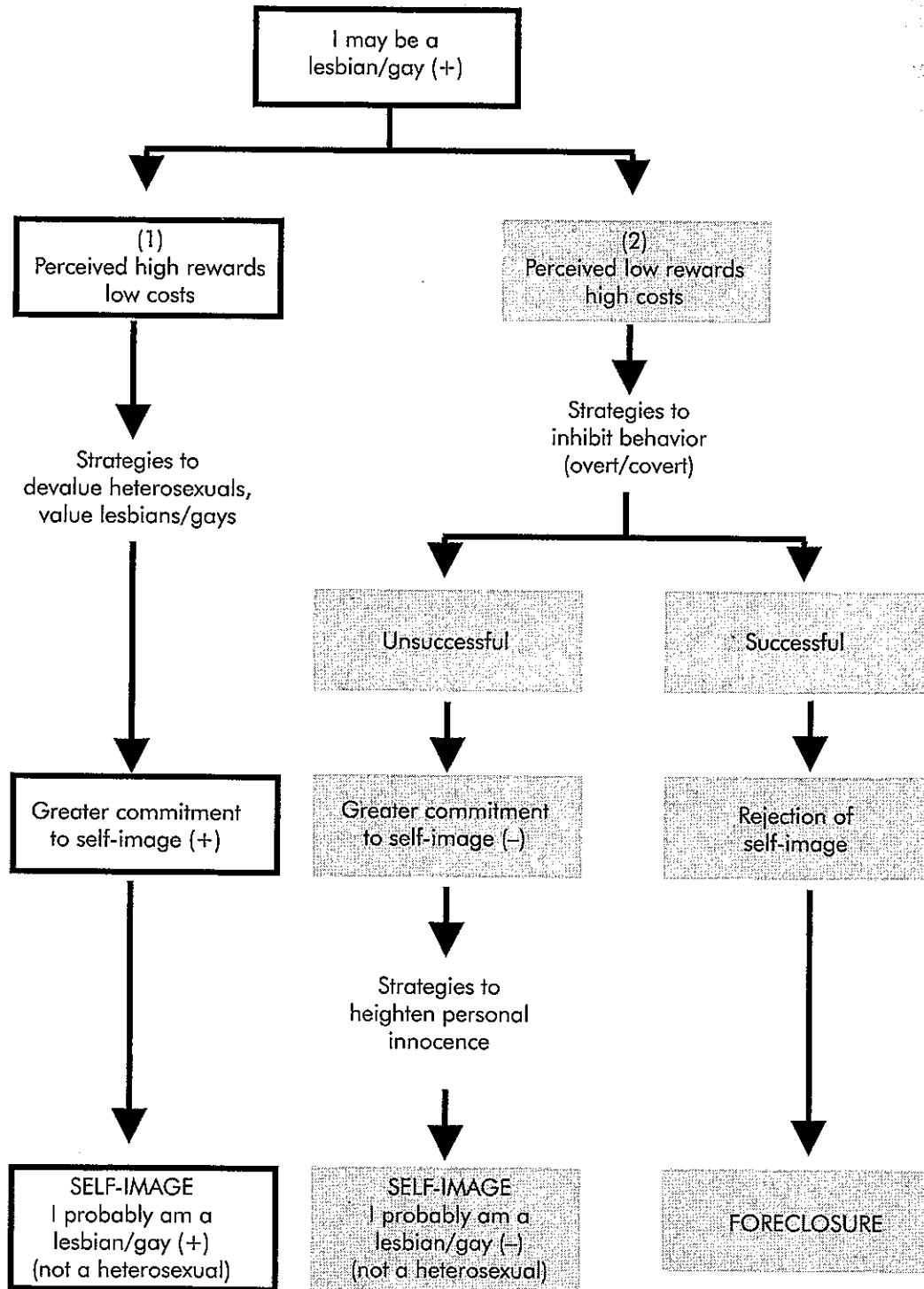


Figure 14-2. Stage 2 pathways of lesbian/gay identity formation.

In *Pathway 4* there is a move to inhibit all behaviors leading to the understanding of self as “maybe lesbian” or “maybe gay,” and these actions are reinforced by devaluing homosexuality and evaluating heterosexuality positively. If successful, the account of self is rejected (foreclosure). If unsuccessful, individuals are forced to accept the self-image of “probably lesbian” or “probably gay” (with increased negative evaluation of self), typically holding extreme levels of self-hatred that may lead to suicide or self-mutilation.

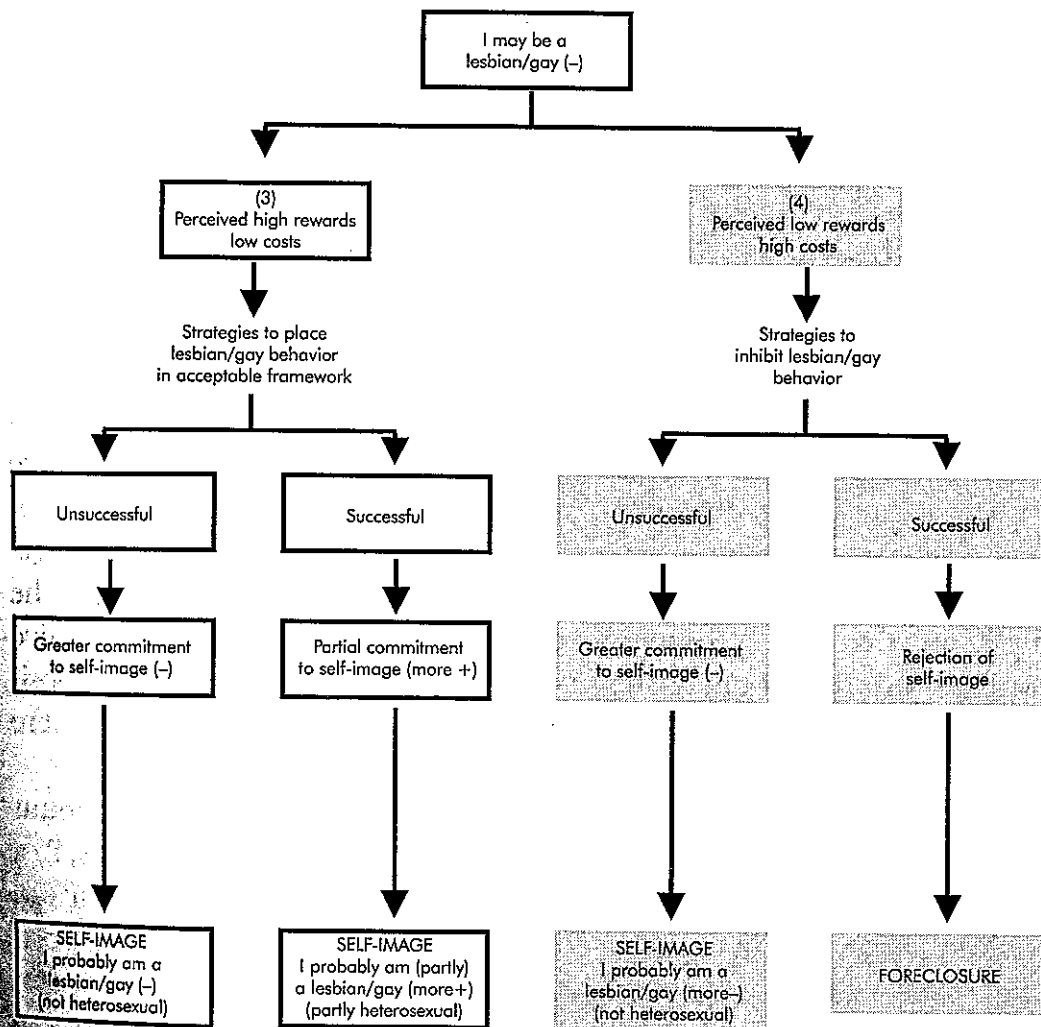


Figure 14-2. Stage 2 pathways of lesbian/gay identity formation. (continued)

■ Stage 3—Identity Tolerance

At Stage 3, three groups of people acknowledge, "I probably am a lesbian/gay man": those who perceive this account as desirable, those who consider it undesirable, and those who feel fairly positive about themselves by adopting the "probably (partly) a lesbian" or "probably (partly) a gay man" account.

Freed from the previous search for an explanation of themselves, individuals at Stage 3 become more focused on social, sexual, and emotional needs that arise from seeing self as probably homosexual. This leads to considered disclosure of their self-image to some others in an attempt to have these needs fulfilled. All actions are guided, however, by awareness of the difference between self as a likely member of a group that is given negative minority status in society and members of the (valued) heterosexual majority with whom they interact. This sense of the heterosexual Goliath residing powerfully over the homosexual David/Dianne leads to an account of self that is couched in a context of *tolerance* of self. Needing to increase self-esteem and to reduce the intensity of alienation feelings, individuals begin to focus on making contact with other lesbians and gay men.

As attempts are made to juggle personal needs within this framework of tolerance, shifts begin to occur in the way individuals perceive themselves. For those who do not foreclose at Stage 3, the self-account "I *am* a homosexual/gay/lesbian" emerges. The quality of social contacts made with others is a vital factor in the development of this understanding. *Positive* social interchanges provide further evidence of the benefits of accounting for self as lesbian or gay, while *negative* ones are indicative of the high costs that may accompany such an identity. However, even negative contacts with others can have some benefits—for example, hearing positive attitudes about a homosexual sexual orientation—and with time there is increased likelihood of having positive experiences.

Six pathways are available to those who hold 1) a positive account of self as probably lesbian or gay and experience positive contacts, 2) a positive account and negative contacts, 3) a negative account of self and positive contacts, 4) a negative account and negative contacts, 5) a positive account of self as partly lesbian or gay and positive contacts, and 6) a positive account as partly lesbian or gay and negative contacts (Figures 14-3A and 14-3B). Although *Pathway 1* leads to increasing acceptance of the self-image, "I am a gay man/lesbian," *Pathway 2* highlights the personal costs of adopting an understanding of self as lesbian

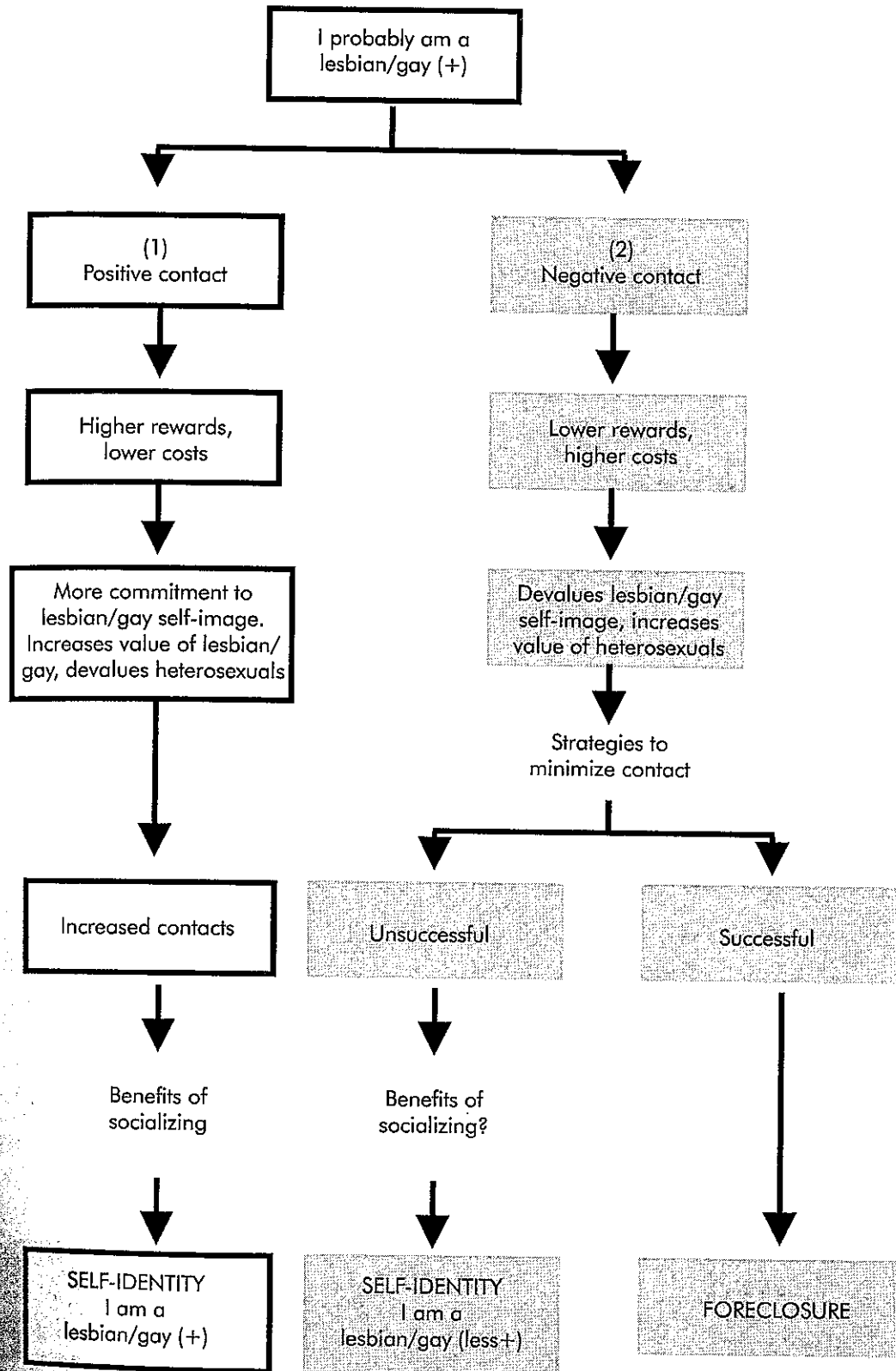


Figure 14-3A. Stage 3 pathways (1-4) of lesbian or gay identity formation.

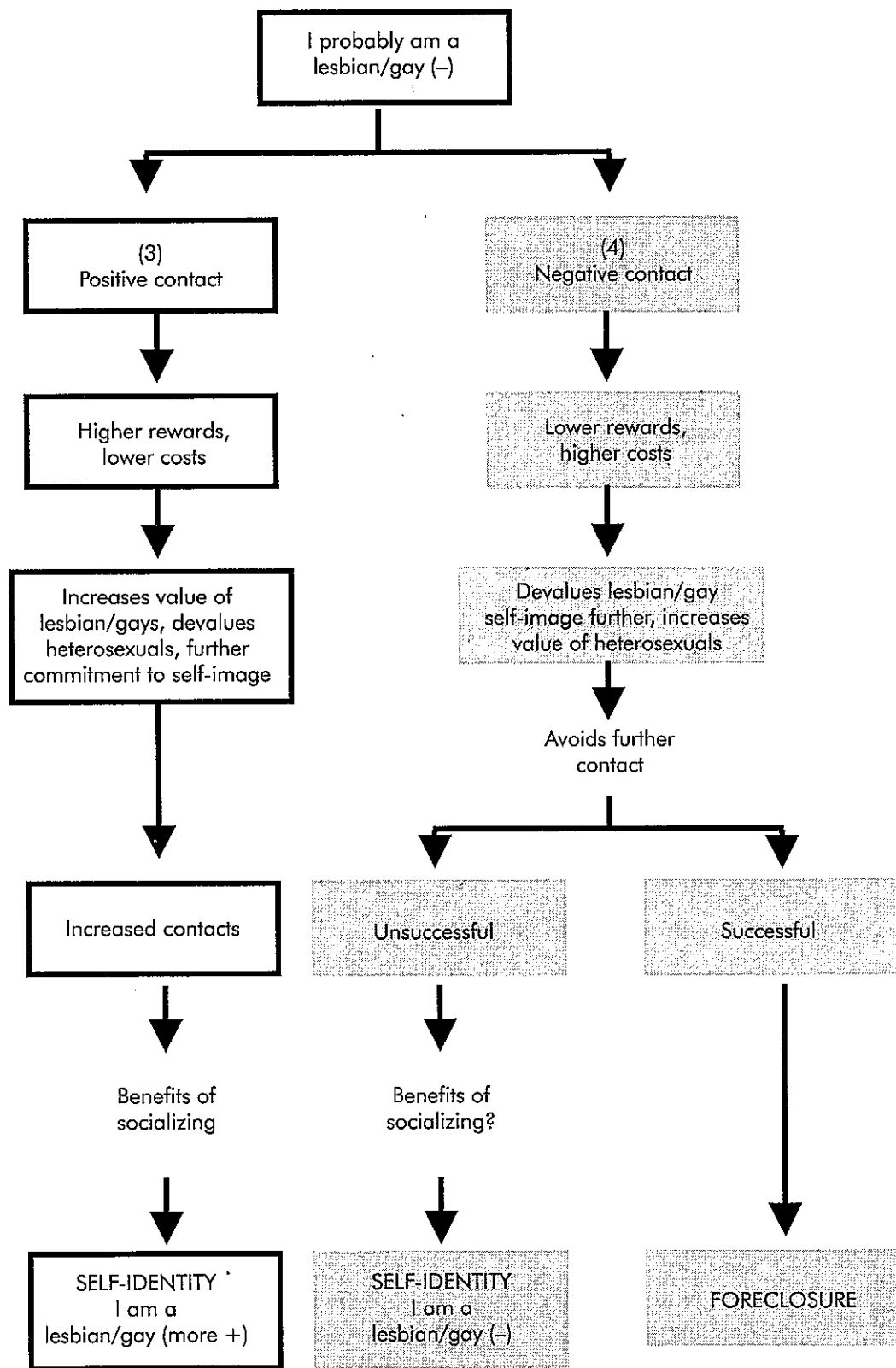


Figure 14-3A. Stage 3 pathways (1-4) of lesbian or gay identity formation. (continued)

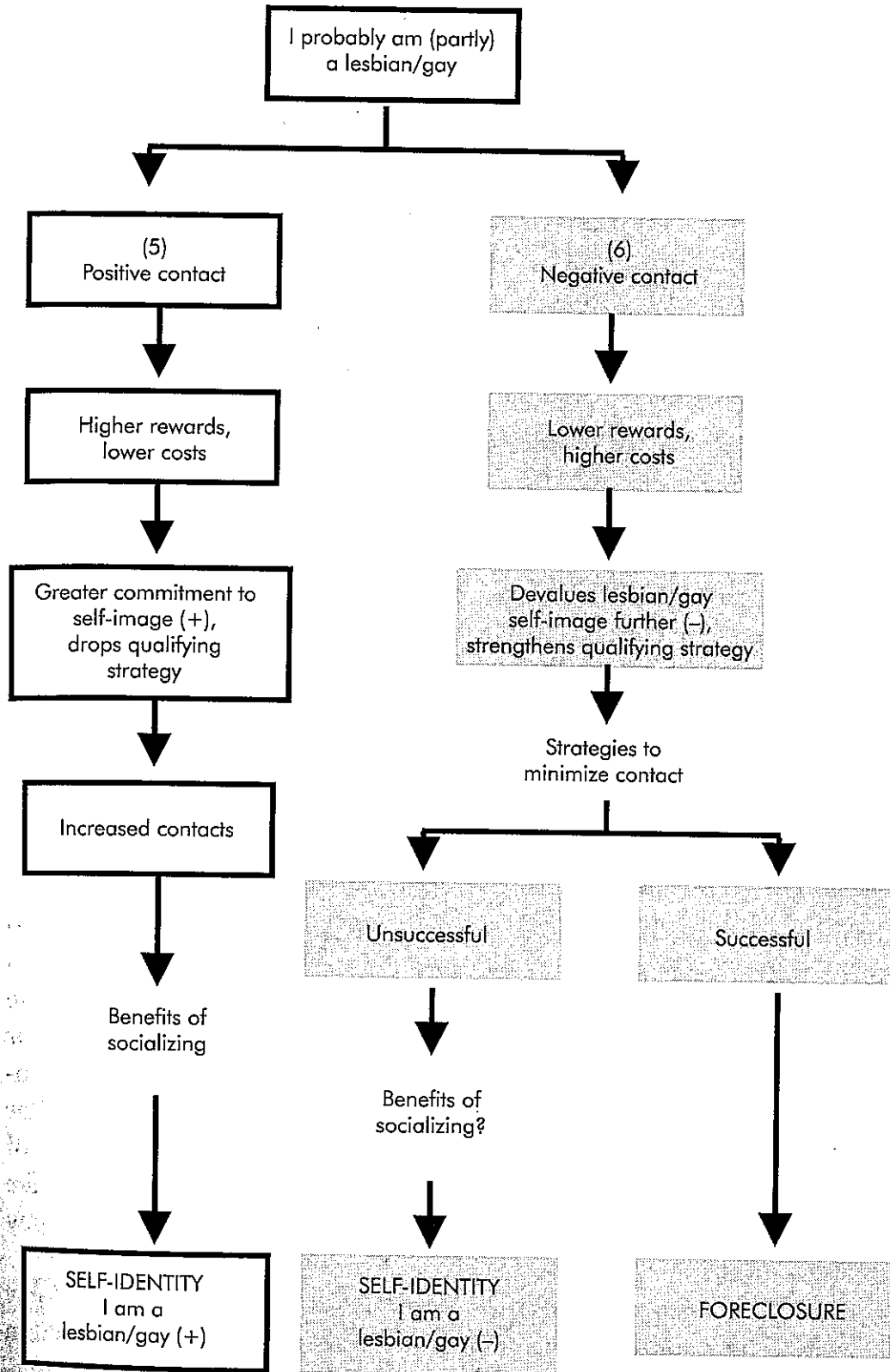


Figure 14-3B. Stage 3 pathways (5 and 6) of lesbian or gay identity formation.

or gay. Strategies are adopted to minimize contact and devalue homosexuality so as to disengage from this account of self. If successful, foreclosure occurs. If unsuccessful, an understanding of self as lesbian or gay emerges that is evaluated less positively than previously.

Similarly, in *Pathway 3* the negativity of the "probably lesbian" or "probably gay" self-understanding is lessened by positive contacts with others, leading to an acceptance that "I am lesbian/gay [more positive evaluation]." On the other hand, the layering of negative experiences on an already negative view of self, as seen in *Pathway 4*, leads to strategies to avoid further contacts and, if successful, leads to foreclosure. If not, a negative understanding of self as lesbian or gay emerges that may be modified if positive contacts with others are experienced.

For those individuals who had previously adopted the strategy of partly lesbian or gay, positive contacts (*Pathway 5*) lead to a greater commitment to self as a lesbian or gay man without use of the qualifier. However, negative contacts will lead to a devaluation of homosexuality (*Pathway 6*) and renewed efforts to maintain the existing account of self as partly lesbian or gay. If these strategies are successful, foreclosure occurs. If not, a somewhat negative account of self as lesbian or gay is adopted.

■ Stage 4—Identity Acceptance

At the beginning of Stage 4 we see individuals who have come to understand themselves as lesbian or gay and hold varying degrees of acceptance in regard to this self-account. However, although the perception of self is clearly formed, the *inner sense of self as lesbian or gay* is still tenuous. Given that individuals at this point are entrenched in the societal belief that heterosexuality is where power and acceptability lie, it is not surprising that little internalization of this experience of self has occurred. During the processes that make up the remaining stages, this inner sense of self as a lesbian or gay person emerges.

With increasing and continued contact with other lesbians and gay men, more and more people come to identify the individual as lesbian or gay, and this encourages a stronger sense of being that kind of person. There is also increased disclosure to selected nonhomosexuals, and this broadens the network of people who reinforce the lesbian or gay understanding of self. These processes allow homosexuality and

homosexuals to be valued more positively, leading to a belief that "gays are just as good as straights." The power of heterosexuality is diffused at a personal level by the individual seeing homosexuality to be equally valid. The sense of oppression that comes from seeing oneself as a member of an "out group" is offset by these shifts, and the *tolerance* of Stage 3 is changed to *acceptance*.

For many people this stage is characterized by a sense of peace and fulfillment. Provided there is a continuation in the patterns of interaction that support the lesbian or gay understanding of self and that allow individuals to fit in with their sociocultural environment, a settled and stable account of self results. When negative reactions toward homosexuality are anticipated, the status quo is maintained by the use of strategies of deliberate passing as heterosexual, selective disclosure (carefully choosing to disclose one's identity to those likely to be supportive and prepared to uphold the individual's desire for secrecy in certain situations), and limited contact (keeping contact with unsupportive people to a minimum).

When carried out successfully (*Pathway 1*), individuals become buffered from the negativity or oppression of society and are able to account for themselves—"I am a lesbian/gay man and happily accept this; I can live with the minority status that goes with this identity"—a stance that is reinforced by a belief that being a lesbian or gay man is a private matter. However, when individuals cannot or will not maintain these strategies (*Pathway 2*), their minority status is fully experienced ("I accept myself as homosexual, but when others don't I feel awful"). The need to resolve this inconsistency between self and others and to protect one's self-esteem from the heightened sense of alienation leads to the interactional processes found at Stage 5.

■ Stage 5—Identity Pride

At Stage 5 individuals enter interactions with others aware of the difference between their own total acceptance of themselves and the rejection of this self by the sociocultural environment in which they live. They recognize that the desire to fully express a lesbian or gay identity is made extremely difficult because of the dominant focus on heterosexuality.

A "them and us" attitude results in which the scales are tilted away from the position of Stage 4, in which homosexuality and heterosexuality were rated equal. Heterosexuality is markedly devalued, and

homosexuality is given preferred status. The world is now divided into credible or significant lesbians and gays and discredited or devalued heterosexuals. Interactions with the latter are limited, heterosexuals are rejected as a legitimate reference group, and the perceived ideological base on which heterosexuality rests in Western society is attacked. A lesbian or gay account of self is the *preferred* identity. Individuals immerse themselves in the gay and lesbian subculture and experience a strong sense of group identification, expressed in feelings of pride, loyalty, and companionship.

The combination of pride and anger is empowering and leads to the abandonment of strategies to deliberately pass as heterosexual, although nonconcealment may be used as a compromise strategy. However, when thwarted in the drive toward validation as a lesbian or gay man, confrontation results. Lesbian or gay identity has now become a public pronouncement that is at odds with the ideological and moral framework of the sociocultural world in which it emerged. Two pathways are available as individuals process the reactions to their confrontational interactions with others. Those who receive consistently negative reactions take this as predictable evidence that the "them and us" understanding of the world is correct (*Pathway 1*). Feelings of oppression and anger are increased, and heterosexuality is further devalued. The status quo is maintained and foreclosure occurs. For those who receive positive reactions to their confrontational actions (*Pathway 2*), the clear division between them and us cannot be easily upheld. If such reactions are consistent or significant, these bring an incongruent element into the picture, and this element is processed in Stage 6.

■ Stage 6—Identity Synthesis

When personal and ideological understanding of homosexuality is accepted by at least some heterosexuals, the simplistic belief that divided the world into "good" lesbians and gay men and "bad" heterosexuals is rejected (although opposition to heterosexuality as an ideology may still be upheld). Supportive heterosexuals are reevaluated positively and nonsupportive ones further devalued. This has the effect of increasing the network of others with whom the individual interacts positively as a lesbian or gay man. The level of anger, alienation, and frustration is lessened as the "enemy" is reduced in number at a per-

sonal level. Issues of oppression are now addressed in a less defensive manner and the level of identification with the lesbian or gay group seen in Stage 5 is reduced.

Interacting with others as openly lesbian or gay at an increasingly public level deepens and strengthens the inner psychological experience of identity. There is a sense of belonging to the world at large and of being "more than just a lesbian or gay man." Accounting for self as lesbian or gay is now an integrated part of the whole self and reinforces self-esteem and position in the world. This stance will be maintained as the individual's life continues in this way from day to day, unless something occurs to bring the focus back toward an image of the self as a member of the lesbian or gay group. Strategies will then be adopted to restore the individual's sense of being an independent, functioning person who is capable of being in control of his or her life.

The end points of "wholeness" and "personhood" achieved in Stage 6 are directed by the current Western indigenous psychology, driven by notions of individuality, self-actualization, personal maturity, development, and other concepts that form the cornerstone of our thinking.

Implications for Counseling and Psychotherapy

The model described above provides mental health practitioners with a number of counseling guidelines. First, care must be taken when talking with clients to use terms that are appropriate to the stage of identity formation into which they appear to fit. Describing someone as *being* gay, lesbian, or bisexual, for example, is quite inappropriate when the client is actually saying, "I'm confused about what I'm *doing*" (Stage 1) or "I might be . . ." (beginning of Stage 2).

Second, clients should be accepted as being in the stage they describe themselves to be, not where the counselor wants them to be. An 18-year-old woman, for example, who happily claims, "I'm a lesbian," (end of Stage 3 and onward) should not be told, "You're too young to know," because identity formation is already in progress.

Third, the theory indicates that there is a huge difference between behaving in a homosexual way and feeling oneself to be a lesbian or gay man. Behavior does not indicate the existence of identity, for example, as seen in prison situations. On the other hand, lack of apparent

homosexual behavior does not indicate a lack of identity. People may proceed through the early stages of identity formation without ever having any sexual or emotional contact with another person (covert behaviors such as fantasies and bodily responses often provide the impetus to entering Stage 1).

Fourth, people who describe themselves via reference to lesbian or gay behaviors or identity should not be treated as identical on the basis of these characteristics. Both within and between stages, considerable differences may be apparent. The theory accommodates distinctions such as may be found between men and women and among different ethnic and religious groups. Practitioners need to take time to explore where clients may be in the process of identity formation, rather than to assume the label "homosexual/lesbian/gay" provides all the information they need.

Fifth, the theory indicates the importance of appropriate contacts with other lesbians and gay men. Mental health practitioners need to work with personal, social, and cultural issues that may prevent clients from making such contact successfully or at the appropriate time.

Sixth, identifying the stage at which clients are currently functioning allows the mental health professional to focus on the particular issues of that stage, rather than addressing homosexuality in general. For example, talking about the ideological aspects of lesbian and gay oppression is inappropriate when someone feels he or she has no future (Stage 2) or wants to meet other homosexuals (Stage 3).

Seventh, counselors should not judge any stage as better than other stages, or any individual as better than any other because his or her feelings and behaviors correspond with any particular stage. Our ideas about identity formation are guided by Western indigenous concepts such as maturity and self-actualization, and the practitioner must be alert to imposing clinical and personal judgment on clients who are in the early stages.

Finally, it is important to remember that homosexual identity formation does not occur in isolation from other processes and issues taking place. Coping with illness, aging, career changes, marriage, issues of ethnic difference, family dynamics, psychological dysfunction, and moving to another country are all examples of personal, social, and cultural factors that may interact with the development of an understanding of self as gay, lesbian, or bisexual. For example, a client in psychotherapy had great difficulty coping with the thought that she might be a lesbian because a childhood history of being teased for

having large ears had left her sensitized to being alienated and isolated. Her identity formation experiences had raised to the surface all the pain of those early experiences so that past and present had become indistinguishable. Another client, who was 19 years old, had just left home for the first time, and was beginning to separate emotionally from an overprotective family. As part of this process, he had told his parents he was gay and was attempting to cope with their rejection of his homosexuality. The client then became HIV positive, which quickly progressed to AIDS. Working with him required an understanding of the intricate intertwining of homosexual identity formation, developing adulthood, and adjustment to illness and death.

The mental health practitioner should be mindful of the existence of complexities such as these and be aware that experienced therapeutic intervention is required.

Conclusion

The theory of homosexual identity formation can be a useful tool for understanding and helping individuals in Western cultures who confront the concept of gay, lesbian, or bisexual in a personal way. However, we should not forget that what is being addressed is a *process* of interaction, not a set of stagnant categories. Reference to stages is useful inasmuch as it allows us to recognize significant shifts occurring in individual cognitions and interactional relationships.

Nor should we forget the constructed nature of lesbian or gay identity formation. Because the indigenous psychologies directing our notion of identity formation can vary over time, we need to be alert to future shifts and changes that may occur in our Western sexual realities.

We must also be sensitive to cultural differences—for example, recognizing when discussion of sexual orientation identity is inappropriate with people from other cultures and being sensitive to the complexity of mixed-culture couples. Care must be taken to avoid presenting the concept of gay, lesbian, or bisexual identity as a universal norm, or the concept sexual orientation as necessarily being fixed. It is curious how often examples of behaviors that do not fit Western beliefs about sexual orientation will present themselves to the attentive mental health worker.

Nevertheless, while keeping in mind the larger cultural picture, we

must also be able to accept that our clients often wish to hold on tightly to their essentialist beliefs. This need to balance the essentialist and constructed qualities of sexual orientation can create dilemmas for the mental health practitioner. Do we, as caring professionals, empathize with our clients' essentialist experiences of being lesbian, gay, or bisexual as the truth they hold about themselves (but contribute to maintenance of the ideological status quo); encourage them to abandon or change their beliefs related to the fixed nature of sexual orientation and sexual orientation identities (but deny the reinforcing qualities of sexual response and risk rejecting our clients' experiences); or try some kind of balancing trick between the two?

Unfortunately, there are no easy solutions to this dilemma, which itself has become a new element of our psychological reality. Indeed, the mental health professional must avoid grabbing at quick answers. We live in dynamic times. The theoretical grounds on which we work are being questioned, and our indigenous psychology, which continues to evolve, demands our attention. It would seem more important that we remain open to these changes and the discussion they generate, rather than become too quickly embroiled in the need to find simple solutions.

References

- Bond M (Ed): *The Cross-Cultural Challenge to Social Psychology*. Newbury Park, CA, Sage, 1988
- Cass V: Homosexual identity formation: a theoretical model. *J Homosex* 4:219-235, 1979
- Cass V: Homosexual identity formation: testing a theoretical model. *J Sex Res* 20:143-167, 1984
- Cass V: Homosexual identity formation: the presentation and testing of a socio-cognitive model. Unpublished doctoral dissertation, Murdoch University, Perth, Western Australia, 1985
- Cass V: The implications of homosexual identity formation for the Kinsey model and scale of sexual preference, in *Homosexuality/Heterosexuality: Concepts of Sexual Orientation*. Edited by McWhirter D, Sanders S, Reinisch R. New York, Oxford University Press, 1990, pp 239-266

- Coleman E: Developmental stages of the coming out process. *J Homosex* 7:31-43, 1981-2
- Gergen K: The social constructionist movement in modern psychology. *American Psychologist* 40:266-275, 1985
- Heelas P, Lock A (eds): *Indigenous Psychologies: The Anthropology of the Self*. London, Academic Press, 1981
- Malyon A: Biphasic aspects of homosexual identity formation. *Psychotherapy Theory, Research and Practice* 19:335-340, 1982
- Minton H, McDonald G: Homosexual identity formation as a developmental process. *J Homosex* 9:91-104, 1983-4
- Plummer K: *Sexual Stigma: An Interactionist Account*. London, Routledge and Kegan Paul, 1975
- Ponse B: *Identities in the Lesbian World: The Social Construction of the Self*. London, Greenwood Press, 1978
- Raphael S: "Coming out": the emergence of the movement lesbian. Unpublished doctoral dissertation, Case Western Reserve University, Cleveland, Ohio, 1974
- Schafer S: Sexual and social problems of lesbians. *J Sex Res* 12:50-69, 1976
- Schippers J: Homosexual identity, essentialism and constructionism, in *Homosexuality, Which Homosexuality?* Edited by Altman D, et al. London, GMP Publishers, 1989, pp 139-148
- Semin G, Gergen K (eds): *Everyday Understanding: Social and Scientific Implications*. London, Sage, 1990
- Shotter J: The rhetorical-responsive nature of mind: a social constructionist account, in *Against Cognitivism: Alternative Foundations for Cognitive Psychology*. Edited by Still A, Costall A. New York, Harvester Wheatsheaf, 1991, pp 55-79
- Shweder R, LeVine R (eds): *Culture Theory: Essays on Mind, Self and Emotion*. Cambridge, MA, Cambridge University Press, 1992
- Stein E (ed): *Forms of Desire: Sexual Orientation and the Social Constructionist Controversy*. London, Routledge, 1992
- Stigler J, Shweder R, Herdt G (eds): *Cultural Psychology: Essays on Comparative Human Development*. Cambridge, MA, Cambridge University Press, 1992
- Troiden R: Becoming homosexual: a model of gay identity acquisition. *Psychiatry* 42:362-373, 1979
- Weinberg T: *Gay Men, Gay Selves: The Social Construction of Homosexual Identities*. New York, Irvington Publishers, 1983